

Appendices to Interim Report on the Baltimore Buprenorphine Initiative

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Appendix A

Managed Care Organization Information Pages

Maryland Physicians Care (MPC) Billing Information for Primary Care Physicians

Prescription Notification:

- A prescription for buprenorphine can be written for a 30-day supply at most.
- A buprenorphine prescribing physician must notify MPC of any new patients for whom buprenorphine has been prescribed within 10 days of when the prescription was written.

Billing Codes:

- You MUST use the CPT codes that designate a routine office visit (99202-99205, 99212-99215) for PAC patients.
- MPC will not pay for substance abuse or mental health CPT codes for PAC patients.
- MPC will pay for routine office visits under PAC for CPT codes (99202-99205, 99212-99215) where substance abuse and mental health services took place.
- For PAC patients, you can bill MPC for a substance abuse ICD-9 code (i.e. 304.00 for Opioid Dependence) as the Primary Diagnosis if that is the main reason for the visit. Otherwise, you can use a primary care diagnosis as the primary code and a substance abuse code as a secondary code.
- If the main purpose for the visit is solely to pick up a Buprenorphine prescription, then the code for Opioid Dependence 304.00 is appropriate as a primary code for a PAC member. Otherwise, the clinician should use the ICD-9 code for the primary problem.
- MPC will pay for substance abuse or mental health ICD-9 codes from the PCP for PAC patients.
- For Health Choice (Medicaid) patients, you cannot use substance abuse ICD-9 codes for the primary diagnosis.
- MPC will pay for a mental health ICD-9 code as long as a routine office visit CPT is used. This is not true for the Medicaid product, where mental health is carved out and PCPs are not paid for primary mental health visits.

Contact Information:

- Shari Morgan, Substance Abuse Specialist at MPC
(800) 953-8854 Option 7 or at Shari.Morgan@marylandphysicianscare.com



SUBOXONE / SUBUTEX NOTIFICATION FORM

Fax: (410) 609-1854 (Substance Abuse Only)
Phone: (800) 953-8854 (Substance Abuse Only)
Option #7

{Check box if the member is followed by the Baltimore Buprenorphine Initiative}

Date: _____ Total Pages: _____

Member Name: _____ ID#: _____ DOB: _____

Physicians/Practice Name: _____ Phone: _____ Fax: _____

(Print)
Is the member enrolled in a Substance Abuse / Mental Health Program? Yes No

If Yes, name of the facility: _____

Diagnosis for which the medication is being prescribed:

Medication / Strength / Dosing / Quantity / Duration:
SUBOXONE
SUBUTEX

Clinical information:

Date Treatment Started: _____

Therapeutic Intervention (including frequency of counseling):

Prognosis:

Completed by: _____

Signature of prescribing Clinician: _____

Pharmacy Name: _____ Phone: _____

United HealthCare Billing Information for Primary Care Physicians

Prescription Duration & Preauthorization:

- Buprenorphine scripts can be written for a 30-day supply at most.
- No authorization is needed.

Billing Codes:

- Buprenorphine scripts can be renewed during a routine primary care visit, such as a diabetes management visit. If a buprenorphine script needs to be renewed during such a visit, you would bill for the primary health visit as the primary diagnosis code and for the issue of a repeat prescription as the secondary diagnosis code.
- The billing code for the issue of a repeat prescription is V68.1. This code is accepted by UHC for visits that only require a new buprenorphine prescription.
- The billing code of a primary care check-up is V70.0.
- You should not use substance abuse billing codes, such as treatment for opioid addiction, for seeing a buprenorphine patient covered by PAC. Such billing codes will not get reimbursed by United HealthCare under PAC.
- There are specific mental health diagnosis codes that United HealthCare will pay. For codes other than the ones covered by United HealthCare, the state will need to get billed for mental health services under the mental health portion of the state's coverage. Questions about what mental health services are covered by United HealthCare should be directed to Ms. Dawn K. Smith at phone number 410-540-5985.

