PCSS Providers Clinical Support System — Medications for Alcohol Use Disorder

Reimbursement & Payment Options for Screening and Treatment of Alcohol Use Disorder

Screening and treatment for alcohol use disorder (AUD) are covered by insurance for the millions of people affected

10.5% (29.5 million) people ages ≥12 years or 1 in every 10 people in the US **meet the criteria** for an AUD[1]

Only 7.6% of people with a past-year **AUD diagnosis received any treatment** and **even fewer** received Medication for Alcohol Use Disorder (MAUD)[1]

- The Affordable Care Act (ACA) mandates that **Medicare** cover, without cost-sharing, preventive services that have an "A" or "B" rating from the United States Preventive Services Task Force (USPSTF)

&

- Are determined by issuance of a national coverage determination (NDC) to be reasonable and necessary for the prevention or early detection of an illness or disability

&

- Are appropriate for individuals entitled to the program's Part "A" benefits or who are enrolled in Part "B"[2]

✔ Screening for unhealthy alcohol use in adults has met these ACA criteria.

Medicare coverage can help reduce alcohol misuse

Medicare covers:

Annual alcohol screening + Up to 4 Brief behavioral counseling sessions

- Psychotherapy
- Care management/coordination
- MAUD
- Withdrawal management
- Counseling

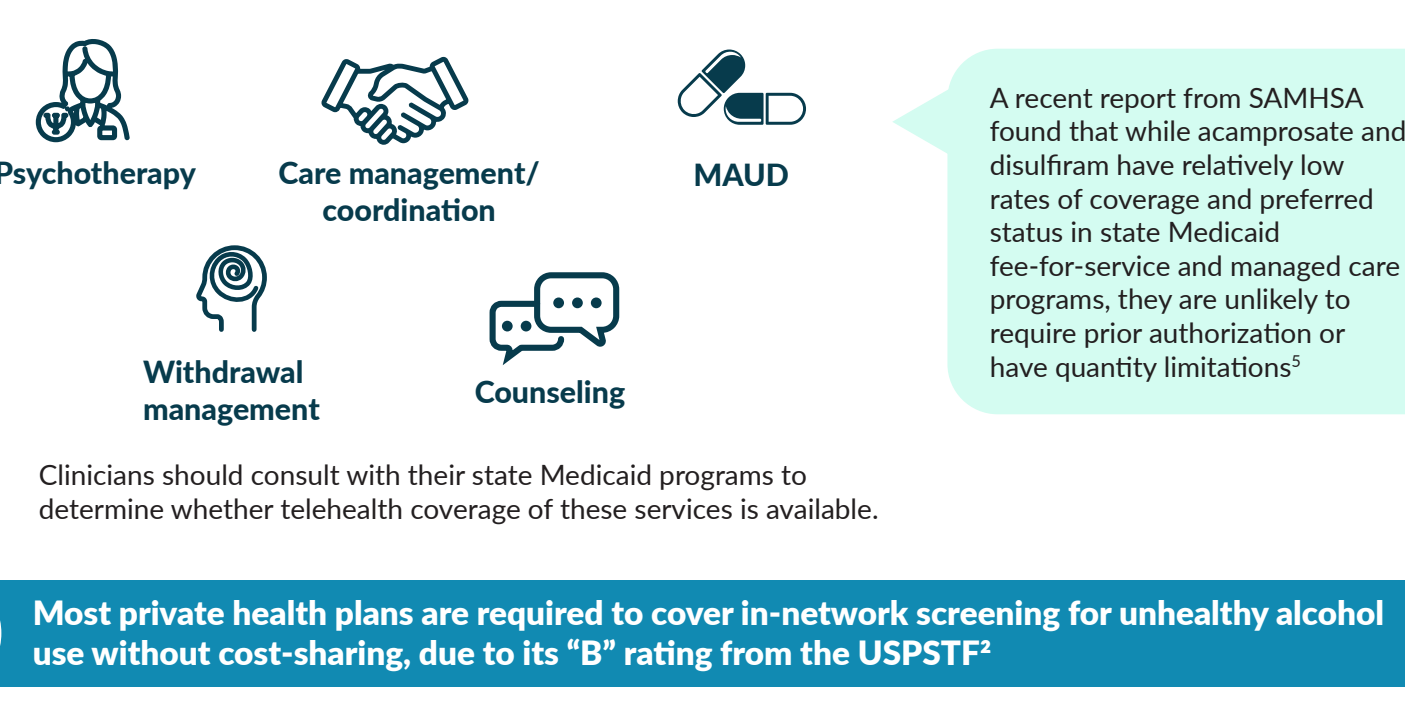
- Coverage of acamprosate and disulfiram is provided under Medicare Part D
- Extended release (ER) naltrexone may be covered under Medicare Part B or D

