



*Billing, Coding, Auditing, Revenue Cycle Training by BCA*



# Tough Topics in the FQHC:

Substance Use Disorders

# Substance Use Disorder Training Agenda

## One

### Two Service Types:

- Prescriber (E/M Services)
- Therapist (Group Encounters)

## Two

### Screening for SUD

- SBRT

## Three

### Documentation Concerns

- E/M for one stable chronic illness? One worse?
- Group therapy considerations

## Four

### Diagnosis Considerations

# Service Types

## 1 Prescriber Services

- Evaluate medical concerns associated with pain, withdrawal, etc.
- Assess current prescription level
- Counsel regarding medication efficacy, safeguards, etc.
- Review controlled substance policy

## 2 Therapist Services

- Group services with two or more patients present
- Focus on aspects of substance use disorders and prevention of relapse

# Prescriber Services

BCA Recipe Card - Must meet TWO of THREE categories:			
Final E/M Code	Problems: Number/Complexity	Data: Amount/Complexity	Risk of Complication
<b>Straightforward</b> 99202 (15-29 mins) 99212 (10-19 mins)	1 self-limited or minor problem	<b>None</b>	<b>None</b> Rest, Employ Coping Skills
<b>Low</b> 99203 (30-44 mins) 99213 (20-29 mins)	<ul style="list-style-type: none"> <li>• 2+ Self-limited or minor illness</li> <li>• 1 Stable chronic</li> <li>• 1 Acute uncomplicated illness</li> </ul>	<b>Limited: 1 of 2 data categories required</b> <ul style="list-style-type: none"> <li>• 2 Unique tests or documents <b>OR</b></li> <li>• 1 Independent historian assessment</li> </ul>	<b>Low</b> OTC Meds Psychotherapy
<b>Moderate</b> 99204 (45-59 mins) 99214 (30-39 mins)	<ul style="list-style-type: none"> <li>• 1+ Progressing chronic, exacerbation or treatment SE</li> <li>• 2+ Stable chronic</li> <li>• 1 Undiagnosed new problem</li> <li>• 1 Acute illness w/systemic symptoms</li> </ul>	<b>Moderate: 1 of 3 data categories required</b> <ul style="list-style-type: none"> <li>• 3 Unique tests, external notes from unique source or ind historian assessment</li> <li>• Test interp not separately reported by clinician</li> <li>• Mgmt discussion or test interp w/external clinician/appropriate source</li> </ul>	<b>Moderate</b> <ul style="list-style-type: none"> <li>• Rx drug mgmt</li> <li>• SDoH significantly limiting dx or mgmt</li> </ul>
<b>High</b> 99205 (60-74 mins) 99215 (40-54 mins)	<ul style="list-style-type: none"> <li>• 1+ Chronic illness w/severe exacerbation or treatment SE</li> <li>• 1 Acute or chronic illness posing a threat to life/ bodily function</li> </ul>	<b>Extensive: 2 of 3 data categories required</b> <ul style="list-style-type: none"> <li>• 3 Unique tests, external notes from unique source or ind historian assessment</li> <li>• Test interp not separately reported by clinician</li> <li>• Mgmt discussion or test interp w/external clinician/appropriate source</li> </ul>	<b>High</b> <ul style="list-style-type: none"> <li>• Intensive monitoring for drug therapy for toxicity</li> <li>• Decision regarding hospitalization</li> <li>• DNR or de-escalation of care d/t poor prognosis</li> </ul>

<p><b>Low</b>            99203 (30-44 mins)            99213 (20-29 mins)</p>	<ul style="list-style-type: none"> <li>• <b>2+</b> Self-limited or minor illness</li> <li>• <b>1</b> Stable chronic</li> <li>• <b>1</b> Acute uncomplicated illness</li> </ul>	<p><b>Limited: 1 of 2 data categories required</b></p> <ul style="list-style-type: none"> <li>• <b>2</b> Unique tests or documents <b>OR</b></li> <li>• <b>1</b> Independent historian assessment</li> </ul>	<p><b>Low</b>            OTC Meds            Psychotherapy</p>
<p><b>Moderate</b>            99204 (45-59 mins)            99214 (30-39 mins)</p>	<ul style="list-style-type: none"> <li>• <b>1+</b> Progressing chronic, exacerbation or treatment SE</li> <li>• <b>2+</b> Stable chronic</li> <li>• <b>1</b> Undiagnosed new problem</li> <li>• <b>1</b> Acute illness w/systemic symptoms</li> </ul>	<p><b>Moderate: 1 of 3 data categories required</b></p> <ul style="list-style-type: none"> <li>• <b>3</b> Unique tests, external notes from unique source or ind historian assessment</li> <li>• Test interp not separately reported by clinician</li> <li>• Mgmt discussion or test interp w/external clinician/appropriate source</li> </ul>	<p><b>Moderate</b></p> <ul style="list-style-type: none"> <li>• Rx drug mgmt</li> <li>• SDoH significantly limiting dx or mgmt</li> </ul>

