

References:

Department of Medical Assistance Services websites for ARTS services:

<http://www.dmas.virginia.gov/#/arts>

<https://www.magellanoofvirginia.com/for-members/addiction-recovery-treatment-services-arts/>

# Virginia Opioid Addiction ECHO\* Clinic

November 30<sup>th</sup>, 2018

\*ECHO: Extension of Community Healthcare Outcomes

## Helpful Reminders

- Rename your ZOOM screen: Please rename your screen with your full name
  - For attendance, please type your full name and organization into the chat box
- All participants are **Muted** during the call, Please **Unmute** yourself before speaking. If you have a question, use the 'hand-raised' feature in ZOOM or type your question in the Chat box.
- Speak to the Camera, avoid distractions and for ZOOM issues (such as echoing, audio level etc.), use the chat function to speak with the clinic IT team (Vlad)

# VCU Opioid Addiction ECHO Clinics



- Bi-Weekly 1.5 hour tele-ECHO Clinics
- Every tele-ECHO clinic includes a 30 minute didactic presentation followed by case discussions
  - Didactic presentations are developed and delivered by inter-professional experts in substance use disorder
- Website Link: [www.vcuhealth.org/echo](http://www.vcuhealth.org/echo)

# Hub Introductions



VCU Team	
Clinical Director	Mishka Terplan, MD, MPH, FACOG, FASAM
Administrative Medical Director ECHO Hub and Principal Investigator	Vimal Mishra, MD, MMCI
Clinical Expert	Lori Keyser-Marcus, PhD
Didactic Presenter	Ke'Shawn Harper, MIS
Program Manager	Bhakti Dave, MPH
Practice Administrator	David Collins, MHA
IT Support	Vladimir Lavrentyev, MBA

# Spoke/Participant Introduction

- Name
- Organization

# What to Expect

- I. Didactic Presentation
  - I. Ke'Shawn Harper, MIS
  - II. Addiction and Recovery Treatment Services (ARTS) and the preferred Office-Based Opioid Treatment (OBOT) Program
- II. Case presentations
  - I. Case 1
    - I. Case summary
    - II. Clarifying questions
    - III. Recommendations
  - II. Case 2
    - I. Case summary
    - II. Clarifying questions
    - III. Recommendations
- III. Closing and questions



Lets get started!

