



Health Safety Net Symposium - Caring for Patients with Substance Use Disorder

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What is the problem?

Change the culture to change the patient experience

Opioid use disorder is an illness. **Patients need and deserve access to treatment and kindness.** We must transform the patient experience for those with opioid use disorder. We are committed to **addressing and removing institutionalized stigma and structural racism barriers** that keep too many people from person-centered care and treatment.

Medication for opioid use disorder is an evidence-based approach to reducing opioid use and retaining patients in treatment. Medication—**methadone, buprenorphine, and naltrexone**—**reduces cravings, minimizes painful withdrawal symptoms, and prevents overdose.** Patients are then able to engage more fully in their treatment options. Medication for opioid use disorder is an effective tool to help individuals reach their treatment goals.

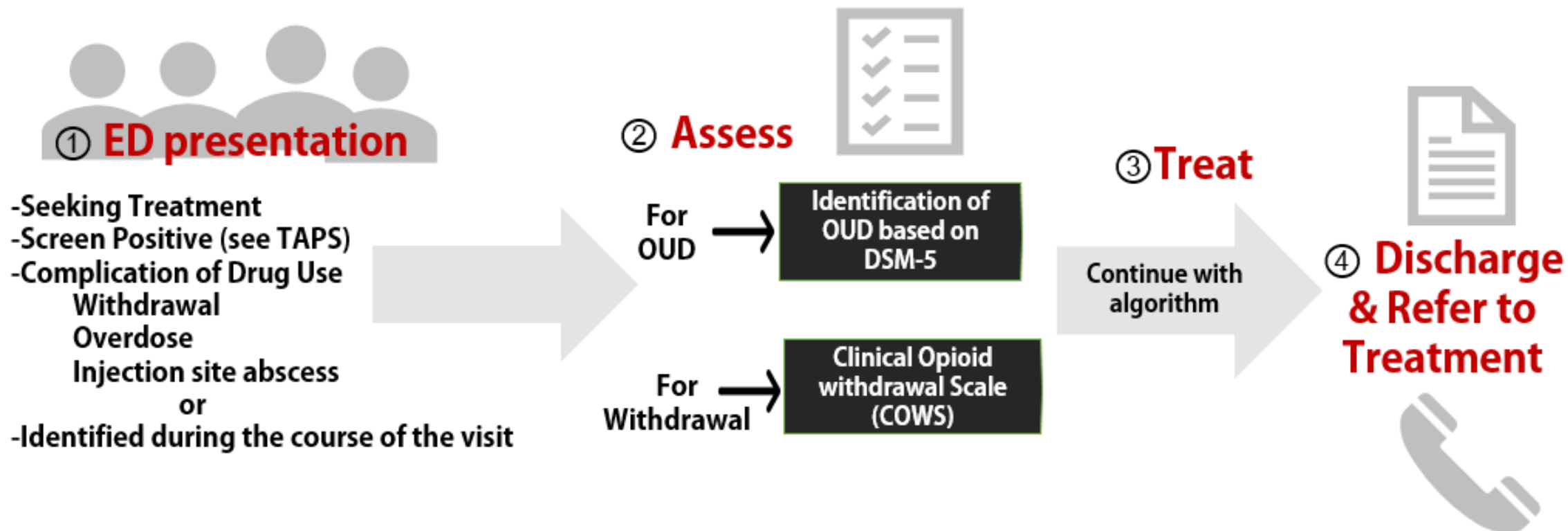
According to the Substance Abuse and Mental Health Services Administration, this approach has been shown to:

- Improve patient survival
- Increase retention in treatment
- Increase patients' ability to gain and maintain employment
- Decrease illicit opiate use and other criminal activity among people with substance use disorder

ED-Initiated Buprenorphine

This pathway depicts the flow of the patient from ED presentation to discharge.

