

## Opioid Overdose Prevention

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### Important Points Regarding Opioid-Related Overdose Deaths

- Opioid overdose occurs across all segments of society, including both males and females of all ages of all ethnicities and in every demographic and economic sector.
- More than 60% of drug overdose deaths involve opioids.
- Since 1999, the amount of prescription opioids sold in the U.S. nearly quadrupled AND the number of overdose deaths involving opioids (both prescription opioids and heroin) quadrupled.
- Ninety-one (91) Americans die every day from an opioid overdose.
- From 1999 to 2015, more than 183,000 people died in the U.S. from overdoses related to prescription opioids.
- The most common drugs involved in prescription opioid overdose deaths include: methadone, oxycodone, and hydrocodone.
- According to the CDC National Vital Statistics System, there was a statistically significant increase in drug overdose death rates from 2014 to 2015 in Louisiana.

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**Healthcare providers can make a major contribution toward reducing the toll of opioid overdose through the care they take in prescribing opioid analgesics and monitoring patients' response, as well as through their acuity in identifying and effectively addressing opioid overdose. According to the Substance Abuse and Mental Health Services Administration (SAMSHA), the risk of opioid overdose can be minimized through adherence to the following clinical practices.**

#### Assess the patient.

- Obtaining a history of the patient's past use of drugs, including illicit drugs and prescribed medications with abuse potential, is an essential first step in appropriate prescribing of opioids.
- Such a history should include very specific questions. For example:
  - "In the past 6 months, have you taken any medications to help you calm down, keep from getting nervous or upset, or make you feel better?"
  - "Have you been taking any medications or using alcohol to help you sleep?"
  - "Have you ever taken a medication to help you with a drug or alcohol problem?"
  - "Have you ever taken a medication for a nervous stomach?"
  - "Have you taken a medication to give you more energy or to cut down on your appetite?"
- The patient history also should include questions about use of alcohol and over-the-counter (OTC) preparations. Positive answers to any of these questions warrant further investigation.
- After assessing the patient's history of and risk factors for drug abuse, the physician should carefully weigh the benefits against the risks of prescribing opioids for the patient.

<p><b>Utilize the Louisiana Prescription Monitoring Program (PMP).</b></p>	<ul style="list-style-type: none"> <li>• Prescribers can check the Louisiana PMP to determine whether a patient is filling the prescriptions provided and/or obtaining prescriptions for the same or similar drugs from multiple physicians.</li> <li>• For more information, please visit the Louisiana Board of Pharmacy website at <a href="http://www.pharmacy.la.gov">www.pharmacy.la.gov</a>.</li> </ul>
<p><b>Select an appropriate medication.</b></p>	<ul style="list-style-type: none"> <li>• Rational drug therapy demands that the efficacy and safety of all potentially useful medications be reviewed for their relevance to the patient’s disease or disorder.</li> <li>• When an appropriate medication has been selected, the following should be determined:             <ul style="list-style-type: none"> <li>○ Dose – It is important to consider age and weight of the patient, severity of the disorder, possible loading-dose requirement, and the presence of potential drug interactions.</li> <li>○ Timing of administration – For example, a bedtime dose may be beneficial to minimize problems associated with sedative or respiratory depressant effects.</li> <li>○ Route of administration - The appropriate route should be chosen to improve adherence as well as to attain peak drug concentrations rapidly.</li> <li>○ Formulation – Certain formulations may be more appropriate for specific patients (patch versus tablets or long-acting versus short-acting).</li> </ul> </li> <li>• Even when sound medical indications have been established, providers typically consider three additional factors before deciding to prescribe an opioid analgesic. These factors include the severity of symptoms, the patient’s reliability in taking medications, and the dependence potential of the medication. The physician should consider whether a product with less potential for abuse, or even a non-drug therapy, would provide equivalent benefits.</li> </ul>
<p><b>Educate the patient and obtain informed consent.</b></p>	<ul style="list-style-type: none"> <li>• The potential for possible adverse effects caused by interactions between opioids and other medications or substances, including alcohol, should be conveyed to the patient.</li> <li>• The physician should specifically address the potential for physical dependence and cognitive impairment as side effects of opioid analgesics.</li> <li>• Obtaining informed consent involves informing the patient about the risks and benefits of the proposed therapy and of the ethical and legal obligations such therapy imposes on both physician and patient.</li> <li>• The purposes of the informed consent agreement include the following: providing the patient with information about the risks and benefits of opioid therapy, fostering adherence to the treatment plan, limiting the potential for inadvertent drug misuse, and improving the efficacy of the treatment program.</li> <li>• Other issues that should be addressed in the informed consent or treatment agreement include the following:             <ul style="list-style-type: none"> <li>○ The agreement instructs the patient to stop taking all other pain medications, unless explicitly told to continue by the physician.</li> <li>○ The patient agrees to take the medication only as prescribed.</li> <li>○ The agreement makes it clear that the patient is responsible for safeguarding the written prescription and the supply of medications, and understands that it is illegal to sell or share their medication with others.</li> <li>○ The agreement specifies the consequences for failing to adhere to the treatment plan, which may include discontinuation of opioid therapy if the patient's actions compromise his or her safety.</li> </ul> </li> <li>• Both patient and physician should sign the informed consent agreement, and a copy should be placed in the patient's medical record.</li> </ul>

