Medication Assisted Treatment (MAT)

Documentation Manual

VERSION 2

November 2023

Orange County Health Care Agency

Mental Health & Recovery Services

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1. Introduction

PURPOSE

The County of Orange provides Substance Use Disorder (SUD) services to adolescents and adults who have a substance use disorder.

The County of Orange has opted in to participate in the State's Drug Medi-Cal Organized Delivery System (DMC-ODS), which allows greater coordination of care for clients as they move from one level of care to another, thereby increasing the likelihood of successful treatment outcomes. The County of Orange opted in to participate in the State's Drug Medi-Cal Organized Delivery System (DMC-ODS), which was first implemented in July 2018. At the time, it was a demonstration project. With the California Advancing and Innovating Medi-Cal (CalAIM) initiative in 2022, the State has moved towards further streamlining documentation requirements to "improve the beneficiary experience; effectively document treatment goals and outcomes; promote efficiency to focus on delivering person-centered care; promote safe, appropriate and effective beneficiary care; address equity and disparities; and ensure quality and program integrity" (Behavioral Health Information Notice 22-019).

Documentation is vital to maintaining a record of the quality of the services provided to SUD clients. It is our responsibility to our clients to accurately describe the services provided, which also includes the need to understand how to code services properly. This manual is designed to help provide guidance on documentation standards to all clinical staff who work directly with our clients in our Medication Assisted Treatment (MAT) programs so that we may work towards maintaining compliance with the regulations. It is intended to complement the documentation trainings provided by Authority and Quality Improvement Services (AQIS).

In response to the increasing rates of opioid overdose deaths in recent years, the State has been moving to increase access to MAT services. As a result, new requirements for MAT referrals and the provision of MAT services to align with Senate Bill (SB) 184 was released in early October 2023. Each SUD program will be required to implement and maintain a MAT policy approved by the Department of Health Care Services (DHCS), that includes specific components such as procedures for the administration, storage, and disposal of MAT. Each program must submit their proposed MAT policy to their assigned DHCS licensing analyst within 90 days of the publication of the BHIN, which is January 4, 2024. All required components must also be implemented by this date to avoid any disciplinary action. Documentation related requirements for MAT providers are incorporated in this updated version. For more information, refer to Behavioral Health Information Notice 23-054.

For information pertaining specifically to Opioid Treatment Programs/Narcotic Treatment Programs (OTP/NTP), please refer to the SUD Documentation Manual and the general DMC-ODS Payment Reform 2023 CPT Guide.

Please note that this manual is for educational purposes only.

*****DISCLAIMER*****

This manual is a living document and will be amended as needed, based on changes made by the State as well as any internal program requirements implemented. Please keep in mind that the State sets the minimum requirements, and the County can impose standards above and beyond the State's guidance. This current version is based on the current understanding of the State regulations as well as the County's agreement with the State on what will be provided.

What is Medication Assisted Treatment (MAT)?

Also known as Medications for Addiction Treatment, MAT is the use of FDA-approved medications and biological products to treat Alcohol Use Disorder, Opioid Use Disorder, and any Substance Use Disorder. MAT services may be provided in clinical or non-clinical settings and can be delivered as a standalone service or as a service delivered as part of a level of care.

Providers within the Drug Medi-Cal Organized Delivery System (DMC-ODS) network are required either to:

1. Offer MAT directly, OR
2. Have referral mechanisms in place to facilitate access to MAT off-site through established connections with MAT providers and the provision of transportation to/from MAT locations.

Each SUD program is required to create and put in to practice a DHCS-approved MAT policy.

Who Can Provide MAT services?

Under the DMC-ODS, MAT services can only be provided by the following service providers:

- LPHA Physician (Medical Doctor or Doctor of Osteopathy)
- LPHA Physician Extender
- LPHA Non-Physician

No other medical professionals are qualified to provide MAT services!

LPHA Physician	LPHA Physician Extender	LPHA Non-Physician
Physician (MD/DO)	Registered Nurse Practitioner (NP)	Registered Nurse (RN)
	Physician Assistant (PA)	

What About LPHA Physician Extenders?

The LPHA Physician may delegate their duties to either a Physician Assistant or Registered Nurse Practitioner, to the extent it is outlined in your agency's Policies and Procedures and within the scope of their practice/license.

What About Licensed Vocational Nurses (LVN)?

LVNs are not able to provide MAT services. The State does not recognize LVNs as an LPHA Non-Physician.

Important Note:

If your program does not have or intend to utilize a Physician, Physician Assistant, or Registered Nurse Practitioner, you must follow your program's established MAT policy approved by DHCS (effective January 2024) to refer clients to a MAT provider. Each program's MAT policy should outline the procedures for ensuring there are established relationships with referral locations, assessing each client's need for a MAT referral, and that the client will receive transportation to/from MAT locations. Each SUD program is responsible for administering an evidence-based assessment to determine the client's need for a referral to MAT. This must be completed within twenty-four (24) hours of the client's admission to the SUD program. The provider referring to MAT must complete a warm handoff to the MAT provider (including providing transportation) to ensure the client has been accepted into the MAT provider's program. The warm handoff must be done in real-time with the client and can be done in person or by telecommunication. This needs to happen quickly as the receiving MAT provider will be required to complete their required MAT evaluation within forty-eight (48) hours of the client's admission to the SUD program.

What Are MAT Services?

MAT Services are medically necessary services provided in accordance with an individualized treatment plan determined by a LPHA Physician (MD/DO), LPHA Physician Extender (PA/NP), or LPHA Non-Physician (RN) working within their scope of practice, which include:

- Assessment
- Treatment Planning
- Ordering
- Prescribing
- Administering
- Monitoring
- Care Coordination

2. Documentation & Billing of MAT Services

Assessment

Each individual seeking MAT Services must receive an assessment to determine medical necessity and appropriateness for MAT.

1. Medical Necessity:

    a) Have at least one diagnosis from the current DSM for Substance-Related and Addictive Disorders, with the exception of Tobacco-Related Disorders and Non-Substance-Related Disorders; OR

b) Have had at least one diagnosis from the current DSM for Substance-Related and Addictive Disorders, with the exception of Tobacco-Related Disorders and Non-Substance Related Disorders, prior to being incarcerated or during incarceration, as determined by substance use history.

2. Appropriateness for MAT:

    a) Use of assessment information on the client's history and current impairments through each of the dimensions of the ASAM Criteria to demonstrate the need for MAT.

Due to the State's attempt to ensure that MAT services are accessible, the MAT evaluation by a MAT provider/prescriber must be completed within forty-eight (48) hours of the client's admission. If the client has been referred by another program, the forty-eight (48) hour timeline is based on admission to the referring program, not admission to the MAT program. In cases where there is a delay or the MAT evaluation is being completed outside of the forty-eight (48) hour timeline, it is advised to document the reason for the delay.

The State does not dictate how the assessment must look or whether it needs to be a standalone document.

MAT Assessment Activities

- Interview the client to gather historical information, including history of present illness/substance use, psychiatric history, medical history (including medications), allergies, family history of illness/substance use, and social history.
- Perform a mental status examination
- Administer psychometric/screening tools (e.g., AUDIT, DAST).
- Complete a focused physical assessment—pertinent to treatment of substance use disorder(s)
- Observe for signs of substance use withdrawal
- Review of systems (ROS)
- Obtain vital signs

Who Can Provide MAT Assessment Activities?

LPHA Physicians (MD/DO), LPHA Physician Extenders (PA/NP), and LPHA Non-Physicians (RN) can provide assessment activities in a MAT program. The issue is scope of practice. The interventions provided must be within the scope of practice for his/her/their license. Below is a breakdown of who can provide what as it relates to assessment:

LPHA PHYSICIAN (or LPHA Physician Extender):

- Interview the client to gather historical information, including history of present illness/substance use, psychiatric history, medical history (including medications), allergies, family history of illness/substance use, and social history.
- Perform a mental status examination
- Administer psychometric/screening tools (e.g., AUDIT, DAST).

- Complete a focused physical assessment—pertinent to treatment of substance use disorder(s)
- Observe signs of substance use withdrawal
- Review of systems (ROS)
- Obtain vital signs

LPHA NON-PHYSICIAN (RN):

- Gather historical information – to report to prescribing provider
- Observe for signs of substance use withdrawal -- to report to prescribing provider
- Obtain vital signs
- Administer psychometric/screening tools (e.g., AUDIT, DAST).

MAT Services at Residential Treatment and Withdrawal Management

At this time, the State allows for the use of two codes, Medication Training and Support-Individual per 15 Min (70899-110) and Oral Medication Admin, Direct Observation, 15 Min (70899-109) for MAT services at the Residential and Withdrawal Management levels of care. For an assessment of the client to determine their appropriateness to receiving MAT in addition to the Residential or Withdrawal Management level of care, the Licensed Physician, Physician Assistant, or Nurse Practitioner should use the Medication Training and Support-Individual per 15 Min (70899-110) code. If the assessment encounter/service also includes administration of medication, the total service that includes the time evaluating the client and administering medication could be billed as Oral Medication Admin, Direct Observation, 15 Min (70899-109).

For Registered Nurses conducting assessment activities in support of the Licensed Physician (or Physician Extender) for MAT at the Residential and Withdrawal Management levels of care, the service/encounter with clients can be claimed using the Medication Training and Support-Individual per 15 Min (70899-110) code.

How do we bill for MAT assessment services?

Billable Medication Services Codes for Assessment:

Charge Description	CPT/HCPCS Code(s)	CDM Code
Psych Diagnostic Eval w/ Med Svcs, 15 Min	90792	90792-1
Psych Eval of Hospital Record, 15 Min	90885	90885-1
Medication Training and Support-Indv per 15 Min	H0034	70899-110
Office OutPt Visit of New Pt, 15-29 Min	99202	99202-1
Office OutPt Visit of a New Pt, 30-44 Min	99203	99203-1
Office OutPt Visit of a New Pt, 45-59 Min	99204	99204-1

Office OutPt Visit of a New Pt, 60-74 Min	99205	99205-1
Office OutPt Visit of an Established Pt, 10-19 Min	99212	99212-1
Office OutPt Visit of an Established Pt, 20-29 Min	99213	99213-1
Office OutPt Visit of an Established Pt, 30-39 Min	99214	99214-1
Office OutPt Visit of an Established Pt, 40-54 Min	99215	99215-1
Home Visit of a New Pt, 15-25 Min	99341	99341-1
Home Visit of a New Pt, 26-35 Min	99342	99342-1
Home Visit of a New Pt, 51-65 Min	99344	99344-1
Home Visit of a New Pt, 66-80 Min	99345	99345-1
Home Visit of an Established Pt, 10-20 Min	99347	99347-1
Home Visit of an Established Pt, 21-35 Min	99348	99348-1
Home Visit of an Established Pt, 36-50 Min	99349	99349-1
Home Visit of an Established Pt, 51-70 Min	99350	99350-1
Prolonged Office OutPt E&M Svc, Each Add'l 15 Min	G2212	70899-112
Telephone E&M Service, 5-10 Min	99441	99441-1
Telephone E&M Service, 11-20 Min	99442	99442-1
Telephone E&M Service, 21-30 Min	99443	99443-1
SUD Drug Testing POC Tests	H0048	70899-104

Non-Billable Medication Services Code:

Charge Description	CPT/HCPCS Code(s)	CDM Code
Non Billable SUD Medication Services	n/a	70899-302

Non-Billable Assessment Code:

Charge Description	CPT/HCPCS Code(s)	CDM Code
Non Billable SUD Assessment	n/a	70899-300

Perinatal Medication Services Billing Codes for Assessment:

Charge Description	CPT/HCPCS Code(s)	CDM Code
Peri Psych Diagnostic Eval w/ Med Svcs, 15 Min	90792	90792-2
Peri Psych Eval of Hospital Record, 15 Min	90885	90885-2
Peri Medication Training and Support-Indv per 15 Min	H0034	70899-210
Peri Office OutPt Visit of New Pt, 15-29 Min	99202	99202-2
Peri Office OutPt Visit of a New Pt, 30- 44 Min	99203	99203-2
Peri Office OutPt Visit of a New Pt, 45- 59 Min	99204	99204-2
Peri Office OutPt Visit of a New Pt, 60- 74 Min	99205	99205-2
Peri Office OutPt Visit of Established Pt, 10-19 Min	99212	99212-2
Peri Office OutPt Visit of Established Pt, 20-29 Min	99213	99213-2
Peri Office OutPt Visit of Established Pt, 30-39 Min	99214	99214-2
Peri Office OutPt Visit of Established Pt, 40-54 Min	99215	99215-2
Peri Home Visit of a New Pt, 15-25 Min	99341	99341-2
Peri Home Visit of a New Pt, 26-35 Min	99342	99342-2
Peri Home Visit of a New Pt, 51-65 Min	99344	99344-2
Peri Home Visit of a New Pt, 66-80 Min	99345	99345-2
Peri Home Visit of an Established Pt, 10-20 Min	99347	99347-2
Peri Home Visit of an Established Pt, 21-35 Min	99348	99348-2

