



Effective **June 1st, 2018**: There are new billing codes for the clinical management of opioid use disorder. The following information has been excerpted “as-is” from the Medical Services Commission (MSC) Payment Schedule. For more information, please refer to the **MSC Payment Schedule - New fees and amendments for Opioid Agonist Treatment for Opioid Use Disorder** at <https://www2.gov.bc.ca/assets/gov/health/practitioner-pro/medical-services-plan/new-fees-amendments-opioid-agonist-treatment.pdf>. The Society of General Practitioners (SGP) also produces a Simplified Guide to Fees that is accessible to SGP members. For information on SGP membership, please refer to <https://sgp.bc.ca/join/>

P13013 Assessment for Induction of Opioid Agonist Treatment (OAT) for Opioid Use Disorder\$42.65

Initial assessment requires complete medical history, substance use history and appropriate targeted physical examination. If assessment and induction are done on the same day, withdrawal assessment using COWS or SOWS and administration of the first dose of OAT is included - per 15 minutes or greater portion thereof.

NOTES

- i. Payable to a maximum of 4 units per patient per day per intended induction.
- ii. Payable only to the physician who intends to provide or share management of the patient’s OAT induction for opioid use disorder.
- iii. Start and end times must be entered in both the billing claim and the patient’s chart.
- iv. No other visit fees billable same day except 13014, 14018 and
- v. 14077, 13014, 14018 and 14077 payable in addition to 13013 only when not performed concurrently.
- vi. Payable for assessment for change of OAT with induction to a different medication.
- vii. May not be repeated within 30 days by the same physician.
- viii. This service payable only for physician time spent on patient assessment (and on administration of first dose of OAT if provided the same day).

P13014 Management of Opioid Agonist Treatment (OAT) Induction for Opioid Use Disorder.....\$20.00

This fee is payable for individual interactions with the patient during the first three days of OAT induction for opioid use disorder within the limits described in the following notes.

NOTES

- i. Billable in addition to 13013 or a same day visit fee (in-person, telephone or video conference) with a physician when not performed concurrently.
- ii. Billable up to 3 times on day of first dose of OAT.
- iii. Billable up to 2 times on day 2 of OAT induction.
- iv. Billable once only on day 3 of OAT induction.
- v. May be provided in-person, by telephone, or by video conference.
- vi. May be billed when delegated to a nurse (LPN, RN, NP) employed within the eligible physician practice.
- vii. Start time must be entered in both the billing claim and patient’s chart.

POO39 Management of Maintenance Opioid Agonist Treatment (OAT) for Opioid Use Disorder \$23.42/week

Management of ongoing maintenance OAT for opioid use disorder.

NOTES

- i. The physician does not necessarily have to have direct face-to-face contact with the patient for this fee to be paid.
- ii. POO39 is the only fee payable for any medically necessary service associated with maintenance opioid agonist treatment for opioid use disorder. This includes but is not limited to the following:
 - a) At least one visit (in-person, telephone or video conference) per month with the patient after induction/stabilization on opioid agonist treatment is complete.
 - b) At least one in-person visit with the patient every 90 days. Exceptions to this criterion will be considered on an individual basis.
 - c) Supervised urine drug screening and interpretation of results.
 - d) Simple advice/communication with other allied care providers involved in the patient’s OAT.
- iii. Claims for treatment of co-morbid medical conditions, including psychiatric diagnoses other than substance use disorder, are billable using the applicable visit of service fees. Counselling and visit fees related only to substance use disorder are not payable in addition.
- iv. This fee is payable once per week per patient regardless of the number of services per week for management of OAT maintenance.
- v. This fee is not payable with out of office hours premiums.
- vi. Eligibility to submit claims for this fee item is limited to physicians who are actively supervising the patient’s continuing use of opioid agonist medications for the treatment of opioid use disorder.
- vii. This payment stops when the patient stops taking opioid agonist treatment.

The billing code for Point of Care (POC) testing for opioid agonist treatment (P15039) remains the same and is excerpted “as-is” from the MSC Payment Schedule below. For more information, please refer to the MSC Payment Schedule at: <https://www2.gov.bc.ca/gov/content/health/practitioner-professional-resources/msp/physicians/payment-schedules/msc-payment-schedule>. The Society of General Practitioners (SGP) also produces a Simplified Guide to Fees that is accessible to SGP members. For information on SGP membership, please refer to <https://sgp.bc.ca/join/>

P15039 GP Urine Point of Care (POC) Testing for Opioid Agonist Treatment (OAT) \$12.66

This fee is payable for each urine drug test interpretation within the limits described in the following notes.

NOTES

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| <ul style="list-style-type: none"> i. Restricted to patients in opioid agonist treatment. ii. Maximum billable: <u>26 per annum, per patient</u>. iii. Confirmatory testing (reanalyzing a specimen which is positive on the initial POC test using a different analytic method) is expensive and seldom necessary once a patient is in treatment for opioid use disorder. Accordingly, confirmatory testing | <ul style="list-style-type: none"> should be utilized only when medically necessary and when a confirmed result would have a significant impact on patient management. iv. This fee includes the adulteration test. v. Only POC urine testing kits that have met Health Canada Standards are to be used. |
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