<p><b>Monitor the patient’s response to treatment.</b></p>	<ul style="list-style-type: none"> <li>• Plans to monitor for drug efficacy and safety, compliance, and potential development of tolerance and dependence must be documented and clearly communicated to the patient.</li> <li>• Subjective symptoms are important in monitoring, as are objective clinical signs (such as body weight, pulse rate, temperature, blood pressure, and levels of drug metabolites in the bloodstream). These can serve as early signs of therapeutic failure or unacceptable adverse drug reactions that require modification of the treatment plan.</li> <li>• The physician should convey to the patient that any medication, no matter how helpful, is only part of an overall treatment plan.</li> </ul>
<p><b>Consider prescribing naloxone along with the patient’s initial opioid prescription.</b></p>	<ul style="list-style-type: none"> <li>• With proper education, patients on long-term opioid therapy and others at risk for overdose may benefit from having a prescription for naloxone.</li> <li>• Patients who are candidates for naloxone include those who are:             <ul style="list-style-type: none"> <li>○ Taking high doses of opioids for long-term management of chronic malignant or nonmalignant pain.</li> <li>○ Discharged from emergency medical care following opioid intoxication or poisoning.</li> <li>○ At high risk for overdose because of a legitimate medical need for analgesia, coupled with a suspected or confirmed history of substance abuse, dependence, or non-medical use of prescription or illicit opioids.</li> <li>○ On certain opioid preparations that may increase risk for opioid overdose such as extended release or long-acting preparations.</li> <li>○ Completing mandatory opioid detoxification or abstinence programs.</li> <li>○ Recently released from incarceration and a past user or abuser of opioids.</li> </ul> </li> <li>• It also may be advisable to suggest that the at-risk patient create an “overdose plan” to share with friends, partners and/or caregivers. Such a plan would contain information on the signs of overdose and how to administer naloxone or otherwise provide emergency care (as by calling 911).</li> </ul>
<p><b>Decide whether and when to end opioid therapy.</b></p>	<ul style="list-style-type: none"> <li>• Follow up regularly with patients to determine whether opioids are meeting treatment goals and whether opioids can be reduced to lower dosage or discontinued.</li> <li>• Consider tapering to a reduced opioid dosage or tapering and discontinuing opioid therapy when your patient:             <ul style="list-style-type: none"> <li>○ requests dosage reduction</li> <li>○ does not have clinically meaningful improvement in pain and function (e.g., at least 30% improvement on the 3-item PEG scale)</li> <li>○ is on dosages <math>\geq</math> 50 MME*/day without benefit or is on opioids combined with benzodiazepines</li> <li>○ shows signs of substance use disorder (e.g. work or family problems related to opioid use, difficulty controlling use)</li> <li>○ shows early warning signs for overdose risk such as confusion, sedation, or slurred speech.</li> </ul> </li> <li>• Immediate cessation of prescribing opioids may be warranted when out-of-control behaviors indicate that continued prescribing is unsafe or causing harm to the patient (such as accidental or intentional overdose or engaging in threatening behavior).</li> </ul> <p>* morphine milligram equivalents</p>