Peri Home Visit of an Established Pt, 36-50 Min	99349	99349-2
Peri Home Visit of an Established Pt, 51-70 Min	99350	99350-2
Peri Prolonged Office OutPt E&M Svc, Each Add'l 15 Min	G2212	70899-212
Peri Telephone E&M Service, 5-10 Min	99441	99441-2
Peri Telephone E&M Service, 11-20 Min	99442	99442-2
Peri Telephone E&M Service, 21-30 Min	99443	99443-2
Peri SUD Drug Testing POC Tests	H0048	70899-204

Non-Billable Perinatal Medication Services Code (same as Regular Non-Billable Code):

Charge Description	CPT/HCPCS Code(s)	CDM Code
Non Billable SUD Medication Services	n/a	70899-302

Non-Billable Perinatal Assessment Code (same as Regular Non-Billable Code):

Charge Description	CPT/HCPCS Code(s)	CDM Code
Non Billable SUD Assessment	n/a	70899-300

Psychiatric Diagnostic Evaluation with Medical Services, 15 Min (90792-1)

This code may only be used by a Licensed Physician, Physician Assistant, or Nurse Practitioner for performing a MAT evaluation. An integrated biopsychosocial and medical assessment that can include history, mental status, other physical examination elements as indicated, and recommendations. May include communication with family or other sources, prescription of medications, and review and ordering of laboratory or other diagnostic services. This code is restricted to use only one time per day. Although the maximum number of minutes that can be claimed for this service is 15 minutes, the actual number of minutes spent providing this service should be captured and appropriately justified by the documentation.

As an alternative, Licensed Physicians, Physician Assistants, and Nurse Practitioners may utilize the **Office Outpatient Visit of New Patient, 15-29/30-44/45-59/60-74 Min (99202-1/99203-1/99204-1/99205-1)** or **Office Outpatient Visit of an Established Patient, 10-19/20-29/30-39/40-54 Min (99212-1/99213-1/99214-1/99215-1)** for those assessment/evaluation sessions that exceed 15 minutes.

Important: The **Prolonged Office Outpatient Evaluation &Management Service, Each Additional 15 Min (70899-112)** code cannot be used with this service.

This code cannot be used on the same day as the following services:

- **Psychiatric Diagnostic Evaluation, 15 min (90791-1)**
- **Administration of Patient-Focused Health Risk Assessment Instrument (96160-1)**
- **Health Behavior Intervention, Family (without the Patient present) Face-to-Face, 16-30 Min (96170-1)** and **Health Behavior Intervention, Family (without the Patient present) Face-to-Face, Additional 15 Min (96171-1)**

This code may be used on the same day as the following services, if the appropriate modifiers are used:

- **Environmental Intervention for Medical Management Purposes (90882-1)**
- **Psychiatric Evaluation of Hospital Record, 15 Min (90885-1)**
- **Interpretation of Psychiatric Results to Family, 15 Min (90887-1)**
- **Preparation of Report of Patient's Psychiatric Status (90889-1)**
- **Transitional Care Management Services: Communication (direct contact, telephone, electronic) within 14 calendar days (99495-1) and Transitional Care Mgmt Services: Communication (direct contact, telephone, electronic) within 7 calendar days (99496-1)**
- **SUD Structured Assessment 15-30/30+/5-14 min (70899-100/70899-101/70899-102)**
- **Office Outpatient Visit of New Patient, 15-29/30-44/45-59/60-74 Min (99202-1/99203-1/99204-1/99205-1)**
- **Office Outpatient Visit of an Established Patient, 10-19/20-29/30-39/40-54 Min (99212-1/99213-1/99214-1/99215-1)**
- **Home Visit of a New Patient, 15-25/26-35/51-65/66-80 Min (99341-1/99342-1/99344-1/99345-1)**
- **Home Visit of an Established Patient, 10-20/21-35/36-50/51-70 Min (99347-1/99348-1/99349-1/99350-1)**
- **Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Physician, Patient and/or Family not Present, 30 Min+ (99367-1)**
- **Medical Team Conference by non-MD, Patient/Family not present, 30 Min+ (99368-1)**
- **Telephone Evaluation & Management Service, 5-10/11-20/21-30 Min (99441-1/99442-1/99443-1)**
- **Inter-Professional Telephone/Internet/Electronic Health Record Assessment Provided by a Consultative Physician, 5-15 Min (99451-1)**

Non-Billable Psychiatric Diagnostic Evaluation with Medical Services: When providing a non-billable Psychiatric Diagnostic Evaluation Service, the appropriate code to use is the **Non Billable SUD Assessment (70899-300)** code. This is due to the State's classification of Psychiatric Diagnostic Evaluation Services under the Assessment activity type.

Psychiatric Evaluation of Hospital Record, 15 Min (90885-1)

This code may only be used by a Licensed Physician, Physician Assistant, or Nurse Practitioner to claim for review of documents that are specific to psychiatric evaluation of hospital records, other psychiatric reports, psychometric and/or projective tests, and other accumulated data for medical diagnostic purposes. This code may only be used once per day. Although the maximum number of minutes that can be claimed for this service is 15 minutes, the actual number of minutes spent providing this service

should be captured and appropriately justified by the documentation. Service minutes less than 8 minutes, or the midpoint, in duration should be coded using the corresponding non-billable code.

This code cannot be used on the same day as the following services:

- **Psychiatric Diagnostic Evaluation, 15 min (90791-1)** and **Psychiatric Diagnostic Evaluation with Medical Services, 15 min (90792-1)**
- **Health Behavior Intervention, Family (without the Patient present) Face-to-Face, 16-30 Min (96170-1)**

This code may be used on the same day as the following service, if the appropriate modifiers are used:

- **Health Behavior Intervention, Family (without the Patient present) Face-to-Face, Additional 15 Min (96171-1)**

Non-Billable Psychiatric Evaluation of Hospital Record Services: When providing a non-billable Psychiatric Evaluation of Hospital Record service, the appropriate code to use is the **Non Billable SUD Assessment (70899-300)** code. This is due to the State's classification of Psychiatric Evaluation of Hospital Record Services under the Assessment activity type.

Medication Training and Support – Individual per 15 Min (70899-110)

This code may be used by a Licensed Physician, Physician Assistant, Nurse Practitioner, or Registered Nurse for a MAT program. Due to the limited information we have at this time on the use of this code, the "support" aspect of this code will be used in the general sense. The RN often engages in a variety of activities that "support" not only the client directly, but also the prescribing MD so that the client may receive the most suitable treatment. Specific to assessment, this code may be used by the RN to conduct sessions/services with the client to obtain information for the purpose of aiding the MD in evaluating the client's appropriateness and need for MAT services. For example, a nursing assessment conducted by the RN at the time of the client's admission to a MAT program that will help inform the MD in their evaluation of the client, may be claimed using this code.

There is no maximum number of minutes that can be claimed for this service. The actual number of minutes spent providing this service should be captured and appropriately justified by the documentation. Service minutes less than 8 minutes in duration should be coded using the corresponding non-billable code.

There are no lockout codes for this service. Therefore, it is permissible to use this code when other services have been provided on the same day by the same or different provider.

Non-Billable Medication Training and Support, Individual Services: When providing a non-billable Medication Training and Support, Individual service, the appropriate code to use is the **Non Billable Medication Services (70899-302)** code. This is due to the State's classification of Medication Training and Support Services under the Medication Services activity type.

Office Outpatient Visit of New Patient, 15-29 Min (99202-1)

This code may only be used by the Licensed Physician, Physician Assistant, and Nurse Practitioner when office or other outpatient visit for the evaluation and management of a new client is provided

when the service duration is 15-29 minutes. The service requires a medically appropriate history and/or examination and straightforward level of medical decision making.

This code can only be used once per day.

"New" patient means an individual who has not received services from any provider within the same provider (or legal entity) in the past three (3) years.

Non-Billable Office Outpatient Visit Services: When providing a non-billable Office Outpatient Visit service (for either new or established clients), the appropriate code to use is the **Non Billable SUD Assessment (70899-300)** code. This is due to the State's classification of Office Outpatient Visit Services under the Assessment activity type.

Office Outpatient Visit of New Patient, 30-44 Min (99203-1)

This code may only be used by a Licensed Physician, Physician Assistant, or Nurse Practitioner for an E/M service provided to a new client in a office or other outpatient visit when the service duration is 30-44 minutes. The service requires a medically appropriate history and/or examination and a low level of medical decision making.

This code can only be used once per day.

Office Outpatient Visit of New Patient, 45-59 Min (99204-1)

This code may only be used by a Licensed Physician, Physician Assistant, or Nurse Practitioner for an E/M service provided to a new client in a office or other outpatient visit when the service duration is 45-59 minutes. The service requires a medically appropriate history and/or examination and a moderate level of medical decision making.

This code can only be used once per day.

Office Outpatient Visit of New Patient, 60-74 Min (99205-1)

This code may only be used by a Licensed Physician, Physician Assistant, or Nurse Practitioner for an E/M service provided to a new client in a office or other outpatient visit when the service duration is 60-74 minutes. The service requires a medically appropriate history and/or examination and a high level of medical decision making.

This code can only be used once per day.

These Office Outpatient Visit of New Patient codes cannot be used on the same day as the following services:

- **Psychiatric Diagnostic Evaluation, 15 min (90791-1)** and **Psychiatric Diagnostic Evaluation with Medical Services, 15 min (90792-1)**
- **Multiple-Family Group Psychotherapy, 15 Min (90849-1)**

These codes may only be used on the same day as the following services, if the appropriate modifiers are used:

- **Psychological Testing Evaluation, First Hour (96130-1)**
- **SUD Structured Assessment 15-30/30+/5-14 min (70899-100/70899-101/70899-102)**

- **Office Outpatient Visit of an Established Patient, 10-19/20-29/30-39/40-54 Min (99212-1/99213-1/99214-1/99215-1)**

Office Outpatient Visit of an Established Patient, 10-19 Min (99212-1)

This code may only be used by the Licensed Physician, Physician Assistant, and Nurse Practitioner when office or other outpatient visit for the evaluation and management of an established client is provided when the service duration is 10-19 minutes. The service requires a medically appropriate history and/or examination and a straightforward level of medical decision making. This code can only be used once per day.

"Established" patient means an individual who has received any services with a provider (or legal entity) in the past three (3) years.

Office Outpatient Visit of an Established Patient, 20-29 Min (99213-1)

This code may only be used by the Licensed Physician, Physician Assistant, and Nurse Practitioner when office or other outpatient visit for the evaluation and management of an established client is provided when the service duration is 20-29 minutes. The service requires a medically appropriate history and/or examination and a low level of medical decision making. This code can only be used once per day.

Office Outpatient Visit of an Established Patient, 30-39 Min (99214-1)

This code may only be used by the Licensed Physician, Physician Assistant, and Nurse Practitioner when office or other outpatient visit for the evaluation and management of an established client is provided when the service duration is 30-39 minutes. The service requires a medically appropriate history and/or examination and a moderate level of medical decision making. This code can only be used once per day.

Office Outpatient Visit of an Established Patient, 40-54 Min (99215-1)

This code may only be used by the Licensed Physician, Physician Assistant, and Nurse Practitioner when office or other outpatient visit for the evaluation and management of an established client is provided when the service duration is 40-54 minutes. The service requires a medically appropriate history and/or examination and a high level of medical decision making. This code can only be used once per day.

These **Office Outpatient Visit of an Established Patient, 10-19/20-29/30-39/40-54 Min (99212-1/99213-1/99214-1/99215-1)** codes cannot be used together on the same day.

These codes also cannot be used on the same day as the following services:

- **Psychiatric Diagnostic Evaluation, 15 min (90791-1)** and **Psychiatric Diagnostic Evaluation with Medical Services, 15 min (90792-1)**
- **Multiple-Family Group Psychotherapy, 15 Min (90849-1)**

These codes may only be used on the same day as the following services, if the appropriate modifiers are used:

- **Psychological Testing Evaluation, First Hour (96130-1)**
- **SUD Structured Assessment 15-30/30+/5-14 min (70899-100/70899-101/70899-102)**

Home Visit of a New Patient, 15-25 Min (99341-1)

This code may only be used by the Licensed Physician, Physician Assistant, and Nurse Practitioner when E/M services are provided in the home of a new client, face-to-face with client and/or family for the service duration of 15-25 minutes. Home may be defined as a private residence, temporary lodging, or short-term accommodation (e.g., hotel, campground, hostel, or cruise ship). This code can only be used once per day.