Buprenorphine Integration Pathway

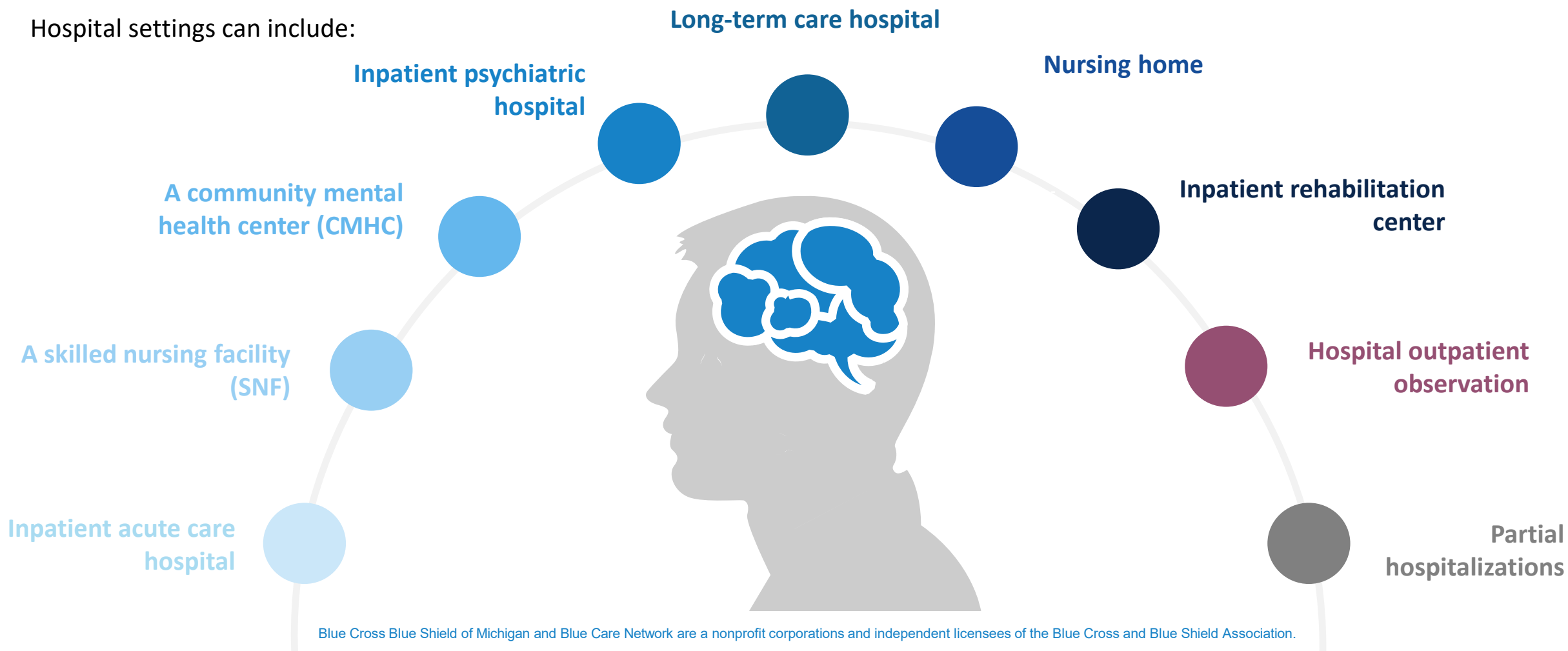


Transitional Care Management (TCM)

What is Transitional Care Management (TCM)?

Transitional Care Management (TCM) is designed to **assist patients with the transition from a hospital setting to a community-based setting over a 30-day timeframe** from the date of discharge. The purpose is to **reduce the number of unnecessary patient readmissions and prepare for a successful patient transition** back into their place of residence in the community.

Hospital settings can include:



Transitional Care Management: What do the services consist of?

TCM services consist of three segments, and all three segments are mandatory within [TCM-specific timeframes](#) unless determined otherwise.

Interactive contact

1

- An interactive contact must be made (or attempted) **within 2 business days** following the patient's discharge to a community setting.
- Contact can be performed via telephone, email, or in-person communications, and can be performed by the practice clinical staff.

Provision of non-face-to-face services

2

- **Several non-face-to-face services** are to be performed by a combination of clinical staff members in support of the continuity of care operation.

