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September 12, 2025

The Honorable Mehmet C. Oz, MD, MBA
Administrator
Centers for Medicare & Medicaid Services
U.S. Department of Health and Human Services
Hubert H. Humphrey Building, Room 445-G
200 Independence Avenue, SW
Washington, DC 20201

Re: CMS-1832-P. Medicare and Medicaid Programs; CY 2026 Payment Policies Under the Physician Fee Schedule and Other Changes to Part B Payment and Coverage Policies

Dear Administrator Oz:

On behalf of the American Society of Addiction Medicine (ASAM), the nation's leading specialty medical society representing more than 8,000 physicians and other health professionals who specialize in the prevention and treatment of addiction, thank you for the opportunity to provide comments on the proposed 2026 Medicare Physician Fee Schedule. As CMS evaluates potential changes to the behavioral health services compendium, ASAM offers the following comments.

Outpatient SUD Treatment

CMS has made significant strides in recent years to address the millions of Medicare beneficiaries with a substance use disorder (SUD) by adopting payment and coverage of additional services. However, recent claims data indicate that additional action may be needed. Though CMS adopted *HCPCS code G2086 (Office-based treatment for opioid use disorder, including development of the treatment plan, care coordination, individual therapy and group therapy and counseling; at least 70 minutes in the first calendar month)* in 2020, claims for this service in 2023 (1,786 total claims) do not match the number of Medicare beneficiaries reporting receipt of outpatient treatment (~480,000 beneficiaries). Despite the data showing a substantial gap between the number of Medicare beneficiaries with a SUD compared to those receiving treatment, the fee-for-service claims data offers a limited window into how Medicare-participating clinicians are addressing SUD.

CMS stated in the 2020 Medicare Physician Final Rule that its new office-based SUD treatment codes were aimed at increasing the use of counseling and care coordination services and expected to be mostly utilized by addiction specialist physicians (ASPs). Claims data suggest, however, that these codes have not met their intended purpose as their utilization plummets, ASPs are among the lowest utilizers, and millions of beneficiaries are not getting treatment.

As CMS considers additional policymaking to enhance access to behavioral health services, ASAM recommends that CMS review Medicare's office-based SUD treatment codes to ensure they are meeting their intended purpose and consider several actions, including:

- Make significant coding modifications to the office-based SUD treatment set that account for medical management in cases where a billing practitioner is providing comprehensive biopsychosocial initiation services directly or through supervision, like the existing OTP payment structure. ASAM has outlined the [Patient-Centered Opioid Addiction Treatment \(P-COAT\)](#) model which describes three types of treatment initiation payment structures: (1) treatment supervision and medical management by a non-ASP, (2) treatment supervision and medical management by an ASP, OR (3) comprehensive medical management and psychosocial services. Additional coding granularity would also mirror the OTP code set which is much more detailed, structured, and financially sustainable;
- Add several codes limited to OTPs as services eligible for billing by non-OTP practices to the extent those services are not duplicative of existing services described by the initiation codes;
- Provide additional public-facing data about the use of E/M services in Medicare to provide SUD treatment to understand the extent to which Medicare patients receive medical services to address SUD; and
- Provide more robust clinician education and outreach about the services covered by Medicare for the treatment of SUDs.

Additional context about this issue can be found [here](#).

Intensive Outpatient Treatment

ASAM also recommends that CMS take additional action to expand access to intensive outpatient (IOP) for SUD. While Medicare does provide coverage and payment for services delivered in certain IOP settings like OTPs, most standalone settings specializing in SUD treatment remain uncovered.

ASAM has previously suggested improvements to this coverage landscape in our September 2022 letter [here](#) to CMS. ASAM's Patient-Centered Opioid Addiction Treatment ([P-COAT](#)) model also provides a structure for covering this service. ASAM encourages CMS to take up this issue for future rulemaking to expand the treatment continuum and ensure patients with SUD can get the care they need.

Motivational Interviewing

Motivational interviewing (MI) is a goal-oriented, collaborative counseling style that strengthens a patient's internal motivation for change, especially regarding substance use. The Substance Abuse and Mental Health Services (SAMHSA) defines MI as “a respectful counseling style that focuses on helping clients resolve ambivalence about and enhance motivation to change health-risk behaviors, including substance misuse.”¹ MI can be used by clinicians to help patients self-assess their needs and barriers, as well as elicit strategies to address them.

Currently, the resources involved in furnishing motivational interviewing are covered by behavioral health integration and psychiatric collaborative care coding. However, clinicians furnishing these services must also attest to performing an array of other services, in addition to MI, to bill these services. As a result, there currently are no standalone codes to report the provision of motivational enhancement therapies (MET). Clinicians providing MET only are therefore limited in their ability to bill for MET as a standalone service.

If CMS were to create new coding to describe MI, it should consider a coding structure that reflects existing screening, brief intervention, and referral to treatment (SBIRT) codes, such as HCPCS codes G0396 and G0397. Any new coding should permit any clinician eligible to bill Medicare for behavioral health services to bill these services, as well as by clinicians billing incident to and under the general supervision of a billing practitioner.

ASAM looks forward to reviewing any future code proposals from CMS or the AMA CPT Editorial Panel.

Sincerely,

A handwritten signature in black ink that reads "Stephen Taylor, MD". The signature is written in a cursive, flowing style.

Stephen Taylor, MD, MPH, DFAPA, DFASAM
President, American Society of Addiction Medicine

¹ Substance Abuse and Mental Health Services Administration. Enhancing Motivation for Change in Substance Use Disorder Treatment. Treatment Improvement Protocol (TIP) Series No. 35. SAMHSA Publication No. PEP19-02-01-003. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2019.