To be used when presenting problems are of low severity, the 20-minute service requires 3 key components: problem focused history, problem focused examination, and straightforward medical decision making.

"New" patient means an individual who has not received services from any provider within the same provider (or legal entity) in the past three (3) years.

Non-Billable Home Visit Services: When providing a non-billable Home Visit service (for either new or established clients), the appropriate code to use is the **Non Billable SUD Assessment (70899-300)** code. This is due to the State's classification of Home Visit Services under the Assessment activity type.

Home Visit of a New Patient, 26-35 Min (99342-1)

This code may only be used by the Licensed Physician, Physician Assistant, and Nurse Practitioner when E/M services are provided in the home of a new client, face-to-face with client and/or family for the service duration of 26-35 minutes. Home may be defined as a private residence, temporary lodging, or short-term accommodation (e.g., hotel, campground, hostel, or cruise ship). This code can only be used once per day.

To be used when presenting problems are of moderate severity, the 30-minute service requires 3 key components: expanded problem focused history, expanded problem focused examination, and medical decision making of low complexity.

Home Visit of a New Patient, 51-65 Min (99344-1)

This code may only be used by the Licensed Physician, Physician Assistant, and Nurse Practitioner when E/M services are provided in the home of a new client, face-to-face with client and/or family for the service duration of 51-65 minutes. Home may be defined as a private residence, temporary lodging, or short-term accommodation (e.g., hotel, campground, hostel, or cruise ship). This code can only be used once per day.

To be used when presenting problems are of high severity, the 60-minute service requires 3 key components: comprehensive history, comprehensive examination, and medical decision making of moderate complexity.

Home Visit of a New Patient, 66-80 Min (99345-1)

This code may only be used by the Licensed Physician, Physician Assistant, and Nurse Practitioner when E/M services are provided in the home of a new client, face-to-face with client and/or family for the service duration of 66-80 minutes. Home may be defined as a private residence, temporary lodging,

or short-term accommodation (e.g., hotel, campground, hostel, or cruise ship). This code can only be used once per day.

To be used when the client is unstable or has developed a significant new problem requiring immediate physician attention, the 75-minute service requires 3 key components: comprehensive history, comprehensive examination, and medical decision making of high complexity.

Home Visit of a New Patient, 15-25/26-35/51-65/66-80 Min (99341-1/99342-1/99344-1/99345-1) cannot be used together on the same day.

Home Visit of a New Patient, 15-25/26-35/51-65/66-80 Min (99341-1/99342-1/99344-1/99345-1) also cannot be used on the same day as the following services:

- **Psychiatric Diagnostic Evaluation, 15 min (90791-1)** and **Psychiatric Diagnostic Evaluation with Medical Services, 15 min (90792-1)**
- **Multiple-Family Group Psychotherapy, 15 Min (90849-1)**
- **Inter-Professional Telephone/Internet/Electronic Health Record Assessment Provided by a Consultative Physician, 5-15 Min (99451-1)**

Home Visit of a New Patient, 15-25/26-35/51-65/66-80 Min (99341-1/99342-1/99344-1/99345-1) may be used on the same day as the following services, if the appropriate modifiers are used:

- **Psychological Testing Evaluation, First Hour (96130-1)**
- **SUD Structured Assessment 15-30/30+/5-14 min (70899-100/70899-101/70899-102)**

Home Visit of an Established Patient, 10-20 Min (99347-1)

This code may only be used by the Licensed Physician, Physician Assistant, and Nurse Practitioner when E/M services provided in the home of an established client, face-to-face with client and/or family. Home may be defined as a private residence, temporary lodging, or short-term accommodation (e.g., hotel, campground, hostel, or cruise ship). This code can only be used once per day.

This code is to be used when presenting problems are self-limited or minor, the 15-minute service requires at least 2 of 3 key components: problem focused interval history, problem focused examination, and straightforward medical decision making.

"Established" patient means an individual who has received any services with a provider (or legal entity) in the past three (3) years.

Home Visit of an Established Patient, 21-35 Min (99348-1)

This code may only be used by the Licensed Physician, Physician Assistant, and Nurse Practitioner when E/M services provided in the home of an established client, face-to-face with client and/or family. Home may be defined as a private residence, temporary lodging, or short-term accommodation (e.g., hotel, campground, hostel, or cruise ship). This code can only be used once per day.

This code is to be used when presenting problems are of low to moderate severity, the 25-minute service requires at least 2 of 3 key components: expanded problem focused interval history, expanded problem focused examination, and medical decision making of low complexity.

Home Visit of an Established Patient, 36-50 Min (99349-1)

This code may only be used by the Licensed Physician, Physician Assistant, and Nurse Practitioner when E/M services provided in the home of an established client, face-to-face with client and/or family. Home may be defined as a private residence, temporary lodging, or short-term accommodation (e.g., hotel, campground, hostel, or cruise ship). This code can only be used once per day.

This code is to be used when presenting problems are of moderate to high severity, the 40-minute service requires at least 2 of 3 key components: detailed interval history, detailed examination, and medical decision making of moderate complexity.

Home Visit of an Established Patient, 51-70 Min (99350-1)

This code may only be used by the Licensed Physician, Physician Assistant, and Nurse Practitioner when E/M services provided in the home of an established client, face-to-face with client and/or family. Home may be defined as a private residence, temporary lodging, or short-term accommodation (e.g., hotel, campground, hostel, or cruise ship). This code can only be used once per day.

This code is to be used when presenting problems are of moderate to high severity, client may be unstable or may have developed a significant new problem requiring immediate physician attention, the 60-minute service requires at least 2 of 3 key components: comprehensive interval history, comprehensive examination, and medical decision making of high complexity.

Home Visit of an Established Patient, 10-20/21-35/36-50/51-70 Min (99347-1/99348-1/99349-1/99350-1) cannot be used together on the same day.

Home Visit of an Established Patient, 10-20/21-35/36-50/51-70 Min (99347-1/99348-1/99349-1/99350-1) also cannot be used on the same day as the following services:

- **Psychiatric Diagnostic Evaluation, 15 min (90791-1)** and **Psychiatric Diagnostic Evaluation with Medical Services, 15 min (90792-1)**
- **Multiple-Family Group Psychotherapy, 15 Min (90849-1)**
- **Inter-Professional Telephone/Internet/Electronic Health Record Assessment Provided by a Consultative Physician, 5-15 Min (99451-1)**

Home Visit of an Established Patient, 10-20/21-35/36-50/51-70 Min (99347-1/99348-1/99349-1/99350-1) may be used on the same day as the following services, if the appropriate modifiers are used:

- **Psychological Testing Evaluation, First Hour (96130-1)**
- **SUD Structured Assessment 15-30/30+/5-14 min (70899-100/70899-101/70899-102)**

Prolonged Office Outpatient Evaluation & Management Service, Each Additional 15 Min (70899-112)

This code may only be used by the Licensed Physician, Physician Assistant, and Nurse Practitioner as an add-on code for the following services when the duration of the service provided exceeds the maximum number of minutes:

- **Office Outpatient Visit of New Patient, 60-74 Min (99205-1)**
- **Office Outpatient Visit of an Established Patient, 40-54 Min (99215-1)**

Do not use for any time less than 15 minutes. For example, in an Office Outpatient Visit of a New Patient, the service must be at least 89 minutes in duration (15 minutes beyond the maximum 74 minutes) to utilize this add-on code.

Telephone Evaluation & Management Service, 5-10 Min (99441-1)

This code may only be used by a Licensed Physician, Physician Assistant, or Nurse Practitioner for an E/M service provided to a client using the telephone when the service duration is 5-10 minutes. This code can only be used once per day.

The Telephone E/M Service Codes are used to report service encounters initiated by an established client, parent, or guardian of an established client. If the telephone service ends with a decision to see the client within 24 hours of the next available urgent visit appointment, the code is not reported; rather the encounter is considered part of the preservice work of the subsequent E/M service, procedure, and visit. Likewise, if the telephone call refers to an E/M service performed and reported by that individual within the previous 7 days (either requested or unsolicited client follow-up) or within the postoperative period of the previously completed procedure, then the service(s) is considered part of that previous E/M service or procedure.

Non-Billable Telephone E&M Services: When providing a non-billable Telephone E&M service, the appropriate code to use is the **Non Billable SUD Assessment (70899-300)** code. This is due to the State's classification of Telephone E&M Services under the Assessment activity type.

Telephone Evaluation & Management Service, 11-20 Min (99442-1)

This code may only be used by a Licensed Physician, Physician Assistant, or Nurse Practitioner for an E/M service provided to a client using the telephone when the service duration is 11-20 minutes. This code can only be used once per day.

Telephone Evaluation & Management Service, 21-30 Min (99443-1)

This code may only be used by a Licensed Physician, Physician Assistant, or Nurse Practitioner for an E/M service provided to a client using the telephone when the service duration is 21-30 minutes. This code can only be used once per day.

Telephone Evaluation & Management Service, 5-10 Min (99441-1), Telephone Evaluation & Management Service, 11-20 Min (99442-1), and **Telephone Evaluation & Management Service, 21-30 Min (99443-1)** cannot be used together on the same day.

These codes also cannot be used on the same day as the following services:

- **Psychiatric Diagnostic Evaluation, 15 min (90791-1)** and **Psychiatric Diagnostic Evaluation with Medical Services, 15 min (90792-1)**
- **Transitional Care Management Services: Communication (direct contact, telephone, electronic) within 14 calendar days (99495-1)** and **Transitional Care Mgmt Services: Communication (direct contact, telephone, electronic) within 7 calendar days (99496-1)**

Important: The **Prolonged Office Outpatient Evaluation & Management Service, Each Additional 15 Min (70899-112)** cannot be used for the Telephone Evaluation & Management Service codes.

SUD Drug Testing Point of Care Tests (70899-104)

This code may only be used by a Licensed Physician, Physician Assistant, Nurse Practitioner, or Registered Nurse to claim for providing point of care alcohol and/or other drug testing.

There is no maximum number of minutes that can be claimed for this service. The actual number of minutes spent providing this service should be captured and appropriately justified by the documentation. Service minutes less than 8 minutes, or the midpoint, in duration should be coded using the corresponding non-billable code.

There are no lockout codes for this service. Therefore, it is permissible to use this code when other services have been provided on the same day by the same or a different provider.

Non-Billable Drug Testing Services: When providing a non-billable Drug Testing service, the appropriate code to use is the **Non Billable SUD Assessment (70899-300)** code. This is due to the State's classification of Drug Testing under the Assessment activity type.

Frequently Asked Questions (FAQ) for Billing Assessment in MAT:

1. If an RN is performing an opiate withdrawal scale and vitals on the day of medication initiation when a client is also seeing the physician or physician extender, can the RN bill? **YES. If for the purposes of assessment, the RN can bill Medication Training and Support- Individual per 15 Min (70899-110).**
2. If an RN is reviewing a client's physical health history and gathering information from the client (i.e., SUD history, health habits, history [including sleep]), how can the RN bill for this? **The RN may bill using the code for Medication Training and Support- Individual per 15 Min (70899-110).**
3. RN having conversations with or phone calls with the family member (for medication services) are **BILLABLE. It can be billed using the code for Medication Training and Support- Individual per 15 Min (70899-110) or Targeted Case Management, Each 15 Min (70899-120) depending on the focus of the service/session.**

Treatment Planning

Each individual enrolled in MAT, must have a treatment plan in place.

The State does not dictate how the treatment plan must look or whether it needs to be a standalone document. Therefore, there are a couple of options for a treatment plan:

- A formal treatment plan document
- Treatment plan embedded into a session progress note

IMPORTANT COMPONENTS OF A TREATMENT PLAN:

The treatment plan should include information about what the plan will be for administering the medication as it relates to the specific individual. This would include information such as

medication name, dosage, frequency, what the medication will address, and the plan for monitoring/follow up. If there will be other MAT providers involved, besides the physician, indicate what their involvement will be.

MAT Treatment Planning Activities

- Formulate and document a comprehensive treatment plan for substance use disorder(s) that may include pharmacological (medication) and non-pharmacological based treatments (e.g., counseling, groups, residential treatment) with the client present.
- Review treatment plan with client.
- Provide education on treatment/interventions to address substance use disorder(s).
- Provide Overdose Prevention Education and resources (including naloxone).
- Update treatment plan based on ongoing monitoring of client and new case information with the client present.

