



**Medication for Opioid Use Disorder
in the
Emergency Department
(MOUD in the ED)**

Companion Guide

March 2023

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Introduction

With support from Maine DHHS, the Maine Medical Association Center for Quality Improvement (MMA-CQI) has worked with clinical experts to create the “Rapid Induction Starting in the ED” (RISE) project to provide education and assistance on best practices for initiating buprenorphine in hospital Emergency Departments (EDs) for individuals with opioid use disorder (OUD) who are interested in engaging in treatment.

This companion guide to the toolkit provides training materials, recommended protocols, and resources to EDs interested in implementing an OUD treatment program focusing on initiating buprenorphine. The use of the term buprenorphine in this document is referencing the buprenorphine/naloxone combination product unless specified otherwise.

MAT in the ED Toolkit Team

Staff team who assisted gathering resources and provided input to create this resource.

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Acronym List

Acronym	Phrases, words, etc.
ED	Emergency Department
PT	Patient
ODMAP	Overdose Detection Mapping Application Program
DEA	Drug Enforcement Administration
MOUD	Medication for Opioid Use Disorder
RISE	Rapid Induction Starting in the ED
RVU	Relative Value Unit
SUD/OUD	Substance Use Disorder/Opioid Use Disorder
Rx	Prescription/Prescribed
EMR	Electronic Medical Record
COWS	Clinical Opioid Withdrawal Scale

Training Materials

Learning Lab Modules

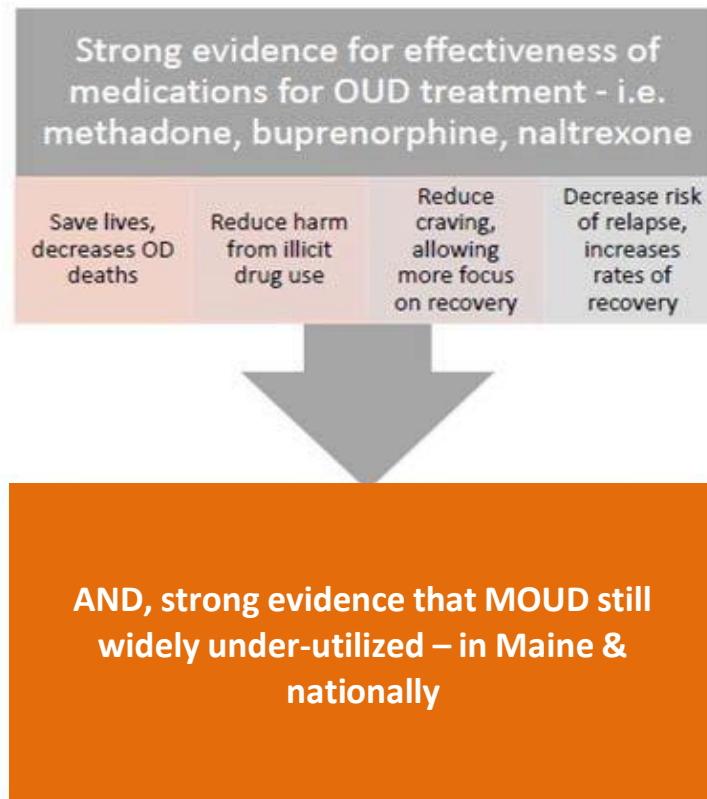
There are several modules relating to OUD/SUD in the MMA-CQI Learning Lab. Two modules of interest to ED Staff are Improving SUD/OUD in Hospital Settings and Initiating Buprenorphine in the ED.

