

# Getting Paid: MAT Provided via Telehealth

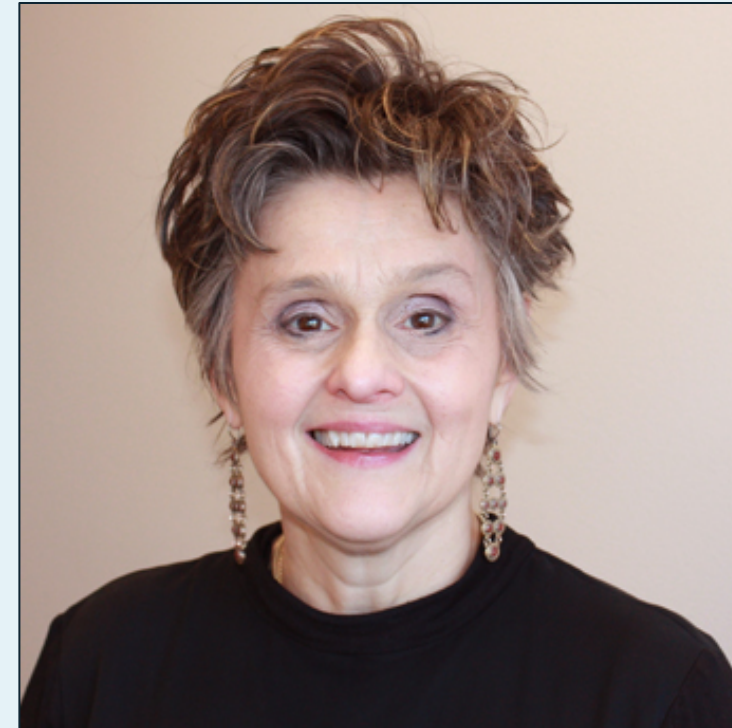
SUSTAINABLE REIMBURSEMENT OF MEDICATIONS FOR ADDICTION TREATMENT (MAT) WEBINAR SERIES



# Today's Presenters



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# Session Objectives

Upon completion of this webinar participants will be able to:

1. Describe at least two telecommunication technologies used to deliver telehealth services
2. Give three examples of MAT telehealth services covered by Medi-Cal
3. Explain the importance of HIPAA-compliant telehealth platforms and name at least three no or low-cost platforms
4. Apply Medi-Cal billing codes for MAT and related services delivered via telehealth
5. Identify at least two temporary COVID-19-related exceptions that pertain to Medi-Cal covered MAT services

# What is Telehealth?

Use of a wide range of technologies to support health and wellness...

- Telemedicine (original name for telehealth)
- Mobile health (mHealth)
- Use of patient tablets, smart phones, computers, etc.
- Kiosks that afford patients access to technology
- Use of secure video conferencing technology
- Text messaging to support healthy behaviors, clinical alerts & reminders
- Linking people with common conditions to support via social networks
- Websites with interactive functionality such as *Patient Portals*
- Therapeutic use of virtual reality
- Provider to provider consults & sharing of patient information

# Why Use Telehealth?

- Increases access, availability & convenience
- Reduces *no-show's* (by up to 50%)
- Cost savings (efficiency)
- Improves engagement, retention & patient participation
- Reduces rehospitalizations & reliance on ED care
- Supports self-care, illness & recovery self-management
- Improves care coordination
- Shortens time from referral to follow through visits
- Useful for targeted population health interventions
- Increases patient education & prevention options