Who Can Provide MAT Treatment Planning Activities?

In MAT, the only provider who can provide and bill for treatment planning activities relevant to the creation or modification of the treatment plan is the LPHA Physician (MD/DO) or LPHA Physician Extender (PA/NP). Some aspects of treatment planning are as follows:

- Formulate and document a comprehensive treatment plan for substance use disorder(s) that may include pharmacological (medication) and non-pharmacological based treatments (e.g., counseling, groups, residential treatment) with the client present.
- Review treatment plan with client.
- Provide education on treatment/interventions to address substance use disorder(s).
- Update treatment plan based on ongoing monitoring of client and new case information with the client present.

It is possible that the RN may obtain relevant information for the client's MAT treatment plan that will need to be relayed to the MD. However, the RN may not create or modify the MAT treatment plan directly.

MAT Services at Residential Treatment and Withdrawal Management

At this time, the State allows for the use of two codes, Medication Training and Support-Individual per 15 Min (70899-110) and Oral Medication Admin, Direct Observation, 15 Min (70899-109) for MAT services at the Residential and Withdrawal Management levels of care. For treatment planning with the client for MAT at the Residential or Withdrawal Management level of care, the MD should use the Medication Training and Support-Individual per 15 Min (70899-110) code. In most cases, the treatment plan development is part of the initial evaluation for the client for their appropriateness to receive MAT services. The time spent on the combination of assessment and treatment planning can be claimed together as Medication Training and Support-Individual per 15 Min (70899-110). If the treatment planning or assessment and treatment planning encounter/service also includes administration of medication, the total service time can be billed as Oral Medication Admin, Direct Observation, 15 Min (70899-109).

Treatment planning for MAT services is to be completed by a Licensed Physician or Physician Extenders. However, Registered Nurses conducting activities with the client in support of the Licensed Physician (or Physician Extender) for MAT at the Residential and Withdrawal Management levels of care and the development of the treatment plan, can claim the time using the Medication Training and Support-Individual per 15 Min (70899-110) code.

All treatment planning activities must be conducted with the client present to bill.

How do we bill for MAT Treatment Planning Activities?

Billable Medication Services Codes for Treatment Planning:

Charge Description	CPT/HCPCS Code(s)	CDM Code
Psych Diagnostic Eval w/ Med Svcs, 15 Min	90792	90792-1
Office OutPt Visit of New Pt, 15-29 Min	99202	99202-1
Office OutPt Visit of a New Pt, 30-44 Min	99203	99203-1
Office OutPt Visit of a New Pt, 45-59 Min	99204	99204-1
Office OutPt Visit of a New Pt, 60-74 Min	99205	99205-1
Office OutPt Visit of an Established Pt, 10-19 Min	99212	99212-1
Office OutPt Visit of an Established Pt, 20-29 Min	99213	99213-1
Office OutPt Visit of an Established Pt, 30-39 Min	99214	99214-1
Office OutPt Visit of an Established Pt, 40-54 Min	99215	99215-1
Home Visit of a New Pt, 15-25 Min	99341	99341-1
Home Visit of a New Pt, 26-35 Min	99342	99342-1
Home Visit of a New Pt, 51-65 Min	99344	99344-1
Home Visit of a New Pt, 66-80 Min	99345	99345-1
Home Visit of an Established Pt, 10-20 Min	99347	99347-1
Home Visit of an Established Pt, 21-35 Min	99348	99348-1
Home Visit of an Established Pt, 36-50 Min	99349	99349-1

Home Visit of an Established Pt, 51-70 Min	99350	99350-1
Prolonged Office OutPt E&M Svc, Each Add'l 15 Min	G2212	70899-112
Telephone E&M Service, 5-10 Min	99441	99441-1
Telephone E&M Service, 11-20 Min	99442	99442-1
Telephone E&M Service, 21-30 Min	99443	99443-1
SUD Treatment Plan Development/Modification	T1007	70899-125

Non-Billable Medication Services Code:

Charge Description	CPT/HCPCS Code(s)	CDM Code
Non Billable SUD Medication Services	n/a	70899-302

Non-Billable Assessment Code:

Charge Description	CPT/HCPCS Code(s)	CDM Code
Non Billable SUD Assessment	n/a	70899-300

Non-Billable Treatment Plan Development/Modification Code:

Charge Description	CPT/HCPCS Code(s)	CDM Code
Non Billable SUD Discharge Services	n/a	70899-306

Perinatal Medication Services Billing Codes for Treatment Planning:

Charge Description	CPT/HCPCS Code(s)	CDM Code
Peri Psych Diagnostic Eval w/ Med Svcs, 15 Min	90792	90792-2
Peri Office OutPt Visit of New Pt, 15-29 Min	99202	99202-2
Peri Office OutPt Visit of a New Pt, 30- 44 Min	99203	99203-2

Peri Office OutPt Visit of a New Pt, 45- 59 Min	99204	99204-2
Peri Office OutPt Visit of a New Pt, 60- 74 Min	99205	99205-2
Peri Office OutPt Visit of Established Pt, 10-19 Min	99212	99212-2
Peri Office OutPt Visit of Established Pt, 20-29 Min	99213	99213-2
Peri Office OutPt Visit of Established Pt, 30-39 Min	99214	99214-2
Peri Office OutPt Visit of Established Pt, 40-54 Min	99215	99215-2
Peri Home Visit of a New Pt, 15-25 Min	99341	99341-2
Peri Home Visit of a New Pt, 26-35 Min	99342	99342-2
Peri Home Visit of a New Pt, 51-65 Min	99344	99344-2
Peri Home Visit of a New Pt, 66-80 Min	99345	99345-2
Peri Home Visit of an Established Pt, 10-20 Min	99347	99347-2
Peri Home Visit of an Established Pt, 21-35 Min	99348	99348-2
Peri Home Visit of an Established Pt, 36-50 Min	99349	99349-2
Peri Home Visit of an Established Pt, 51-70 Min	99350	99350-2
Peri Prolonged Office OutPt E&M Svc, Each Add'l 15 Min	G2212	70899-212
Peri Telephone E&M Service, 5-10 Min	99441	99441-2
Peri Telephone E&M Service, 11-20 Min	99442	99442-2
Peri Telephone E&M Service, 21-30 Min	99443	99443-2
SUD Treatment Plan Development/Modification	T1007	70899-225

Non-Billable Perinatal Medication Services Code (same as Regular Non-Billable Code):

Charge Description	CPT/HCPCS Code(s)	CDM Code
Non Billable SUD Medication Services	n/a	70899-302

Non-Billable Perinatal Assessment Code (same as Regular Non-Billable Code):

Charge Description	CPT/HCPCS Code(s)	CDM Code
Non Billable SUD Assessment	n/a	70899-300

Non-Billable Perinatal Treatment Plan Development/Modification Code (same as Regular Non-Billable Code):

Charge Description	CPT/HCPCS Code(s)	CDM Code
Non Billable SUD Discharge Services	n/a	70899-306

SUD Treatment Plan Development/Modification (70899-125)

This code may be used by a Licensed Physician, Physician Assistant, Nurse Practitioner, or Registered Nurse for services/sessions addressing the creation of a new treatment plan or change to an existing treatment plan. Treatment planning is an activity that consists of developing and updating the plans or interventions for addressing the client's needs and monitoring a client's progress. This code may be used at any point during a client's episode of care.

If, during the course of an encounter with a client at MAT, there is discussion that leads to an update or change in the client's course of treatment (i.e., resulting in a change to the treatment plan), the code used for that service/session can be the SUD Treatment Plan Development/Modification (70899-125) code. In most cases, the Licensed Physician, Physician Assistant, or Nurse Practitioner is conducting some treatment planning activity within the context of an initial assessment, such as an **Office Outpatient Visit of New Patient, 15-29/30-44/45-59/60-74 Min (99202-1/99203-1/99204-1/99205-1).** Treatment planning can happen at any time throughout an episode of care at a MAT program, such as in subsequent follow up appointments or an **Office Outpatient Visit of an Established Patient, 10-19/20-29/30-39/40-54 Min (99212-1/99213-1/99214-1/99215-1)**, for example. Treatment planning may take place in the clinic or in the client's home as well.

This code may also be used by the RN if there is a service/session with the client that predominantly elicits information that will be conveyed to the MD for an update or modification to the treatment plan. It may also be captured as a Medication Training and Support service/session.

There is no maximum number of minutes that can be claimed for this service. The actual number of minutes spent providing this service should be captured and appropriately justified by the documentation. Service minutes less than 8 minutes in duration should be coded using the corresponding non-billable code.

There are no lockout codes for this service. Therefore, it is permissible to use this code when other services have been provided on the same day by the same or different provider.

Non-Billable Treatment Plan Development/Modification: When providing a non-billable Treatment Plan Development/Modification service, the appropriate code to use is the **Non Billable SUD Discharge Services (70899-306)** code. This is due to the State's classification of Treatment Plan Development/Modification under the Discharge Services activity type.

Frequently Asked Questions (FAQ) for Treatment Planning in MAT:

1. If the physician or physician extender has completed the MAT assessment and the MAT treatment plan, can the RN also bill for providing MAT services on the same day? **YES, it is recommended that the prescriber identify other providers (i.e., RN) to be involved in the client's plan of care in the progress note.**
2. Do MAT treatment plans need to include the goal for a Physical Exam (PE)? **NO, it is not required to include it on the treatment plan. It is still required to address a client's need for a PE, however. Therefore, it is acceptable to address it within the progress note for the service where this may have been discussed with the client.** If the client is receiving services simultaneously at different programs (for example, ODF at one site and MAT at another), then it would make clinical sense for at least one of those providers to be addressing it and the program that is not, to indicate as such in the progress note. This is where documentation of the coordination of care between programs is going to be important.

What do we do when a client enrolls in MAT services while receiving another level of care from a different provider?

If the client is only coming to you to receive MAT services as a standalone program, the client will need a MAT assessment to determine his/her/their appropriateness and need for MAT. A MAT treatment plan based on the MAT assessment will be needed (see above sections for assessment and treatment plan requirements). Best practice would be for MAT providers to coordinate care with the client's service provider at the other program (see sections below for MAT care coordination). It may be helpful for the MD/RN to review any chart documentation from the other program (obtained with the appropriate Authorization To Disclose) to help inform MAT treatment needs.

What do we do when a client is transferring to our MAT program from another provider's MAT program?

For transfers across different entities or programs, providers at the receiving program may use the MAT assessment and treatment plan from the original provider, as clinically appropriate. The receiving provider should review the MAT assessment and treatment plan and document concurrence or modifications needed in the progress note for the initial encounter with the client. Care coordination should be provided to ensure a smooth transition and continuity of care.

For County Providers: The receiving provider may utilize a Conversion Care Plan in the EHR to authorize the use of the original provider's MAT treatment plan. Documents received from the original provider should be scanned and uploaded so it is readily available.

Ordering

In MAT, the only provider who can provide and bill for ordering activities is the LPHA Physician (MD/DO) or LPHA Physician Extender (PA/NP).

Ordering Activities

- Order clinically appropriate lab tests, diagnostics (e.g., EKGs) and referrals to other medical and care providers.

MAT Services at Residential Treatment and Withdrawal Management

At this time, the State allows for the use of two codes, Medication Training and Support-Individual per 15 Min (70899-110) and Oral Medication Admin, Direct Observation, 15 Min (70899-109) for MAT services at the Residential and Withdrawal Management levels of care. For ordering activities at MAT within the Residential or Withdrawal Management level of care, the MD should use the Medication Training and Support-Individual per 15 Min (70899-110) code. If ordering activities also happen in conjunction with the assessment and/or treatment planning, the time can be claimed together as Medication Training and Support-Individual per 15 Min (70899-110). If the service also includes administration of medication, the total service time can be billed as Oral Medication Admin, Direct Observation, 15 Min (70899-109).

How do we bill for Ordering activities?