Didactic Presentation



# Addiction and Recovery Treatment Services (ARTS) and the preferred Office-Based Opioid Treatment (OBOT) Program

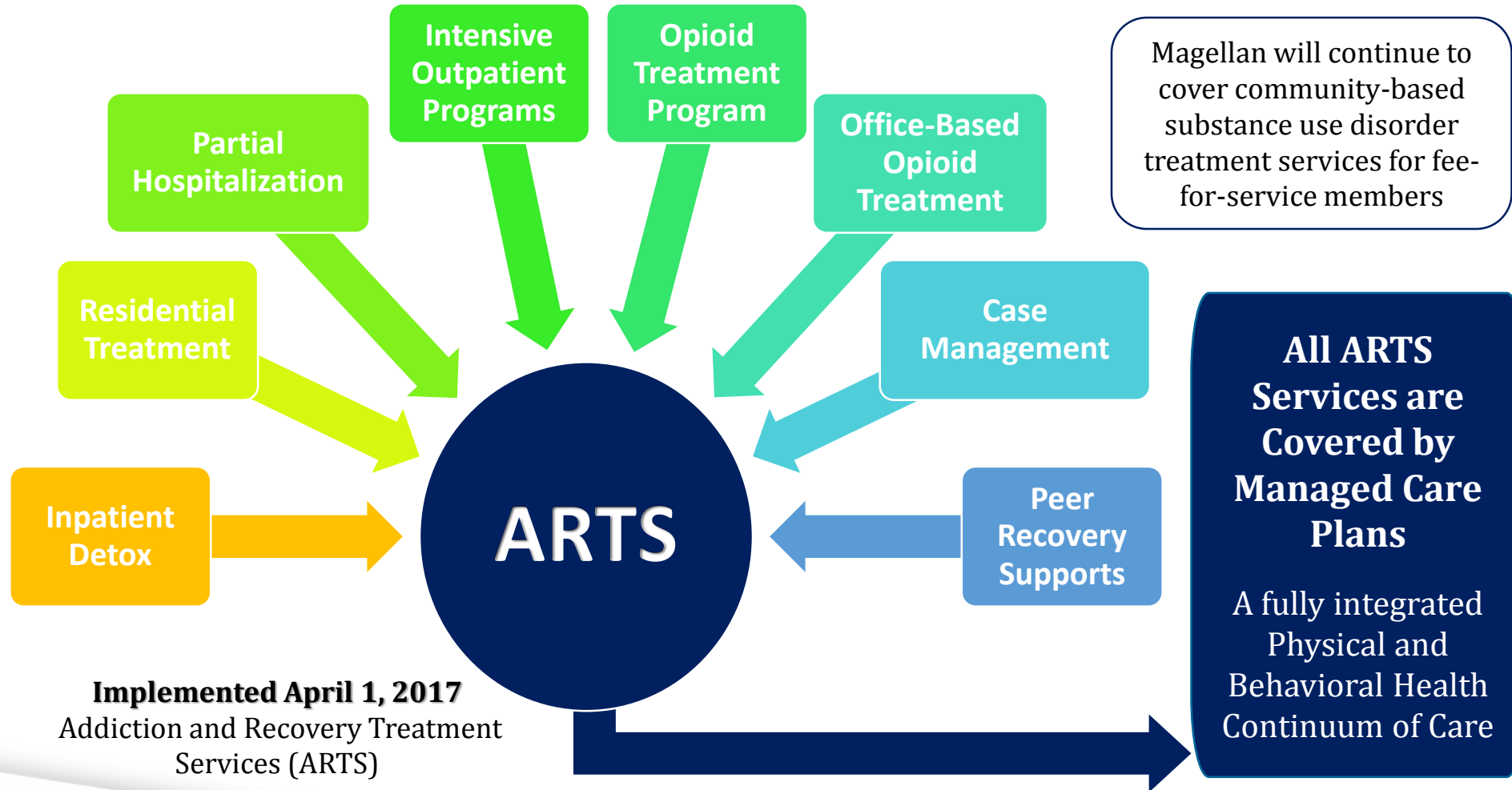
**Ke'Shawn Harper MIS, GCPAP, QMHP-A**

ARTS Program Lead/Behavioral Health Senior Program Specialist

Virginia Department of Medical Assistance Services



# Transforming the Delivery System of Medicaid SUD Services



# Preferred Office-Based Opioid Treatment (OBOT) Program

# Medication Assisted Treatment

## Definition and Evidence

- Medications (buprenorphine and methadone) combined with counseling and behavioral therapies for the treatment of substance use disorders
- MAT for opioid use disorder leads to successful recovery rates of 40-60%, compared to 5-20% with abstinence-only models
- MAT can be provided by:
  - Opioid Treatment Providers (OTPs) – Methadone clinics at CSBs and private providers licensed by DBHDS
  - Preferred Office-Based Opioid Treatment (OBOT) providers – primary care clinics, FQHCs, RHCs, outpatient psychiatry clinics; **no DBHDS license required**
  - MDs, DOs, NPs, PAs must complete waiver training course and obtain buprenorphine waiver from SAMHSA to prescribe buprenorphine for opioid use disorder

# Preferred OBOT Providers Recognized by DMAS and Credentialed by Health Plans

## Care Team Requirements

- Buprenorphine-waivered practitioner may practice in variety of settings such as **FQHCs**, CSBs, primary care clinics, outpatient clinics, psychiatry practices
- On site credentialed addiction treatment professional (licensed psychiatrist, licensed clinical psychologist, licensed clinical social worker, licensed professional counselor, licensed psychiatric clinical nurse specialist, a licensed psychiatric nurse practitioner, a licensed marriage and family therapist, licensed substance abuse treatment practitioner) providing counseling to patients receiving MAT