# Audience Poll: Biggest Telehealth Challenges

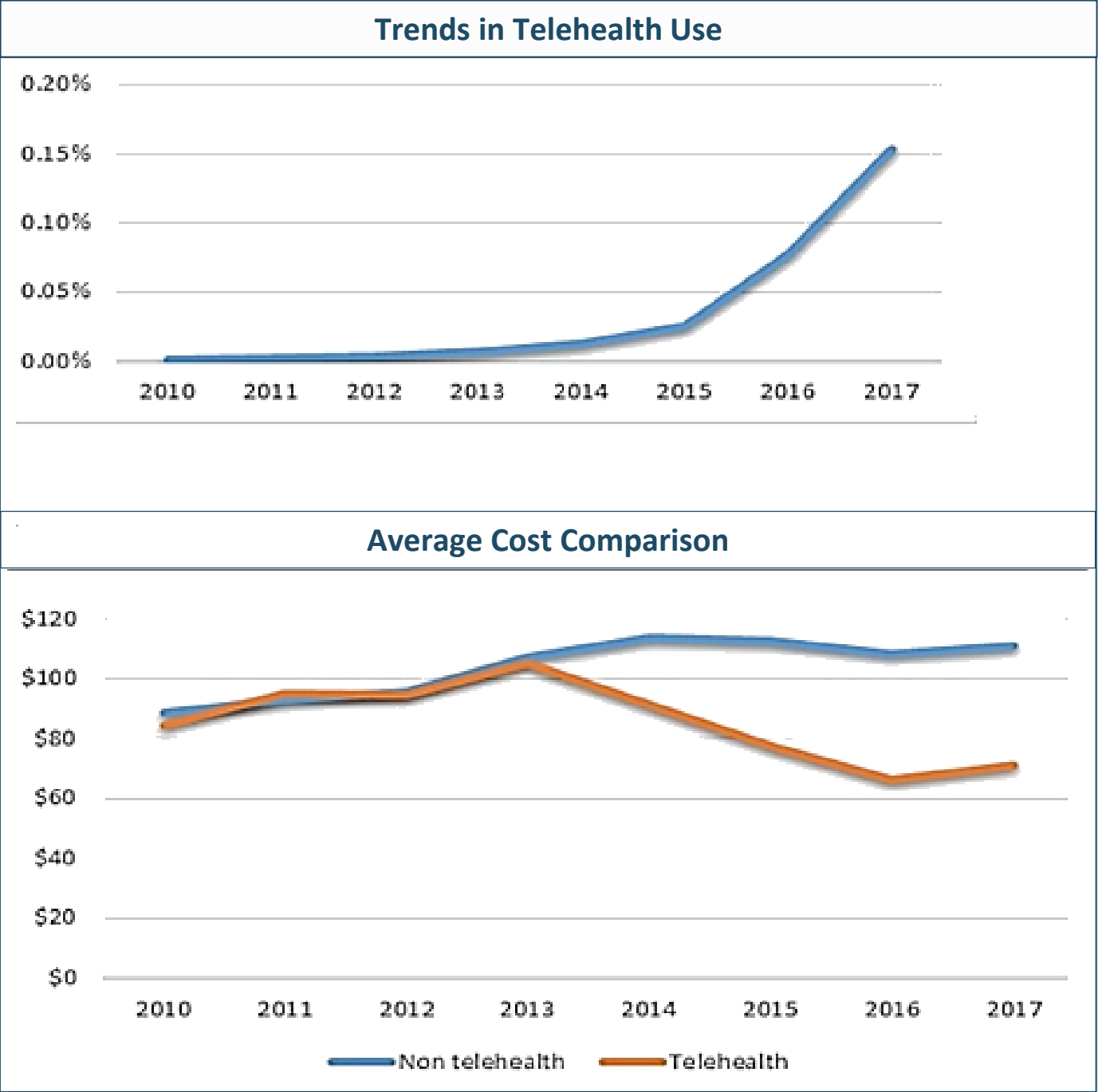
- A. Costs associated with adoption/implementation
- B. Need for training, clinical supervision & technical assistance
- C. Complex regulations, policies; billing, payment & coding
- D. Concerns about effectiveness, quality & continuity of care
- E. Getting technology into the hands of patients/clients

*Please select the answer that best describes your biggest challenge regarding delivery of patient care via telehealth*

# What does Telehealth Support?

Scope of telehealth includes interactions between patient & provider or among consults and information sharing among providers using a wide range of technologies

- Allows communication with patients (clinical alerts, text reminders)
- And among providers (with specialists, psych consults)
- Pharmacy/prescription management
- Access to lab & imaging results
- Screening & assessment
- Outcome measurement
- Referrals & patient monitoring
- Improves access: rural & underserved areas
- For patients involved with the justice system
- Allows more after-hours access
- Billing & payment options (providers, patients)
- Manages scheduling, eligibility verification
- Pre-visit instructions streamline intake
- Peer support through social networking



