

MEDICAID POLICY INFORMATION SHEET

Policy Analyst: Laura Kilfoyle

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Initial

Public Comment

Final

Brief description of policy:

The purpose of this policy is to update and expand reimbursement for office based Alcohol Use Disorder (AUD) and Opioid Use Disorder (OUD) treatment provided by primary care providers in an office-based setting (i.e., practitioners not associated with a Prepaid Inpatient Health Plan [PIHP]/Community Mental Health Services Program [CMHSP]). This policy supersedes bulletin MSA 15-56.

Reason for policy (problem being addressed):

To expand access to OUD and AUD services in the primary care setting.

Budget implication:

budget neutral

will cost MDHHS \$ 1,785,000, and is not budgeted in current appropriation

will save MDHHS \$

Is this policy change mandated per federal requirements?

No

Does policy have operational implications on other parts of MDHHS?

Yes, the Actuarial Division, Behavioral Health and Developmental Disabilities Administration (BHDDA), Managed Care Plan Division, and Integrated Care Division.

Does policy have operational implications on other departments?

No

Summary of input:

controversial (Explain)

acceptable to most/all groups

limited public interest/comment

Supporting Documentation:

State Plan Amendment Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Public Notice Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If Yes, please provide status:	If yes, Submission Date:
<input type="checkbox"/> Approved <input type="checkbox"/> Pending <input type="checkbox"/> Denied	Date:
Date: Approval	Date:

DRAFT FOR PUBLIC COMMENT Michigan Department of Health and Human Services		
	Project Number: 2067-AUD/LOUD	Date: January 11, 2021

Comments Due: February 16, 2021
Proposed Effective Date: April 1, 2021
Direct Comments To: Laura Kilfoyle
Address:
E-Mail Address: KilfoyleL@michigan.gov
Phone: **Fax:**

<p>Policy Subject: Fee-for-Service Coverage for Alcohol Use Disorder and Opioid Use Disorder Treatment Services</p> <p>Affected Programs: Medicaid, Healthy Michigan Plan, Maternity Outpatient Medical Services (MOMS), MICHild</p> <p>Distribution: Practitioners; Medicaid Health Plans (MHP), Local Health Departments (LHD), Prepaid Inpatient Health Plans (PIHP), Community Mental Health Services Programs (CMHSP), Federally Qualified Health Centers (FQHC), Hospital-Outpatient, Rural Health Clinics (RHC), Tribal Health Centers (THC), Pharmacy Providers, Integrated Care Organizations (ICO)</p> <p>Summary: The purpose of this policy is to update and expand reimbursement policy regarding office based Alcohol Use Disorder (AUD) treatment and Opioid Use Disorder (OUD) treatment provided by primary care providers in an office-based setting (i.e. practitioners not associated with a PIHP/ CMHSP). The policy within this bulletin supersedes MSA 15-56.</p> <p>Purpose: To expand access to OUD and AUD services in the primary care setting.</p> <p>Cost Implications: \$1,785,000</p> <p>Potential Hearings & Appeal Issues: None anticipated.</p> <p>Legal Authority: PA 368 of 1978 as amended</p>

State Plan Amendment Required: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, date submitted:	Public Notice Required: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Submitted date:
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Tribal Notification: Yes No - **Date:**

THIS SECTION COMPLETED BY RECEIVER

<input type="checkbox"/> Approved	<input type="checkbox"/> No Comments
<input type="checkbox"/> Disapproved	<input type="checkbox"/> See Comments Below
	<input type="checkbox"/> See Comments in Text

Signature:	Phone Number
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Signature Printed:

Bureau/Administration *(please print)*

Date

Comment001

Revised 6/16

Proposed Policy Draft

Michigan Department of Health and Human Services
Medical Services Administration

Distribution: Practitioners, Medicaid Health Plans (MHP), Local Health Departments (LHD), Prepaid Inpatient Health Plans (PIHP), Community Mental Health Services Programs (CMHSP), Federally Qualified Health Centers (FQHC), Hospitals-Outpatient, Rural Health Clinics (RHC), Tribal Health Centers (THC), Pharmacy Providers, Integrated Care Organizations (ICO)

