

# Office Based Addiction Treatment

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SYSTEMATIC CASE REVIEW

OPERATIONS



# Action Period Update: Patient Identification

1. Determine Candidate Criteria
  1. Review OBAT Candidate Criteria – use this - modify - use own
2. Initial Screening
  1. Who on the team
  2. Finalize Screening Form
  3. Team decision to proceed with intake
    1. Case review committee/meeting
    2. Team composition
  4. Create a report algorithm
3. CM Intake
  1. Form agreement
  2. Patient agreement to treatment model or referral elsewhere protocol
  3. Create an enrollment monitoring report and process “Initiation”



# Organizing the Team Meetings

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# Interprofessional Collaboration

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Who: The Team

- Care Manager
- Provider
- Other team members of the care team

What: Provide comprehensive care during all phases of treatment

- Patient screening
- Assessment
- Education
- Care planning
- Medication induction
- Stabilization
- Maintenance



# Care Manager Preparation

## Think SBAR Format

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Pre-assessment and  
assessment findings



Reports



Criteria and  
recommendations



Medical record

# SBAR

S

**Situation:**

What is the concern?

A very clear, succinct overview of pertinent issue.

B

**Background:**

What has occurred?

Important brief information relating to event. What got us to this point?

A

**Assessment:**

What do you think is going on? Summarize the facts and give your best judgement.

R

**Recommendation:**

What do you recommend?

What actions do you want?

## New Patient(s)

### Patient's with an Initial Screening

- Team reviews appropriateness of enrollment in the OBAT Program
  - Pre-determined criteria to consider
    - Ability to attend visits
    - Agrees to participate
    - Chronic pain and need to continue Opioid medication
    - OBAT safe for the patient and team
    - Willing to address harmful or illicit substances
  - Team determines decision to proceed with the comprehensive assessment for enrollment
  - For patient's that are not candidates
    - Arrange care coordination for alternative treatment(s)

## Patient(s) Returning for Follow-up

Progress with the treatment plan using SBAR format

- Patient agreement and ability to follow the care plan
- Relapse incidents
- Need for treatment intensification and dose adjustments

Document Templates and Information to have prepared and available

- Problem-solving Complex Issues (pages 46-55)
- Care Manager Induction Note (Appendix 5)
- Care Manager Follow-up Note (Appendix 6)



Demo of pulling  
up the report



NEW DIAGNOSIS



CONTINUING  
TREATMENT

# Documentation

## Standardization

### Care Manager Templates

- Pre-screening Note
- Assessment Note
- Induction Note
- Follow-up Note

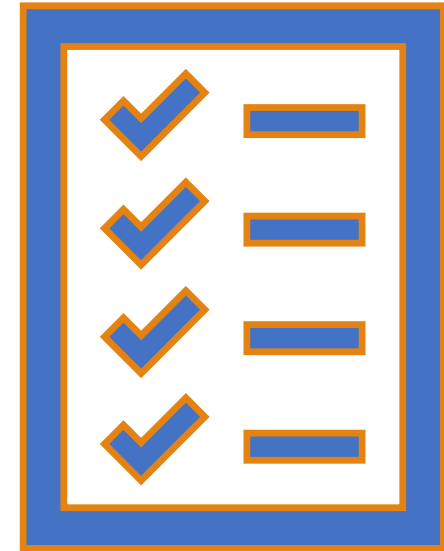
### Provider Note Template

- Recommendations for treatment plan

# Poll

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Survey of documentation template use



# Billing and Coding

MPCA TEAM

# Office-Based Opioid Treatment Services

MEDICAID FEE FOR SERVICE

## Evaluation and Management Services

current codes: 99201-99215

## Consultation Services

current codes: 99241-99245

## CRITERIA

- Patients enrolled in FFS or Medicaid Health Plan
- Physicians and Non-physician practitioners (PA, NP) not associated with Prepaid Inpatient Health Plan(PIHP)/Community Mental Health Services Program (CMHSP)
  - Need to be enrolled in CHAMPS
- Opioid Rx treatments require prior authorization.
- Prescribers must use multi-modal opiate addiction treatment approach (supporting long-term recovery, prevent misuse/abuse of medication)
- Patient meets ASAM criteria for outpatient treatment.
- Opioid Dependence primary diagnosis (following ASAM/SAMHSA)

