



JENNIFER KENT
DIRECTOR

State of California—Health and Human Services Agency
Department of Health Care Services



EDMUND G. BROWN JR.
GOVERNOR

DATE: April 16, 2015

ALL PLAN LETTER 15-008

TO: ALL MEDI-CAL MANAGED CARE PLANS

SUBJECT: PROFESSIONAL FEES FOR OFFICE VISITS ASSOCIATED WITH ALCOHOL AND SUBSTANCE USE DISORDER TREATMENT SERVICES

PURPOSE:

The purpose of this All Plan Letter (APL) is to explain the requirements of Medi-Cal managed care health plans (MCPs) to reimburse providers for professional fees for office visits associated with alcohol and substance use disorder (SUD) treatment services when provided by a network provider acting within the provider's scope of practice.

BACKGROUND:

Alcohol and SUDs affect many people from all age groups. Recurrent use of drugs or alcohol can cause clinically significant impairment, including health problems, disability and failure to meet major social responsibilities. Alcohol and SUDs are common, recurrent and serious. However, when identified, these disorders are also treatable. The treatment system for alcohol and SUDs is comprised of multiple components and a person accessing treatment may need to access various services including: 1) individual and group counseling; 2) inpatient and residential treatment; 3) intensive outpatient treatment; 4) partial hospital programs; 5) case or care management; 6) medication; 7) recovery support services; 8) 12-step fellowship; and/or 9) peer supports.

Some aspects of alcohol and SUD treatment can be provided in an office or health center setting. Providers may prescribe naloxone to individuals actively using opioids or to individuals who know someone actively using opioids so that naloxone can be administered urgently to reverse an opiate overdose. Medications to reduce symptoms of withdrawal in individuals attempting to abstain from drug or alcohol use such as antiemetic agents or antidiarrheal agents may also be prescribed. Providers also can prescribe medications to support addiction recovery, such as disulfiram, naltrexone and acamprosate. Additionally, the Drug Addiction Treatment Act of 2000 (DATA 2000) expanded the clinical context of medication-assisted opioid addiction treatment by allowing qualified physicians to dispense or prescribe specifically approved Schedule III,

IV, and V narcotic medications for the treatment of opioid addiction in treatment settings other than the traditional Opioid Treatment Program (i.e., methadone clinic). In addition, DATA 2000 permitted qualified physicians to apply for and receive waivers of the special registration requirements defined in the Controlled Substances Act. With this waiver, providers can prescribe buprenorphine for SUD treatment. MCP network providers may be able to provide some components of alcohol and SUD treatment to prevent overdose, help reduce withdrawal symptoms and support addiction recovery.

The Department of Health Care Services (DHCS) has contracts¹ with MCPs that require MCPs to identify individuals requiring alcohol and/or SUD treatment services. MCPs must ensure that primary care providers (PCPs) screen members as part of routine care. For adults 21 of age or older, PCPs must offer the Staying Healthy Assessment (SHA) or other approved tool within 120 days after enrollment and every three years afterwards, with annual reviews of the member's answers. For members under age 21, MCPs must cover and ensure the provision of screening, preventive and medically necessary diagnostic and treatment services including Early and Periodic Screening, Diagnosis, and Treatment Services. Additionally, APL14-004 requires MCPs to cover and pay for an expanded alcohol screening for members 18 years of age and older who answer "yes" to an alcohol screening question or at any time the PCP identifies a potential alcohol misuse problem. MCPs must cover brief intervention(s) for members who screen positively for risky or hazardous alcohol use or a potential alcohol use disorder.²

The MCP contract requires that for individuals identified as requiring alcohol or SUD treatment services, MCPs must arrange for their referral to the county department responsible for substance use treatment, or other community resources when services are not available through counties, and to outpatient heroin detoxification providers available through the Medi-Cal fee-for-service (FFS) program, for appropriate services. MCPs shall assist members in locating available treatment service sites. To the extent that treatment slots are not available in the county alcohol and SUD treatment program within the MCP's service area, the MCP shall pursue placement outside the area. The MCP shall continue to cover and ensure the provision of primary care and other services unrelated to the alcohol and SUD treatment and coordinate services between the PCP and the treatment programs.

The MCP contract further states that alcohol and SUD treatment services available under Drug Medi-Cal as defined in Title 22 California Code of Regulations (CCR) Section 51341.1, and outpatient heroin detoxification services defined in Title 22 CCR Section 51328 are excluded from the contract. These excluded services include all medications used for the treatment of alcohol and SUD covered by DHCS, as well as

¹ Contract boilerplates can be found at:

<http://www.dhcs.ca.gov/provgovpart/Pages/MMCDBoilerplateContracts.aspx>

² APLs can be found at: <http://www.dhcs.ca.gov/formsandpubs/Pages/AllPlanLetters.aspx>

specific medications not currently covered by DHCS, but reimbursed through Medi-Cal FFS.

POLICY:

MCPs shall reimburse network providers for professional fees associated with visits during which alcohol and SUD treatments are provided when such treatments are within the scope of practice for the provider. Such visits can occur independently of, or in conjunction with, other alcohol and SUD treatment services. Examples of treatments that may be in the scope of practice for the provider could include a visit to prescribe naloxone for an individual actively using opioids, a visit to prescribe naloxone to a friend or family member of an individual actively using opioids, a visit to prescribe medications to reduce symptoms of withdrawal, or a visit to prescribe medications to support addiction recovery such as disulfiram, naltrexone, acamprosate or buprenorphine by providers with the necessary waiver.

Reimbursement for medications used for the treatment of alcohol and SUDs will continue through Medi-Cal FFS. MCPs shall continue to identify individuals requiring alcohol and/or SUD treatment services and refer these individuals to the county treatment programs. Treatment by a network provider must not be contingent on the individual complying with referral to the county treatment programs and the services outlined here must be covered whether an individual has accepted services from the county treatment program or not.

If you have any questions regarding this APL, please contact Dr. Anna Lee Amarnath at (916)449-5141 or AnnaLee.Amarnath@dhcs.ca.gov.

Sincerely,

Original Signed by Sarah C. Brooks

Sarah Brooks, Chief
Managed Care Quality and Monitoring Division
Department of Health Care Services