If you’re seeing patients with opioid use disorder, keep these pointers in mind for billing third-party payers:

**Use the right codes when billing Medicare.** If the patient has both a substance use disorder and a mental health diagnosis and you’re addressing both in a psychotherapy session, you can use the Current Procedural Terminology® codes for psychotherapy, says Diane Pedulla, JD, director of regulatory affairs at APA. You can also bill Medicare for providing Screening, Brief Intervention and Referral to Treatment (SBIRT)—services to identify and address substance use disorders—with codes G0396 (15 to 30 minutes) and G0397 (over 30 minutes). Check with your Medicare Administrative Contractor for more information on coverage of inpatient and partial hospitalization services for substance use disorders.

Consider the Health & Behavior (H&B) code set if it’s available to you. Targeted toward patients with physical health problems, this set of CPT codes covers health and behavior assessment and intervention. “H&B codes are a good option because there is often a physical component to substance use problems,” says Caroline Bergner, JD, legal and policy affairs officer for APA, citing the physical aspects of withdrawal as one example. “Substance use is a physical problem, too, so an H&B code could be used to help treat it.” Not every payer accepts these codes, however. Medicare reimburses providers for all but one of the codes. Medicaid programs in 35 states accept the H&B codes. Some private insurers are starting to reimburse for these codes, too.

**Be aware of upcoming changes to Medicare.** Changes to Medicare will soon expand the opioid-related services eligible for Medicare reimbursement, says Scott Barstow, director of congressional affairs for APA. The SUPPORT (Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment) for Patients and Communities Act of 2018 included a provision that dramatically increases telehealth eligibility for Medicare beneficiaries with substance use disorders. Previously, Barstow explains, only Medicare beneficiaries who lived in rural areas with shortages of health-care providers were eligible for telehealth services. Plus, patients had to be in a physician’s office, clinic or similar facility when they received the telehealth services. Thanks to the SUPPORT Act, Medicare beneficiaries with substance use disorders who live anywhere in the country will be eligible for telehealth services starting Jan. 1, 2020. And they can receive those services from the privacy of their own homes. “That should open up access to treatment,” says Barstow. “This could be pretty big.”

**Make Medicaid part of your practice.** Medicaid is already a major player in paying for opioid-related services. In 2016, for example, Medicaid covered 40 percent of nonelderly adults with opioid addiction, according to a 2018 Henry J. Kaiser Family Foundation briefing report. That coverage greatly improves access to opioid misuse treatment, the report found, with those covered by Medicaid twice as likely to undergo treatment as those with no insurance and those with private insurance. And access to treatment for Medicaid beneficiaries with opioid misuse disorder is increasing, too, says Bergner, with many states using waivers that suspend some of the normal Medicaid requirements and give states greater flexibility as they combat the opioid crisis. Although psychologists can face some challenges in participating in Medicaid, Bergner urges them to get involved, too. “We encourage eligible practitioners to make Medicaid a small part of their practice as a way of addressing the opioid crisis,” she says. “Psychologists have a call to help people, and this could be a way to assist.”