Coverage Determination Protocol: Office-Based Opioid Treatment (Buprenorphine)

Protocol and Procedure Codes

| Phase | CPT Code | Service | Auth. Required | # of Units Per Protocol | # of Sessions | Rate | Comment |
|---------------------------------------|---|---|----------------|--|--|---|---|
| Assessment & Treatment Planning | 90792 | Diagnostic Interview | No | 1 session | 1 session | Rate on existing MD, PA, NP Fee Schedule | Use when patient is evaluated and MOUD is not started on that date |
| Initial Induction | 99205 or 99215 + 99417 per additional 15 min | **Oral medication Administration | No | 1 session and up to 12 for additional observation time per 15 min increment | 1 session + time add ons up to 12 units | Rate on existing MD Fee Schedule | 99205 = new patient 60-74 min(can not bill same day as 90792) 99215 =established patient 40-54 min |
| Post Induction Stabilization | 99212-214 99212-214 +90833 or 90836 use when clinically indicated | Med. Mgmt.Only Individual therapy with med Mgmt | No | Average 12 sessions | 1-3 session(s) per week for up to 3 months | Rate on existing MD Fee Schedule | |
| Maintenance | *96372 Injectable Naltrexone/Sublocade as clinically indicated | Med. Mgmt. | No | Monthly | 1 session per month 1 injection every 4 weeks | Rate on existing MD Fee Schedule | |

^{*}include modifier 25 on e/m claim to bill injection code

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^{**} Not to be used for Pain management protocols