MMA-CQI Learning Lab – <https://qclearninglab.org/>

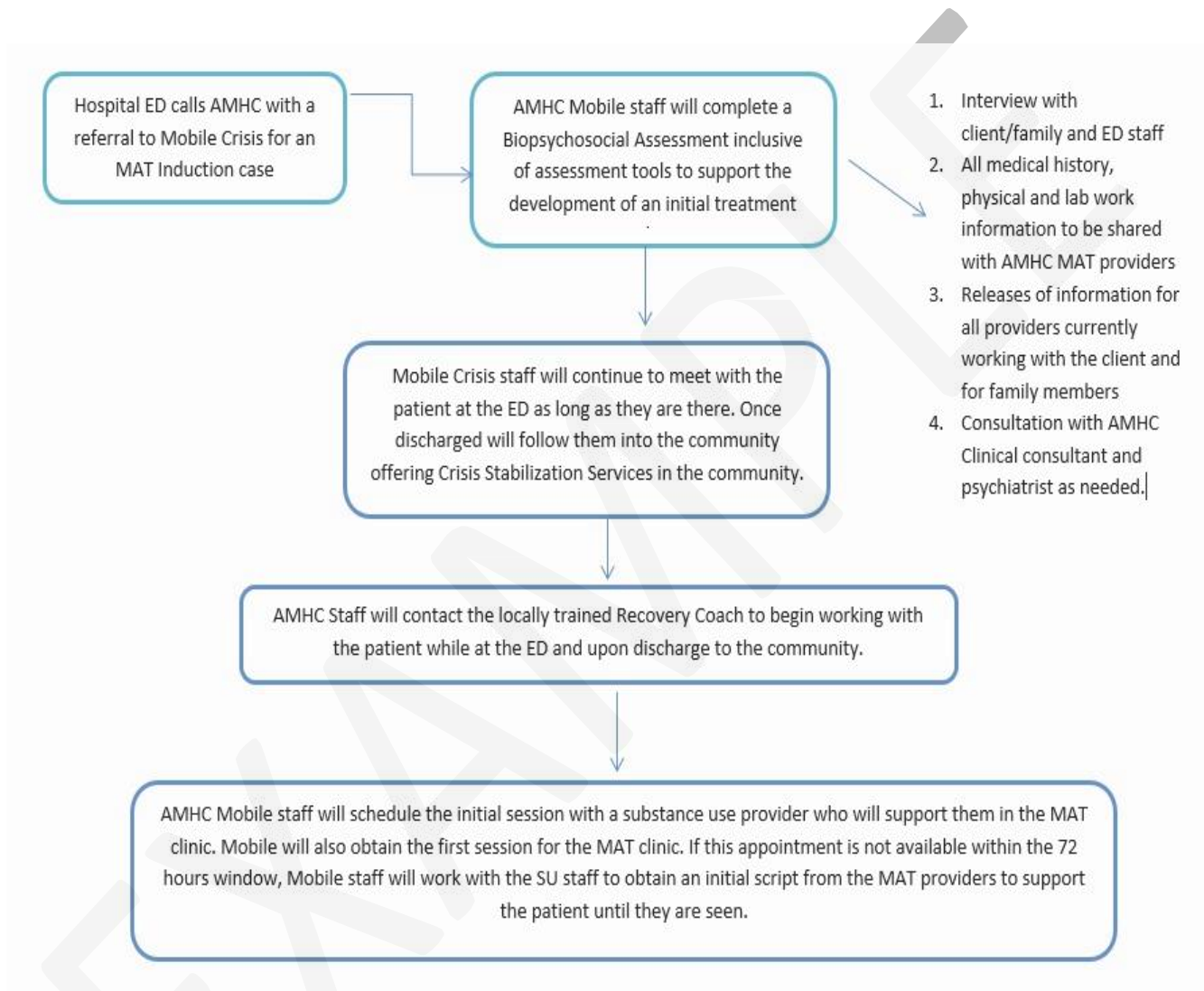
1. [Adolescent Substance Use and Screening- Briefly Intervening Saves Lives](#)
2. [Highlights of the SAMHSA TIP 63- Medications for Opioid Use Disorder- A Toolkit for Improving Practice](#)
3. [Improving SUD/OUD in Hospital Settings and Starting MAT in the Emergency Department](#)
4. [Initiating Buprenorphine in the ED](#)

Statistics and Documentation – Why MOUD in the ED?