Billable Medication Services Codes for Ordering:

Charge Description	CPT/HCPCS Code(s)	CDM Code
Psych Diagnostic Eval w/ Med Svcs, 15 Min	90792	90792-1
Medication Training and Support-Indv per 15 Min	H0034	70899-110
Office OutPt Visit of New Pt, 15-29 Min	99202	99202-1
Office OutPt Visit of a New Pt, 30-44 Min	99203	99203-1
Office OutPt Visit of a New Pt, 45-59 Min	99204	99204-1
Office OutPt Visit of a New Pt, 60-74 Min	99205	99205-1
Office OutPt Visit of an Established Pt, 10-19 Min	99212	99212-1
Office OutPt Visit of an Established Pt, 20-29 Min	99213	99213-1
Office OutPt Visit of an Established Pt, 30-39 Min	99214	99214-1
Office OutPt Visit of an Established Pt, 40-54 Min	99215	99215-1
Home Visit of a New Pt, 15-25 Min	99341	99341-1
Home Visit of a New Pt, 26-35 Min	99342	99342-1
Home Visit of a New Pt, 51-65 Min	99344	99344-1

Home Visit of a New Pt, 66-80 Min	99345	99345-1
Home Visit of an Established Pt, 10-20 Min	99347	99347-1
Home Visit of an Established Pt, 21-35 Min	99348	99348-1
Home Visit of an Established Pt, 36-50 Min	99349	99349-1
Home Visit of an Established Pt, 51-70 Min	99350	99350-1
Prolonged Office OutPt E&M Svc, Each Add'l 15 Min	G2212	70899-112
Telephone E&M Service, 5-10 Min	99441	99441-1
Telephone E&M Service, 11-20 Min	99442	99442-1
Telephone E&M Service, 21-30 Min	99443	99443-1
Targeted Case Management, Each 15 Min	T1017	70899-120

Non-Billable Medication Services Code:

Charge Description	CPT/HCPCS Code(s)	CDM Code
Non Billable SUD Medication Services	n/a	70899-302

Non-Billable Assessment Code:

Charge Description	CPT/HCPCS Code(s)	CDM Code
Non Billable SUD Assessment	n/a	70899-300

Non-Billable Care Coordination Code:

Charge Description	CPT/HCPCS Code(s)	CDM Code
Non Billable SUD Care Coordination	n/a	70899-304

Perinatal Medication Services Billing Codes for Ordering:

Charge Description	CPT/HCPCS Code(s)	CDM Code
Peri Psych Diagnostic Eval w/ Med Svcs, 15 Min	90792	90792-2
Peri Medication Training and Support-Indv per 15 Min	H0034	70899-210
Peri Office OutPt Visit of New Pt, 15-29 Min	99202	99202-2
Peri Office OutPt Visit of a New Pt, 30- 44 Min	99203	99203-2
Peri Office OutPt Visit of a New Pt, 45- 59 Min	99204	99204-2
Peri Office OutPt Visit of a New Pt, 60- 74 Min	99205	99205-2
Peri Office OutPt Visit of Established Pt, 10-19 Min	99212	99212-2
Peri Office OutPt Visit of Established Pt, 20-29 Min	99213	99213-2
Peri Office OutPt Visit of Established Pt, 30-39 Min	99214	99214-2
Peri Office OutPt Visit of Established Pt, 40-54 Min	99215	99215-2
Peri Home Visit of a New Pt, 15-25 Min	99341	99341-2
Peri Home Visit of a New Pt, 26-35 Min	99342	99342-2
Peri Home Visit of a New Pt, 51-65 Min	99344	99344-2
Peri Home Visit of a New Pt, 66-80 Min	99345	99345-2
Peri Home Visit of an Established Pt, 10-20 Min	99347	99347-2
Peri Home Visit of an Established Pt, 21-35 Min	99348	99348-2
Peri Home Visit of an Established Pt, 36-50 Min	99349	99349-2
Peri Home Visit of an Established Pt, 51-70 Min	99350	99350-2
Peri Prolonged Office OutPt E&M Svc, Each Add'l 15 Min	G2212	70899-212
Peri Telephone E&M Service, 5-10 Min	99441	99441-2
Peri Telephone E&M Service, 11-20 Min	99442	99442-2

Peri Telephone E&M Service, 21-30 Min	99443	99443-2
Targeted Case Management, Each 15 Min	T1017	70899-220

Non-Billable Perinatal Medication Services Code (same as Regular Non-Billable Code):

Charge Description	CPT/HCPCS Code(s)	CDM Code
Non Billable SUD Medication Services	n/a	70899-302

Non-Billable Perinatal Assessment Code (same as Regular Non-Billable Code):

Charge Description	CPT/HCPCS Code(s)	CDM Code
Non Billable SUD Assessment	n/a	70899-300

Non-Billable Perinatal Care Coordination Code (same as regular Non-Billable Codes):

Charge Description	CPT/HCPCS Code(s)	CDM Code
Non Billable SUD Care Coordination	n/a	70899-304

Oftentimes, the ordering of medically necessary evaluations, labs, diagnostics, etc. is completed as part of or as a result of another service encounter, like an assessment. The primary service that is provided should dictate the billing code utilized. For example, the determination of the need for additional lab work may have come out of an **Office Outpatient Visit of an Established Patient, 10-19/20-29/30-39/40-54 Min (99212-1/99213-1/99214-1/99215-1)**, in which case it would be documented as one of the interventions provided or as part of the plan for the course of treatment going forward.

If the service is primarily related to discussing and providing referrals to other medical and care providers, the **Targeted Case Management, Each 15 Min (70899-120)** code may be used.

Prescribing

In MAT, the only provider who can provide and bill for prescribing activities is the LPHA Physician (MD/DO) or LPHA Physician Extender (PA/NP).

Prescribing Activities

- Prescribe medication(s) for treatment of a substance use disorder(s). This includes providing coverage medications for other prescribing providers within the same SUD/MAT program.

MAT Services at Residential Treatment and Withdrawal Management

At this time, the State allows for the use of two codes, Medication Training and Support-Individual per 15 Min (70899-110) and Oral Medication Admin, Direct Observation, 15 Min (70899-109) for MAT services at the Residential and Withdrawal Management levels of care. For prescribing activities at MAT within the Residential or Withdrawal Management level of care, the MD should use the Medication Training and Support-Individual per 15 Min (70899-110) code. If prescribing activities also happen in conjunction with the assessment and/or treatment planning, the time can be claimed together as Medication Training and Support-Individual per 15 Min (70899-110). If the service also includes administration of medication, the total service time can be billed as Oral Medication Admin, Direct Observation, 15 Min (70899-109).

How do we bill for Prescribing activities?

Billable Medication Services Codes for Prescribing:

Charge Description	CPT/HCPCS Code(s)	CDM Code
Psych Diagnostic Eval w/ Med Svcs, 15 Min	90792	90792-1
Medication Training and Support-Indv per 15 Min	H0034	70899-110
Office OutPt Visit of New Pt, 15-29 Min	99202	99202-1
Office OutPt Visit of a New Pt, 30-44 Min	99203	99203-1
Office OutPt Visit of a New Pt, 45-59 Min	99204	99204-1
Office OutPt Visit of a New Pt, 60-74 Min	99205	99205-1
Office OutPt Visit of an Established Pt, 10-19 Min	99212	99212-1
Office OutPt Visit of an Established Pt, 20-29 Min	99213	99213-1
Office OutPt Visit of an Established Pt, 30-39 Min	99214	99214-1
Office OutPt Visit of an Established Pt, 40-54 Min	99215	99215-1
Home Visit of a New Pt, 15-25 Min	99341	99341-1
Home Visit of a New Pt, 26-35 Min	99342	99342-1
Home Visit of a New Pt, 51-65 Min	99344	99344-1
Home Visit of a New Pt, 66-80 Min	99345	99345-1

Home Visit of an Established Pt, 10-20 Min	99347	99347-1
Home Visit of an Established Pt, 21-35 Min	99348	99348-1
Home Visit of an Established Pt, 36-50 Min	99349	99349-1
Home Visit of an Established Pt, 51-70 Min	99350	99350-1
Prolonged Office OutPt E&M Svc, Each Add'l 15 Min	G2212	70899-112
Telephone E&M Service, 5-10 Min	99441	99441-1
Telephone E&M Service, 11-20 Min	99442	99442-1
Telephone E&M Service, 21-30 Min	99443	99443-1
Targeted Case Management, Each 15 Min	T1017	70899-120

Non-Billable Medication Services Code:

Charge Description	CPT/HCPCS Code(s)	CDM Code
Non Billable SUD Medication Services	n/a	70899-302

Non-Billable Assessment Code:

Charge Description	CPT/HCPCS Code(s)	CDM Code
Non Billable SUD Assessment	n/a	70899-300

Non-Billable Care Coordination Code:

Charge Description	CPT/HCPCS Code(s)	CDM Code
Non Billable SUD Care Coordination	n/a	70899-304

Perinatal Medication Services Billing Codes for Prescribing:

Charge Description	CPT/HCPCS Code(s)	CDM Code
Peri Psych Diagnostic Eval w/ Med Svcs, 15 Min	90792	90792-2
Peri Medication Training and Support-Indv per 15 Min	H0034	70899-210
Peri Office OutPt Visit of New Pt, 15-29 Min	99202	99202-2
Peri Office OutPt Visit of a New Pt, 30- 44 Min	99203	99203-2
Peri Office OutPt Visit of a New Pt, 45- 59 Min	99204	99204-2
Peri Office OutPt Visit of a New Pt, 60- 74 Min	99205	99205-2
Peri Office OutPt Visit of Established Pt, 10-19 Min	99212	99212-2
Peri Office OutPt Visit of Established Pt, 20-29 Min	99213	99213-2
Peri Office OutPt Visit of Established Pt, 30-39 Min	99214	99214-2
Peri Office OutPt Visit of Established Pt, 40-54 Min	99215	99215-2
Peri Home Visit of a New Pt, 15-25 Min	99341	99341-2
Peri Home Visit of a New Pt, 26-35 Min	99342	99342-2
Peri Home Visit of a New Pt, 51-65 Min	99344	99344-2
Peri Home Visit of a New Pt, 66-80 Min	99345	99345-2
Peri Home Visit of an Established Pt, 10-20 Min	99347	99347-2
Peri Home Visit of an Established Pt, 21-35 Min	99348	99348-2
Peri Home Visit of an Established Pt, 36-50 Min	99349	99349-2
Peri Home Visit of an Established Pt, 51-70 Min	99350	99350-2
Peri Prolonged Office OutPt E&M Svc, Each Add'l 15 Min	G2212	70899-212
Peri Telephone E&M Service, 5-10 Min	99441	99441-2
Peri Telephone E&M Service, 11-20 Min	99442	99442-2

Peri Telephone E&M Service, 21-30 Min	99443	99443-2
Targeted Case Management, Each 15 Min	T1017	70899-120

Non-Billable Perinatal Medication Services Code (same as Regular Non-Billable Code):

Charge Description	CPT/HCPCS Code(s)	CDM Code
Non Billable SUD Medication Services	n/a	70899-302

Non-Billable Perinatal Assessment Code (same as Regular Non-Billable Code):

Charge Description	CPT/HCPCS Code(s)	CDM Code
Non Billable SUD Assessment	n/a	70899-300

Non-Billable Perinatal Care Coordination Code (same as regular Non-Billable Codes):

Charge Description	CPT/HCPCS Code(s)	CDM Code
Non Billable SUD Care Coordination	n/a	70899-304

In most cases, the prescribing of medication(s) is part of or as a result of another service encounter. The primary service that is provided should dictate the billing code utilized. For example, the determination of the need for a new medication, change in medication, or medication refill may have come out of an **Office Outpatient Visit of an Established Patient, 10-19/20-29/30-39/40-54 Min (99212-1/99213-1/99214-1/99215-1)**, in which case it would be documented in the body of the progress note for the session/service and/or as part of the client's treatment plan.

If the service is primarily related to coordinating with other medical and care providers for the purpose of prescribing, the **Targeted Case Management, Each 15 Min (70899-120)** code may be used.

Administering

LPHA Physicians (MD/DO), LPHA Physician Extenders (PA/NP), and LPHA Non-Physicians (RN) can provide activities related to Administering in a MAT program.

Administering Activities

LPHA PHYSICIAN (or LPHA Physician Extender):

- Administer or direct the client to take prescribed medications – may include oral or injectable medications.

LPHA NON-PHYSICIAN (RN):

- Administer or direct the client to take prescribed medications (under a prescribing provider's orders) – may include oral or injectable medications.

MAT Services at Residential Treatment and Withdrawal Management

At this time, the State allows for the use of two codes, Medication Training and Support-Individual per 15 Min (70899-110) and Oral Medication Admin, Direct Observation, 15 Min (70899-109) for MAT services at the Residential and Withdrawal Management levels of care. For administering activities at MAT within the Residential or Withdrawal Management level of care, the MD should use the Oral Medication Admin, Direct Observation, 15 Min (70899-109) code. If administering activities also happen in conjunction with the assessment and/or treatment planning, the time can be claimed together as Oral Medication Admin, Direct Observation, 15 Min (70899-109).

For Registered Nurses administering medications, the service/encounter with clients can be claimed using the Oral Medication Admin, Direct Observation, 15 Min (70899-109) code.

