

A Tool for Buprenorphine Care

(A series of monthly newsletters about buprenorphine treatment)

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INSIDE THE VA

Treatment Stop Codes

Questions are often posed about the appropriate use of stop codes as they relate to buprenorphine treatment. How is one to know the correct code when treatment is provided? For the office-based setting, the provider should use the code of the setting in which the treatment is provided (e.g., primary care, mental health, infectious disease, anesthesiology, pain, etc.). As is sometimes the case, treatment is provided in an opioid substitution program that also provided methadone. In that instance, the provider should likely use the same stop code as is used for methadone treatment. For now, a CPT (Current Procedural Technology) stop code of 90805 would be appropriate for an appt of 20-30 minutes that included psychotherapy and medical evaluation and management (90807 or 90809 would also be correct depending on the length of the visit). If the visit only involved medication management with no more than minimal psychotherapy, 90862 is the correct code. It should be noted that all of these codes are among the psychotherapy codes that will be changing in January 2013 and guidance has yet to be issued concerning this.

OUTSIDE THE VA

Suboxone Sales Increase

The Center for Substance Abuse Research disseminates [CESAR FAX](#), which is a weekly one-page overview of timely substance abuse trends or issues. The [latest issue](#) provides insight into sales increases which suggest that the medication has gained recognition for medication assisted treatment for opiate withdrawal. These sales have caused the medication to reach the 28th highest in retail sales of all U.S. prescription drugs and 10-fold increase in sales the past six years. Interestingly, the main medication alternative, methadone, has never reached the top 100 highest retail sales list. New federal laws have eased the restriction on the amount of take-home buprenorphine that can be prescribed and this stands to increase the number of prescriptions given. Concerns are still raised that despite effectiveness and legitimacy, diversion can occur and this presents personal and public health risks, particularly in an environment where the medication is not accurately monitored and testable.

MEDICATION-ASSISTED ADDICTION TREATMENT IN THE NEWS

1. [Addiction Clinic Opens in Former Pill Mill Center](#)
2. [Feds Ease Access to Suboxone](#)

RESEARCH UPDATE

1. Fed Regist. 2012 Dec 6;77(235):72752-61. [Opioid drugs in maintenance and detoxification treatment of opiate addiction; proposed modification of dispensing restrictions for buprenorphine and buprenorphine combination as used in approved opioid treatment medications. Final rule.](#) SAMHSA, HHS. **TAKE HOME POINT:** "...would allow opioid treatment programs more flexibility in dispensing take-home supplies of buprenorphine..."
2. J Addict Med. 2012 Dec 6. [Epub ahead of print] [A Comparison of Buprenorphine Taper Outcomes.](#) Nielsen S. **TAKE HOME POINT:** "Short-term taper is not recommended as a stand-alone treatment...[prescription opioid] users seem to have favorable taper outcomes compared with heroin users."

VOLUNTARY BUPRENORPHINE PROVIDER LISTING

For those looking for providers in other cities, we have compiled a voluntary national list, located on Sharepoint. The folder is [here](#) and the spreadsheet is [here](#). The list is not exhaustive and not meant to replace the DATA locator – it is intended to provide a voluntary VA-only list of providers. Since it is not exhaustive, it may not contain information for the area in which you are interested, but it may be a good first step to take. If you would like to add a site that you do not see listed here, please contact John.HardingJr@va.gov.