## MAT Requirements

- Buprenorphine monoprodukt prescribed according to the Board of Medication regulations: when a patient is pregnant, when converting a patient from methadone or buprenorphine monoprodukt to buprenorphine containing naloxone for a period not to exceed 7 days, or in formulations other than tablet form for indications approved by the FDA.
- Maximum daily buprenorphine/naloxone dose 16 mg unless documentation of ongoing compelling clinical rationale for higher dose up to maximum of 24 mg.

# Preferred OBOT Providers Recognized by DMAS and Credentialed by Health Plans



## Risk Management and Adherence Monitoring Requirements

- Random urine drug screens, a minimum of 8 times per year for all patients.
- Virginia Prescription Monitoring Program checked at least quarterly for all patients.
- Opioid overdose prevention education including the prescribing of naloxone.
- Patients seen at least weekly by buprenorphine-waivered practitioner or credentialed addiction treatment professional when initiating treatment. Patient must have been seen for at least 3 months with documented clinical stability before spacing out to a minimum of monthly visits.
- Periodic utilization of unused medication and opened medication wrapper counts when indicated.

## Benefits

- No Prior Authorizations required for buprenorphine products.
- Buprenorphine-waivered practitioner in the OBOT can bill all Medicaid health plans for substance use care coordination code (monthly per member payment) for members with moderate to severe opioid use disorder receiving MAT.
- Can bill for Certified Peer Recovery Support specialists.
- Can bill higher rates for individual and group opioid counseling.
- Buprenorphine waived residents can complete structured moonlighting experiences under the supervision of a credentialed attending physician.

# MAT Payment Model for OBOTs

## Service Description

- Buprenorphine in Office-Based Opioid Treatment (OBOTs)

## Setting

- Primary Care and other Physician Offices, FQHCs, CSBs, etc.

## Physician Visit

- H0014 MAT Induction Day One Practitioner Induction (H0014)
  - Per encounter. Limit of 3 induction encounters (H0014) per calendar year per provider.
- Additional practitioner visits use most appropriate E&M code.
- CPT E/M Code 99211-99215: Established Patient

## Opiate Counseling

- H0004 / H0005 Opioid Counseling
  - Assessment of psychosocial needs
  - Supportive individual and/or group counseling
  - Linkages to existing family support systems
  - Referrals to community-based services
  - Care coordination, medical/prescription monitoring, and coordination of on-site and off-site treatment services

## Psychotherapy – Mental Health

- Appropriate CPT Psychotherapy Codes

## Medication

- Patient given Rx; billed by Pharmacy

# Psychotherapy and Counseling

- The licensed behavioral health provider, if billing independently from the buprenorphine waived practitioner, must submit claims coinciding with the buprenorphine waived practitioner
- Supports that the member is receiving the required psychotherapy and substance use counseling services along with the practitioner services.

# Substance Use Care Coordination

## What is Substance Use Care Coordination?

- Includes activities to ensure that necessary services, including mental health services, are **integrated into primary care and specialty medical settings through interdisciplinary care planning** and monitoring member progress.
- Involves **tracking member outcomes** and reporting back to the buprenorphine-waivered practitioner and behavioral health professionals.
- Requires **interdisciplinary treatment team meetings between buprenorphine-waivered practitioners and licensed behavioral health professionals** to develop and monitor the Interdisciplinary Plan of Care (IPOC).
- Connects members with community resources to **facilitate referrals** and respond to social service needs, as well as **linking** members with peer supports and **tracking and supporting** members when they obtain medical, behavioral health, or social services outside the practice.



# Substance Use Care Coordination Service Limits

Only OTPs and Preferred OBOTs can bill for Substance Use Care Coordination.