Contact Information:

- Dawn K. Smith at United HealthCare
410-540-5985

Appendix B

Buprenorphine Online Physician Training Information Packet

Baltimore Buprenorphine Initiative

Instructions for the FREE Online Training Course and Waiver Application

Step 1:

Enroll in the Online Training Course either online or via a paper registration:

- Online Registration:
 - Go to <http://www.buprenorphinecme.com/baltimore> and complete the “Create an Account” section to register for the training.
- Paper Registration:
 - Complete and mail or fax the enclosed “Letter of Agreement” and the “Physician Information Form” to Vanessa Kuhn:
Vanessa Kuhn
Baltimore Substance Abuse Systems, Inc.
One North Charles Street, Suite 1600
Baltimore, MD 21201
Fax: (410) 637-1911

Step 2:

After you receive your training User-ID and Password, complete the online training course within three (3) months.

- Your user-id and password will be sent to you and confirmed via email.
- The training website can be accessed at <http://www.buprenorphinecme.com/>
- For questions about your account, please contact Vanessa Kuhn at 410-637-1900 ext 286 or at vkuhn@bsasinc.org

Step 3:

Complete and submit the DATA 2000 Waiver Application.

- After completing the training, complete and submit the DATA 2000 waiver application.
- Applications can be completed and submitted directly online at <http://buprenorphine.samhsa.gov/pls/bwns/waiver>
- Applications can also be completed on paper and mailed or faxed to SAMHSA. The form and the SAMHSA mailing/fax information are available at: http://buprenorphine.samhsa.gov/sma_1671.pdf

Step 4:

Inform Baltimore Buprenorphine Initiative staff upon receipt of your waiver.

- Please inform Buprenorphine Initiative staff at (410) 637-1900 ext 286 or at vkuhn@bsasing.org once you have received your waiver.

August 25, 2006

Dear Colleague:

Thank you for your interest in completing an online physician buprenorphine training program as part of Baltimore City's new campaign to expand primary care access points. The Baltimore City Health Department has entered into a contract with Clinical Tools, Inc. and the American Society of Addiction Medicine to provide training to eligible physicians so that they can obtain a DATA 2000 waiver to prescribe buprenorphine.

The Health Department has agreed to pay the full cost of the online training for physicians who agree to the following requirements:

1. Complete the training within three months of registering for the training with the contractor.
2. Meet the physician waiver qualifications listed on the Buprenorphine Initiative Physician Information Form upon completion of the training.
3. Complete the Buprenorphine Initiative Physician Information Form and submit it to the Buprenorphine Initiative Coordinator per the attached instructions.
4. Sign the Waiver Notification Form (SMA-167) to the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration within ten days of completing the Training and also submit this form to the Buprenorphine Initiative Coordinator per the attached instructions.
5. Notify the Baltimore City Health Department upon receipt of your DATA 2000 waiver.

If you are agreeable to the terms of this letter agreement, complete the below information and sign and date the two enclosed originals. Please keep one original for your records and the mail or fax the other original to:

Vanessa Kuhn
Buprenorphine Initiative Coordinator
Baltimore Substance Abuse Systems, Inc.
One North Charles Street, Suite 1600
Baltimore, MD 21201
Tel: (410) 637-1900 ext 286
Fax: (410) 637-1911

Upon receipt of this executed letter agreement, the Department will notify you if you have been approved for the Training. Please feel free to contact Vanessa Kuhn at vkuhn@bhca.org or at (410) 649-0529 ext 3002 if you have any questions.