How do we bill for administering medications?

Billable Medication Services Codes for Administering:

Charge Description	CPT/HCPCS Code(s)	CDM Code
Oral Medication Admin, Direct Observation, 15 Min	H0033	70899-109
Medication Training and Support-Indv per 15 Min	H0034	70899-110

Non-Billable Medication Services Code:

Charge Description	CPT/HCPCS Code(s)	CDM Code
Non Billable SUD Medication Services	n/a	70899-302

Perinatal Medication Services Billing Codes for Administering:

Charge Description	CPT/HCPCS Code(s)	CDM Code
Peri Oral Medication Admin, Direct Observation, 15 Min	H0033	70899-209
Peri Medication Training and Support-Indv per 15 Min	H0034	70899-210

Non-Billable Perinatal Medication Services Code (same as Regular Non-Billable Code):

Charge Description	CPT/HCPCS Code(s)	CDM Code
Non Billable SUD Medication Services	n/a	70899-302

Oral Medication Administration, Direct Observation, 15 Min (70899-109)

This code may be used by a Licensed Physician, Physician Assistant, Nurse Practitioner, or Registered Nurse for a MAT program when claiming a medication administration service. This code is specific to oral medication, however, there are no available codes specific to injections. This code is available for use until further guidance from the State. Alternatively, the Medication Training and Support – Individual per 15 Min (70899-110) code may be used to claim time for administering and observing for an injection of medication.

There is no maximum number of minutes that can be claimed for this service. The actual number of minutes spent providing this service should be captured and appropriately justified by the documentation. Service minutes less than 8 minutes in duration should be coded using the corresponding non-billable code.

There are no lockout codes for this service. Therefore, it is permissible to use this code when other services have been provided on the same day by the same or different provider.

Medication Training and Support- Individual per 15 Min (70899-110)

This code may be used by a Licensed Physician, Physician Assistant, Nurse Practitioner, or Registered Nurse for a MAT program when providing psychoeducation, training, and/or support related to medication, in a one-on-one setting. Note that, at this time, this code can be utilized for a variety of activities when considering "support" in the general sense of the term. Since there is currently no specific billing code for the administration of injections, it is permissible to use this code to claim the time for RNs administering an injection (e.g., Vivitrol).

There is no maximum number of minutes that can be claimed for this service. The actual number of minutes spent providing this service should be captured and appropriately justified by the documentation. Service minutes less than 8 minutes in duration should be coded using the corresponding non-billable code.

There are no lockout codes for this service. Therefore, it is permissible to use this code when other services have been provided on the same day by the same or different provider.

Frequently Asked Questions (FAQ) in Billing for Administering in MAT:

1. RN giving an injection, administering medication is **BILLABLE**. **Oral Medication Administration, Direct Observation, 15 Min (70899-109) or Medication Training and Support – Individual per 15 Min (70899-110) may be used to claim time for this service/session.**

Monitoring

LPHA Physicians (MD/DO), LPHA Physician Extenders (PA/NP), and LPHA Non-Physicians (RN) can provide activities related to Monitoring in a MAT program.

Monitoring Activities

LPHA PHYSICIAN (or LPHA Physician Extender):

- Repeat aspects of the physical assessment to monitor for the effectiveness of medication/ treatment. This may also include evaluating interactions of the treatment with other elements of care the client may be receiving from other providers.

LPHA NON-PHYSICIAN (RN):

- Determine medication adherence or obstacles to adherence -- to report to prescribing provider.
- Respond to client inquiries and addresses the issue (if RN, within scope of practice (e.g., re-education on how to take medication or how to obtain refills, etc.) and/or consults with prescribing provider and treatment team

MAT Services at Residential Treatment and Withdrawal Management

At this time, the State allows for the use of two codes, Medication Training and Support-Individual per 15 Min (70899-110) and Oral Medication Admin, Direct Observation, 15 Min (70899-109) for MAT services at the Residential and Withdrawal Management levels of care. For monitoring activities at MAT within the Residential or Withdrawal Management level of care, the MD should use the Medication Training and Support-Individual per 15 Min (70899-110) code. If monitoring activities also happen in conjunction with the assessment and/or treatment planning, the time can be claimed together as Medication Training and Support-Individual per 15 Min (70899-110). If the service also includes administration of medication, the total service time can be billed as Oral Medication Admin, Direct Observation, 15 Min (70899-109).

For Registered Nurses providing monitoring activities as part of MAT services at the Residential and Withdrawal Management levels of care, the service/encounter with clients can be claimed using the Medication Training and Support-Individual per 15 Min (70899-110) code.

How do we bill for Monitoring Activities?

LPHA PHYSICIAN (or LPHA Physician Extender):

Some of the assessment billing codes explained in previous sections can be used for the monitoring activities as well as Medication Training and Support – Individual/Group per 15 Min (70899-110/70899-111).

Billable Medication Services Codes for Monitoring:

Charge Description	CPT/HCPCS Code(s)	CDM Code
Psych Diagnostic Eval w/ Med Svcs, 15 Min	90792	90792-1

Medication Training and Support-Indv per 15 Min	H0034	70899-110
Medication Training and Support-Group per 15 Min	H0034	70899-111
Office OutPt Visit of New Pt, 15-29 Min	99202	99202-1
Office OutPt Visit of a New Pt, 30-44 Min	99203	99203-1
Office OutPt Visit of a New Pt, 45-59 Min	99204	99204-1
Office OutPt Visit of a New Pt, 60-74 Min	99205	99205-1
Office OutPt Visit of an Established Pt, 10-19 Min	99212	99212-1
Office OutPt Visit of an Established Pt, 20-29 Min	99213	99213-1
Office OutPt Visit of an Established Pt, 30-39 Min	99214	99214-1
Office OutPt Visit of an Established Pt, 40-54 Min	99215	99215-1
Home Visit of a New Pt, 15-25 Min	99341	99341-1
Home Visit of a New Pt, 26-35 Min	99342	99342-1
Home Visit of a New Pt, 51-65 Min	99344	99344-1
Home Visit of a New Pt, 66-80 Min	99345	99345-1
Home Visit of an Established Pt, 10-20 Min	99347	99347-1
Home Visit of an Established Pt, 21-35 Min	99348	99348-1
Home Visit of an Established Pt, 36-50 Min	99349	99349-1
Home Visit of an Established Pt, 51-70 Min	99350	99350-1
Prolonged Office OutPt E&M Svc, Each Add'l 15 Min	G2212	70899-112
Telephone E&M Service, 5-10 Min	99441	99441-1
Telephone E&M Service, 11-20 Min	99442	99442-1
Telephone E&M Service, 21-30 Min	99443	99443-1

Non-Billable Medication Services Code:

Charge Description	CPT/HCPCS Code(s)	CDM Code
Non Billable SUD Medication Services	n/a	70899-302

Non-Billable Assessment Code:

Charge Description	CPT/HCPCS Code(s)	CDM Code
Non Billable SUD Assessment	n/a	70899-300

Perinatal Medication Services Billing Codes for Monitoring:

Charge Description	CPT/HCPCS Code(s)	CDM Code
Peri Psych Diagnostic Eval w/ Med Svcs, 15 Min	90792	90792-2
Peri Medication Training and Support-Indv per 15 Min	H0034	70899-210
Peri Medication Training and Support-Group per 15 Min	H0034	70899-211
Peri Office OutPt Visit of New Pt, 15-29 Min	99202	99202-2
Peri Office OutPt Visit of a New Pt, 30- 44 Min	99203	99203-2
Peri Office OutPt Visit of a New Pt, 45- 59 Min	99204	99204-2
Peri Office OutPt Visit of a New Pt, 60- 74 Min	99205	99205-2
Peri Office OutPt Visit of Established Pt, 10-19 Min	99212	99212-2
Peri Office OutPt Visit of Established Pt, 20-29 Min	99213	99213-2
Peri Office OutPt Visit of Established Pt, 30-39 Min	99214	99214-2
Peri Office OutPt Visit of Established Pt, 40-54 Min	99215	99215-2
Peri Home Visit of a New Pt, 15-25 Min	99341	99341-2
Peri Home Visit of a New Pt, 26-35 Min	99342	99342-2

Peri Home Visit of a New Pt, 51-65 Min	99344	99344-2
Peri Home Visit of a New Pt, 66-80 Min	99345	99345-2
Peri Home Visit of an Established Pt, 10-20 Min	99347	99347-2
Peri Home Visit of an Established Pt, 21-35 Min	99348	99348-2
Peri Home Visit of an Established Pt, 36-50 Min	99349	99349-2
Peri Home Visit of an Established Pt, 51-70 Min	99350	99350-2
Peri Prolonged Office OutPt E&M Svc, Each Add'l 15 Min	G2212	70899-212
Peri Telephone E&M Service, 5-10 Min	99441	99441-2
Peri Telephone E&M Service, 11-20 Min	99442	99442-2
Peri Telephone E&M Service, 21-30 Min	99443	99443-2

Non-Billable Perinatal Medication Services Code (same as Regular Non-Billable Code):

Charge Description	CPT/HCPCS Code(s)	CDM Code
Non Billable SUD Medication Services	n/a	70899-302

Non-Billable Perinatal Assessment Code (same as Regular Non-Billable Code):

Charge Description	CPT/HCPCS Code(s)	CDM Code
Non Billable SUD Assessment	n/a	70899-300

Medication Training and Support-Group per 15 Min (70899-111)

This code may be used by a Licensed Physician, Physician Assistant, Nurse Practitioner, or Registered Nurse for a MAT program when providing psychoeducation, training, and/or support related to medication, in a group setting (2 or more clients).

There is no maximum number of minutes that can be claimed for this service. The actual number of minutes spent providing this service should be captured and appropriately justified by the documentation. Service minutes less than 8 minutes in duration should be coded using the corresponding non-billable code.

There are no lockout codes for this service. Therefore, it is permissible to use this code when other services have been provided on the same day by the same or different provider.

Care Coordination

Care coordination must be provided to coordinate care with treatment and ancillary service providers and facilitate transitions between levels of care.

Who Can Provide Care Coordination Activities?

LPHA Physicians (MD/DO), LPHA Physician Extenders (PA/NP), and LPHA Non-Physicians (RN) can provide activities related to care coordination in a MAT program.

What Are Care Coordination Activities?

LPHA PHYSICIAN (or LPHA Physician Extender):

- Consult with treatment team to facilitate treatment goals planning
- Complete discharge/transition planning to ensure follow-up
- Consult with other physicians who may be receiving the case after discharge or who have worked with the case prior to admission to the clinic
- Respond to the client's calls with concerns about medication
- Consult with treatment team to facilitate treatment goals/planning
- Ensure that discharge plan/transition goals are completed (e.g., link to another medication provider, etc.)
- Troubleshoot any issues with the pharmacy
- Make referrals to primary care or other health providers
- Consult with outside health care providers as it pertains to MAT and the client's MAT treatment plan, to make sure the other providers are aware of the client's participation in MAT in case of contraindications
- Provide Overdose Prevention Education and resources (including naloxone)

LPHA NON-PHYSICIAN (RN):

- Consult with treatment team to facilitate treatment goals planning
- Respond to client calls with concerns about medication and to convey these concerns to the LPHA Physician or LPHA Physician Extender
- Consult with treatment team to facilitate treatment goals/planning
- Ensure that discharge plan/transition goals are completed (e.g., link to another medication provider, etc.)
- Troubleshoot any issues with the pharmacy
- Facilitate referrals from the LPHA Physician or LPHA Physician Extender to a primary care provider or other health providers
- Consult with outside health care providers as it pertains to MAT and the client's MAT treatment plan, to make sure the other providers are aware of the client's participation in MAT in case of contraindications

- Provide Overdose Prevention Education and resources (including naloxone)

MAT Services at Residential Treatment and Withdrawal Management

Care coordination activities may also be provided by MAT providers at Residential Treatment and Withdrawal Management levels of care.

How do we bill for Care Coordination activities?