The initial and final months of treatment, Substance Use Care Coordination may be billed prior to the initial IPOC being completed, as long as the required activities noted above are provided and documented in the member's medical record for the billing month. The first IPOC must be finalized in the member's medical record within 30 calendar days from the ISP assessment date.

Preferred OBOTs cannot bill for Substance Use Care Coordination if a member is in an ARTS Intensive Outpatient (ASAM Level 2.1), Partial Hospitalization (ASAM Level 2.5), Residential (ASAM Level 3.3, 3.5, 3.7) or Inpatient/Acute Care (ASAM Level 4.0) setting.

- Preferred OBOTs can bill for Substance Use Care Coordination if a member is also receiving Group Home (ASAM Level 3.1) services.
- Substance Use Care Coordination (G9012) cannot be provided simultaneously with Substance Use Case Management (H0006).

# How to Implement Substance Use Care Coordination in the Preferred OBOT Practice?

Have a designated staff member who performs the following Substance Use Care Coordination functions:

Meet face-to-face and utilize telephonic/collateral contacts with the member and significant others to facilitate recovery.

Act as the primary point of contact for the member and the interdisciplinary team in the Preferred OBOT or OTP setting.

Ensure that members have access (e.g., a telephone number, e-mail address) to their Substance Use Care Coordinator.

Engage members in Substance Use Care Coordination activities as identified in the ISP for OTP settings and the IPOC in Preferred OBOT settings.

Ensure that members have viable access to emergency services

Communicate with the member about their ongoing or newly identified needs on at least a monthly basis (or a frequency as requested by the member), to include a phone call or face-to-face meeting, depending on the member's needs and preferences.

Notify members who their assigned care coordination contact is and if there needs to be a change, what is the plan for coverage

When possible, ensure continuity of care when care coordinator changes are made whether initiated by the member or by the Preferred OBOT or OTP.

# What is Required for Billing Substance Use Care Coordination Each Month?

The Substance Use Care Coordinator must execute the following responsibilities **at a minimum to support the monthly billing of G9012:**

Participate in interdisciplinary treatment team meetings for care planning at least once every 30 days for each member;

Include the activities provided on previous slide;

Monitor the provision of services, including outcomes, assessing appropriate changes or additions to services, and facilitating referrals for the member;

Ensure the ISP and the IPOCs are developed and updated as necessary;

Ensure that appropriate mechanisms are in place to receive member input, complaints and grievances, and secure communication among relevant parties;

Solicit and help support the member's wishes (e.g., health care decisions, prioritization of needs and implementation of strategies, etc.); and

Provide education as needed to support informed decisions.

# Rate Structure for Preferred OBOTs: New Codes



Code	Service	Description	Unit	Rate/ Unit
H0014	Medication Assisted Treatment (MAT) induction	Physician/NP/PA Induction – Day One	Per encounter	\$140
H0004	Opioid Treatment Services	Opioid Treatment – individual and family therapy	1 unit= 15 min	\$24
H0005	Opioid Treatment Services	Opioid Treatment – group therapy	1 unit = 15 min (per patient)	\$7.25
G9012	Substance Use Care Coordination	Care Coordination within OBOT Model	1 unit = 1 month	\$243
T1012	Peer Support Ind	Peer Recovery Support Specialist with Individual	1 unit = 15 minutes	\$6.50
S9445	Peer Support Group	Peer Recovery Support Specialist with Group	1 unit = 15 minutes	\$2.70

# Rate Structure for OBOTs: Existing Codes

Code	Service	Description
CPT E/M Code	Established Patient Visit	Follow-Up Visits by Physician/NP/PA after Induction Day One
80305-80307	Urine Drug Screens	Urine Drug Screen for Opioids and Illicit Drugs
CPT Codes for Labs	Labs	Examples: Hepatitis B Test (86704), Hepatitis C test (86803), HIV Test (86703), Syphilis Test (86593), Treponema Pallidum (86780), Syphilis Test Non-Treponema (86592), Pregnancy Test (81025), Skin Test-Tuberculin (86585), EKG (93000, 93005, 93010), Alcohol-Breathalyzer (82075)