These services can be provided via telehealth, including via audio-only technologies.

In the case of Medicaid, the ACA's mandate for coverage of preventive services without patient cost-sharing only applies to Medicaid expansion enrollees[2]

Coverage of preventive services in states that have not expanded **Medicaid** is a state option, but states are incentivized with a one-point increase in their federal medical assistance percentage (FMAP) if they opt to cover preventive services.[2]

Status of States on Medicaid Expansion and Coverage for AUD Screening



As of 2022, all non-expansion states (except Georgia which did not report) covered screening for unhealthy alcohol use, though Texas, Mississippi, Wisconsin, and South Carolina had coverage limits on services.[4]

Medicaid plans may also cover:

- Psychotherapy
- Care management/coordination
- MAUD
- Withdrawal management
- Counseling

A recent report from SAMHSA found that while acamprosate and disulfiram have relatively low rates of coverage and preferred status in state Medicaid fee-for-service and managed care programs, they are unlikely to require prior authorization or have quantity limitations[5]

Clinicians should consult with their state Medicaid programs to determine whether telehealth coverage of these services is available.

Most private health plans are required to cover in-network screening for unhealthy alcohol use without cost-sharing, due to its "B" rating from the USPSTF[2]

Most **private plans** are required to cover a set of essential health benefits that include preventive services and mental health/substance use disorder (SUD) treatment services, which may include:

- Psychotherapy
- Care management/coordination
- MAUD
- Withdrawal management
- Counseling

- Coverage of acamprosate and disulfiram is usually under a private plan's pharmacy benefit
- ER naltrexone may be covered under a plan's medical or pharmacy benefit, depending on where it is administered

Clinicians should consult with each commercial insurer to determine whether telehealth coverage of these services is available.

The insurance codes fall under various categories that include initial screening and treatment

Screening, Brief Intervention, and Referral to Treatment (SBIRT)

The SBIRT codes should not be reported separately with an evaluation and management (E/M) visit for the same work or time

To report SBIRT services in an outpatient or primary care setting, clinicians use different codes depending on the payer. However, these codes **should not be reported separately** when included with an E/M visit, psychiatric diagnostic, or psychotherapy service for the same work and time. If these codes are reported with an E/M, psychiatric diagnostic, or psychotherapy service, the clinician is attesting that the screening was a separate and distinct service provided in a different time period.

Evaluation and Managment (E/M)

Outpatient office visits to evaluate a patient's need for AUD treatment and establish or revise a treatment plan should be reported using E/M codes

Physicians and other qualified health professionals (QHP) can now code visits based solely on **medical decision-making (MDM) or total time** on the date of the encounter. History and exam components are no longer necessary to support coding levels, although they remain important components in establishing medical necessity, supporting medical decision making, and providing high-quality care.

Psychotherapy and Psychiatry

Psychotherapy can include:
- Motivational interviewing
- Cognitive behavioral therapy

Psychiatry:
- If the clinician determines a psychiatric diagnostic evaluation is necessary, they may bill for different codes

Bundles of Services

Medicare includes coding and payment for a monthly bundle of office-based services for SUD treatment

Treatment can include:
- Overall management
- Care coordination
- Individual and group psychotherapy
- Substance use counseling
- Add-on code for additional counseling

- Centers for Medicare and Medicaid Services (CMS) has established two Healthcare Common Procedure Coding System (HCPCS) G-codes to describe the monthly bundles of services for office-based SUD treatment, and an add-on code to account for extraordinary circumstances requiring additional treatment resources and effort.