Office visit

3

- The physician responsible for the care transition operation must provide **one face-to-face visit with the patient**, within a timeframe based on the complexity of medical decision-making required for the patient's discharge.

Transitional Care Management: How to bill for it

Billing happens after all three TCM service segments are provided and a 30-day timeframe has passed from the date of discharge as long as the patient was not readmitted.

There are two CPT codes for TCM reimbursement: **99495** and **99496**. Only one code can be billed per patient per program completion. The most appropriate code is based on the complexity presented within the medical decision-making for the patient.

Moderate Complexity*



Face-to-face visit within 14 days of discharge



Bill code is 99495



National reimbursement rate: \$205.36

High Complexity*



Face-to-face visit within 7 days of discharge



Bill code is 99496



National reimbursement rate: \$278.21

** Reimbursement rates are based on a national average and may vary depending on your location. Check <https://www.cms.gov/medicare/physician-fee-schedule/search/>*

Outpatient Billing Codes

OTC G- Codes

VS

OTP G- Codes

Monthly bundle of services for the treatment of OUD.

Does not include medication.

Any physician can use these codes.

- Codes are G2086 – G2088
 - G2086 – Development treatment plan, coordinated care, and provided at least 70 min of individual/ group therapy/ counseling
 - G2087 – Coordinated care and provided at least 60 min of individual/ group therapy/ counseling
 - G2088 – Coordinated care and provided more than 120 minutes of therapy and counseling

Weekly bundle of services for the treatment of OUD.

Includes medication.

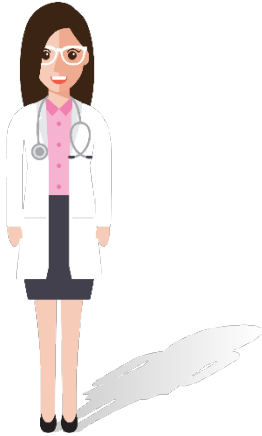
- Codes are G2067 – G2080
 - G2068 – Medication-assisted treatment, buprenorphine (oral); weekly bundle
 - G2069 – Medication-assisted treatment, buprenorphine (injectable); weekly bundle
 - G2076 – Intake activities
 - G2079 – Take-home supply of buprenorphine (oral); up to 7 additional day supply

Adult Intensive Services (AIS) and Child Intensive Services (CIS)

Background: Adult Intensive Services and Children Intensive Services

- Prior to 2014 the only options for services have been inpatient or outpatient
- Behavioral health case management has been telephonic only which has some limitations and is short term
- People with mental illness that is recurrent and chronic such as Major depression, bipolar illness, schizophrenia and many personality disorders fall between the cracks
- Court ordered treatment needs to be managed as well and takes time along with paperwork
- BCN started dialogue with stakeholders, and providers in this space and developed a program that worked well but was not able to be expanded to the PPO initially
- Autism and children's issues have become additionally prevalent during and since the pandemic
- Needed to utilize established benefits





Psychiatrist

- ESM or BCBSM/BCN
- **MD, DO**
- Orders **AIS** or **CIS** **services** and **signs off** on an order for each case for **PDCM codes**



Psychiatrist Program Supervisor

- **Community** outreach, leads the **care coordination** of huddles, supports **incoming referrals**, and gets **authorization**, if needed (autism)



BH Care Manager (BHCM)

- **Fully Licensed Master's**
- Intake assessments and coordinate the direct and indirect interventions as well as directs the community health worker

