Sustainable Reimbursement of MAT Webinar Series #1: Getting Paid for MAT delivered via Telehealth

Follow-up Questions & Answers

1. **Q:** Are any FQHCs or Tribal programs contracting with outside individual MAT providers for telehealth services?

   A: Yes, FQHCs contract with MAT Providers and in some cases those MAT providers offer telehealth services. For example, Open Door Community Services in Del Norte County has a *Mobile Health Services/Telehealth & Visiting Specialist Center* in Eureka.

2. **Q:** We are a Tribal (MOA) Clinic. We bill similar to an FQHC. Are you addressing this type of billing?

   A: Yes, assuming you bill Medi-Cal, most billing information we are providing applies to MOA/tribal clinics, Indian Health Service etc. We will make certain we address this type of billing and highlight this topic in the fourth webinar in this series. We will be sure to specify any information that does not apply to these types of providers. *(Please see specific section on current Medi-Cal policy for FQHCs, RHCs & Tribal 638 Clinics at the end of this document)**

3. **Q:** Do you have recommendations for complying with urine drug testing in telemedicine?

   A: Video-observed oral fluid drug testing has been recognized as an appropriate matrix for testing in addiction treatment settings, according to the American Society of Addiction Medicine. Two companies outside of California have obtained a California License for Methadone Testing, as well as several within CA.**

4. **Q:** Any Medi-Cal Telehealth billing opportunities for MAT nurses?

   A: In terms of billing for medication dispensing by nurses as it is billed by in-person NPT/OTP programs, the same billing opportunity is not available. However, there may be opportunities to make use of nurses in other capacities for telehealth MAT services.

5. **Q:** Any billing opportunities for harm reduction programs, in particular SSPs, linking patients to telehealth MAT access points?

   A: Federal law prohibits Medicaid coverage of syringe exchange services. In California syringe exchange programs can be authorized at the state or local level. The Syringe Exchange Certification Program does not provide funding to applicants, however all authorized SEPs are eligible to participate in the California Syringe Exchange Supply Clearinghouse, which provides a baseline level of various supplies to authorized programs. OA offers free technical assistance for programs interested in pursuing state certification and learning more about the Clearinghouse. For further information contact CDPH/Office of

AIDS at 916-449-5900. Other types of harm and risk reduction services may be Medi-Cal reimbursable including the provision Naloxone vials and Narcan nasal spray, which is a covered pharmacy benefit that does not require pre-authorization.

6. **Q:** Can you clarify…suboxone patients must have 8 UDS per year no matter what?

   A: That requirement is at the federal level for certified OTP/NTPs: *Drug abuse testing services. OTPs must provide adequate testing or analysis for drugs of abuse, including at least eight random drug abuse tests per year, per patient in maintenance treatment, in accordance with generally accepted clinical practice. For patients in short-term detoxification treatment, the OTP shall perform at least one initial drug abuse test. For patients receiving long-term detoxification treatment, the program shall perform initial and monthly random tests on each patient.*

   However, these regulations do not apply to OBAT (Office-Based Addiction Treatment) with buprenorphine formulations for opioid use disorders. The frequency of drug screening is usually outlined in individual treatment agreements/plans. The model state policy provided by SAMHSA indicates: *As a general rule, a urine drug screen or other toxicologic screen should be part of the initial evaluation to confirm recent opioid use and to screen for unreported use of other drugs. Ideally, this drug screen should include all opioids commonly prescribed and/or misused in the local community, as well as illicit drugs that are available locally.*
   https://store.samhsa.gov/sites/default/files/d7/priv/pep15-fedguideotp.pdf
   https://store.samhsa.gov/sites/default/files/d7/priv/sma14-4892r.pdf
   https://www.naabt.org/documents/TIP40.pdf

7. **Q:** Are these modifiers specific only to California?

   A: Yes, information that applies to Medi-Cal billing is specific to California.

8. **Q:** What are the exceptions for FQHC?

   A: Telehealth services from FQHCs are billable but have limitations that most align with their general billing policies. The two main restrictions are that services rendered via telehealth must be FQHC covered services. Also, FQHCs can provide telehealth services to established patients; however, the criteria is broad. For FFS Medi-Cal an established patient is one that has been seen within the last 3 years, and clients covered by a MMC plan who are assigned to a specific clinic are considered established patients even if they have never been seen. Reimbursement for telehealth is at the all-inclusive rates that apply to in person care. *(Please see specific section on current Medi-Cal policy for FQHCs, RHCs & Tribal 638 Clinics at the end of this document)**

9. **Q:** If the patient is a first-time patient, what information is needed to bill for telehealth?

   A: You will need the same information as if you were seeing them in-person for the first time. This includes first name, last name, patient DOB, eligibility verification number,

recipient ID, date of service, medi-services codes, provider number, and the share of cost or spend down amount.

10. **Q:** How can we get around Ryan Haight once the relaxed restrictions expire?

    A: Many people are asking that very important question. One of the best arguments for continuing any of the relaxed restrictions will be data demonstrating their effectiveness, so any information providers can gather may be useful. On the national level, the American Society of Addiction Medicine (ASAM) and the American Association for the Treatment of Opioid Dependency (AATOD) are two key advocacy organizations on these issues.

11. **Q:** Could you please discuss specific county-to-county differences in DMC ODS reimbursement for telehealth buprenorphine treatment?

    A: If the counties are ODS, there are no significant differences. Counties must undergo an approval process by both DHCS and CMS before they can begin DMC-ODS services. Here is a link to the DSHC Drug Medi-Cal Organized Delivery System webpage on **County Plans & Contracts** for specific information on implementation by county.