ER Naltrexone

While there are three FDA-approved medications to treat AUD, ER naltrexone is typically the only one that is administered by clinicians in a clinical or pharmacy setting

Federally Qualified Health Centers (FQHCs)

In the Medicare program, more than one visit with an FQHC practitioner on the same day is payable as one visit, except for when the patient has both a medical and mental health visit

If a patient receives psychotherapy from a counselor and is then seen by a different practitioner for an E/M service on the same day, Medicare will pay for two visits. However, if the patient receives a screening for unhealthy alcohol use and an E/M on the same day by different practitioners, both services would be paid as one visit.

There are various codes for reporting to Medicare, Medicaid and private insurance

Medicare | Medicaid | Private | All

HCPCS, Healthcare Common Procedure Coding System; CPT, Current Procedural Terminology

Category	Codes	Code Description	Duration
SBIRT Codes (HCPCS)	G2011	Alcohol and/or substance (other than tobacco) misuse structured assessment e.g., Alcohol Use Disorder Identification Test (AUDIT), Drug Abuse Screening Test (DAST), and brief intervention	5-14 minutes
	G0396	Alcohol and/or substance (other than tobacco) misuse structured assessment (e.g., AUDIT, DAST), and brief intervention	15-30 minutes
	G0397	Alcohol and/or substance (other than tobacco) misuse structured assessment (e.g., AUDIT, DAST), and intervention	>30 minutes
	G0442	Annual alcohol misuse screening	5-15 minutes
	G0443	Brief face-to-face behavioral counseling for alcohol misuse	15 minutes
	H0049	Alcohol and/or drug screening	N/A
	OR		
	H0050	Alcohol and/or drug screening, brief intervention	Per 15 minutes
	G2011	Alcohol and/or substance (other than tobacco) misuse structured assessment (e.g., AUDIT, DAST), and brief intervention	5-14 minutes
	G0396	Alcohol and/or substance (other than tobacco) misuse structured assessment (e.g., AUDIT, DAST), and brief intervention	15-30 minutes
	OR		
	G0397	Alcohol and/or substance (other than tobacco) misuse structured assessment (e.g., AUDIT, DAST), and intervention	>30 minutes
	99408	Alcohol and/or substance abuse structured screening and brief intervention services	15-30 minutes
	OR		
	99409	Alcohol and/or substance abuse structured screening and brief intervention services	>30 minutes
Office Visit E/M Codes (CPT)	99202 → 99205	**New patient** AUD evaluation, treatment, or planning	Telehealth available? • Medicare - Yes • Medicaid - Consult state program • Private - Consult contract
	99211 → 99215	**Established** patient AUD evaluation, treatment, or planning	

For **full code descriptions** and instructions on selecting the level of an office or outpatient E/M service, check out the American Medical Association (AMA) CPT Codebook and additional resources:

CLICK ON A RESOURCE ON THE RIGHT TO VIEW THE FULL VERSION.

A NEW WINDOW WILL OPEN. BE SURE TO CLOSE TO RETURN TO THIS PDF.

- AMA CPT Evaluation and Management
- Evaluation and Management (E/M) Office Visits—2021
- CPT® Evaluation and Management (E/M) Office or Other Outpatient (99202-99215) and Prolonged Services (99354, 99355, 99356, 99417) Code and Guideline Changes (PDF).