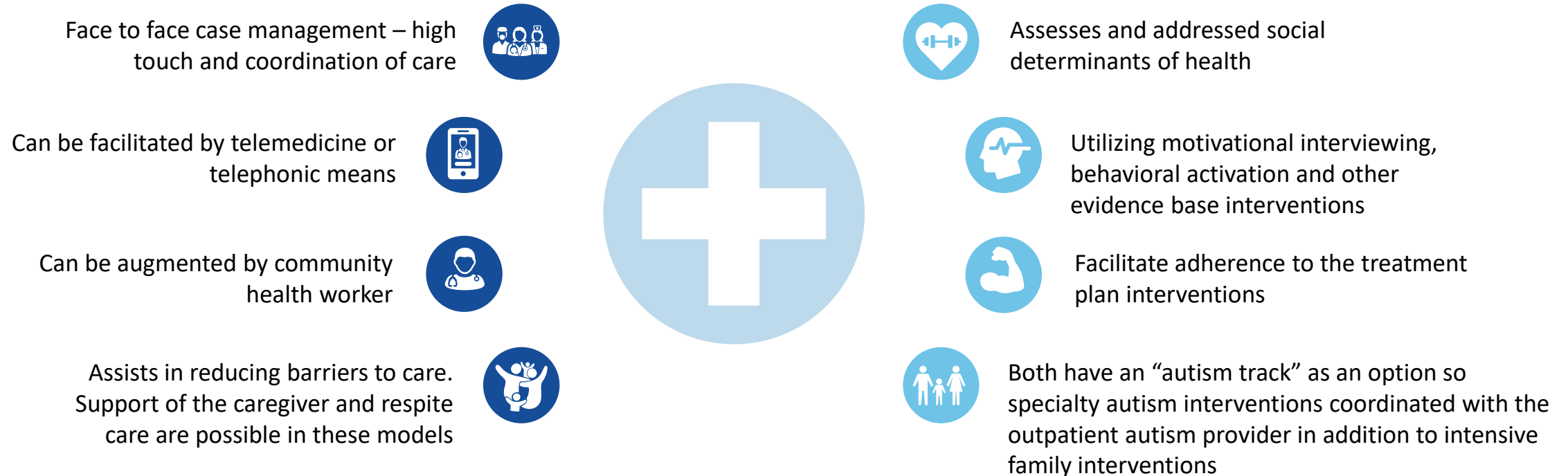


Community Health Worker (CHW)

- **Outreach** and **assigned support** coordination per BHCM direction

The primary focus of these intensive services is for people with **chronic illnesses** such as continued **suicidal ideation** without plan, or **severe depression**, and/or **psychosis** or **severe childhood issues**. These are commonly known as “**wrap around services**” or whole person care. They are delivered by **community provider partners** (Easterseals, Hope Network, Kalamazoo County (coming)).