# SBIRT: Screening, Brief Intervention, and Referral to Treatment

- Quickly assesses severity of SUD & identifies level of treatment.
- Brief intervention focuses on increasing awareness of substance use and behavior change.



- Reimbursement for screening and intervention is available



- Referral to treatment increases access to appropriate level of treatment and specialty care.

# Prescriber Documentation Keys

Clear chief complaint

Story since last encounter

- Relapse?
- Additional pain issues?

Examination

- Observations
- Other indicated factors

Assessment and Plan

- Stable? Worse? Poor control?
- UDS indicated/due today?
- Additional services needed?

CC: Here for SUD mgmt.

Reports doing well since last visit. One tempting situation but able to resist/remove from situation w/o relapse. Cravings present but controllable. Mild pain noted in shoulder, nothing new.

Appears well, PERRLA, no tremor noted. Calm and focused.

A/P: Opiate dependence, uncomplicated

Doing well on current dose. Due for UDS, consistent with his report. Discussed taper at next visit. F/U one month.



## Prescriber Time-Based Visit

Apply to time-consuming patient encounters

Extensive counseling re: policies, meds, symptoms, etc.

Pre- and post-visit work may be counted if on DOS

- Investigation of whether pt has attempted to get controlled substances elsewhere
- Recent specialist visit requires review and/or action
- Recent or pending hospitalization
  - Review records
  - Coordinate admission

**Straightforward**  
 99202 (15-29 mins)  
 99212 (10-19 mins)

**Low**  
 99203 (30-44 mins)  
 99213 (20-29 mins)

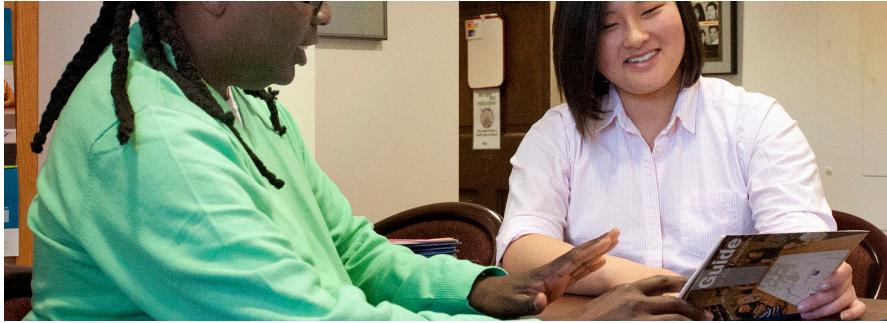
**Moderate**  
 99204 (45-59 mins)  
 99214 (30-39 mins)

**High**  
 99205 (60-74 mins)  
 99215 (40-54 mins)

# MDM Complexity for SUD

<p><b>Low</b> 99203 (30-44 mins) 99213 (20-29 mins)</p>	<ul style="list-style-type: none"> <li>•2+ Self-limited or minor illness</li> <li>•1 Stable chronic</li> <li>•1 Acute uncomplicated illness</li> </ul>	<p><b>Limited: 1 of 2 data categories required</b></p> <ul style="list-style-type: none"> <li>•2 Unique tests or documents <b>OR</b></li> <li>•1 Independent historian assessment</li> </ul>	<p><b>Low</b> OTC Meds Psychotherapy</p>
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# G0442 & G0443



G0442: Annual alcohol misuse screening, 15 minutes\*

G0443: Brief face-to-face behavioral counseling for alcohol misuses, 15 minutes\*

\*Note Additional ICD-10 Codes may apply



Medicare Part B Covers:

Patients who:

- Screen positive – who misuse alcohol, but consumption patters don't meet criteria for alcohol dependence.
- Are competent and alert during counseling
- Receive counseling through a primary care physician or primary care practitioner



Screening (G0442) can be performed annually, Patients who screen positive may be counseled (G0443) 4 times annually.