Sincerely,

Joshua M. Sharfstein, M.D.
Commissioner of Health

I ACKNOWLEDGE AND AGREE TO THE TERMS OF THIS LETTER AGREEMENT:

Date Physician Signature

Name of Physician: _____

Address: _____

Telephone Number: _____

Email address: _____

Physician Information Form

Date: ____ / ____ / _____

Name of Practitioner: _____

State Medical License Number: _____

DEA Registration Number: _____

Medical Specialty/Board Certification: _____

Length of Time in Practice: _____ years

Address of Primary Practice Location (include zip code):

Telephone Number (include area code): () _____ - _____

Fax Number (include area code): () _____ - _____

Email Address: _____

Address of Other Practice Location (include zip code):

Phone Number of Other Practice Location: () _____ - _____

Do you have experience in providing care to opioid-dependent patients? Yes No

Please check all that apply:

- Subspecialty board certification in addiction psychiatry from the American Board of Medical Specialties
- Addiction certification from the American Society of Addiction Medicine
- Subspecialty board certification in addiction medicine from the American Osteopathic Association
- Completion of no less than eight hours of training for the treatment and management of opioid-dependent patients provided by the following organization(s):
 - American Society of Addiction Medicine
 - American Academy of Addiction Psychiatry
 - American Medical Association
 - American Osteopathic Association
 - American Psychiatric Association
 - Other (Specify, include date and location)
- Participation as an investigator in one or more clinical trials leading to the approval of a Schedule III, IV, or V narcotic for maintenance or detoxification treatment
- State medical licensing board-approved experience or training in the treatment and management of opioid-dependent patients
- Other (Specify): _____

Do you consent to the following:

- I consent to the release of my name, primary address, and phone number to SAMHSA Buprenorphine physician Locator Web site.
- I do not consent to the release of my name, primary address, and phone number to SAMHSA Buprenorphine physician Locator Web site.

*** Once you have completed this physician information form, please fax or mail it to:

Vanessa Kuhn
Buprenorphine Initiative Coordinator
Baltimore Substance Abuse Systems, Inc.
One North Charles Street, Suite 1600
Baltimore, MD 21201
Tel: (410) 637-1900 ext 286
Fax: (410) 637-1911
vkuhn@bsasinc.org

Appendix C

Patient Transfer Summary

BUPRENORPHINE PATIENT TRANSFER SUMMARY
To Primary Care Providers for Buprenorphine Therapy

Patient Information

Patient Name: _____ Patient DOB: ____ / ____ / ____

Patient Address: _____

Patient Phone: () _____ - _____

Name of Emergency Contact for Patient: _____

Phone of Emergency Contact for Patient: () _____ - _____

Insurance Information

Type of Insurance: _____

Insurance Number: _____

Name of MCO: _____

Date Suboxone Notification Form Submitted (MPC only): ____ / ____ / ____

(Please attach copy of notification form if available)

Transfer Criteria

Patient Meets the Following Transfer Criteria (check all that apply):

- No withdrawal symptoms
- Minimal or no side effects of buprenorphine
- No longer has uncontrollable cravings for opioid agonists
- Compliant with independent medication administration for at least 2 weeks
- Compliant with counseling and treatment appointments
- Last toxicology test is negative for opioid use
- Patient tested positive for buprenorphine within the last 30 days

Drug Testing Results

Attach LAST UA/tox screen results and buprenorphine UA/dip stick results to this form

Date of Last Tox Screen: ____ / ____ / ____

Drugs Detected in Last Tox Screen:

- None Cocaine Marijuana Benzodiazepines Alcohol Analgesics
Stimulants Others: _____

Medical History

Intake physical and/or copy of latest H&P attached: Yes No

If NO, report medical history and current diagnoses: _____

Medications: _____

Allergies: _____

Psychiatric History

None Bipolar Disorder Major Depression OCD Schizophrenia PTSD

Anxiety Disorder Other: _____

Medications: _____

PCP Transfer Orders

Buprenorphine Prescription: _____ mg of buprenorphine _____ time(s) per day

Date of Last Rx: ____ / ____ / ____

Number of Tablets Prescribed in Last Rx: _____

Date Patient Will Run Out of Medication: ____ / ____ / ____

Recommended Follow-Up:

Frequency of Follow-Up PCP Visits: _____

Frequency & Duration of Counseling Sessions at Our Drug Abuse Treatment Program:

Signatures

Date: ____ / ____ / ____

Phone Number of Referring Physician: () _____ - _____

Name of Referring Physician (please print): _____

Signature of Referring Physician: _____

Appendix D

Criteria for Stable Patient Transfer from the Substance Abuse Treatment System to the Medical System