### SAMHSA's Medication-Assisted Treatment App (MATx)

The Substance Abuse and Mental Health Services Administration (SAMHSA) is the agency within the U.S. Department of Health and Human Services that leads public health efforts to advance the behavioral health of the nation. SAMHSA's mission is to reduce the impact of substance abuse and mental illness on America's communities. Medication-assisted treatment (MAT) is the use of medications with counseling and behavioral therapies to treat substance use disorders and prevent opioid overdose.

SAMHSA's latest resource to improve access to MAT for opioid use disorder is MATx, a free mobile app that provides healthcare practitioners with immediate access to vital information about MAT for opioid use disorder. MATx was developed to support practitioners who currently provide MAT, as well as those who plan to do so in the future. It empowers healthcare practitioners to provide effective, evidence-based treatment for opioid use disorder.

MATx features include:

- Information on treatment approaches and medications approved by the U.S. Food and Drug Administration for use in the treatment of opioid use disorders
- A buprenorphine prescribing guide, which includes information on the Drug Addiction Treatment Act of 2000 waiver process and patient limits
- Clinical support tools, such as treatment guidelines, ICD-10 coding, and recommendations for working with special populations
- Access to critical helplines and SAMHSA's treatment locators.

More information about the free app and how to download it to a mobile device is available at <http://store.samhsa.gov/apps/MAT>.



### Opioid Prescribing Courses for Health Care Providers

SAMHSA funds continuing medical education (CME) courses on prescribing opioids for chronic pain developed by local and state health organizations across the United States. Most of these courses also include resources that address practice management, legal and regulatory issues, opioid pharmacology, and strategies for managing challenging patient situations.

For more information, visit <https://www.samhsa.gov/medication-assisted-treatment/training-resources/opioid-courses>

### References

1. CDC. *Injury Prevention & Control: Opioid Overdose*. Available at <https://www.cdc.gov/drugoverdose>
2. Louisiana Board of Pharmacy. Available at [www.pharmacy.la.gov](http://www.pharmacy.la.gov)
3. SAMHSA. *Opioid Overdose Prevention Toolkit*. Available at <https://www.samhsa.gov/capt/tools-learning-resources/opioid-overdose-prevention-toolkit>
4. SAMHSA. *MATx Mobile App to Support Medication-Assisted Treatment of Opioid Use Disorder*. Available at <http://store.samhsa.gov/apps/MAT>
5. SAMHSA. *Opioid Prescribing Courses for Healthcare Providers*. Available at
6. <https://www.samhsa.gov/medication-assisted-treatment/training-resources/opioid-courses>

## Healthy Louisiana Medicaid Quality Committee News

Healthy Louisiana Medicaid is truly grateful to have leaders in Louisiana so committed to working together to achieve quality improvement of the medical care delivered to some of Louisiana's most vulnerable populations. In order to facilitate advance planning, we have scheduled all of the 2017 Quality Committee Meetings on Friday afternoons from 1-3pm, on the following dates:

February 17, 2017  
 May 19, 2017  
 August 18, 2017  
 November 17, 2017

The purpose of the Healthy Louisiana Quality Committee is to provide focus and direction for activities that assure access to and appropriate utilization of high-quality, evidence-based medical care. Input both through subcommittee recommendations and comments during the committee meetings are an essential part of our efforts to assure that the highest level of care is delivered to Louisiana patients.