99408: Alcohol and/or substance (other than tobacco) abuse structured screening (i.e., AUDIT, DAST), and brief intervention (SBI) services; 15-30 minutes

- Patients cannot be billed for negative SBIRT screening as no intervention will take place.
- If performing screening in conjunction with an E/M service, time cannot be counted toward the 15-minute minimum
- Time spent includes administration of screening, reviewing results and counseling the patient.

99409: Alcohol and/or substance (other than tobacco) abuse structured screening (i.e., AUDIT, DAST), and brief intervention (SBI) services; > 30 Minutes

- Do not use in conjunction with 99408 or with 99160 or 99161.



## 99408 and 99409

Use 99408 & 99409 for initial screening and brief interventions

## Documentation Concerns

Unclear status

Cookie cutter documentation

Management options considered but not acted upon

SDoH impacting management options?

Other substances involved?

Other concerns addressed?

# Payer Requirements

## Alaska Behavioral Health Provider Service Standards & Administrative Procedures For SUD Provider Services

State of Alaska  
 Department of Health and Social Services  
 Division of Behavioral Health Services

<p><u>Adult</u>                  H007 V1-Individual                  H007 V1 GT –Telehealth Individual                  H007 V1 HQ HB-Group                  H007 V1 GT HQ HB–Telehealth Group</p> <p><u>Adolescent</u>                  H007 V1-Individual                  H007 V1 GT –Telehealth Individual                  H007 V1 HQ HA-Group                  H007 V1 GT HQ HA–Telehealth Group</p>
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Service Frequency/Limits	<p>Group -28 units per week minimums; max 304 units per SFY-Adult                  Individual -4 units per week minimums; max 128 units per SFY-Adult                  Group -16 units per week minimums; max 304 units per SFY-Adolescent                  Individual- 4 units per week minimums; max 128 units per SFY-Adolescent</p> <p>Combine with Telehealth units at which point a service authorization is required.</p>
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# Guidance from SAMHSA

## **Five Group Therapy Models**

TIP 41 describes five *models* of group therapy that are effective for substance abuse treatment:

- Psychoeducational Groups
- Skills Development Groups
- Cognitive–Behavioral/Problem-Solving Groups
- Support Groups
- Interpersonal Process Groups

# Therapist Encounters

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## Group therapy sessions

Often consist of a set course of interventions

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Allows accountability partnered with a sense of belonging

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May involve workbooks, assigned reading, etc.

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Collaboration with other community resources?

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# Documentation Tips



Label as group visit



Identify theme of group



Document time  
(some payers  
require)



For each patient,  
document:

Current status

Participation in group or  
lack thereof

Observations

Completion of  
homework/other assigned  
tasks

A/P with Dx, status and  
plan for ongoing care

# DSM V Diagnostic Criteria

- The DSM-V uses one term, “Substance use disorder,” to diagnosis all substance use, and classifies it as mild, moderate, or severe based on how many of the criteria are met.
- Recovery is defined by the Substance Abuse and Mental Health Services Administration (SAMHSA) as “a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.”

DSM V Diagnostic Criteria: Substance Use Disorder
<i>SEVERITY: 2-3: mild 4-5: moderate 6 or more: severe</i>
1. Taking the substance in larger amounts or for longer than you meant to.
2. Wanting to cut down or stop using the substance but not managing to do so.
3. Spending a lot of time getting, using, or recovering from use of the substance
4. Cravings and urges to use the substance
5. Not managing to do what you should at home, work, or school because of substance use
6. Continuing to use, even when it causes problems in relationships
7. Giving up important social, occupational, or recreational activities because of substance use
8. Using substances again and again, even when it puts you in danger
9. Continuing to use, even if you have a physical or psychological problem that could have been caused or made worse by the substance
*10. Needing more of the substance to get the effect you want (tolerance)
*11. Development of withdrawal symptoms, which can be relieved by taking more of the substance
*Criteria not met if taking prescribed drugs under supervision

# Substance Use, Abuse, and Dependence

DSM-5 "Report code for each substance when polysubstance abuse/dependence/use is documented." DSM-5

ICD-10 Terminology = "Substance Use Disorder" listed by substance as

- Abuse
- Dependence
- Use

DSM-5 Terminology = Listed by substance as mild, moderate, or severe

- Mild - code as *abuse*
- Moderate - code as *dependence*
- Severe - code as *dependence*