# OBOT Prior Authorization Requirements

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- Drug Screening Results
- SUD Counseling
  - Refer to licensed SUD begin within 30 days
  - Prescriber can provide counseling, must submit certified addiction specialist proof
  - Evaluate effectiveness of counseling
- Approved for up to 1 year
- Dose tapering
  - Expected attempted or addressed
  - Patients must be maintained on lowest dose possible
- Pregnant Beneficiaries
  - High risk
- MAPS
  - Register
  - Query prior to each new Rx

# SUD/MENTAL Health Codes

## SUD

**H001-** Alcohol and/or Drug Assessment

**H002-** Behavioral Health (Alcohol/Drug screening for admission into treatment program)

**H004-** Behavioral Health Counseling and Therapy, per 15 mins (w/SUD Dx)

**H005-** Alcohol and/or Drug Services, Group counseling by clinician

## Mental Health

**H004-** Behavioral Health Counseling and Therapy, per 15 mins (with MH Dx)

**H0031-** Mental Health Assessment, non-physician

**H2011-** Crisis intervention, per 15 mins.

## ■ SUD

- Mild to Moderate Behavioral Health Dx
- FFS and managed care enrollees
- Billed through CHAMPS

## ■ Mental Health

- 20 outpatient mental health visits per year (managed care)
- 10 outpatient mental health visits per year (FFS)
- Billed to MHP (managed care)
- Billed to CHAMPS (FFS)

# Credentials

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- Physicians
- Physician Assistant
- Nurse Practitioners
- Licensed Psychologist
- Licensed Master Social workers,
- Licensed bachelor social worker
- Licensed professional counselor
- licensed by the State of Michigan and provide services within their scope of practice
- Those who possess a limited license or a temporary license must provide services under the supervision
- Psychologists, social workers, and professional counselors SUD services Michigan Certification Board of Addiction Professionals (MCBAP) or International Certification and Reciprocity Consortium (IC & RC)
  - (CADC-M)
  - (CADC)
  - (CCJP-R)
  - (CCDP)
  - (CCDP-D)
- Evidence-based treatment plan



# Billing Reimbursement/Care Coordination

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- Provider: enrolled in Michigan Medicaid
- Providers (social workers/psychologists) use NPI to submit claims
- FQHC is allowed two encounters for different types of visits on the same day
- FQHCs are limited to providing care only for mild to moderate behavioral health cases
- Treatment for complex or severe behavioral health cases must be referred to the appropriate PIHP, CMHSP, or SUD Coordinating Agency

# Meeting Frequency

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No defined requirements

## Guidance:

- Based on volume and frequency of treatment adjustments
- Consider experience and comfort of the care manager with treating MAT
- Access and availability of team members between meetings
- Consider payment options and methodology
- Create a regular schedule for the meetings and refrain from rescheduling
- Prioritize patients for review at each meeting

# Treatment Intensification

- Need for medication adjustments (side effects, withdrawal symptoms)
- Need for additional services (counseling, care coordination to other providers)

# Addressing Complex Patients and Problem-solving

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Review Dr. Jouney's presentation on addressing complex patient cases



# Action Period: SCR

1. Determine SCR Team
  1. Who will be in attendance for the team meetings
2. Logistics of Team Meetings
  1. Reporting format (SBAR or other)
  2. Team decision on order of patient review ie initial to follow-up
  3. Frequency
  4. Billing and Documentation



# Questions and Resources

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JANELLE – SHARING OF RESOURCES TO ASSIST THE TEAMS

NEXT MEETING:

- FEBRUARY 12 FROM 10-12
- DR. EDWARD JOUNEY: COMPLEX CASES IN BUPRENORPHINE MANAGEMENT