# ARTS Related Questions

For more information, please contact:

[SUD@dmass.virginia.gov](mailto:SUD@dmass.virginia.gov)

# Case Presentation #1

Dr. Sara Woodhouse

- 12:35pm-12:55pm [20 min]
  - 5 min: Presentation
  - 2 min: Clarifying questions- Spokes (participants)
  - 2 min: Clarifying questions – Hub
  - 2 min: Recommendations – Spokes (participants)
  - 2 min: Recommendations – Hub
  - 5 min: Summary - Hub

# Case Presentation #1

Dr. Sara Woodhouse

## Patient 1

- **Demographics:** Female, Mid-20's
- **Medication:** Suboxone 12mg/day and on variety of meds for bipolar disorder
- **Surgery:** will have gallbladder removed, planning on doing it laparoscopically
  - She is very worried about the pain and would like to be able to take opiates for pain post op.
- **Question:** Best management of suboxone pre and post procedure?
- I'm interested in the case that is made for using local and regional blocks and maximizing non-opiate meds for pain along with suboxone.

## Patient 2

- **Demographics:** Female
- **Medication:** Suboxone 12mg/day for last 7-8 months
  - She has three months to taper and dose is 12 mg.
- **Question:** Patient is interested in tapering so that she can be accepted in an SA treatment program where they don't allow suboxone.
  - Any suggestions about how often to decrease dose and by how much at a time?



# Case Studies and Feedback

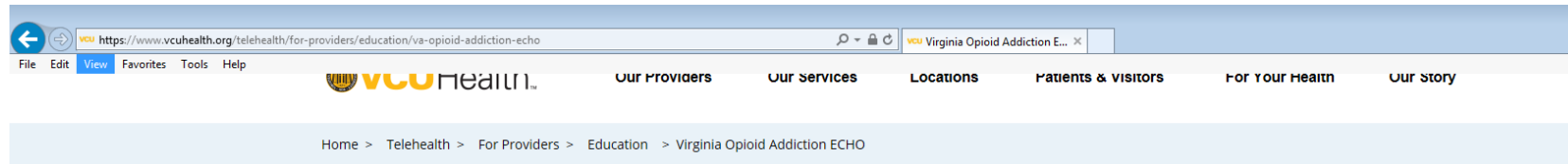
- Case studies
  - Submit: [www.vcuhealth.org/echo](http://www.vcuhealth.org/echo)
  - Receive feedback from participants and content experts
- Opportunity to formally submit feedback
  - Survey: [www.vcuhealth.org/echo](http://www.vcuhealth.org/echo)
  - Overall feedback related to session content and flow?
  - Ideas for guest speakers?

## Access Your Evaluation and Claim Your CME



- [www.vcuhealth.org/echo](http://www.vcuhealth.org/echo)
- To claim CME credit for today's session

# Access Your Evaluation and Claim Your CME



## Virginia Opioid Addiction ECHO



Welcome to the Virginia Opioid Addiction Extension for Community Health Outcomes or ECHO, a virtual network of health care experts and providers tackling the opioid crisis across Virginia. [Register now for a TeleECHO Clinic!](#)



### Network, Participate and Present

- Engage in a collaborative community with your peers.
- Listen, learn, and discuss didactic and case presentations in real-time.
- Take the opportunity to [submit your de-identified study](#) for feedback from a team of addiction specialists.
- Provide [valuable feedback & claim CME credit](#) if you participate in live clinic sessions.

### Benefits

- Improved patient outcomes.
- **Continuing Medical Education Credits:** This activity has been approved for **AMA PRA Category 1 Credit™**.
- Virtual networking opportunities using two-way video conferencing.
- No cost to participate.
- If unable to attend a live clinic session, [learn how to access the CME website](#) to view the recording and claim credit.