Care costs have tended to decrease as use of telehealth has increased

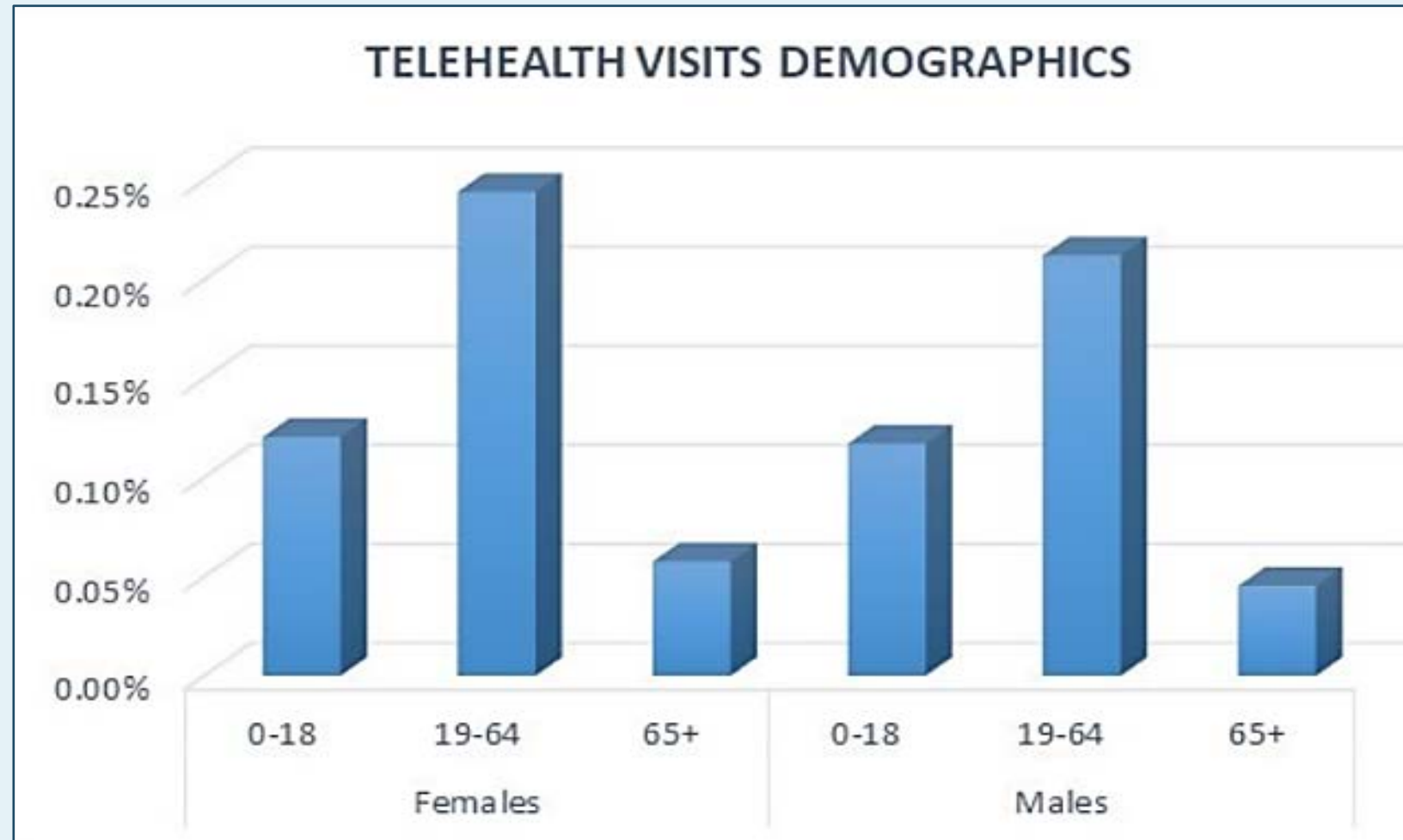
Source: Bansal, S. & Vashishta, S. (2020). Telehealth: Adoption and Value. Retrieved from: <http://info.medinsight.milliman.com/2020/02/telehealth-adoption-and-value/>



# Telehealth Trends

- Availability of high-speed internet & high-definition cameras in devices
- Need to reduce the burden of care demands as ‘baby boomers’ age & increase access in areas with provider shortages
- Increase in patients in need of care & in chronic conditions that require ongoing monitoring
- District of Columbia & 31 states have parity laws that mandate commercial insurers to pay for telehealth services
- CMS [1135 Medicaid/CHIP Checklist](#), released in March supported approval of emergency waivers from most US states to expand Medicaid reimbursement