12. **Q:** Are there any CLIA waived saliva tests on the market so that a UDS could be taken in full view of the provider?

    A: *See answer to question 3*

13. **Q:** Are your experts familiar with the DMC ODS?

    A: Yes, our experts are familiar with the DMC ODS and have scheduled an entire webinar that will be devoted to the topic *(See flyer for Webinar 2 in this series)*. However, we urge you to submit your specific questions about different aspects of the Drug Medi-Cal Organized Delivery System to our experts so they can address them individually during Office Hours.

14. **Q:** But how do you drug tests who confirms that they are who they say they are?

    A: *See answer to question 3*

15. **Q:** How are denials are working? My concern is why are they denied. Is telehealth often times over scrutinized?

    A: There are many factors that can contribute to making denials more likely. For example, managed care plans each have their own requirements for pre-authorization, and failure to adhere to them perfectly, along with incomplete billing codes may result in denials. However, each notification of a denial should specify the reason. It may be helpful to schedule consultation on this issue with our consultants during Office Hours and have some information available on the reasons given for past denials.

*****The section below is from ***Medi-Cal Payment for Telehealth and Virtual/Telephonic Communications Relative to the 2019-Novel Coronavirus (COVID-19)*** *4/30/20*

SECTION II: **CURRENT MEDI-CAL POLICY FOR FQHCs, RHCs, TRIBAL 638 CLINICS**
Traditional Telehealth (Synchronous or Asynchronous) For FQHCs, RHCs, and Tribal 638 Clinics, billable providers may provide Medi-Cal covered benefits or services via synchronous telehealth (audio-visual, two-way communication) to "established" patients. Please note that services rendered via telehealth must be FQHC, RHC, or Tribal 638 covered services.

- Synchronous Telehealth: Services provided through synchronous telehealth for an "established patient" are subject to the same program restrictions, limitations, and coverage that exist when the service is provided in-person. For purposes of FQHCs, RHCs, and Tribal 638 Clinics, "established patients" are defined as follows:
  - In FFS, "established patients" are those who have been seen at the FQHC, RHC, or Tribal 638 Clinic within the last three (3) years.
  - In Managed Care, if the patient is "assigned" by the Medi-Cal managed care plan (MCP) to a particular clinic, then the patient is considered to be "established" even if s/he has never been seen in the FQHC, RHC, or Tribal 638 Clinic. Please note that the majority of clients are MC, so the majority would be assigned and eligible to receive Medi-Cal covered benefits and services via a synchronous telehealth modality.

For Medi-Cal covered benefits or services that may be provided via synchronous telehealth, FQHCs, RHCs, and Tribal 638 Clinics would bill using the applicable Revenue Code and HCPCS code, as described below in detail, which would be paid at the Prospective Payment System (PPS) or All-Inclusive Rate (AIR), respectively. Below is a non-exhaustive list of examples based upon the type of service being provided:

- For medical visits and mental health visits, FQHCs and RHCs bill using Revenue Code 0521 and T1015 for Medi-Cal FFS and T1015SE for managed care.
- For medical visits, Tribal 638 Clinics bill using Revenue Code 0520 and T1015 for Medi-Cal FFS. Managed care visits should be billed consistent with existing DHCS policy.
- For mental health visits, Tribal 638 Clinics bill with Revenue Code 0561 and the appropriate modifier corresponding to the practitioner providing the services.
- For drug and alcohol visits, Tribal 638 Clinics bill using Revenue Code 0520 and HCPCS code H0047.

Medi-Cal Payment for Virtual/Telephonic Communications Relative to COVID-19

Please note that outside of the four walls of the FQHC, RHC, or Tribal 638 Clinic, MediCal covered benefits or services may be provided via synchronous telehealth for certain populations pursuant to applicable federal law, including migrant/seasonal workers, homeless individuals, and homebound individuals

Note: Tribal 638 Clinics can provide services outside of the four walls to homeless individuals only.

- Asynchronous Store and Forward: For FQHCs, RHCs, and Tribal 638 Clinics, billable providers may provide services via asynchronous store and forward to "established" patients, as defined above. Asynchronous store and forward can be used to provide teledermatology, teleophthalmology, teledentistry via store and forward, using the applicable Revenue Code and HCPCS or CPT codes.

E-Consults and Other Virtual/Telephonic Communication FQHCs, RHCs, and Tribal 638 Clinics cannot bill for e-consult or virtual/telephonic communication visits.

Originating Site and Transmission Fee FQHCs, RHCs, and Tribal 638 Clinics are not eligible to bill an originating site fee or transmission charges. The costs of these services should be included in the PPS/AIR rate, as applicable.

****NOTE:** The Substance Abuse and Mental Health Services Administration (SAMSHA) has accepted the recommendations of its technical advisory committee, the Drug Testing Advisory Board (DTAB), to include oral fluid testing in its mandatory guidelines.
An example of an "oral fluid" (saliva) test kit is below. We are not recommending this, just citing an example.
https://drugtestkitusa.com/products/12-panel-drug-test-cup-clia-waived-25-box-amp-bar-bup-bzo-coc-mdma-met-mop-mtd-oxy-pcp?gclid=Cj0KCQjwlN32BRCCARIsADZ-J4vKdvRbKUkhRsVBvuXfAgLEYmr7g2PznPgqiMF7RS90sw1O2D9WCMgaAuGWEALw_wcB