

# PLANNING TO ADD BUPRENORPHINE TO YOUR PRACTICE (CASES ONLY)

## Goal

To introduce providers to office-based opioid treatment with buprenorphine, including its importance, effectiveness, approach, and training requirement.

## Build Clinical Skills

BupPractice training takes the following approach to provide you with essential clinical skills:

- Challenging, realistic patient cases to advance your confidence and expertise
- Quizzes that call for clinical decision-making that applies what you just learned
- Practice actions for starting buprenorphine practice, plus Practice Tips to help things go smoothly
- Highlighted "Caution" boxes draw your attention to many of the steps in buprenorphine practice requiring particular caution

## Apply a Patient-Centered Approach

The BupPractice training activity highlights ways to collaborate and communicate effectively with your patients. A patient-centered approach is taken, which includes information sharing, respect, support, and patient empowerment.

PATIENT-CENTERED: "Providing care that is respectful of and responsive to individual patient preferences, needs, and values, and ensuring that patient values guide all clinical decisions"<sup>1</sup>.

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**Poll: When do you plan to institute a team approach towards substance abuse treatment in your practice?**

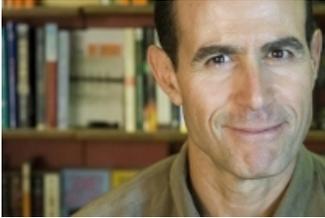
- My practice already uses a team approach for this purpose
- In the near future
- My practice will need more training first
- I will not use a team approach for this purpose

What do you think? Take the poll yourself! <https://bup.clinicalencounters.com/regulations-poll/>

## SAMPLE CASE FORMAT

Throughout the training, we utilize cases to bring the topic to life and provide realistic application of the content. As an example, we provide Mr. Lopez's case with questions and feedback based on choices made.

### Quiz: Case: Mr. Lopez



**Name:** Mr. Lopez

**Age:** 50 years old

**Reason For Visit:** Mr. Lopez requests a buprenorphine prescription. He has been self-medicating with buprenorphine to reduce his use of hydrocodone and oxycodone.

**Patient History:** No present pain, but he takes Vicodin® and Percocet® at least once daily, and has done so for five years. He is unable to stop taking them. Mr. Lopez severely sprained his ankle four years ago, requiring surgical repair, and was prescribed hydrocodone. Even though his ankle pain improved, he increased the amount he takes and even started buying it on the street. He felt embarrassed and hated spending all that time on the phone trying to find his next day's supply of pills. Money was never an issue because he has a pretty good job.

**Treatment History:** About a year ago he was fed up and decided to stop taking hydrocodone. He tried methadone for just 2 weeks, but could not make the daily clinic visit that was required and soon was back to using up to 15 tablets of hydrocodone a day. If he went for six hours with no pills, he suffered withdrawal. So, he bought 15 buprenorphine tablets from an acquaintance and switched to those for a few days. The buprenorphine helped, and he was able to buy another two weeks' worth from his friend, but after he ran out, he could barely function due to nausea and achiness. He was able to hold on for a few more days, but soon started taking hydrocodone once again and is currently using it. He felt more clear-headed on buprenorphine, so he would like to resume taking it. This time he decided to ask to have it prescribed; hence, his visit to you.

### Initial Diagnosis

**Based On This Brief History, What Is The Most Likely Diagnosis For Mr. Lopez? (Choose One)**

1. Physiological opioid dependence from chronic opioid therapy
2. Opioid use disorder
3. No current substance use disorder
4. Opioid withdrawal syndrome

## CASE: MR. LOPEZ QUIZ FEEDBACK

### (1) Physiological Opioid Dependence From Chronic Opioid Therapy

This is not the best option. Mr. Lopez has experienced tolerance, withdrawal when stopping use, has spent a lot of time in activities related to using opioids, and had at least one unsuccessful attempt to stop. This meets a number of DSM criteria for opioid use disorder, which goes beyond simple physiological dependence from chronic opioid use.

### (2) Opioid Use Disorder

**Correct.** Mr. Lopez does appear to meet a number of DSM criteria for opioid use disorder. He has experienced tolerance, withdrawal when stopping use, has spent a lot of time in activities related to using opioids, and had at least one unsuccessful attempt to stop.

### (3) No Current Substance Use Disorder

This is not the best option. Ricardo has experienced tolerance, withdrawal when stopping use, has spent a lot of time in activities related to using opioids, and had at least one unsuccessful attempt to stop. This meets a number of DSM 5 criteria for opioid use disorder.

### (4) Opioid Withdrawal Syndrome

This diagnosis is reserved for people who are currently in active withdrawal. Mr. Lopez is currently taking an opioid.