We are looking forward to working with our state providers and stakeholders in 2017 on our many quality improvement efforts, and thank all of you for your continued service to our great state and its citizens!

## Specialized Behavioral Health Fee Schedule Changes

### CPT Tab:

- Revision date of 12/27/16 is noted at top of the schedule
- Rural Hospital rate column has been removed (**Effective date: 12/27/16**)
- 90863 – Pharmacologic Management Add On: Rates removed for Psychiatrist and APRN/CNS/PA (**Effective 12/1/2015**)
- 90870 – Electroconvulsive Therapy: Rates removed for APRN/CNS/PA and Medical Psychologist (**Effective 12/1/2015**)
- Removed note at bottom of schedule: \* *LMHPs providing services in a Rural Hospital may also receive a higher rate of pay in accordance with the applicable MD rate.* (**Effective date: 2/27/16**)

### HCPC Tab:

- Revision date of 12/27/16 is noted at top of the schedule
- Added HQ modifier to 0 – 20 and 21+ age groups for the following codes: (**Effective 12/1/2015**)
  - H0005 – Alcohol and/or drug services – Group (per person)
  - H2017 – Psychosocial Rehabilitation Group Office
  - H2017 – Psychosocial Rehabilitation Group Community
  - H2017 – Psychosocial Rehabilitation PSH Group Office
  - H2017 – Psychosocial Rehabilitation PSH Group Community
- Removed the following Room and Board line items for the 0 – 20 year old population: (**Effective 12/1/2015**)
  - H0012 – Alcohol and/or Drug Services – Sub-acute Detox III.2D Room and Board
  - H0018 – Therapeutic Group Home per Diem – Room and Board
  - H2034 – Alcohol and/or Drug Services – Halfway House III.1 Room and Board
  - H2036 – Alcohol and/or Drug Treatment Program – III.5 Room and Board
- **Added note at bottom of schedule: *Youth Room and Board has been removed from the SBHS fee schedule as it is not a Medicaid covered service and was not historically covered by the SMO under LBHP.***

### Modifiers Tab:

- Removed the following Room and Board modifier line items:
  - HU – Funded by Child Welfare Agency; Used to bill for room and board for residential treatment for youth
  - HW – Funded by State Mental Health Agency; Used to bill for room and board for residential treatment for youth
  - HY – Funded by Juvenile Justice Agency; Used to bill for room and board for residential treatment for youth

## Cervical Screening

### **Attention Medicaid Fee For Service (FFS) Professional Providers, Independent Laboratory Providers, Take Charge Plus Providers and Outpatient Hospital Providers**

#### **Papanicolaou test (Pap Test) Revised**

Effective with dates of service January 1, 2017 and forward, Louisiana Medicaid will no longer reimburse for routine cervical cancer screening for recipients under the age of 21 years.

However, Medicaid considers cervical cancer screening medically necessary for recipients under age 21 who have the following conditions/diagnosis:

- Recipients who were exposed to diethylstilbestrol before birth
- Human Immunodeficiency Virus (HIV)
- A weakened immune system
- History of cervical cancer
- Other criteria subsequently published by American Congress of Obstetricians and Gynecologists (ACOG).

Outside of these ACOG guidelines, Louisiana Medicaid will cover repeat Pap tests for recipients under the age of 21 that are being treated for abnormal cervical cancer screening test results prior to January 1, 2017.

Providers of these recipients must submit hard copy supporting documentation to the fiscal intermediary. Required documentation includes, but is not limited to:

- Initial abnormal Pap test result and subsequent abnormal Pap test results
- History and Physical
- Procedure/Progress note

For those recipients under the age of 21, it is the responsibility of the treating provider to submit the required documentation needed for billing to the laboratory provider upon testing.

Providers of these services must submit hard copy supporting documentation to the fiscal intermediary to have the age restriction bypassed as necessary. Claims filed with hard copy supporting documentation to the fiscal intermediary will pend Medical Review for confirmation of the conditions that are considered medically necessary.

