

Quick Guide on Medicare Payments for Office-Based Substance Use Disorder Services

December 2021

In 2020 CMS established bundled payments for the overall treatment of OUD, including management, care coordination, psychotherapy, and counseling activities. Payment does not include the provision of MAT or toxicology testing, which are billed via traditional mechanisms. Beginning January 2021 these codes can be used for any substance use disorder, or treating several at one time.

Link to PFS (pages 493-496) <https://public-inspection.federalregister.gov/2020-26815.pdf>

Other Guidance documents may be made available at www.cms.gov

Codes are billed monthly for all services provided during the month in alignment with other office-based care management services. There is a code for the initial month and one for all subsequent months, and an add-on code to be used with either base code for services that exceed 120 minutes of service.

The codes and descriptors for the services are:

- HCPCS code G2086: *Office-based treatment for substance use disorder, including development of the treatment plan, care coordination, individual therapy and group therapy and counseling; at least 70 minutes in the first calendar month.*
- HCPCS code G2087: *Office-based treatment for substance use disorder, including care coordination, individual therapy and group therapy and counseling; at least 60 minutes in a subsequent calendar month.*
- HCPCS code G2088: *Office-based treatment for substance use disorder, including care coordination, individual therapy and group therapy and counseling; each additional 30 minutes above 120 minutes (List separately in addition to code for primary procedure).*

Valuation (payment) is based on the provision of two (2) individual psychotherapy sessions per month and four (4) group sessions per month, but CMS states that “we understand that the number of therapy and counseling sessions furnished per month will vary among patients and also fluctuate over time based on the individual patient’s needs.” A minimum of one psychotherapy service must be furnished in order to bill G2086 or G2087, and no psychotherapy codes may be billed independently of the G codes for patients with SUD only.

CMS states that “the counseling, therapy, and care coordination described in the SUD treatment codes could be provided by professionals who are qualified to provide the services under state law and within their scope of practice “incident to” the services of the billing physician or other practitioner.”

An initiating visit is required before billing SUD codes, with all elements analogous to requirements for billing CCM or BHI/CoCM, including patient verbal consent and communication about cost-sharing. The billing practitioner provides “general supervision” of the services provided by the rest of the team, again consistent with CCM and BHI/CoCM codes.

Other things to note:

- Codes are not limited to billing by any particular physician or non-physician practitioner specialty.
- No consultant role is required, but minutes spent in consultation with any specialist can be counted toward the minutes required for billing the codes.
- Patients receiving concurrent services from an Opioid Treatment Program (OTP) are not eligible for these services.
- No registry is required in the code description, but may be a useful tool for managing this population.
- FQHCs and RHCs are not allowed to bill these codes, but can use CCM, CoCM and BHI code billing options to cover these services.
- For SUD treatment that does not require psychotherapy services, CMS notes that “existing coding describing care management services (CPT codes 99484, 99492, 99493, and 99494) and E/M services can be billed for treatment of substance use disorders, so we do not believe that this requirement will inhibit access to SUD services”.
- These codes may be billed by only one medical provider for any patient in a given month.
- These codes do NOT follow the 50% + 1 rule, and time thresholds must be met to bill.

Medicare CPT Payment Summary 2022*

CPT	Description	Payment/Pt (Non-Facilities) Primary Care Settings	Payment/Pt (Facilities) Hospitals and Facilities
G2086	<i>Office-based treatment for substance use disorder, including development of the treatment plan, care coordination, individual therapy and group therapy and counseling; at least 70 minutes in the first calendar month.</i>	\$386.29	\$311.04
G2087	<i>Office-based treatment for substance use disorder, including care coordination, individual therapy and group therapy and counseling; at least 60 minutes in a subsequent calendar month.</i>	\$336.24	\$278.13
G2088	<i>Office-based treatment for substance use disorder, including care coordination, individual therapy and group therapy and counseling; each additional 30 minutes beyond the first 120 minutes (List separately in addition to code for primary procedure).</i>	\$60.13	\$37.96

*Please note actual payment rates may vary. Check with your billing/finance department.

The University of Washington AIMS Center provides information about billing for integrated behavioral health based on our understanding of the rules and regulations from CMS and AMA CPT coding manuals. However, the AIMS Center does not employ Certified Professional Coders and we do not provide direct patient services. Final decisions about billing fall to the compliance department of each practice which bears full responsibility for use of the codes. The AIMS Center shall not be responsible or liable for any claim or damages arising from use of the information provided.

