



Substance Use Screenings & Treatment



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What's Changed?

- Added safety planning intervention for patients in crisis and post-discharge phone follow-up contacts intervention (page 8)
- You can prescribe controlled medications like buprenorphine via telehealth through December 31, 2025 (page 9)
- Updated coverage information and added billing information for Opioid Use Disorder (OUD) Treatment: Opioid Treatment Programs (OTPs) (pages 11 and 12)
- We pay for certain medications and services, including medication for opioid use disorder, in the emergency department (page 13)

Substantive content changes are in dark red.

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People can develop substance use disorders (SUDs) from using various substances, like alcohol, tobacco, marijuana, and opioids. SUDs interfere with a person's physical health and their ability to meet life's responsibilities.

CMS expanded SUD coverage so more people can access the help and care they need to recover. We cover SUD services when reasonable and necessary, as these services are critical to our comprehensive approach to addressing our nation's opioid problem. As a provider, you can play a major role.

Anyone experiencing a mental health crisis, including a substance use crisis or thoughts of suicide, can get confidential support 24/7 by calling 988 or visiting 988lifeline.org. Visit the [SAMHSA 988 Partner Toolkit](#) for information and resources.

Who Can Provide Substance Use Services?

Some Medicare Part B providers who can provide substance use services include:

- [Physicians](#) (medical doctors or doctors of osteopathy)
- [Clinical psychologists](#) (CPs)
- [Clinical social workers](#) (CSWs)
- [Clinical nurse specialists](#) (CNSs)
- [Nurse practitioners](#) (NPs)
- [Physician assistants](#) (PAs)
- [Certified nurse-midwives](#) (CNMs)
- Independently practicing psychologists (IPPs)
- [Marriage and family therapists](#) (MFTs)
- [Mental health counselors](#) (MHCs), including [certified alcohol and drug counselors](#)

Under their benefit category, physicians and certain non-physician practitioners (NPPs) are authorized to let auxiliary personnel provide ancillary services and supplies "[incident to](#)" their own personal professional services.

For patients with Medicare Advantage (MA) plans, we added a [new facility-specialty provider category](#) called "Outpatient Behavioral Health," which includes a range of behavioral health providers under 1 category.



How Am I Paid?

Medicare pays:

- Physicians and CPs for services at 100% under the [Physician Fee Schedule](#) (PFS)
- IPPs for diagnostic tests at 100% of the PFS
- On assignment for:
 - CSWs, MFTs, and MHCs for services at 80% of the lesser of the actual charge, or 75% of the amount a CP gets under the PFS
 - NPs, CNSs, and PAs for services at 80% of the lesser of the actual charge, or 85% of the amount a physician gets under the PFS
 - CNMs for services at 80% of the lesser of the actual charge, or 100% of the amount a physician gets under the PFS

Alcohol Misuse Screenings

What's Covered?

Part B covers alcohol misuse screening and counseling for adults who use alcohol but aren't dependent. If you detect misuse, we cover up to 4 brief, face-to-face counseling sessions per year if the patient is competent and alert during counseling. Don't do more than 1 intervention per day.

Who's Eligible?

Adults (including pregnant women) are eligible for screening and counseling if they:

- Misuse alcohol, but their levels or patterns of alcohol consumption don't meet criteria for alcohol dependence
- Are competent and alert during counseling

A patient is alcohol dependent when at least 3 of these are true:

- Tolerance
- Withdrawal symptoms
- Impaired control
- Preoccupation with acquiring or using alcohol
- Persistent desire or unsuccessful efforts to quit
- Sustained social, occupational, or recreational disability
- Continued use despite negative consequences



How Can I Provide Effective Counseling Interventions?

We provide various tools to screen patients for alcohol misuse. When completing a behavioral counseling intervention, follow the [U.S. Preventive Services Task Force's](#) (USPSTF's) [5 A's Behavioral Counseling Framework](#):

Assess:

Ask about any behavioral health risks and factors affecting the patient's choice of behavior change goals or methods

Advise:

Give clear, specific, and personalized behavior change advice, including information about the patient's personal health harms and benefits

Agree:

Together, you and the patient select appropriate treatment goals and methods based on the patient's interest in, and willingness to, change their behavior

Assist:

Using behavior change techniques (self-help, counseling, or both), help the patient achieve agreed-on goals by acquiring the skills, confidence, and social and environmental supports for behavior change, along with other medical treatments when appropriate

Arrange:

Schedule follow-up contacts (in person or by phone) to provide ongoing help and support and to adjust the treatment plan as needed, including referring to more intensive or specialized treatment

Where Can I Provide These Services?