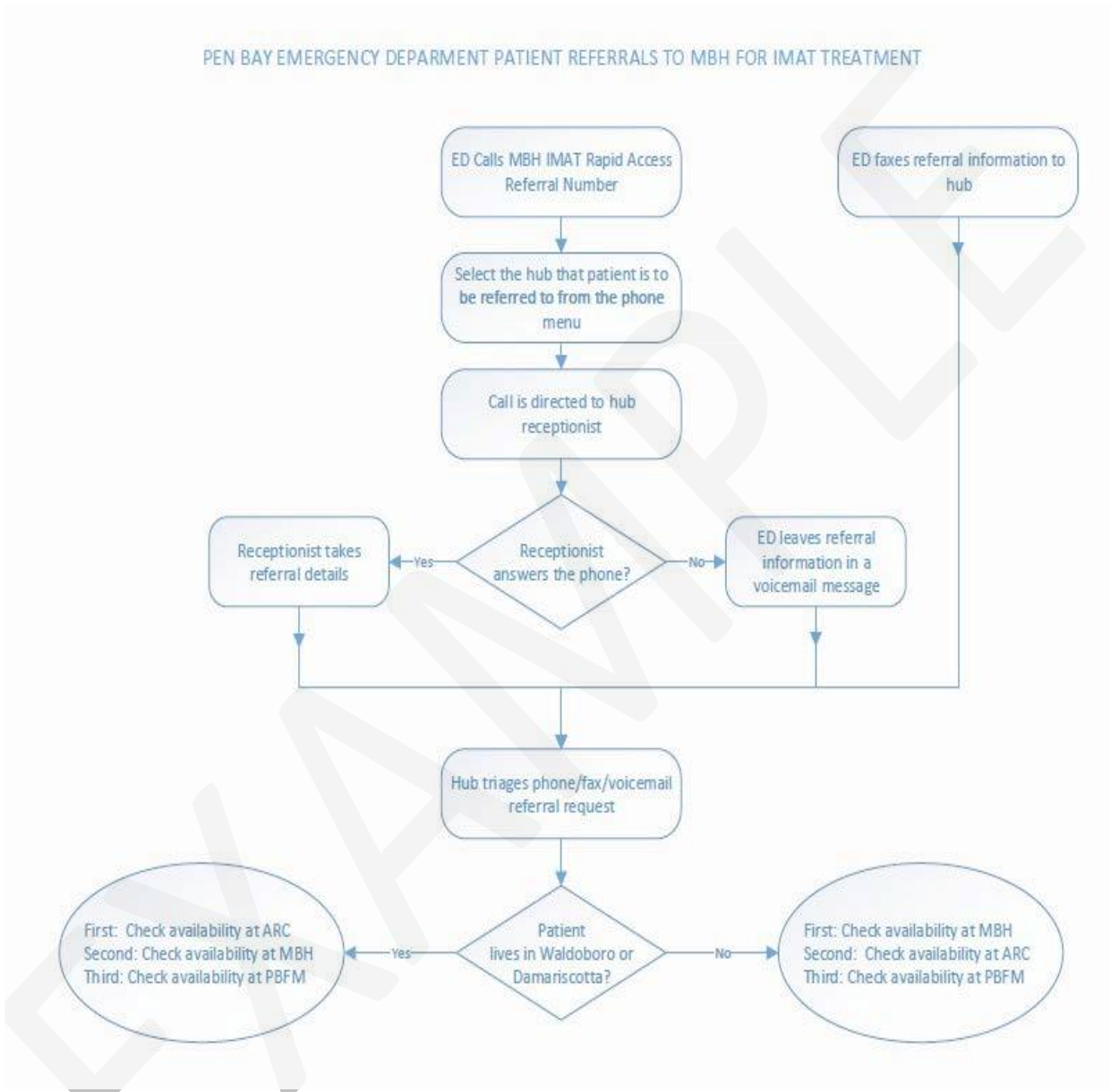
Treating OUD/SUD with medications for opioid use disorder (MOUD) works and it is still greatly underused!



