



DR. BILL

Fastest & Easiest Way to Bill MSP

Addiction Medicine Billing Codes Cheat Sheet

1. 13013: Assessment for Induction of Opioid Agonist Treatment

\$42.65 per 15 minutes

An Initial assessment that requires complete medical history, substance use history and appropriate targeted physical examination.

Guidelines:

- This is a time-based fee and works on units per 15 minutes.
- Maximum 4 units per patient per DOS.
- If the assessment and induction are done on the same DOS, administration of the first dose is included.
- Start and end times required
- Not payable with any other fees except [13014](#), [14018](#) and [14077](#)
- Only payable once in a 30 day period
- Payable for change of medication assessment

2. 13014: Management of OAT Induction for Opioid Use Disorder

\$20.00

This fee is payable for individual interactions with the patient during the **first 3 days** of OAT induction for opioid use disorder.

Guidelines:

- Only payable for first 3 days of induction
- Payable in addition to [13013](#) or visit fee
- Payable up to 3 times on day of first dose of OAT
- Payable up to 2 times on day 2 of OAT induction
- Payable once only on day 3 of OAT induction
- Start and end times required

3. 00039: Management of Maintenance Opioid Agonist Treatment

\$23.42

00039 is the only fee code available for any visit, or medically necessary service, associated with methadone maintenance therapy. You don't necessarily need to have direct face-to-face contact with the patient in order for bill 00039 for Addictions Medicine. Services include:

- Case management/treatment planning with care team.
- Supervised urine drug screening and interpretation of results.
- Counselling by a physician.
- Communication with non-physician counsellor.
- Communication with dispensing/supervising pharmacist.
- Communication with primary care physician.
- Communication with hospital-based physician when patient admitted to hospital.
- Completion and submission of documentation relating to registration, termination or transfer

Guidelines:

- Maximum once per week per patient (regardless of the number of visits per week).
- Not payable with call outs or continuing care
- Not payable with visit fees
- Not payable with 'out of office hours' premiums.
- If you're submitting claims for this you must have:
 - A. A current valid license to prescribe methadone or buprenorphine/naloxone for addiction.
 - B. Are actively supervising the patient's continuing use of the drug within the provincial methadone program

4. 15040: GP Point of Care (POC) testing for amphetamines, benzodiazepines, buprenorphine/naloxone, cocaine metabolites, methadone metabolites, opioids and oxycodone



DR. BILL

Fastest & Easiest Way to Bill MSP

\$12.66

Only POC urine testing kits that have met Health Canada Standards are to be used. This fee includes the adulteration test too.

Guidelines:

- Payable only before induction
- It can only be billed if your patient is enrolled in the B. C. Methadone Maintenance Treatment Program.

5. 15039: GP Point of Care testing for opioid agonist treatment

\$12.66

Only POC urine testing kits that have met Health Canada Standards are to be used. This fee includes the adulteration test too.

Guidelines:

- Payable only after induction complete
- Maximum 26 per calendar year
- You can only submit a claim for 15039 if you have exemptions to prescribe methadone or buprenorphine/naloxone for your patients with opioid dependency in B.C.
- It can only be billed if your patient is enrolled in the B. C. Methadone Maintenance Treatment Program.

Addiction Medicine Billing Tips:

1. Fee Codes 15040 and 15039

- If you're doing screening on the patient you can bill a 15039 (if they're part of the methadone program) or a 15040 (if they're not part of the program).
- You can bill 15040 if you're running a test for the first time, and the patient hasn't been registered in the program yet. After they're registered bill a 15039 every 2 weeks.

2. If billing a visit when your patient is inducted into treatment, make sure the diagnosis code is completely different and unrelated and the original diagnosis code has been removed.

3. When taking over care of a patient on OAT from another physician include the date you took over care in the note record, and make sure the old doctor has taken the patient off their billing list.