You can provide these services in an outpatient hospital or primary care setting, like your office.

Don't provide these services in these settings, as we don't consider them primary care settings:

- Emergency departments (EDs)
- Inpatient hospitals
- Ambulatory surgical centers
- Independent diagnostic testing facilities
- Skilled nursing facilities
- Inpatient rehabilitation facilities
- Hospices



How Do I Bill?

Use these codes:

G0442

Annual alcohol misuse screening, 5 to 15 minutes

**G0443**

Brief face-to-face behavioral counseling for alcohol misuse, 15 minutes



[Medicare Preventive Services: Alcohol Misuse Screening & Counseling](#) has the current billing and coding information.

Where Can I Get More Information?

[National Coverage Determination \(NCD\) 210.8: Screening and Behavioral Counseling Interventions in Primary Care to Reduce Alcohol Misuse](#)

Patient Resource

[SAMHSA: Alcohol](#)

Counseling to Prevent Tobacco Use & Tobacco-Related Diseases

What's Covered?

Part B covers up to 8 smoking and tobacco-use cessation counseling sessions per year, when performed by qualified physicians or other Medicare-recognized practitioners:

- You can provide minimal counseling (3 minutes or less) at each [Evaluation and Management \(E/M\)](#) visit.
- We cover 2 cessation attempts each year. Each attempt may include a maximum of 4 intermediate or intensive sessions.

Who's Eligible?

Adults are eligible for counseling if they:

- Use tobacco or tobacco products regardless of whether they exhibit signs or symptoms of tobacco-related disease
- Are competent and alert during counseling

How Can I Provide Effective Counseling?

You and your patient decide together between intermediate and intensive cessation strategies for each attempt.

Where Can I Provide These Services?

Provide counseling services in 1 of these:

- An outpatient setting
- A hospital if the patient is hospitalized for a reason other than tobacco cessation

How Do I Bill?

Use these codes:

99406

Smoking and tobacco use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes

**99407**

Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes



[Medicare Preventive Services: Counseling to Prevent Tobacco Use](#) has the current billing and coding information.

Where Can I Get More Information?

[NCD 210.4.1: Counseling to Prevent Tobacco Use](#)

Patient Resources

- [Smokefree.gov](https://www.smokefree.gov)
- [CDC: Smoking and Tobacco Use](https://www.cdc.gov/tobacco)



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Safety Planning Intervention & Follow-Up Contacts Intervention

Safety Planning Intervention

What's Covered?

This intervention is for patients who you determine have an elevated risk for suicide, including risky substance use; it isn't a suicide risk assessment. You can use safety planning intervention (SPI) to reduce the risk of overdose. The billing practitioner provides this service. SPI involves a patient working with a clinician and developing a personalized list of coping and response strategies and sources of support. The patient can use this list if they experience thoughts of harming themselves or others.

How Do I Bill?

Use HCPCS code G0560.

Follow-Up Contacts Intervention

What's Covered?

Follow-up contacts intervention (FCI) supports patients who are at risk of suicide, including those who've experienced an overdose. This service involves a series of phone calls, with a maximum of 4 calls per calendar month, between a health care practitioner and patient. These calls take place over the weeks and sometimes even months following the patient's discharge from a crisis encounter, which could include an ED visit, psychiatric inpatient care, or crisis stabilization. The goal is to provide ongoing support and ensure the patient's safety and well-being during this critical period.

How Do I Bill?

Use HCPCS code G0544.

What Else Do I Need to Know?

- You can bill this service once per month, covering up to 4 calls
- Because Part B cost-sharing applies, we require verbal or written consent from the patient and allow consent during the first call if you don't get it in advance
- You can bill FCI incident to the services of the billing practitioner

Where Can I Get More Information?

- [Medicare & Mental Health Coverage](#)
- [Medicare Physician Fee Schedule Final Rule Summary: CY 2025](#) MLN Matters® article

Opiod Use Disorder Screenings

What's Covered?

Part B covers opiod use disorder (OUD) screenings by physicians and NPPs.

Who's Eligible?

Adults are eligible for OUD screenings during:

- Their [initial preventive physical exam](#) (IPPE)
- Their [annual wellness visit](#) (AWV)
- A visit in a physician's office or hospital outpatient setting where you can provide screening, brief intervention, and referral to treatment ([SBIRT](#)) services

What's Next?