CRITERIA FOR TRANSFER OF STABLE BUPRENORPHINE TREATMENT PATIENTS
FROM OUTPATIENT ADDICTION TREATMENT PROGRAMS TO COMMUNITY PHYSICIANS

1. Patients will be in the stabilization/maintenance phase of treatment and exhibiting the following:
 - a. No withdrawal symptoms
 - b. Minimal or no side effects of buprenorphine
 - c. No longer has uncontrollable cravings for opioid agonists
 - d. Compliant with independent medication administration for at least two weeks
 - e. Compliant with counseling and treatment appointments
 - f. Most recent toxicology tests show patient to be free of opioid use
 - g. Patient tested positive for buprenorphine within the last 30 days
2. Patient has handled a prescription for buprenorphine, for at least a two weeks supply, (recommended 2 weeks supply or more): filled Rx at pharmacy; paid co-pay or arranged other form of payment; did not lose or otherwise mishandle take-home supply.
3. Patient is willing to establish and maintain a physician relationship; has been counseled about making and keeping appointments; has selected a physician and has been accepted by that physician.
4. Patient understands medication cost and his/her responsibilities regarding maintaining insurance coverage, obtaining re-authorization of prescription coverage, and network restrictions of his or her coverage (if any). Patient understands Managed Care Organization (MCO) and Primary Care Physician (PCP) assignment, if any.
5. Patient has made progress on treatment plan goals. Attendance in counseling has been acceptable. Patient has developed resources or plans for dealing with housing, family, employment, education or training, and mental health needs.

Appendix E

Treatment Provider Protocol for Patient Care Management

BALTIMORE BUPRENORPHINE INITIATIVE PROTOCOL FOR PATIENT CARE MANAGEMENT

1. Patient is enrolled in program at the treatment site.
2. Treatment site staff obtain patient consent to receive services in the new initiative and patients sign consent form.
3. Treatment site staff fax a copy of the consent form to BHCA and BSAS.
4. Treatment site staff determine patient eligibility for the PAC program and if eligible complete and submit a PAC application.
5. Treatment sites enter patient data in UP program on a daily basis and indicate whether patients are participating in the Baltimore Buprenorphine Initiative.
6. BHCA uploads the UP data.
7. BHCA helps patients complete PAC applications and helps patients obtain required documents such as birth certificates before submitting the application.
8. Following the submission of the PAC application by the treatment sites to determine if PAC was approved and if there are any issues requiring follow-up.
9. When patients are approved for PAC, BHCA case managers will work with treatment patients in selecting a managed care organization and primary care provider with waiver to prescribe buprenorphine and the capacity to accept another buprenorphine patient.
10. For patients not approved, BHCA staff will identify alternative resources and work with treatment site staff to trouble shoot and follow-up on any issues.
11. BHCA will track when patients receive their insurance cards and will work with treatment center staff to assist patients in making an appointment with the primary care physician for an initial assessment. This initial appointment with the PCP will most likely occur once the patient has completed approximately 90 days in treatment and is ready for transfer to the PCP.
12. BHCA staff will assist treatment center staff in obtaining pre-authorization for buprenorphine prescription as necessary.
13. BHCA staff will complete a Patient Transfer Summary indicating the date of the first PCP appointment, insurance information and name of PCP.
14. BHCA will communicate with treatment site staff to track the status of patients to determine if patients with PCP appointments are ready for transfer.
15. BHCA will assist treatment site staff in compiling the information for the transfer including assuring that transfer summary is completed and placed in the Initiative's transfer packages.
16. BHCA staff will mail transfer packages to PCPs.
17. BHCA staff will assist patients in linking to PCP for first visit.
18. BHCA will continue to follow patients to assure continued linkage to PCP visits and counseling services.
19. BHCA will provide transportation and prescription co-pay vouchers as needed.