Issued: March 1, 2021 (Proposed)

Subject: Fee-for-Service Coverage of Alcohol Use Disorder and Opioid Use Disorder Treatment Services

Effective: April 1, 2021 (Proposed)

Programs Affected: Medicaid, Healthy Michigan Plan, Maternity Outpatient Medical Services (MOMS), MICHild

Medicaid covers comprehensive Substance Use Disorder (SUD) services through the Prepaid Inpatient Health Plan (PIHP)/Community Mental Health Services Program (CMHSP) specialty services, including assessment, treatment, and counseling. The purpose of this bulletin is to update and expand reimbursement policy for office-based Alcohol Use Disorder (AUD) treatment and Opioid Use Disorder (OUD) treatment provided by primary care providers in an office-based setting (i.e., practitioners not associated with a PIHP/CMHSP). This policy supersedes bulletin MSA 15-56.

Effective April 1, 2021, physicians, other licensed providers, and behavioral health providers (licensed or certified in Michigan) can be reimbursed for services provided in an office-based primary care setting related to AUD/OUD through the Medicaid Fee-for-Service (FFS) program.

Services currently delivered by the PIHP/CMHSP or Medicaid Health Plan (MHP) are still available and reimbursed as usual through the PIHP or MHP. All service providers who are contracted with PIHPs or MHPs must seek reimbursement through the PIHP/MHP for PIHP/MHP-enrolled beneficiaries. Primary care providers must contract and bill the Integrated Care Organizations (ICO)/PIHPs for services rendered to beneficiaries in MI Health Link.

Physicians not associated with a PIHP/CMHSP may be reimbursed for AUD/OUD services through the Medicaid FFS program for beneficiaries enrolled either in FFS or in an MHP.

FFS Reimbursement Criteria, Services and Requirements

Working within their scope of practice, physicians, other licensed providers, and behavioral health providers (licensed or certified in Michigan) who provide services related to AUD/OD may receive reimbursement through the FFS program. Providers are required to deliver services consistent with clinical practice guidelines (examples may include guidelines published by the American Society of Addiction Medicine [ASAM], Centers for Disease Control and Prevention [CDC], Substance Abuse and Mental Health Services Administration [SAMHSA], American Psychiatric Association, American Academy of Addiction Psychiatry (AAAP), etc.).

The following services related to AUD/OD treatment will qualify for FFS reimbursement when a beneficiary has a primary diagnosis of opioid use, abuse and dependence or alcohol use, abuse and dependence as classified by the International Classification of Diseases Version 10 (ICD-10):

- Evaluation and Management services (e.g., 99201-99205, 99211-99215)
- Consultation services (e.g., 99241-99245)
- Counseling services (e.g., 90785, 90791, 90792, 90832-90834, 90836, 90847)
- Psychiatric Collaborative Care Management services (e.g., 99492-99494, G0512)
- Behavioral Health Care Management (99484)
- Drug Testing services (e.g., 80305-80307)
- Other Laboratory services (e.g., 80076, 81025, 86580, 86701-86706, 86708, 86709, 86803)
- Medications for the treatment of AUD/OD

NOTE: Current Procedural Terminology (CPT) coding changes occur frequently. Providers should consult with Michigan Department of Health and Human Services (MDHHS) fee schedules for current allowable codes, which can be accessed on the MDHHS website at www.michigan.gov/medicaidproviders >> Billing and Reimbursement >> Provider Specific Information >> Physicians/Practitioners/Medical Clinics >> Practitioner. The Medicaid Code and Rate Reference Tool, located via the External Links menu in the Community Health Automated Medicaid Processing System (CHAMPS), may also be used to determine eligible reimbursement codes.

Physicians, other licensed providers and behavioral health providers (licensed or certified in Michigan) seeking FFS reimbursement for AUD/OD must be enrolled in CHAMPS as an FFS provider.

