OHIP Billing: Opioid Use Codes

Quick Reference Guide

This guide will provide you with key information on the different codes used for opioid use and management in Ontario.

Challenge	DoctorCare Best Practices and Recommendations
What are the different opioid use related codes?	**Opioid Use Related Codes**

Fee Code	Description	Value
A680	Initial Assessment – Substance Abuse	$144.75
K013	Counselling	$70.10 / unit
K680	Substance Abuse - extended assessment	$70.10 / unit
K682	Opioid Agonist Maintenance Program monthly management fee, intensive – per month	$45.00
K683	Opioid Agonist Maintenance Program monthly management fee, maintenance – per month	$38.00
K684	Opioid Agonist Maintenance Program, team premium, add with K682 or K683 – per month	$6.00
G041	Target drug testing, urine, qualitative or quantitative – per test	$3.70
G042	Target drug testing, urine, qualitative or quantitative – per test	$2.50
G040	Drugs of abuse screen, urine, must include testing for at least four drugs of abuse	$15.00
G043	Drugs of abuse screen, urine, must include testing for at least four drugs of abuse	$7.50
G039	Creatine	$1.03

Challenge	DoctorCare Best Practices and Recommendations
What are the payment rules for opioid use related codes?	**Initial Assessment – Substance Abuse (A680)** When a minimum of 50 minutes of personal contact time is spent assessing a patient related to substance abuse with/without patient's relatives/representatives. **Service Requirements** • A complete history of illicit drug use, abuse and dependence. • A focused physical examination and review of systems and treatment options. • Patient history including: addiction medicine, past medical, family and psychosocial history. • Formulation of a treatment plan. • Assessment/diagnosis including a DSM diagnosis for each problematic substance. **Payment Rules** • Limited to one per patient per physician (unless 12 months have elapsed since most recent insured service). • Start and stop times must be recorded. • Appointments must be prebooked at least one day before service is rendered. • Only eligible to the physician intending to subsequently render treatment of the patient's substance abuse. **Counselling - Individual Care (K013)** Counselling is a patient visit dedicated solely to an educational dialogue with a physician. This service is for the purpose of developing awareness of the patient's problems or situation and of modalities for prevention and/or treatment, and to provide advice and information. **Payment Rules** • No other services are eligible for payment when rendered by the same physician the same day as any type of counselling service. Exceptions include: E080, G010, G039-43, G202, G205, G365, G372, G384, G385, G394, G462, G480, G482, G489, G538, G590, G840-848, H313, K002, K003, K008, K014, K015, K031, K035, K036, K038, K682-684, K730. • If the patient does not have a pre-booked appointment, the amount payable for this service will be adjusted to a lesser assessment fee. • Limited to three units per patient per physician per year at the higher fee (K013); beyond that use the lesser fee (K033) .

Challenge	DoctorCare Best Practices and Recommendations
What are the payment rules for the opioid use related codes?	**Substance Use – Extended Assessment (K680)** When providing care to patients receiving therapy for substance abuse. This assessment requires a time-based service with time calculated based on units; unit = 1⁄2 hour or major part thereof. **Payment Rules** • No other consultation, assessment, visit or time-based service is eligible for payment when rendered the same day as K680 to the same patient by the same physician. • This assessment is eligible to be billed virtually. • Refer to our Time-Based Codes guide to learn more about how to bill codes in unit increments. **Opioid Agonist Maintenance Program (OAMP) (K682, K683, K684)** When providing monthly management and supervision of a patient receiving opioid agonist treatment. **K682 – OAMP monthly management fee, intensive, per month** When two required services (consultation, assessment, visitor K-prefix time-based service) are conducted in the month (via encounter or telemedicine). **K683 – OAMP monthly management fee, maintenance, per month** When one required service is conducted in the month (via encounter or telemedicine). **K684 – OAMP monthly management fee, team premium, per month** When at least one required service (not including urine testing or provision of a prescription) is conducted in the month by a team consisting of the most responsible physician and two non-physician members trained in addiction medicine. **Payment Rules** • Does not cover services primarily for the purpose of providing a prescription. • K682, K683 and K684 are only eligible for payment to the physician most responsible for the patient's OAMP for the applicable month. • When the most responsible physician is temporarily absent and/or the patient is transferred to another physician in any month, the physicians should determine who will submit the claim and receive payment for that month; duplicate claims will result in only the first received being paid.

Challenge	DoctorCare Best Practices and Recommendations
What are the payment rules for the opioid use related codes?	**Point of Care Drug Testing (G040, G041, G042, G043, G039)** When a point of care drug test is performed in a physician's office for the physician's own patient. **G041, G042 – Target drug testing, urine, qualitative or quantitative** These codes are specifically used for targeted drug tests. **G040, G043 – 4+ drugs of abuse screen, urine** These codes are used for tests for specific drugs of abuse including: alcohol, methadone, methadone metabolite, morphine, synthetic or semi-synthetic opiates, cocaine, benzodiazepines, amphetamines, methamphetamines, cannabinoids, barbiturates or other drugs of abuse. **G039 – Creatine** **Payment Rules** • G040 and G041 are limited to a maximum of five (5) services per patient (any combination) per month to any physician when K682 or K683 is payable. • G042 and G043 are limited to a maximum of four (4) services per patient (any combination) per month to any physician when K682 or K683 is payable. • G040, G041, G042 and G043 are not eligible for payment unless K623 or K624 or a consultation, assessment or time-based service involving a direct physical encounter with the patient is payable in the same month to the same physician rendering the G040, G041, G042 or G043 service. • G039 is limited to a maximum of two (2) tests per patient per week.