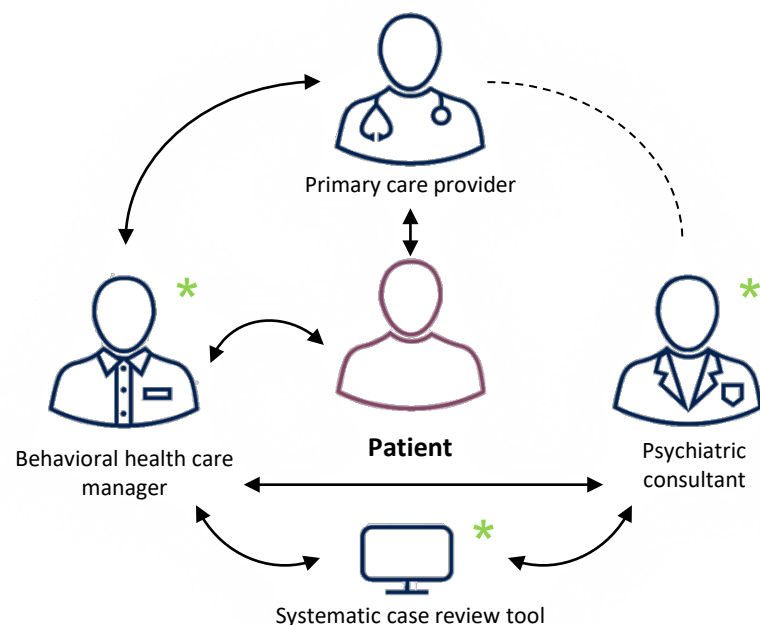
Attributes of AIS and CIS



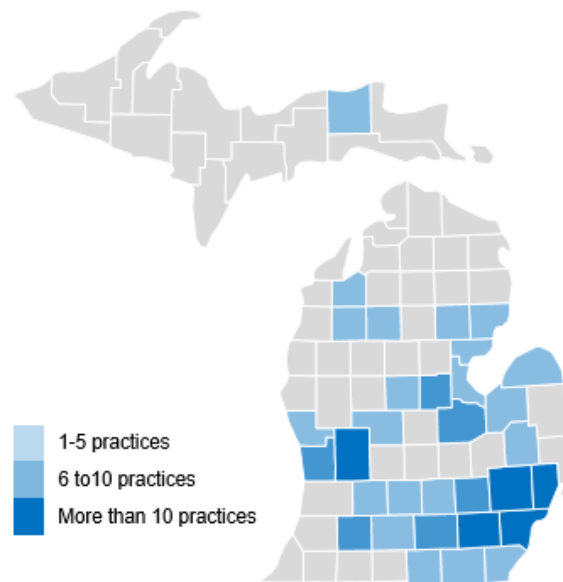
Collaborative Care

Improving quality of care through integration of behavioral and medical care

The **Collaborative Care Model** delivers mental health care in the primary care setting, expanding the primary care team with a behavioral health care manager and a consulting psychiatrist.



- ↔ Frequent contact
----- Infrequent contact
* Unique to Collaborative Care



239

designated
practices

~1,270
practitioners

receiving value-based
reimbursement

2022

- Blue Cross launched the **first-to-market** Collaborative Care Designation Program
- Provided training and support to 27 practices on adolescent Collaborative Care

2023

- Expanded to OB/GYN, Pediatric practices and added substance use specialists
 - 8 practices have completed SUD training
 - 36 perinatal practices have completed training
 - 113 practitioners have completed adolescent CoCM training

A Collaborative Care Model has numerous benefits

Streamlines the approach to care ●

Enhances coordination between specialties ●

Eliminates need to make additional provider appointments ●

Widespread and frequent screening ●



● Reduces patient wait time and improves access

● Maintains patient's relationship with a trusted provider

● Reduces stigma

● Treat to target based on screenings

Crisis Services

Crisis services provide help when it's needed most

Blue Cross has partnered with Michigan community organizations to manage urgent and crisis needs for our members.



PSYCHIATRIC URGENT CARE

Urgent walk-in service to address immediate assessment and treatment needs for patients that cannot wait for routine outpatient treatment and care.

Somewhere for immediate help



MOBILE CRISIS

Emergency mobile mental health assessment and intervention for adults and children in immediate crisis. Mobile unit can be deployed to home, office, or emergency department.

Someone to respond



CRISIS STABILIZATION

24/7 recovery-oriented crisis center that offers emergency assessment, intervention and stabilization for urgent/emergent situations.

A place to go



CRISIS RESIDENTIAL

Designed for short-term residential crisis treatment for adults ready to actively participate in recovery.