Practitioners who have contract arrangements with PIHP/CMHSP entities are required to bill those entities for covered services.

Continuum of Care

The treatment of AUD/ODD requires a multi-faceted and individualized approach to reach full treatment potential that may include screening and assessment, medications and medication management, counseling and/or other psychosocial supports.

Providers are encouraged to utilize the distinct intervention of Screening, Brief Intervention, and Referral to Treatment (SBIRT) techniques (consisting of standardized screening tools such as the Drug Abuse Screening Test [DAST] and the Alcohol Use Disorders Identification Test [AUDIT]) for all patients, and further screen and assess any individuals with indications of SUD. In addition, providers are encouraged to utilize Medication Assisted Treatment (MAT) services for beneficiaries with AUD and OUD. SBIRT services are distinguished from the other services identified in this policy and are billed separately.

Some of the prescriptions for AUD/ODD MAT are listed on the MDHHS Preferred Drug List, and as preferred they do not require prior authorization. To ensure optimal treatment results, prescribers must use a multi-faceted and individualized treatment approach, which may include induction, stabilization, maintenance, and formal SUD counseling.

The duration of MAT should be determined based on medical necessity as well as the individual needs of the beneficiary and not on arbitrary criteria such as predetermined time, funding source, philosophy of the program staff, or payment limits. Some beneficiaries may continue use of medications to treat OUD for an extended or indefinite length of time.

Decisions about additional treatment services, including counseling, should similarly be made based on the beneficiary's needs, interests, and medical necessity rather than predetermined requirements. The beneficiary should be offered or referred to counseling based on their individual needs. However, a beneficiary's decision to decline counseling should not preclude or delay pharmacotherapy with appropriate medication management.

Decisions on counseling should be determined in collaboration with the beneficiary, the prescriber, the beneficiary's primary counselor and the clinical supervisor. This decision-making process should be documented in the clinical record, and the treatment plan should reflect the decisions that are made.

Providers should note additional regulatory and care coordination considerations. This policy applies to physician office-based providers, including physicians, nurse practitioners (NPs), physician assistants (PAs), and other non-physician behavioral health providers working within their scope of practice. If an individual practice reaches more than the maximum number of beneficiaries receiving services per Michigan Law, they must apply for an Office-Based Opioid Treatment (OBOT) license and subsequently meet all the requirements of that designation. (Refer to the Drug Addiction Treatment Act of 2000 [DATA 2000] waiver and Michigan Department of Licensing and Regulatory Affairs [LARA] rules for more information.)

The provider must evaluate the effectiveness of the beneficiary's AUD/OD treatment services and, if the services are not shown to be effective, should consider what approaches can be applied to enhance treatment outcome. This may include referral to the PIHP system or other treatment services.

Coordination of Care

To reach optimal treatment, beneficiaries must be actively involved in their treatment and, as such, it is important that all providers coordinate care. Office-based AUD/OD treatment providers should ensure beneficiaries have access and receive referral to PIHPs for further assessment and treatment and any of the other supports and services that are available (i.e., PIHP specialty services, community-based services and natural supports). PIHPs/CMHSPs, FFS and MHPs must partner in overseeing and coordinating the treatment plan, knowing that office-based AUD/OD treatment may be only part of the services necessary to achieve successful outcomes.

Michigan Automated Prescription System (MAPS) Requirement

MAPS is the prescription monitoring program managed by LARA. It is used to identify and prevent drug diversion at the provider, pharmacy, and beneficiary levels by collecting information on prescriptions for controlled substances prescribed and dispensed to patients from pharmacies and practitioners. Practitioners can query this data for patient-specific reports which allow a review of the beneficiary's controlled substance prescription records. This enables the provider to determine if beneficiaries are receiving controlled substances from other providers and to assist in the prevention of prescription drug abuse. For more information on MAPS and how to register, visit www.michigan.gov/mimapsinfo.

It is expected that the provider will query the MAPS database prior to each new prescription as required for AUD and OUD treatment medications and will consult MAPS regularly throughout the beneficiary's course of treatment.