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# Access Your Evaluation and Claim Your CME



https://redcap.vcu.edu/surveys/?s=KNLE8PX4LP Project ECHO Survey

File Edit View Favorites Tools Help

**ECHO**  
Virginia Commonwealth University

Please help us serve you better and learn more about your needs and the value of the Virginia Opioid Addiction ECHO (Extension of Community Healthcare Outcomes).

**First Name**  
\* must provide value

**Last Name**  
\* must provide value

**Email Address**  
\* must provide value

**I attest that I have successfully attended the ECHO Opioid Addiction Clinic.**  
\* must provide value

Yes

No

reset

\_\_\_\_\_, learn more about Project ECHO

Watch video

How likely are you to recommend the Virginia Opioid Addiction ECHO by VCU to colleagues?

Very Likely

Likely

Neutral

Unlikely

Very Unlikely

reset

What opioid-related topics would you like addressed in the future?

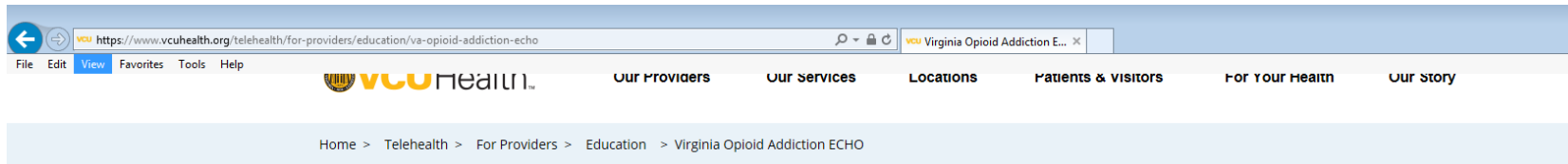
What non-opioid related topics would you be interested in?

## Access Your Evaluation and Claim Your CME



- [www.vcuhealth.org/echo](http://www.vcuhealth.org/echo)
- To view previously recorded clinics and claim credit

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Apps 📧 Inbox (4,464) - b.dave 📧 REDCap 📧 Mail - Bhakti.Dave@vcu 📧 ECHO Registration - | vcu Virginia Opioid Addi

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## How to Receive CME Credit

- Watch video under [Curriculum & Calendar](#).
- While in CME website, under Content and Tests tab, click "Test" to sign in and take quiz.
- Once signed in, click the "My CME" or "My CE" button.
- Click on the appropriate option to view that information.
  - **Evaluations and Certificates** – This option allows you to view evaluations that need to be completed for existing activities you have attended and also allows you to view, print or email certificates for activities you have already completed an evaluation for in CloudCME. **This is where you will claim credit, fill out evaluations, and download your certificates.**

Please contact VCU Health CME directly with any problems or questions at (804) 828-3640 or [cmeinfo@vcuhealth.org](mailto:cmeinfo@vcuhealth.org)

- From this screen you can access the following additional options:
  - **Profile** – allows you to view, edit and update your CloudCME profile. Your profile in CloudCME determines your credit eligibility and ensures your institution has the correct information for reporting and accreditation purposes.
  - **Transcript** – allows you to view, print and email your transcript. You can also append certificates and/or a transcript from a different organization to your CloudCME transcript.
  - **Registrations and Receipts** – allows you to view, print or email receipts for registrations

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## VCU Virginia Opioid Addiction TeleECHO Clinics

Bi-Weekly Fridays - 12-1:30 pm

### **Mark Your Calendar --- Upcoming Sessions**

12/07	Pharmacotherapy for AUD	Megan Lemay, MD
01/04	Trauma Informed Care and Treating Those Experiencing Opioid Addiction	Courtney Holmes, PhD
01/18	Syringe Exchange	Mishka Terplan, MD

Please refer and register at [vcuhealth.org/echo](https://vcuhealth.org/echo)



THANK YOU!