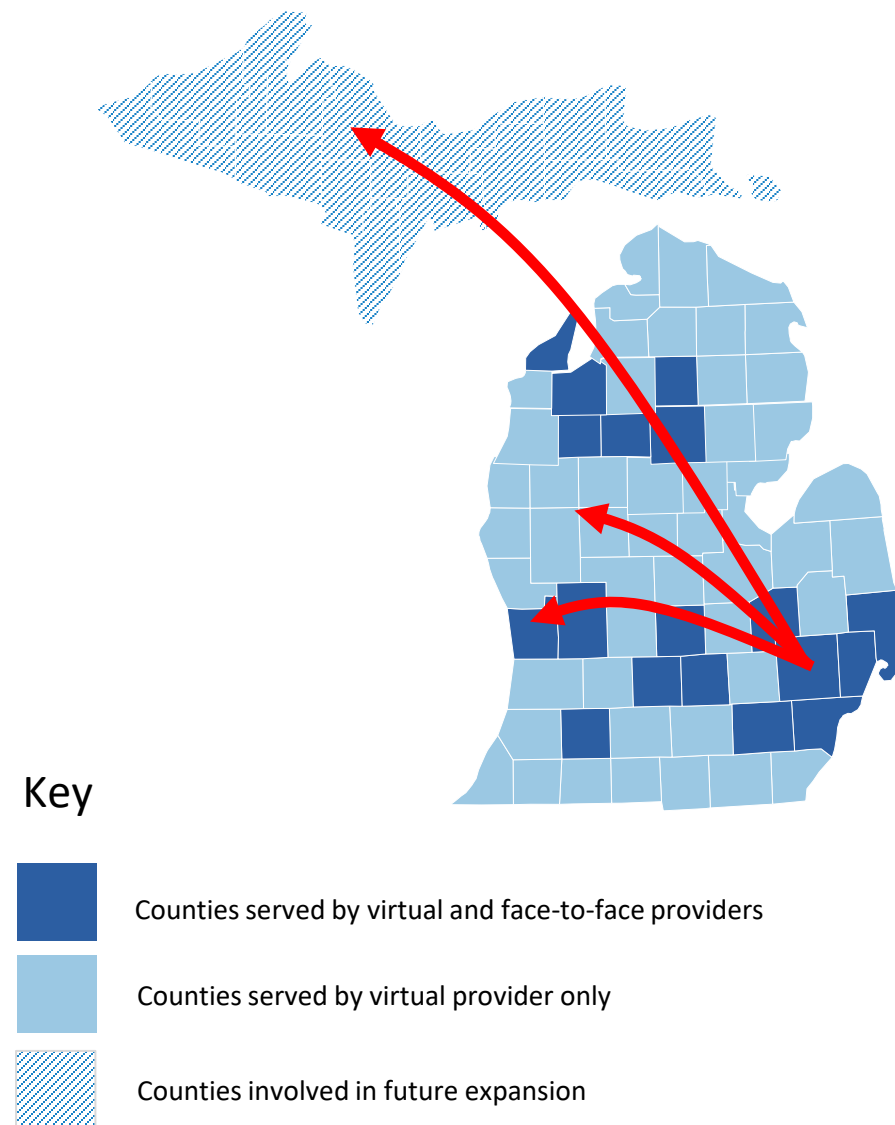
A place to recover

Highlights:

- Crisis programming, especially mobile crisis, and crisis stabilization can improve access for members that need it most
- Mobile crisis services can provide continued interventions to keep members “on track “ and triage to the correct level of care for 30 days
- Psychiatric hospitals are life-saving but not everyone needs that level of care— these services focus on the “right level of care” to meet members where they are at when experiencing a behavioral health crisis

Crisis services expansion efforts

Location	Onsite Service Area	Available Care Options
Common Ground Resources & Crisis Center	Genesee County, Oakland County, Wayne County	Mobile crisis Psychiatric urgent care (virtual only) Crisis stabilization (onsite)
Community Mental Health Authority of Clinton, Eaton, and Ingham Counties (CEI)	Clinton county, Eaton county, Ingham county	Mobile crisis Psychiatric urgent care (onsite)
Hegira Health's C.O.P.E	Wayne County	Mobile crisis Psychiatric urgent care (onsite) Crisis stabilization (onsite) Crisis residential (onsite)
Hope Network New Passages	Genesee County	Mobile crisis Crisis residential (onsite)
Integrated Services of Kalamazoo (ISK)	Kalamazoo County	Mobile crisis Psychiatric urgent care
Network 180	Kent County	Mobile crisis
New Oakland Family Centers	Ann Arbor, Center Line, Clarkston, Clinton Township, Farmington Hills, Flint, Grand Rapids, Livonia, Okemos, Pontiac, Port Huron, Southgate, Warren	Mobile crisis Crisis residential (onsite)
Northern lakes Community Mental Health	Crawford County, Grand Traverse, Leelanau County, Missaukee County, Roscommon County, Wexford County	Mobile crisis Crisis stabilization (onsite)
Pine Rest	Kent County, Ottawa County	Psychiatric urgent care (onsite only)
Washtenaw County Community Mental Health	Washtenaw County	Mobile crisis Crisis residential





Thank you