SUBSTANCE ABUSE DX CODE SHEET			
Alcohol Abuse (DSM "mild") See Category F10	Code	Cocaine Abuse (DSM "mild") See Category F14	Code
Alcohol abuse; uncomplicated	F10.10	Cocaine abuse; uncomplicated	F14.10
• Alcohol abuse; in remission	F10.11	• Cocaine abuse; in remission	F14.11
with alcohol-induced; with anxiety disorder	HCC F10.180	Cocaine abuse; with other cocaine-induced disorder	HCC F14.188
with mood disorder	HCC F10.14	with cocaine-induced; with anxiety disorder	HCC F14.180
with psychotic disorder with delusions	HCC F10.150	with mood disorder	HCC F14.14
with psychotic disorder with hallucinations	HCC F10.151	with psychotic disorder with delusions	HCC F14.150
with sexual dysfunction	HCC F10.181	with psychotic disorder with hallucinations	HCC F14.151
with sleep disorder	HCC F10.182	with sexual dysfunction	HCC F14.181
Alcohol abuse with intoxication; uncomplicated (today)	HCC F10.120	with sleep disorder	HCC F14.182
with delirium	HCC F10.121	Cocaine abuse with intoxication; uncomplicated	HCC F14.120
<b>Alcohol Dependence (DSM "moderate / severe")</b>		with delirium	HCC F14.121
Alcohol dependence; uncomplicated	HCC F10.20	with perceptual disturbance	HCC F14.122
Alcohol dependence; in remission	HCC F10.21	<b>Cocaine Dependence (DSM "moderate / severe")</b>	
with withdrawal; uncomplicated	HCC F10.230	Cocaine dependence; uncomplicated	HCC F14.20
with delirium	HCC F10.231	Cocaine dependence; in remission	HCC F14.21
with perceptual disturbance	HCC F10.232	with withdrawal;	HCC F14.23
with alcohol-induced; with anxiety disorder	HCC F10.280	with cocaine-induced; with anxiety disorder	HCC F14.280
with mood disorder	HCC F10.24	with mood disorder	HCC F14.24
with persisting amnesic disorder	HCC F10.26	with psychotic disorder with delusions	HCC F14.250
with persisting dementia	HCC F10.27	with psychotic disorder with hallucinations	HCC F14.251
with psychotic disorder delusions	HCC F10.250	with sexual dysfunction	HCC F14.281
with psychotic disorder hallucinations	HCC F10.251	with sleep disorder	HCC F14.282
with sexual dysfunction	HCC F10.281	Cocaine dependence with intoxication; uncomplicated	HCC F14.220
with sleep disorder	HCC F10.282	with delirium	HCC F14.221
Alcohol dependence with intoxication; uncomplicated	HCC F10.220	with perceptual disturbances	HCC F14.222
<b>Alcohol Use (w/o abuse or dependence) &amp; Alcohol Poisoning</b>		<b>Cocaine Use (w/o abuse or dependence) &amp; Cocaine Poisoning</b>	
Alcohol use unspecified with unspecified alcohol-induced disorder	F10.99	Cocaine use unspecified & uncomplicated	F14.90
See F10.9x for other alcohol "use" diagnoses		See F14.9x for other cocaine "use" diagnoses	
Replace dash (-) with; A=initial (active tx); D= FU (healing); or S=sequela		Cocaine poisoning -intent undetermined	T40.5x4 -
Alcohol poisoning - intent undetermined	T51.0x4 -	Replace dash (-) with; A=initial (active tx); D= FU (healing); or S=sequela	
<b>Blood alcohol level codes</b>		<b>Opioid Abuse (DSM "mild") See Category F11</b>	
< 20 mg/100 ml	Y90.0	100-119 mg	Y90.5
20-39 mg/100 ml	Y90.1	120-199 mg	Y90.6
40-59 mg/100 ml	Y90.2	200-239 mg	Y90.7
60-79 mg/100 ml	Y90.3	240mg or >	Y90.8
80-99 mg/100 ml	Y90.4	level not specific	Y90.9
<b>Cannabis Abuse (DSM "mild") See Category F12</b>		<b>Opioid Abuse (DSM "mild") See Category F11</b>	
Cannabis abuse; uncomplicated	F12.10	Opioid abuse; uncomplicated	F11.10
• Cannabis abuse; in remission	F12.11	• Opioid abuse; in remission	F11.11
with cannabis-induced; with anxiety disorder	HCC F12.180	with opioid-induced; with mood disorder	HCC F11.14
with psychotic disorder with delusions	HCC F12.150	with psychotic disorder with delusions	HCC F11.150
		with psychotic disorder with hallucinations	HCC F11.151
		with sexual dysfunction	HCC F11.181
		with sleep disorder	HCC F11.182
		Opioid abuse with other induced disorder	HCC F11.188
		Opioid abuse with intoxication; uncomplicated	HCC F11.120
		with delirium	HCC F11.121