If you diagnose a patient with an OUD, we cover several treatment options. See [Office-Based SUD Treatment](#).

Where Can I Get More Information?

[Opiod Use Disorder Screening & Treatment](#) has the current billing and coding information.

E/M Services for Medication Management

What's Covered?

Part B covers E/M visits. These visits allow you to provide medication management to ensure your patients take medications, like buprenorphine and naltrexone, properly as part of their recovery process. **You can prescribe controlled medications like buprenorphine via [telehealth](#) through December 31, 2025.**

Who's Eligible?

Adults are eligible for OUD treatment options, like E/M visits, if their physician or NPP diagnoses them with an OUD during a screening.

Where Can I Get More Information?

[Evaluation and Management Services Guide](#)

Office-Based SUD Treatment

What's Covered?

Part B covers a monthly bundle of services for SUD treatment, including OUD, when reasonable and necessary, including:

- Overall management
- Care coordination
- Individual and group psychotherapy
- Substance use counseling
- Additional counseling
- Prescriptions for buprenorphine, naltrexone, and nalmefene

Where Can I Provide Treatment?

You can provide treatment in an office setting or in a patient's home (an acceptable telehealth substance use treatment or a co-occurring mental health disorder service site).

How Can I Provide Effective Treatment?

If you're treating your patient in your office but think they may benefit from a more comprehensive treatment, refer them to an opioid treatment program ([OTP](#)).

Who's Eligible?

Adults are eligible for OUD treatment options, like office-based SUD treatment, if their physician or NPP diagnoses them with an OUD during a [screening](#).

How Do I Bill?

[Office-Based SUD Treatment Billing](#) has the current billing and coding information.



ODU Treatment: OTPs

What's Covered?

OTPs provide [medications for opioid use disorder](#) (MOUD). Part B covers these [ODU treatment services](#):

- FDA-approved opioid agonist and antagonist MOUD:
 - Methadone, including initiating treatment with methadone provided through 2-way interactive audio-video technology
 - Buprenorphine, including extended-release buprenorphine injection (under the brand name Brixadi®)
 - Naltrexone
 - Nalmefene hydrochloride nasal spray (under the brand name Opvee®)
- Dispensing and administering MOUD, if applicable
- Substance use counseling
- Individual and group therapy
- Toxicology testing
- Intake activities and periodic assessments, including social determinants of health (SDOH) risk assessments
- Take-home supplies of methadone, oral buprenorphine, naloxone, and nalmefene
- Intensive outpatient program services
- Coordinated care and referral services
- Patient navigational services
- Peer recovery support services

Audio-Video Telehealth

You can provide these services through 2-way audio-video interaction:

- Substance use counseling and individual and group therapy services included in the bundled payment
- The add-on code for additional counseling and therapy
- Intake activities and periodic assessments
- Initiation of treatment with buprenorphine

Note: You can also provide these services through **audio-only** interaction (for example, phone calls) when audio-video communication isn't available to the patient. This includes circumstances where the patient isn't capable of, or doesn't consent to, using devices that permit a 2-way audio-video interaction, provided the OTP meets all other applicable requirements.

Who's Eligible?

Adults are eligible for ODU treatment options, like OTP treatment, if their physician or NPP diagnoses them with an ODU during a [screening](#).

How Do I Bill?

Find HCPCS codes with guidance for OTPs at [billing and payment](#).

HCPCS Code G2076

OTPs can use the intake add-on HCPCS billing code G2076 when they start methadone treatment with audio-only devices. We allow this if the patient is with a licensed practitioner who can prescribe and dispense controlled medications and if audio-video technology isn't available or practical. This licensed practitioner must be in the same room as the patient to do the visual part of the exam.

You may add modifier 59 (distinct procedural service) to the claim and document the valid reason (including providing sufficient documentation) for billing bundled payments (G2067 – G2069 and G2073 – G2075) more than once in a 7-day period in certain limited situations, like when a patient is starting treatment and the OTP needs to sync that patient with their standard weekly billing cycle or during holiday weeks when the OTP is closed for a portion of the week.

What Else Do I Need to Know?

- Use an OUD diagnosis code on your claim.
- We pay enrolled OTPs bundled payments for OUD treatment based on weekly episodes of care (7 days in a row). Bill the correct bundle; the bundles can't overlap.
- We cover treatment for OUD for as long as reasonable and necessary.

Where Can I Get More Information?