Appendix F

Clinical Guidelines for Follow-Up Appointments in Primary Care

BUPRENORPHINE MAINTENANCE TREATMENT

PROTOCOL FOR FOLLOW-UP APPOINTMENTS

Follow-up appointments will be at least monthly (weekly to every 2 weeks in initial months of treatment).

The activities at follow-up appointments are focused on evaluating adequacy of treatment and danger for relapse. They should include:

- ❑ pill counts, including reserve tablets
- ❑ urine testing for drugs of abuse and alcohol
- ❑ prescription of medication
- ❑ an interim history of any new medical problems or social stressors

DANGEROUS BEHAVIOR, RELAPSE AND RELAPSE PREVENTION

The following behavior “red flags” should be addressed with the patient as soon as they are noticed:

- missing appointments
- running out of medication too soon
- taking medication off schedule
- not responding to phone calls
- refusing urine or breath testing
- neglecting to mention new medication or outside treatment
- appearing intoxicated or disheveled in person or on the phone
- frequent or urgent inappropriate phone calls
- neglecting to mention change in address, job or home situation
- inappropriate outbursts of anger
- lost or stolen medication
- frequent physical injuries or auto accidents
- non-payment of visit bills

These behaviors should be evaluated by the treatment team and should be brought to the patient’s attention. The patient should be supported in making an appropriate response (e.g.: increased level of care: more frequent counseling sessions, referral to inpatient or IOP if needed, withdrawal from buprenorphine treatment and referral to higher level of care or methadone maintenance). Decisions need to be based on clinical assessment and documented in patient’s medical record.

Appendix G

Two Patient Vignettes

Case 1

The patient is a 54-year-old man who had been an intravenous drug user for over 15 years. After he enrolled in his substance abuse treatment program, the social worker from Baltimore Healthcare Access, Inc. helped him apply for and enroll in the Primary Adult Care Program. After he received health insurance, chose a primary care provider, and was stable, he transferred to a buprenorphine certified primary care provider in January 2007. Even though the client kept his appointment, he asked to change primary care doctors and go somewhere else. The social worker helped him make this change and was able to schedule a new appointment for him with the second doctor. Before the client was able to see to see his new doctor, however, he was arrested and incarcerated for 90 days. Upon release, the client returned to his original substance abuse treatment program, asking to begin buprenorphine treatment again. He was in the substance abuse treatment program for about 45 days before transferring to his primary care doctor. He continues to do well and is currently in the interview process for a second part-time job.

Case 2

The patient is a 42-year-old woman who began using heroin at the age of 25 and was using \$20 to \$40 dollars of heroin daily. She entered substance abuse treatment in January 2007 and had trouble stopping use. The doctor at her treatment program wrote her a 30-day prescription for buprenorphine and referred her for inpatient treatment. Her medication was dispensed at the new facility and the client successfully completed 28 days in the inpatient program before returning to the original outpatient substance abuse treatment site. She successfully continued her treatment there and was approved for health insurance soon after her return. The Baltimore Healthcare Access, Inc. social worker assisted her in enrolling in a managed care organization and in choosing a buprenorphine-certified primary care doctor. The patient remains committed to her recovery and successfully transferred to primary care in June 2007.

Appendix G

Ryan White Terms of Service Contract Language

**Contract Language for Primary Care in Ryan White Program,
Baltimore Eligible Metropolitan Area**

Within sixty days of signing this contract, (Provider) must enroll one physician or mid-level provider in the online Buprenorphine treatment training program provided by the Baltimore City Health Department. (Provider) must also describe strategies for integrating Buprenorphine treatment into the array of treatment options offered to patients that meet the treatment criteria in their work plans, and should note that this treatment is available at no cost to the patient or to the sub-grantee agency.

(Provider) will also provide basic education about Buprenorphine as a substance abuse treatment option to case managers, therapists, addictions counselors, and other staff as deemed appropriate to raise awareness among non-clinical staff about the availability of free Buprenorphine treatment. This can be achieved via distribution of Fact Sheets and other printed information available from the Baltimore City Health Department.