## Diagnosis Coding for SUD

- If being treated with medication, don't report "in remission"
- Report as dependence, uncomplicated (if appropriate)

<b>Opioid Dependence (DSM "moderate / severe")</b>		
<b>Opioid dependence; uncomplicated</b>	<i>HCC 55</i>	F11.20
<b>Opioid dependence; in remission</b>	<i>HCC 55</i>	F11.21
with withdrawal	<i>HCC 55</i>	F11.23
<b>with opioid-induced; with mood disorder</b>	<i>HCC 55</i>	F11.24
with psychotic disorder with delusions	<i>HCC 54</i>	F11.250
with psychotic disorder with hallucinations	<i>HCC 54</i>	F11.251
with sexual dysfunction	<i>HCC 55</i>	F11.281
with sleep disorder	<i>HCC 55</i>	F11.282
<b>Opioid dependence with other induced disorder</b>	<i>HCC 55</i>	F11.288
<b>Opioid dependence with intoxication; uncomplicated</b>	<i>HCC 55</i>	F11.220
with delirium	<i>HCC 55</i>	F11.221
with perceptual disturbances	<i>HCC 55</i>	F11.222

## What about underlying/coexisting conditions?

- Per HIPAA mandated guidelines, report all conditions that affect/require care.
- Payer programs may permit only certain ICD-10-CM codes for specialized services.
- Apply Official Guidelines in the absence of payer guidance.

## Additional Dx's

Personal History of Abuse in Childhood (Excludes Current)	
physical and sexual abuse	Z62.810
psychological abuse	Z62.811
neglect	Z62.812
forced labor or sexual exploitation	Z62.813
unspecified abuse	Z62.819

ADHD - Features are predominately...(choose)	Code
ADHD; inattentive type	F90.0
ADHD; hyperactive type	F90.1
ADHD; combined (inattentive and hyperactive types)	F90.2
ADHD; other type, which is not considered as above three types	F90.8
Anxiety and Related Dx's F40 F41 F43 and F93?	
Anxiety; generalized	F41.1
Anxiety, mixed (with prominent features of other disorder)	F41.3
Panic disorder; w/o agoraphobia (panic attack) DEF in note	F41.0
with agoraphobia	F40.01
Separation anxiety (of childhood)	F93.0
Other specified anxiety disorder (doc in record, but no code)	F41.8
Social phobia (anxiety) disorder, generalized	F40.11
Acute stress reaction	F43.0

### MDD, single episode code choices

"Single episode" is the first-ever episode. DSM-5, pg 162: Dx code for MDD based on single vs recurrent and severity.

MDD, **single** episode; (The patient's 1st Dx of MDD - may last months/years)