- If the hard copy documentation is not present, the claim for the test will be denied.
- If the hard copy supporting documentation is present and meets the clinical criteria, the claim will be allowed to continue normal processing.

Updates to Healthy Louisiana related systems and claims processing are plan specific and are the responsibility of each health plan. For questions regarding Healthy Louisiana updates, please contact the appropriate health plan. Fee For Service (FFS) policy updates to follow. Questions regarding FFS Medicaid should be directed to Molina Provider Relations at 1(800) 473-2783 or (225) 924-5040.



## Remittance Advice Corner

### ATTENTION: Eligible Providers

Are you a Medicaid provider with a Certified EHR system? If so, it's **NOT** too late to receive up to **\$63,750!!** The deadline to attest to AIU and MU has been extended to **March 31, 2017!** Current and new Medicaid Providers who have purchased an EHR by December 31, 2016 are eligible. For more information on the Medicaid EHR Incentive program, email us at: [ehrincentives@la.gov](mailto:ehrincentives@la.gov) or Call a Medicaid EHR Specialist at 225-342-4810 or 225-342-7742.

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### 2016 Annual 1099 Notice for Providers

Louisiana Medicaid 2016 1099s will be distributed by U.S. Mail on or before January 24, 2017. Electronic copies are now available for download by going to the Louisiana Medicaid web site, [www.lamedicaid.com](http://www.lamedicaid.com), Secure Portal, application link, Online 1099. If replacement copies or additional copies are needed, providers must print them from the web site. If you feel there is an error on your 1099, please contact Molina Provider Enrollment at 225-216-6370. Prior year 1099's will be stored in the archive on [www.LaMedicaid.com](http://www.LaMedicaid.com).



### Online Medicaid Provider Manual Chapter Revisions as of December 1, 2016

Manual Chapter	Section(s)	Date of Revision(s)
Community Choices Waiver	Appendix C – Billing Codes	01/11/17
Pharmacy Benefits Management Services	Appendix E–1 Products with Quantity Limits 37.5 Covered Services, Limitations and Exclusions	01/20/17 01/10/17
Professional Services	5.1 Covered Services – Papanicolaou Testing for Cervical Cancer	01/25/2017
Residential Options Waiver	Title Page Appendix E Billing Codes	01/27/17 01/20/17

## Archived Online Medicaid Provider Manual Chapter Revisions

Manual Chapter	Section(s)	Date of Omission (s)
Community Choices Waiver	Appendix C – Billing Codes	01/11/17
Pharmacy Benefits Management Services	Appendix E–1 Products with Quantity Limits 37.5 Covered Services, Limitations and Exclusions	01/20/17 01/10/17
Professional Services	5.1 Covered Services – Papanicolaou Testing for Cervical Cancer	01/25/2017
Residential Options Waiver	Title Page Appendix E Billing Codes	01/27/17 01/20/17

### For Information or Assistance, Call Us!

Provider Enrollment	(225)216-6370	General Medicaid Eligibility Hotline	1-888-342-6207
<b>Prior Authorization:</b>		MMIS Claims Processing Resolution Unit	(225) 342-3855
Home Health/EPSTD – PCS	1-800-807-1320		
Dental	1-866-263-6534 1-504-941-8206		
DME & All Other	1-800-488-6334 (225) 928-5263	MMIS/Recipient Retroactive Reimbursement	(225) 342-1739 1-866-640-3905
Hospital Pre-Certification	1-800-877-0666		
Provider Relations	1-800-473-2783 (225) 924-5040	Medicare Savings Program and Medicaid Purchase Hotline	1-888-544-7996
REVS Line	1-800-776-6323 (225) 216-(REVS)7387		
Point of Sale Help Desk	1-800-648-0790 (225) 216-6381	For Hearing Impaired	1-877-544-9544
		Pharmacy Hotline	1-800-437-9101
		Medicaid Fraud Hotline	1-800-488-2917