- [Opioid Treatment Programs \(OTPs\)](#)
- [Medicare Benefit Policy Manual, Chapter 17](#)
- [Medicare Claims Processing Manual, Chapter 39](#)



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ODU Treatment: Drugs to Treat Opioid Dependence

What's Covered?

Medicare drug plans (Part D) cover drugs when medically necessary for treating OUD. Coverage isn't limited to single entity products; plans must include a combination of products.

What Else Do I Need to Know?

- For newly Medicare-eligible patients, Part D plans must have a transition policy to prevent unintended interruptions of OUD treatment drugs
- Part D doesn't cover methadone for treating opioid dependence as it can't be dispensed for OUD treatment with a prescription at a retail pharmacy

Where Can I Get More Information?

[A Prescriber's Guide to Medicare Prescription Drug \(Part D\) Opioid Policies](#)

ODU ED Treatment & Referral

What's Covered?

We cover initiating medication for OUD in the ED and connecting patients to care after the visit. Patients with OUD often enter the health care system at the ED.

Where Can I Provide These Services?

Outpatient ED

How Do I Bill?

Use code G2213 with E/M visit codes used in the ED:

G2213

Initiation of medication for the treatment of opioid use disorder in the emergency department setting, including assessment, referral to ongoing care, and arranging access to supportive services (List separately in addition to code for primary procedure)

Behavioral Health Integration Services

What's Covered?

Part B covers behavioral health integration (BHI), which is a type of care management service. These services treat behavioral health disorders, including an SUD. Integrating behavioral health and primary care helps improve patient mental and behavioral health condition outcomes. We separately pay physicians and NPPs providing BHI services over a calendar month.

Who's Eligible?

Adults can get BHI services if they have an eligible condition, like an SUD.

Where Can I Get More Information?

[Behavioral Health Integration Services](#)

Principal Illness Navigation Services

What's Covered?

You can provide principal illness navigation (PIN) services following an initiating E/M visit that addresses a serious, high-risk condition, illness, or disease with these characteristics:

- One serious, high-risk condition expected to last at least 3 months that places the patient at significant risk of:
 - Hospitalization
 - Nursing home placement
 - Acute exacerbation or decompensation
 - Functional decline
 - Death
- The condition requires developing, monitoring, or revising a disease-specific care plan and may require frequently adjusting the medication or treatment routine or substantial help from a caregiver. One example is an SUD.

PIN services are important for all affected patients, especially those with socioeconomic disadvantages or barriers to care. They're critical when a patient starts treatment for an SUD due to the extensive need to access and coordinate care from several different specialties or service providers for different aspects of the diagnosis or treatment. In some cases, PIN services relate to social services for rehabilitation and recovery programs for an SUD.

Where Can I Get More Information?

[Health-Related Social Needs FAQ](#)

Patient Resources

[Principal Illness Navigation Services](#)

SBIRT Services

What's Covered?

SBIRT is a comprehensive, integrated, public health approach to delivering early intervention and treatment services for people with SUDs, as well as people who are at risk of developing these disorders.

SBIRT services aim to prevent the unhealthy consequences of alcohol and drug use among patients who may not reach the diagnostic level of an SUD and help patients with addiction enter and adhere to treatment.

SBIRT has 3 components:



1

Structured Assessment (Medicare) or Screening (Medicaid):

Assessing or screening a patient for risky substance use behaviors using standardized assessment or screening tools



2

Brief Intervention:

Engaging in a short conversation with a patient showing risky substance use behaviors and providing feedback, motivation, and advice



3

Referral to Treatment:

Providing a referral to brief therapy or specialty care treatment to patients whose assessment or screening shows they need it

Who's Eligible?

Adults are eligible for SBIRT if they have nondependent substance use or an SUD and may not be seeking help for a substance use problem, but whose alcohol or drug use may cause or complicate their ability to successfully manage health, work, or family issues.

Where Can I Provide These Services?

You can provide SBIRT in an outpatient hospital or primary care setting if you're a physician or an NPP.

Where Can I Get More Information?

[SBIRT Services](#)

Resources

- [Chemical Aversion Therapy for Treatment of Alcoholism](#)
- [Inpatient & Outpatient Hospital Services for Treatment of Alcoholism](#)
- [Intensive Outpatient Services](#)
- [Partial Hospitalization Services](#)
- [Treatment of Alcoholism and Drug Abuse in a Freestanding Clinic](#)
- [Treatment of Drug Abuse \(Chemical Dependency\)](#)
- [Withdrawal Treatments for Narcotic Addictions](#)

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