Category	Codes	Code Description	Duration
Psychotherapy (CPT)	90832	Psychotherapy **(encounter separate from an E/M visit)**	30 minutes
	90833	Psychotherapy **performed with an E/M service** (List separately in addition to the code for primary procedure, e.g., 99214 + 90833)	
	90834	Psychotherapy	45 minutes
	90836	Psychotherapy when performed with an evaluation and management service (List separately in addition to the code for primary procedure)	
	90837	Psychotherapy	60 minutes
	90838	Psychotherapy when performed with an evaluation and management service (List separately in addition to the code for primary procedure)	
	90839	Psychotherapy for crisis	
	90840	Psychotherapy for crisis — Each additional (for 90840)	+30 minutes
	90846	Family psychotherapy without patient	50 minutes
	90847	Family psychotherapy with patient	
	90849	Multiple family group psychotherapy	N/A
	90853	Group psychotherapy	
Psychiatric	90791	Psychiatric diagnostic evaluation	
	90792	Psychiatric diagnostic evaluation with medical services	
Bundles of Services[a] (HCPCS)	G2086	For initial month of treatment, which includes intake activities and development of a treatment plan, as well as assessments to aid in development of the treatment plan in addition to care coordination, individual therapy, group therapy, and counseling	Requires ≥ 70 minutes in the first calendar month
	G2087	For subsequent months of treatment including care coordination, individual therapy, group therapy, and counseling	Requires ≥ 60 minutes in a subsequent calendar month
	G2088	Can be billed in circumstances when effective treatment requires additional resources for a patient that substantially exceeds the resources included in the base codes. The add-on code would address extraordinary circumstances that are not contemplated by the bundled code and should be listed separately in addition to the code for primary procedure	Each additional +30 minutes after first 120 minutes
ER Naltrexone[a]	96372	To report the professional services of medication administration including therapeutic, prophylactic, and diagnostic injections and infusions (excludes chemotherapy and other highly complex drug or highly complex biologic agent administration); subcutaneous or intramuscular	
	J2315	To report the medication naltrexone depot form, 1 mg	
FQHCS[a]	G0466	FQHC visit, new patient	
	G0467	FQHC visit, established patient	
	G0469	FQHC visit, mental health, new patient	
	G0470	FQHC visit, mental health, established patient	

Telehealth available? • Medicare - Yes • Medicaid - Consult state program • Private - Consult contract

[a] These codes are not limited to any physician or non-physician practitioner (NPP) specialty and may be provided via telehealth (including audio-only).

Summary

Insurance programs cover screening and treatment services for people with AUD. Medicare, Medicaid, and private insurance cover various services such as screening, psychotherapy, care management/coordination, MAUD, withdrawal management, and counseling. Telehealth coverage may vary.

Learn more at **www.pcss-maud.org**

References

1. **Center for Behavioral Health Statistics** and Quality, Substance Abuse and Mental Health Services Administration. Key substance use and mental health indicators in the United States: results from the 2023 national survey on drug use and health (HHS Publication No. PEP24-07-021, NSDUH Series H-59). 2024.
2. **Office of the Assistant Secretary for Planning and Evaluation**, United States Department of Health and Human Services. Access to preventive services without cost-sharing: evidence from the Affordable Care Act (Issue Brief No. HP-202201). January 2022.
3. **Kaiser Family Foundation**. Status of state Medicaid expansion decisions: interactive map. May 8, 2024. Accessed September 6, 2024.
4. **Kaiser Family Foundation**. Medicaid behavioral health services: screening, brief intervention, and referral to treatment (SBIRT). 2022. Accessed September 6, 2024.
5. **Center for Substance Abuse Treatment**, Substance Abuse and Mental Health Services Administration. Medicaid coverage of medications to reverse opioid overdose and treat alcohol and opioid use disorders. Publication No. PEP22-06-01-009. Rockville, MD. January 2024.

The content of this factsheet is for informational purposes only. Not all payers cover all the services listed below, and some payers may restrict reimbursement for certain billing codes to limited provider types. Please verify payer-specific requirements including coverage and correct coding prior to billing for services.

Funding for this initiative was made possible by cooperative agreement number 1H79TI086771-01 from SAMHSA. The views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services; nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.

Creative services provided by Infograph-ed.