Billable Care Coordination Codes:

Charge Description	CPT/HCPCS Code(s)	CDM Code
Environmental Intervention for Med Mgmt Purposes	90882	90882-1
Preparation of Report of Pt's Psych Status	90889	90889-1
Admin of Pt-Focused Health Risk Assmt Instrument	96160	96160-1
Med Team Conf by MD, Pt/Fam not Present, 30 Min+	99367	99367-1
Transitional Care Mgmt Svcs: Comm. w/in 7 days	99496	99496-1
Inter-Prof Phone/EHR Assmt-Consult. MD 5-15 Min	99451	99451-1
Prenatal Care, At Risk Assmt	H1000	70899-119
Targeted Case Management, Each 15 Min	T1017	70899-120

Non-Billable Care Coordination Codes:

Charge Description	CPT/HCPCS Code(s)	CDM Code
Non Billable SUD Care Coordination	n/a	70899-304

Non-Billable Discharge Services Code:

Charge Description	CPT/HCPCS Code(s)	CDM Code
Non Billable SUD Discharge Services	n/a	70899-306

Perinatal Care Coordination Billing Codes:

Charge Description	CPT/HCPCS Code(s)	CDM Code
Peri Environmental Intervention for Med Mgmt Purposes	90882	90882-2
Peri Preparation of Report of Pt's Psych Status	90889	90889-2
Peri Admin of Pt-Focused Health Risk Assmt Instrument	96160	96160-2
Peri Med Team Conf by Non-MD, Pt/Fam not Present, 30 Min+	99368	99368-2
Peri Prenatal Care, At Risk Assmt	H1000	70899-219
Targeted Case Management, Each 15 Min	T1017	70899-220

Non-Billable Perinatal Care Coordination Code (same as Regular Non-Billable Code):

Charge Description	CPT/HCPCS Code(s)	CDM Code
Non Billable SUD Care Coordination	n/a	70899-304

Non-Billable Perinatal Discharge Services Code:

Charge Description	CPT/HCPCS Code(s)	CDM Code
Non Billable SUD Discharge Services	n/a	70899-306

Environmental Intervention for Medical Management Purposes (90882-1)

This code may be used by a Licensed Physician, Physician Assistant, Nurse Practitioner, or Registered Nurse. It is to be used for coordinating with agencies, employers, or institutions on behalf of the client for the purpose of medical management. It is advised that this code be utilized specifically for coordination of care of medical or physical health care issues relevant to the client.

This code cannot be used on the same day as the following services:

- **Psychiatric Diagnostic Evaluation, 15 min (90791-1)** and **Psychiatric Diagnostic Evaluation with Medical Services, 15 min (90792-1)**
- **Health Behavior Intervention, Family (without the Patient present) Face-to-Face, 16-30 Min (96170-1)** and **Health Behavior Intervention, Family (without the Patient present) Face-to-Face, Additional 15 Min (96171-1)**

Preparation of Report of Patient's Psychiatric Status (90889-1)

This code may be used by a Licensed Physician, Physician Assistant, Nurse Practitioner, or Registered Nurse for claiming time spent in preparing reports on the client's psychiatric status, history, treatment, or progress (other than for legal or consultative purpose) for other individuals, agencies, or insurance carriers. This code may only be used once per day.

This code cannot be used on the same day as the following services:

- **Psychiatric Diagnostic Evaluation, 15 min (90791-1)** and **Psychiatric Diagnostic Evaluation with Medical Services, 15 min (90792-1)**
- **Health Behavior Intervention, Family (without the Patient present) Face-to-Face, 16-30 Min (96170-1)** and **Health Behavior Intervention, Family (without the Patient present) Face-to-Face, Additional 15 Min (96171-1)**

Administration of Patient-Focused Health Risk Assessment Instrument (96160-1)

This code may only be used by a Licensed Physician, Physician Assistant, Nurse Practitioner, or Registered Nurse. This code can only be used ONE TIME PER YEAR BY ANY PROVIDER WITHIN THE NETWORK. It is intended to be used for an annual wellness visit. If it is found to have been used by another provider or another county within the calendar year, the claim will be denied.

This code cannot be used on the same day as the following services:

- **Psychiatric Diagnostic Evaluation, 15 min (90791-1)** and **Psychiatric Diagnostic Evaluation with Medical Services, 15 min (90792-1)**
- **Health Behavior Intervention, Family (without the Patient present) Face-to-Face, 16-30 Min (96170-1)** and **Health Behavior Intervention, Family (without the Patient present) Face-to-Face, Additional 15 Min (96171-1)**

Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Physician, Patient and/or Family not Present, 30 Min+ (99367-1)

This code may only be used by a Licensed Physician and is the equivalent to the Physician Consultation that was previously available. This code can only be used once per day.

This code cannot be used on the same day as the following services:

- **Psychiatric Diagnostic Evaluation, 15 min (90791-1)** and **Psychiatric Diagnostic Evaluation with Medical Services, 15 min (90792-1)**
- **Transitional Care Management Services: Communication (direct contact, telephone, electronic) within 14 calendar days (99495-1)** and **Transitional Care Mgmt Services: Communication (direct contact, telephone, electronic) within 7 calendar days (99496-1)**

Transitional Care Management Services: Communication (direct contact, telephone, electronic) within 14 calendar days (99495-1)

This code may only be used by a Licensed Physician, Physician Assistant, and Nurse Practitioner. It is to be used for a new or established client whose medical and/or psychosocial problems require moderate or high complexity medical decision making during transitions in care from an inpatient hospital setting

(including acute hospital, rehabilitation hospital, long-term acute care hospital), partial hospital, observation status in a hospital, or skilled nursing facility/nursing facility, to the client's community setting (home, domiciliary, rest home or assisted living). Transitional Care Management commences upon the date of discharge and continues for the next 29 days.

Comprised of one face-to-face visit within the specified time frames, in combination with non-face-to-face services that may be performed by the physician or other qualified health care professional and/or licensed clinical staff under his/her direction.

Non-face-to-face services provided by clinical staff, under the direction of the physician or other qualified health care professional may include: communication regarding aspects of care (with client, family members, guardians/caretakers, surrogate decision makers, and/or other professionals), communication with home health agencies and other community services utilized by the client, client and/or family/caretaker education to support self-management, independent living, and activities of daily living, assessment and support for treatment.

This code may only be used once per day.

Non-Billable Transitional Care Management Service: When providing a non-billable Transitional Care Management service, the appropriate code to use is the **Non Billable SUD Discharge Services (70899-306)** code. This is due to the State's classification of Transitional Care Management under the Discharge Services activity type.

Transitional Care Mgmt Services: Communication (direct contact, telephone, electronic) within 7 calendar days (99496-1)

This code may only be used by a Licensed Physician, Physician Assistant, and Nurse Practitioner. It is to be used for a new or established client whose medical and/or psychosocial problems require moderate or high complexity medical decision making during transitions in care from an inpatient hospital setting (including acute hospital, rehabilitation hospital, long-term acute care hospital), partial hospital, observation status in a hospital, or skilled nursing facility/nursing facility, to the client's community setting (home, domiciliary, rest home or assisted living). Transitional Care Management commences upon the date of discharge and continues for the next 29 days.

Comprised of one face-to-face visit within the specified time frames, in combination with non-face-to-face services that may be performed by the physician or other qualified health care professional and/or licensed clinical staff under his/her direction.

Non-face-to-face services provided by clinical staff, under the direction of the physician or other qualified health care professional may include: communication regarding aspects of care (with client, family members, guardians/caretakers, surrogate decision makers, and/or other professionals), communication with home health agencies and other community services utilized by the client, client and/or family/caretaker education to support self-management, independent living, and activities of daily living, assessment and support for treatment.

This code may only be used once per day.

Non-Billable Transitional Care Management Service: When providing a non-billable Transitional Care Management service, the appropriate code to use is the **Non Billable SUD Discharge Services (70899-306)** code. This is due to the State's classification of Transitional Care Management under the Discharge Services activity type.

Transitional Care Management Services: Communication (direct contact, telephone, electronic) within 14 calendar days (99495-1) and **Transitional Care Mgmt Services: Communication (direct contact, telephone, electronic) within 7 calendar days (99496-1)** cannot be used together on the same day.

These codes also cannot be used on the same day as the following services:

- **Psychiatric Diagnostic Evaluation, 15 min (90791-1)** and **Psychiatric Diagnostic Evaluation with Medical Services, 15 min (90792-1)**

These codes may be used on the same with the following services, if the appropriate modifiers are used:

- **Telephone Assessment and Management Service, 5-10/11-20/21-30 Min (98966-1/98967-1/98968-1)**

Important: The **Prolonged Office Outpatient Evaluation & Management Service, Each Additional 15 Min (70899-112)** cannot be used for these services.

Inter-Professional Telephone/Internet/Electronic Health Record Assessment Provided by a Consultative Physician, 5-15 Min (99451-1)

This code may only be used by a Licensed Physician and may include a written report to the client's treating/requesting physician or other qualified health care professional; 5 minutes or more of medical consultative time. This can only be used once per day.

This code cannot be used on the same day as the following services:

- **Psychiatric Diagnostic Evaluation, 15 min (90791-1)** and **Psychiatric Diagnostic Evaluation with Medical Services, 15 min (90792-1)**
- **Home Visit of a New Patient, 15-25/26-35/51-65/66-80 Min (99341-1/99342-1/99344-1/99345-1)** and **Home Visit of an Established Patient, 10-20/21-35/36-50/51-70 Min (99347-1/99348-1/99349-1/99350-1)**

Prenatal Care, At Risk Assessment (70899-119)

This code may be used by a Licensed Physician, Physician Assistant, Nurse Practitioner, or Registered Nurse when the service or session is related to assessing the client's access to prenatal care as well as in consideration of a possible referral to a perinatal-specific program.

There is no maximum number of minutes that can be claimed for this service. The actual number of minutes spent providing this service should be captured and appropriately justified by the documentation. Service minutes less than 8 minutes in duration should be coded using the corresponding non-billable code.

There are no lockout codes for this service. Therefore, it is permissible to use this code when other services have been provided on the same day by the same or different provider.

Targeted Case Management, Each 15 Min (70899-120)

This code may be used by a Licensed Physician, Physician Assistant, Nurse Practitioner, or Registered Nurse. This is the equivalent to what was previously Care Coordination. The service/session can be with or without the presence of the client.

There is no maximum number of minutes that can be claimed for this service. The actual number of minutes spent providing this service should be captured and appropriately justified by the documentation. Service minutes less than 8 minutes in duration should be coded using the corresponding non-billable code.

There are no lockout codes for this service. Therefore, it is permissible to use this code when other services have been provided on the same day by the same or different provider.

Frequently Asked Questions (FAQ) in Billing for Care Coordination in MAT:

1. If the RN is coordinating with client's PCP for exchange of records, advising of MAT care, etc., can the RN bill for MAT Care Coordination? **YES, billable as Targeted Case Management, Each 15 Min (70899-120)**.
2. Physician or physician extender conversations with or phone calls with the care coordinator, pharmacy, board and care OR an extensive review of existing records (for medication services), OR an extensive chart summary (for medication services) are **BILLABLE as Targeted Case Management, Each 15 Min (70899-120)**.
3. Under the direction of the LPHA Physician or the LPHA Physician Extender, the LPHA Non-Physician (RN) assists in refilling prescription(s), has conversations with or participates in phone calls with the care coordinator, and calls the pharmacy or board and care (for medication services). All these services completed by the LPHA Non-Physician (RN) are **BILLABLE as Targeted Case Management, Each 15 Min (70899-120)**.

Supplemental Codes

Supplemental Codes are codes that describe additional and simultaneous services that were provided to the client during the visit or codes that describe the additional severity of the client's condition. Supplemental codes cannot be billed independently. They have to be billed with a/another (primary) service.

Billable Supplemental Codes:

Charge Description	CPT/HCPCS Code(s)	CDM Code
Health Bx Int, Fam wo Pt F2F, 16-30 Min	96170	96170-1

Health Bx Int, Fam wo Pt F2F, Add'l 15 Min	96171	96171-1
Sign Lang. or Oral Interp. Svcs, 15 Min	T1013	70899-132
Interactive Complexity	90785	90785-1
Interp. of Psych Results to Fam, 15 Min	90887	90887-1

Health Behavior Intervention, Family (without the Patient present) Face-to-Face, 16-30 Min (96170-1)

This code may be used by a Licensed Physician, Physician Assistant, Nurse Practitioner, or Registered Nurse. Health behavior intervention services are used to address the psychological, behavioral, emotional, cognitive, and interpersonal factors important to the assessment, treatment, or management of physical health problems. It is to be used when the primary focus of the service/session is related to the client's physical health care/condition, using psychological and/or psychosocial interventions designed to ameliorate specific disease-related problems. Health behavior intervention includes promotion of functional improvement, minimizing psychological and/or psychosocial barriers to recovery, and management of and improved coping with medical conditions. This service emphasizes active patient/family engagement and involvement in a session with the family, but not including the client.

Health Behavior Intervention, Family (without the Patient present) Face-to-Face, Additional 15 Min (96171-1)

This code may only be used by a Licensed Physician, Physician Assistant, Nurse Practitioner, or Registered Nurse.