**The rest of the training will fill in all the gaps you have a complete understanding of the treatment of opioid use in the outpatient setting, primarily focusing on the prescription of buprenorphine.**

## QUIZ: MRS. OLSEN – BILLING DECISION

After obtaining a signed release from Mrs. Olsen, your office manager completes the insurance company's forms. She faxes the forms to them along with your notes, including toxicology screen results and plan of treatment. Under "tapering plan" you write: "When patient stabilizes, will discuss taper with her. May need maintenance treatment." That day, Mrs. Olsen leaves you a distraught voicemail message.



Message from Mrs. Olsen

**Mrs. Olsen:** *I just got notified that my insurance won't cover my buprenorphine. I can't take it otherwise, it's too expensive!*

You call her back to explain the current situation.

**Provider:** *I am calling regarding your insurance's recent rejection of coverage for your buprenorphine treatment. I will see if my staff can place an urgent request for coverage. But keep in mind that insurance companies may take some time to process requests.*

By this time you and your office manager have spent about 30 minutes combined on phone calls and forms from various parties related to insurance coverage.

### Question: How Should You Bill The Time? (Choose The Best Answer)

1. You should not bill for this time.
2. Bill this time as a consultation for an established outpatient
3. Bill additional time for the maintenance visit

## Mrs. Olsen – Billing Decision Quiz Feedback

### **(1) You Should Not Bill For This Time.**

**Correct.** Some practices routinely communicate with insurance companies for utilization review. In general, it is not legal to bill for this time, but rather it is considered part of practice overhead.

### **(2) Bill This Time As A Consultation For An Established Outpatient,**

### **(3) Bill Additional Time For The Maintenance Visit**

These are not the best options. Some practices routinely communicate with insurance companies for utilization review. In general, it is not legal to bill for this time, but rather it is considered part of practice overhead.

## Quiz: Mrs. Olsen – Continued Treatment

### **Insurance Confirmation**

The insurance company handles fax requests within five days but offers an 800 number for urgent requests. Your office manager calls the 800 number, reviews the case with the benefits manager, and learns that they cover up to six months of buprenorphine treatment. They will review the treatment every three months, however. She obtained authorization over the phone for the first three months of medication.

### **Continued Treatment**

Mrs. Olsen does well on 16 mg of combination buprenorphine sublingual tablets. After several weekly visits, you decide she is stable enough to see you monthly.

***Provider:** To get your medication covered without interruption, you will need to come in two weeks before your approved coverage expires. That will allow processing of your claim by fax. And please inform us of any change in your insurance in the meantime.*

### **Subsequent Visits**

Mrs. Olsen misses this requested appointment. Furthermore, she comes in asking for a buprenorphine refill 3 weeks after the insurance re-authorization should have been submitted and one week after she should have run out of the medication.

***Mrs. Olsen:** I couldn't come in, so I stretched out the tablets by cutting them in half with a pill cutter.*

### **Question: What Would You Do About Insurance Authorization For Continued Treatment? (Choose The Best Answer)**

1. Continue to submit requests for medication coverage by phone or fax.
2. Refuse to deal with her insurance because of her failed personal accountability by showing up late for her re-authorization.
- 3. Have a conversation about truthfulness.**

## MRS. OLSEN – CONTINUED TREATMENT QUIZ FEEDBACK

### **(1) Continue To Submit Requests For Medication Coverage By Phone Or Fax., (2) Refuse To Deal With Her Insurance Because Of Her Failed Personal Accountability By Showing Up Late For Her Re-authorization.**

The response to this situation varies by practice. Some providers would continue to submit requests for medication coverage by phone or fax. Others would refuse to deal with her insurance because of her failed personal accountability by showing up late for her re-authorization. Insurance authorization requests are often confusing to patients because they have heard that “everything is covered.”

### **(3) Have A Conversation About Truthfulness.**

**Correct. You need to respond to Mrs. Olsen's self-reduction in dosage. Review her signs and symptoms of withdrawal and craving, and her behavior, to evaluate her stability at this new dose. You need to talk about her long-term plan and if she intends to stay on buprenorphine indefinitely. In addition to the insurance authorization problem, the clinical issue must be addressed. You need to respond to Mrs. Olsen's self-reduction in dosage by reviewing her signs and symptoms of withdrawal and craving, and her behavior, to evaluate her stability at this new dose. You need to talk about her long-term plan and if she intends to stay on buprenorphine indefinitely.**

### **Poll: Before this training, were you familiar with the billing codes associated with buprenorphine treatment?**

- Fully familiar with all the billing codes
- Partially familiar with the billing codes
- Not familiar with the billing codes

If you haven't taken the polls yet, follow the link below:

<https://bup.clinicalencounters.com/regulations-poll/>