MOUD Induction Warm Hand-Off Workflow Example



Rapid Induction Warm Hand-Off Workflow Example

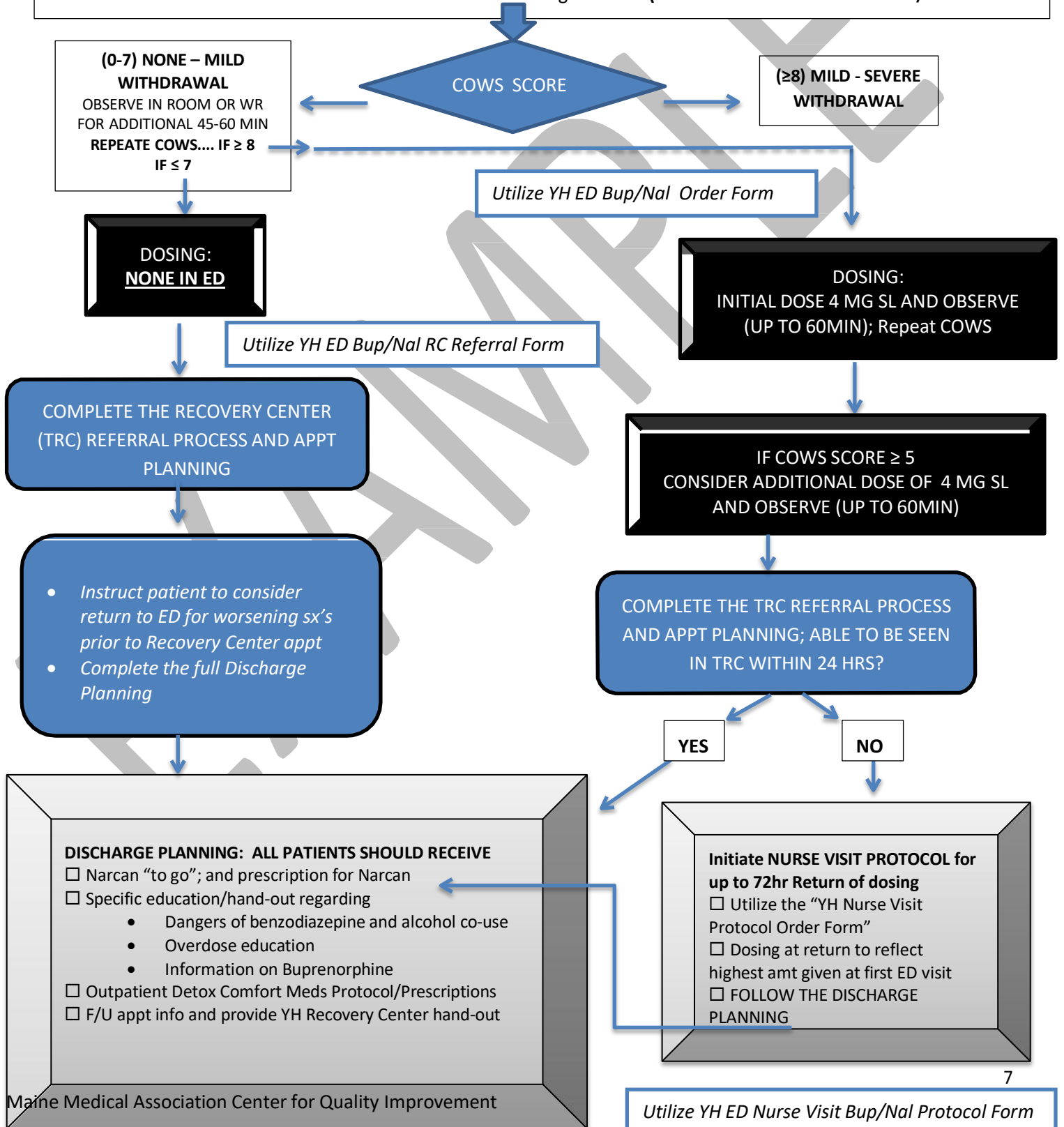


YH ED Opioid Addiction Treatment Flowsheet

(OUD Confirmed)

Patient presents to ED – appropriate for screening for ED Initiated Buprenorphine/Naloxone Program. Once triaged, pull the YH ED Buprenorphine/Naloxone Screening and Treatment Packet and complete:

- Induction Screening and Protocol Guidance Form
- COWS Score Form
- Initiate Induction Criteria Checklist to include obtaining lab work (if COWS Score ≥ 8 MILD – SEVERE)



Billing for Initiating MOUD in the ED Setting: New Billing Code

The Center for Medicare & Medicaid Services (CMS) has created a new “add-on code” (G2213) for use when providers initiate Medication for Opioid Use Disorder (MOUD) in the Emergency Department (ED) setting. Note that this new G2213 code is intended to be billed as an add-on code in addition to the usual E/M visit code used for the ED visit and is intended to cover the time and resource costs involved with the additional time conducting an assessment, initiating MOUD for the treatment of patients with OUD, accessing supportive services, and making a referral for follow up care.

CMS has established payment for the G2213 code using a value of 1.89 Total RVUs and 1.30 Work RVUs. Beginning in 2021, Medicare is now paying for this new code at a rate of \$65.95. MaineCare is actively working on implementing payment for the code. Payment from commercial payers is likely to be variable, and hospital or ED leadership may want to verify and/or advocate with commercial payers to implement payment for this add-on code as well.

More information is available at <https://cabridge.org/resource/documentation-examples-for-procedure-code-g2213/>

In the Literature

[Emergency department-initiated buprenorphine protocols A National evaluation.pdf](#)

[Barriers & Facilitators Assocd with ED-Initiated Bup in Rural ME Hosps_JRuralHlth_July 2021.pdf](#)

D’Onofrio JAMA – <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4527523/>

- [ED 24:7:365](#)

Additional Resources

Yale Model: <https://medicine.yale.edu/edbup/>

ODMAP: <http://www.odmap.org/>

Maine 211: <https://211maine.org/>

Eyes Open: <https://www.eyesopenforme.org/>

Maine Prevention Store: <https://www.maine-prevention-store.com/>

ED Bridge – Emergency Buprenorphine Treatment Resources: <https://cabridge.org/tools/resources/>

[MMA -CQI Words Matter SU Conversation Guide](#)

Clinical Opioid Withdrawal Scale – https://www.asam.org/docs/default-source/education-docs/cows_induction_flow_sheet.pdf?sfvrsn=b577fc2_2

Waiver Elimination (MAT Act) – <https://www.samhsa.gov/medications-substance-use-disorders/waiver-elimination-mat-act>

- Maine Opioid Response Clinical Advisory Committee: Proposed Position on the Use of Buprenorphine-Naloxone in Pregnancy – https://www.maine.gov/future/sites/maine.gov.future/files/inline-files/Combination%20buprenorphine%20naloxone%20pregnancy_Clin%20Adv%20Comm%20Guidance_GO_PIF_03-20.pdf

Contact Information

For further information or additional resources, please contact learninglab@mainemed.com



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