In order to utilize the **Health Behavior Intervention, Family (without the Patient present) Face-to-Face, 16-30 Min (96170-1)** and **Health Behavior Intervention, Family (without the Patient present) Face-to-Face, Additional 15 Min (96171-1)**, one of the following services must have been provided as the primary service:

- **Psychological Testing Evaluation, First Hour (96130-1)** and **Psychological Testing Evaluation, Each Additional Hour (96131-1)**
- **Office Outpatient Visit of New Patient, 15-29/30-44/45-59/60-74 Min (99202-1/99203-1/99204-1/99205-1)**
- **Office Outpatient Visit of an Established Patient, 10-19/20-29/30-39/40-54 Min (99212-1/99213-1/99214-1/99215-1)**
- **Home Visit of a New Patient, 15-25/26-35/51-65/66-80 Min (99341-1/99342-1/99344-1/99345-1)**
- **Home Visit of an Established Patient, 10-20/21-35/36-50/51-70 Min (99347-1/99348-1/99349-1/99350-1)**
- **SUD Structured Assessment 5-14 Min (70899-102)**
- **SUD Assessment Screening (70899-103)**

This code cannot be used on the same day as the following services:

- **Psychiatric Diagnostic Evaluation, 15 min (90791-1)** and **Psychiatric Diagnostic Evaluation with Medical Services, 15 min (90792-1)**
- **Administration of Patient-Focused Health Risk Assessment Instrument (96160-1)**
- **Interactive Complexity (90785-1)**

This code may be used on the same day as the following services, if the appropriate modifiers are used:

- **Multiple-Family Group Psychotherapy, 15 Min (90849-1)**
- **Environmental Intervention for Medical Management Purposes (90882-1)**
- **Psychiatric Evaluation of Hospital Record, 15 Min (90885-1)**
- **Interpretation of Psychiatric Results to Family, 15 Min (90887-1)**
- **Preparation of Report of Patient's Psychiatric Status (90889-1)**
- **SUD Structured Assessment, 15-30/30 Min (70899-100/70899-101)**

Sign Language or Oral Interpretation Services, 15 Min (70899-132)

This code may be used by a Licensed Physician, Physician Assistant, Nurse Practitioner, or Registered Nurse when an oral interpreter is necessary for a client who is unable to speak or speak the same language as the provider. This supplemental code is not to be used when the provider is speaking the client's preferred language and only when an oral interpreter is utilized. This occurs along with another primary service, such as individual counseling. It is available for use with all services, including medication services/sessions.

The number of units that can be claimed is dependent on the total service time for the primary service.

There are no lockout codes for this service. Therefore, it is permissible to use this code when other services have been provided on the same day by the same or different provider.

Interactive Complexity (90785-1)

This code may be used by a Licensed Physician, Physician Assistant, Nurse Practitioner, or Registered Nurse when there is a need to manage maladaptive communication related to high anxiety, high reactivity, repeated questions, or when the client is under the influence of alcohol or other substances. The documentation must clearly explain what constituted the need for the use of this code. This occurs along with another primary service that is for assessment. Only one unit per service may be claimed.

This code can only be used with the following primary services:

- **Psychiatric Diagnostic Evaluation, 15 min (90791-1)** and **Psychiatric Diagnostic Evaluation with Medical Services, 15 min (90792-1)**
- **Office Outpatient Visit of New Patient, 15-29/30-44/45-59/60-74 Min (99202-1/99203-1/99204-1/99205-1)**
- **Office Outpatient Visit of an Established Patient, 10-19/20-29/30-39/40-54 Min (99212-1/99213-1/99214-1/99215-1)**
- **Home Visit of a New Patient, 15-25/26-35/51-65/66-80 Min (99341-1/99342-1/99344-1/99345-1)**
- **Home Visit of an Established Patient, 10-20/21-35/36-50/51-70 Min (99347-1/99348-1/99349-1/99350-1)**

This code cannot be used on the same day as the following services:

- **Health Behavior Intervention, Family (without the Patient present) Face-to-Face, 16-30 Min (96170-1)** and **Health Behavior Intervention, Family (without the Patient present) Face-to-Face, Additional 15 Min (96171-1)**

Interpretation of Psychiatric Results to Family, 15 Min (90887-1)

This code may be used by a Licensed Physician, Physician Assistant, Nurse Practitioner, or Registered Nurse when an interpretation or explanation of results of psychiatric, other medical examinations and procedures, or other accumulated data is provided to family or other responsible persons, or advising them how to assist client. Only one unit per service may be claimed.

This code can only be used with the following primary services:

- **Multiple-Family Group Psychotherapy, 15 Min (90849-1)**
- **Environmental Intervention for Medical Management Purposes (90882-1)**
- **Preparation of Report of Patient's Psychiatric Status (90889-1)**
- **Psychological Testing Evaluation, First Hour (96130-1)**
- **Administration of Patient-Focused Health Risk Assessment Instrument (96160-1)**
- **Office Outpatient Visit of New Patient, 15-29/30-44/45-59/60-74 Min (99202-1/99203-1/99204-1/99205-1)**
- **Office Outpatient Visit of an Established Patient, 10-19/20-29/30-39/40-54 Min (99212-1/99213-1/99214-1/99215-1)**
- **Home Visit of a New Patient, 15-25/26-35/51-65/66-80 Min (99341-1/99342-1/99344-1/99345-1)**
- **Home Visit of an Established Patient, 10-20/21-35/36-50/51-70 Min (99347-1/99348-1/99349-1/99350-1)**
- **Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Physician, Patient and/or Family not Present, 30 Min+ (99367-1)**
- **Medical Team Conference by non-MD, Patient/Family not present, 30 Min+ (99368-1)**
- **Transitional Care Management Services: Communication (direct contact, telephone, electronic) within 14 calendar days (99495-1)** and **Transitional Care Mgmt Services: Communication (direct contact, telephone, electronic) within 7 calendar days (99496-1)**

This code cannot be used on the same day as the following services:

- **Psychiatric Diagnostic Evaluation, 15 min (90791-1)** and **Psychiatric Diagnostic Evaluation with Medical Services, 15 min (90792-1)**
- **Health Behavior Intervention, Family (without the Patient present) Face-to-Face, 16-30 Min (96170-1)**

This code may be used on the same day as the following service, if the appropriate modifiers are used:

- **Health Behavior Intervention, Family (without the Patient present) Face-to-Face, Additional 15 Min (96171-1)**

Perinatal Supplemental Billing Codes:

Charge Description	CPT/HCPCS Code(s)	CDM Code
Peri Health Bx Int, Fam wo Pt F2F, 16-30 Min	96170	96170-2
Peri Health Bx Int, Fam wo Pt F2F, Add'l 15 Min	96171	96171-2
Peri Sign Lang. or Oral Interp. Svcs, 15 Min	T1013	70899-232
Peri Interactive Complexity	90785	90785-2
Peri Interp. of Psych Results to Fam, 15 Min	90887	90887-2

3. Progress Note Documentation in MAT

Required Elements of Progress Notes for MAT

The Licensed Physician (MD/DO), Physician Assistant (PA), Nurse Practitioner (NP), or Registered Nurse (RN) working within their scope of practice who provided the treatment service shall record a progress note that includes the following:

1. Type of service (i.e., Assessment, treatment plan development/modification, ordering, prescribing, administering, monitoring, care coordination).
2. Date, start and end times of each service and documentation start and end times. Include Travel time, if applicable. Be sure that the start and end times are congruent with the amount of time claimed.
3. Location of the client at the time of the service. Identify if services were provided face-to-face, by telephone or by telehealth.
4. A description of how the service relates to the client's treatment plan problems, goals, action steps, objectives, and/or referrals. The progress note should also include:
    - what the client says about the health problem;
    - records of the observations made after physically assessing the client;
    - a brief summary of your diagnosis of the client's existing conditions;
    - treatment plan and healthcare and lifestyle recommendations for the client.
    - Next steps (planned action steps by the provider or by the client, collaboration with the client, collaboration with other provider(s).
5. CPT and ICD-10 code (does not need to be within the body of the progress note. It needs to be attached to the progress note, such as through the use of an Encounter Document).
6. The Licensed Physician, Physician Assistant, Nurse Practitioner, or Registered Nurse shall type or legibly print their name with licensed credential, sign, and date the progress note within three (3) business days of the service. The signature shall be adjacent to the typed or legibly printed name. "Business" days are all days that the program is open and providing services to clients.

The State does not dictate the format that Progress Notes must be written in, as long as all the required elements are documented!

Important Reminders for Progress Notes

- Should be written within three (3) business days of the date of service to bill. Date of service counts as Day 0.
- Any notes completed outside of the three (3) business days do not need to be made non-billable. The service may continue to be billed using the billable code. Please be mindful that a *pattern* of progress note documentation that exceeds the timeframe may be scrutinized for potential fraud, waste, or abuse.
- Clearly document the clinical need for the activities or interventions provided.
- Continue to include the service and documentation start and end time.
- Documentation Time (or the time it takes to write the progress note) and Travel Time (to provide a billable service) is no longer billable, but should continue to be captured for tracking/monitoring purposes.
  Remember that time spent on formulating/developing the assessment with or without the client is *Service Time*.
- Review of documents (i.e., looking at past progress notes or chart documents) to prepare for the upcoming session/service is not billable.

Frequently Asked Questions (FAQ) for Progress Notes in MAT:

1. Can the Physician, Physician Extender, or RN provide services for both perinatal and non-perinatal services in both the ODF and IOT programs? **YES**. Although a physician can provide individual counseling, group counseling, patient education, crisis intervention, family therapy and collateral services, these services are likely to be infrequent as a provider may have the physician dedicate their time to other services.

2. Do the RN progress notes need a co-signature? **NO**

Sample Progress Notes

Sample Content for Assessment Progress Note for LPHA Non-Physician (RN)

- **Reason for Visit:** Client states, "I'm here to get back on Suboxone. I'm tired of relapsing." Client is 46-year-old Caucasian female with history of Opiate Use Disorder, referred by Outpatient provider.
- **New History or Information:** Checked vitals. Gathered information on client's history of use, past treatment, medical/psychiatric, family/social/economic status to inform the physician as part of assessment. Noted for signs of intoxication/withdrawal to relay to the physician.
- **Treatment Adherence Assessed:** Client expresses desire to stay sober and appears motivated and was forthcoming with information.
- **Psychoeducation Provided:** Client encouraged to address potential impact of medication on current health issues with the physician at the physical assessment appointment.
- **Plan:** Initial assessment with the physician scheduled 3/16/22 at 1pm. RN to consult with physician to provide information obtained.

Sample Content for Assessment Progress Note for Physician or Physician Extender

- **Reason for Visit:** Client reports, "I want to be able to stay sober…I keep relapsing, but I did a lot better when I was on Suboxone." Client is 46-year-old Caucasian female with history of Opiate Use Disorder, multiple treatment episodes, recent return to use after release from incarceration.
- **New History or Information:** Observed for signs of intoxication/withdrawal; assessed substance use (current/history); reviewed RN's assessment with client and inquired further about family, medical, psychiatric, social/legal; completed ROS.
- **Performed Today:** Client meets criteria for Opioid Use Disorder based on daily use (last use 2/25/2022), complaints of cravings daily, with use impairing areas of life such as family relationship and employment, multiple attempts to stop on own without success. Client motivated and consents to medication treatment.
- **Plan:** Reviewed Buprenorphine treatment agreement, medication consent. Induction scheduled 3/18/22 at 10:30am. Suboxone 8/2, 1 strip BID SL, #14. Ordered routine labs (CBC, CMP, Hepatitis Panel, RPR). Routine/random UDS.

Sample Content for Care Coordination Progress Note for LPHA Non-Physician (RN)

- **Reason for Visit:** Client is 46-year-old Caucasian female presenting to clinic for MAT assessment. Referred by Outpatient program at ABC.
- **New History or Information:** Met and consulted with physician to prepare for client's scheduled physical assessment appointment with the physician. RN provided information on client's substance use history, treatment history, current presentation, vitals, medical/psychiatric history, social/family issues. RN also alerted physician to client's concerns about current medical issues being impacted by the medication and that client was encouraged to address this at appointment with the physician.
- **Performed Today:** Physician inquired about past withdrawal experiences and circumstances surrounding client's return to treatment. Based on client's last use on 2/25/2022, complaints of cravings daily, failed treatment attempts, with use impairing current areas of life such as family relationship and employment, Physician reported client likely appropriate for MAT and Opioid Use Disorder. Physician briefly discussed possible areas of concerns and follow up coordination with PCP on client's health issues.
- **Plan:** RN to follow up with physician after client's scheduled physical assessment appointment for next steps.