



Harm Reduction Billing Reference

This reference sheet is designed to support healthcare providers in delivering evidence-based, harm reduction services for individuals with Substance Use Disorder (SUD). It includes a comprehensive list of CPT codes, descriptions, and reimbursement details for services such as Medication-Assisted Treatment (MAT), behavioral therapies, peer support, harm reduction counseling, wound care, preventative medicine services, overdose prevention, and care coordination.

Our goal is to empower providers with the tools and information necessary to expand access to harm reduction and recovery-oriented care, ultimately improving health outcomes for individuals managing SUD. This resource is aligned with best practices in patient-centered care and reflects the critical role of harm reduction in addressing the SUD crisis.

Place of Service Codes

Note: The following places of service (POS) use facility rates; all other POS use non-facility rates:

CODE	PLACE OF SERVICE DESCRIPTIONS
13	Assisted Living Facility
19	Off-Campus Outpatient Hospital
21	Inpatient Hospital
22	On-Campus Outpatient Hospital
23	Emergency Room
24	Ambulatory Surgical Center
25	Birth Center
26	Military Treatment Facility
31	Skilled Nursing Facility
32	Nursing Facility
33	Custodial Care Facility
51	Inpatient Psychiatric Facility
52	Psychiatric Facility-Partial Hospitalization
54	Intermediate Care Facility/Individuals with ID
56	Psychiatric Residential Treatment Center

Behavioral Health Codes

Note: Codes on the Behavioral Health Fee schedule are not broken down into facility fees and non-facility fees.

Medication-Assisted Treatment (MAT)

CPT/HCPCS	Brief Description	Facility Fee	Non-Facility Fee
99202	E/M, new patient, 15–29 min	45.29	69.47
99203	E/M, new patient, 30–44 min	78.32	107.29
99204	E/M, new patient, 45–59 min	127.46	160.89
99205	E/M, new patient, 60–74 min	173.35	212.19
99212	E/M, established patient, 10–19 min	33.72	54.41
99213	E/M, established patient, 20–29 min	62.97	87.47
99214	E/M, established patient, 30–39 min	92.86	123.41
99215	E/M, established patient, 40–54 min	137.79	173.75
96372	Therapeutic injection (e.g., naltrexone, buprenorphine)	13.77	13.77

Counseling and Behavioral Therapies

Psychiatric Diagnostic Evaluation

CPT/HCPCS	Brief Description	Facility Fee	Non-Facility Fee
90791	Psychiatric diagnostic evaluation	142.97	166.53
90792	Psych diag eval w/ medical services	163.75	187.30

Psychotherapy

CPT/HCPCS	Brief Description	BH Fee
90832	Psychotherapy, 30 min	63.89
90834	Psychotherapy, 45 min	84.95
90837	Psychotherapy, 60 min	127.43

Group Psychotherapy

CPT/HCPCS	Brief Description	BH Fee
90853	Group psychotherapy	25.71

Family Psychotherapy

CPT/HCPCS	Brief Description	BH Fee
90846	Family psychotherapy, w/o pt	103.18
90847	Family psychotherapy, w/ pt	106.73

Peer Support Services

CPT/HCPCS	Brief Description	BH Fee
H0038	Self-help/peer services (per 15 min)	16.38

Intensive Outpatient Programs (IOP)

CPT/HCPCS	Brief Description	BH Fee
H0015	Intensive outpatient program (per day)	77.30

Partial Hospitalization Programs (PHP)

CPT/HCPCS	Brief Description	BH Fee
H0035	Mental health partial hospitalization (<24h)	283.89

Harm Reduction Counseling

CPT/HCPCS	Brief Description	Facility Fee	Non-Facility Fee
99401	Preventive medicine counseling, ~15 min	26.80	48.06
99402	Preventive medicine counseling, ~30 min	54.33	75.59
99403	Preventive medicine counseling, ~45 min	81.13	102.39
99404	Preventive medicine counseling, ~60 min	108.30	129.55

Overdose Prevention Education & Naloxone Distribution

CPT/HCPCS	Brief Description	Facility Fee	Non-Facility Fee
J2310	Injection, naloxone HCl, per 1 mg	12.28	12.28
99411	Group preventive medicine counseling, ~30 min	8.41	26.36
99412	Group preventive medicine counseling, ~60 min	14.07	32.02

(Note: 99401–99404 are also used here as per section 1)

Wound Care Services

CPT/HCPCS	Brief Description	Facility Fee	Non-Facility Fee
97597	Debridement, first 20 sq. cm or less	39.17	132.69
97598	Debridement, each additional 20 sq. cm	27.03	56.31
A6222	Hydrogel gauze ≤16 sq. in.	3.78	3.78
A6223	Hydrogel gauze >16 to ≤48 sq. in.	4.25	4.25

Infection Prevention and Management

CPT/HCPCS	Brief Description	Facility Fee	Non-Facility Fee
86580	Skin test, tuberculosis, intradermal	14.32	14.32
86701	Antibody; HIV-1	12.75	12.75
86703	Antibody; HIV-1 and HIV-2, single assay	19.37	19.37
87340	Infectious agent antigen detection (HBsAg)	14.64	14.64
87522	Infectious agent detection; hepatitis C quantification	60.93	60.93
86708	Hepatitis A antibody (IgG or IgM)	17.48	17.48

Vaccinations

CPT/HCPCS	Brief Description	Facility Fee	Non-Facility Fee
90632	Hepatitis A vaccine, adult dosage, IM	100.14	100.14
90746	Hepatitis B vaccine, adult dosage	99.67	99.67
90715	Tdap vaccine, adult or adolescent dosage	54.79	54.79
90686	Influenza virus vaccine, quadrivalent, preservative-free, IM	22.07	22.07

Care Management/Care Coordination Services

CPT/HCPCS	Brief Description	Facility Fee	Non-Facility Fee
99490	Chronic care management, ≥20 min/mo	47.88	60.29
99439	Chronic care management, each add'l 20 min	33.42	46.15

All providers participating in our network have a dedicated Provider Engagement Administrator (PEA) who is available to service more complex needs, including inquiries relating to administrative policies, procedures, operational issues, quality, education and training, roster questions, secure portal and much more. You may find your assigned PEA, by visiting the [Contact Us](#) section of our website or accessing the [Provider Engagement Account Manager Contact Information \(PDF\)](#).

For general questions, you may also email DE_ProviderEngagement@delawarefirsthealth.com