

# MEDICATIONS FOR OPIOID USE DISORDER

## Getting Started with Buprenorphine



### Quick Reference for MOUD Assessment and Prescribing

This document provides a quick reference guide for assessing, diagnosing, and treating Opioid Use Disorder with buprenorphine. We encourage you to use your clinical judgment when supporting a patient by modifying these steps as needed.

#### 1. Assess

- Obtain chief complaint and history of presenting illness
- Conduct History and Physical:
  - Past medical and psychiatric history
  - Substance use history, including:
    - Frequency of use (including last use)
    - Duration of use
    - Type of substances
    - Route of administration
    - Prior treatment attempts (including any medication trials)
  - Evaluation of family and psychosocial supports
  - Physical exam
- Consider lab testing:
  - Complete blood panel, basic metabolic panel and liver function tests
  - Infectious disease testing (HIV and Hepatitis panel, consider STD/STI panel as appropriate)
  - Urine toxicology testing
  - Pregnancy test

#### 2. Diagnose

- Confirm patient meets criteria for moderate or severe Opioid Use Disorder diagnosis (see back) within the last 12 months
- Record any other substance use disorder diagnoses

#### 3. Treat

- Review prescription drug monitoring database:
  - Identify unreported use of other medications
  - Ensure there isn't a recent prescription of MOUD
  - Be aware of other medications that may interact adversely with MOUD (benzodiazepines, opioid pain medication)
- Prescribe buprenorphine/naloxone SL 8-2mg
- Consider prescribing Narcan (Naloxone HCL Nasal Spray, 4mg)
- Consider pre-exposure prophylaxis (PrEP) based on risk factors
- Consider antivirals/antiretrovirals based on laboratory findings
- Review all FDA-approved MOUD options with patient

#### 4. Educate

- Provide patient education on all prescribed medication
- Discuss safe storage of medication—secure and out of the reach of others
- Deliver harm reduction education

#### 5. Support

- Refer to appropriate behavioral health support, as needed (individual or group counseling, intensive outpatient program, etc.)
- Discuss the availability of mutual support groups and peer recovery coach support
- Refer to other community resources (as needed)

#### 6. Follow-up

- Schedule timely follow-up visits during each stage:
  - Initiation (within first 3-5 days)
  - Stabilization (weekly)
  - Maintenance (monthly)

#### 7. Document

- Document all screening results, assessments, interventions, and treatment plans
- Bill for MOUD services (see back)

## Opioid Use Disorder DSM-5 Criteria

For treatment with MOUD, the patient must meet criteria for moderate (4 or more) or severe (6 or more) Opioid Use Disorder within the last 12 months.

- Opioids taken in a larger amounts or over longer period than intended.
- Desire or unsuccessful efforts to cut down or control opioid use.
- Spending a great deal of time in obtaining, using, and recovering from opioids.
- Craving or strong desire or urge to use opioids.
- Social, occupational, or recreational activities are given up or reduced due to opioid use.
- Recurrent opioid use in situations where it is physically dangerous.
- Continued opioid use despite knowledge of persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by the substance.
- Tolerance for opioids.
- Withdrawal symptoms when periods without opioids.

**Please note that tolerance and withdrawal alone do not meet criteria for an opioid use disorder.**

## Diagnostic Codes

OPIOID USE DISORDER CLASSIFICATION	ICD-10 CODE
<b>Moderate (4-5 symptoms)</b>	F11.20
■ In early remission	F11.21
■ In sustained remission	F11.21
<b>Severe (6 or more symptoms)</b>	F11.20
■ In early remission	F11.21
■ In sustained remission	F11.21

## Billing Codes for MOUD

This document offers a quick-reference overview of CPT billing codes for MOUD appointments. For a comprehensive guide, consult the MOUD Billing Guide provided by Mosaic Group.

Key factors for determining the appropriate level of service (LOS) are Time and Complexity of Medical Decision Making (MDM).

- **Time-based coding** differs between new and established patients (see table at right) and includes both face-to-face and non-face-to-face time spent by the provider on the day of the appointment. Document the time spent per encounter in the medical record.
- **MDM-based coding** includes the following three elements—at least two of these elements must meet the complexity threshold:
  - Number of possible diagnoses and/or management options
  - Amount and/or complexity of data to be obtained and reviewed
  - Risk of complications, morbidity, and/or mortality

BILLING CODE	TIME-BASED CODING	MDM-BASED CODING
<b>New Patient</b>		
99202	15-29 mins	Straightforward
99203	30-44 mins	Low
99204	45-59 mins	Moderate
99205	60-74 mins	High
<b>Established Patient</b>		
99211	N/A (minimal needs)	N/A (minimal needs)
99212	10-19 mins	Straightforward
99213	20-29 mins	Low
99214	30-39 mins	Moderate
99215	40-54 mins	High

### REFERENCES

- SAMHSA. (2021.) Treatment Improvement Protocol (TIP) 63. *Medication for Opioid Use Disorder*.  
 SAMHSA. (2021.) *Practical Tools for Prescribing and Promoting Buprenorphine in Primary Care Settings*.  
 American Psychiatric Association. (2022). *Diagnostic and Statistical Manual of Mental Disorders. DSM-5-TR*.