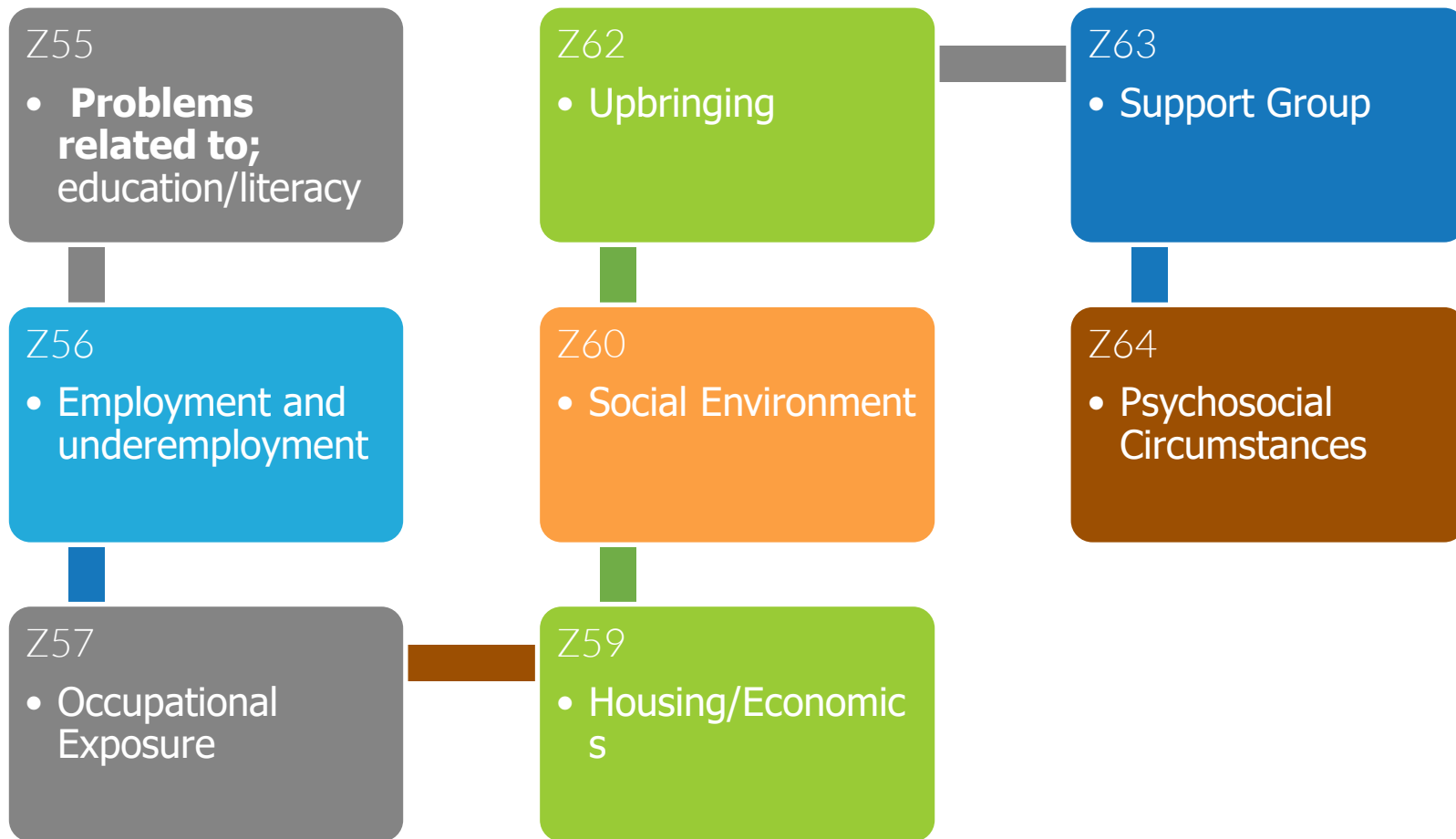
MDD, single episode; <b>mild</b> severity	HCC 58	F32.0
MDD, single episode, <b>moderate</b> severity	HCC 58	F32.1
MDD, single; <b>severe, WITHOUT</b> psychotic symptoms	HCC 58	F32.2
MDD, single; <b>severe, WITH</b> psychotic symptoms	HCC 58	F32.3
MDD, single episode; in <b>PARTIAL</b> remission	HCC 58	F32.4
MDD, single episode; in <b>FULL</b> remission	HCC 58	F32.5
MDD, single episode; <i>severity cannot be specified</i> <b>avoid No</b>		F32.9

### MDD, recurrent episode code choices (more common than single episode)

An "episode" likely to last many mos/years. DSM-5, pg 162: "recurrent" = interval of  $\geq 2$  consecutive months between separate episodes in which criteria for MDD are not met.

MDD, <b>recurrent</b> episode; <b>mild</b>	HCC 58	F33.0
MDD, recurrent episode; & <b>moderate</b> severity	HCC 58	F33.1
MDD, recurrent; <b>severe, WITHOUT</b> psychotic symptoms	HCC 58	F33.2
MDD, recurrent; <b>severe, WITH</b> psychotic symptoms	HCC 58	F33.3
MDD, recurrent episode in <b>PARTIAL</b> remission	HCC 58	F33.41
MDD, recurrent episode in <b>FULL</b> remission	HCC 58	F33.42
MDD, other recurrent depressive disorder ( <i>specified</i> )	HCC 58	F33.8
MDD, recurrent episode, <i>unspecified</i> <b>avoid</b>	HCC 58	F33.9

# Social Determinants/Drivers of Health



*ZIP Code likely has more effect on health outcomes than DNA Code*

- Z59.0 Homelessness
- Z62.22 Institutional living
- Z59.4 Lack of food/water
- Z59.6 Low income
- Z59.5 Extreme poverty
- Z60.3 Acculturation difficulty
- Z60.4 Social rejection
- Z62.2 Upbringing away fm parents
- Z63.32 Absence of family member
- Z62.8XX Hx of abuse/neglect
- Z65.8 Psychosocial problems
- Z65.3 Legal circumstances

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