# Telehealth by Age & Gender



Telehealth use:  
higher for  
women 19-64 &  
over 65  
than among men  
in the same age  
groups

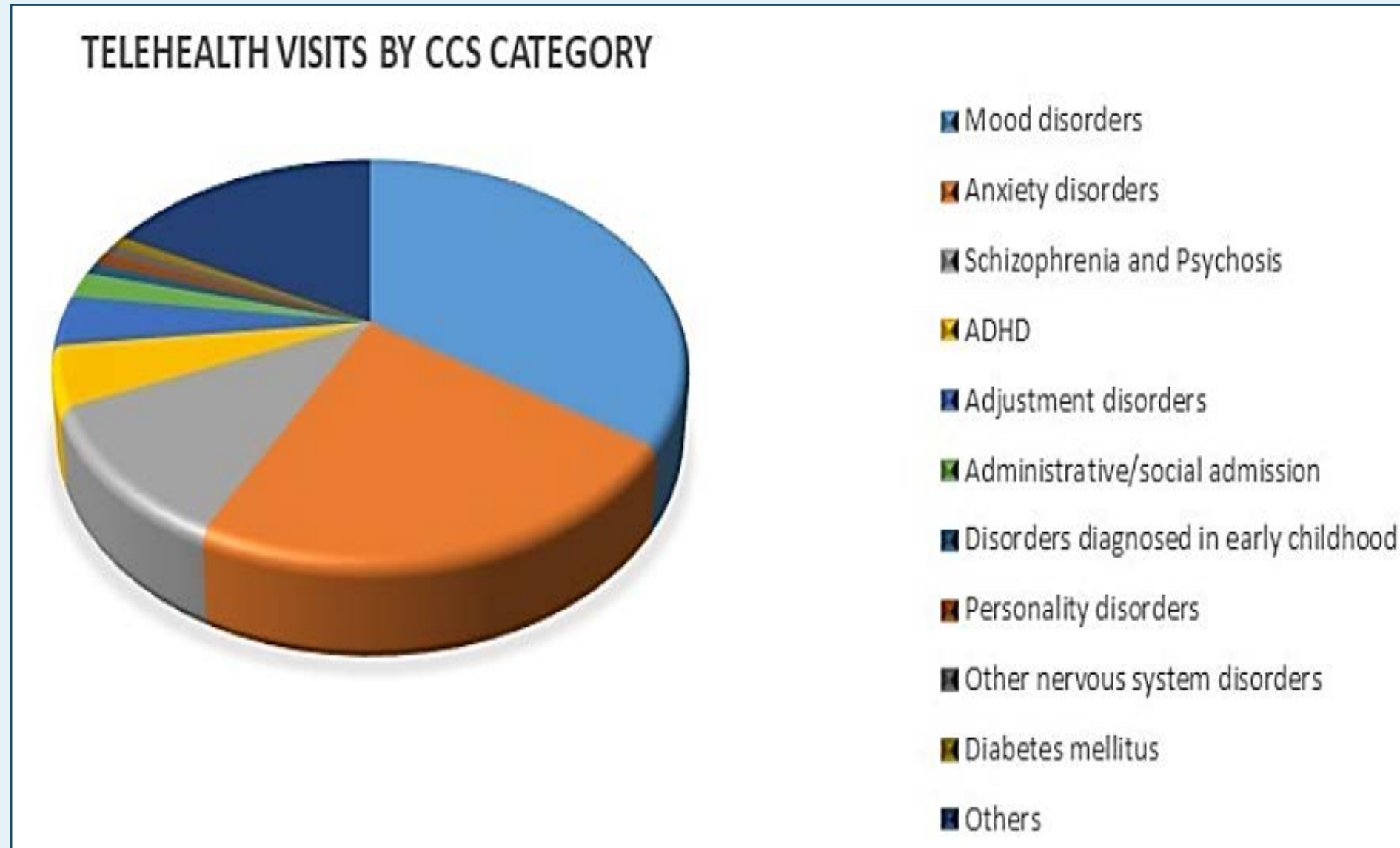
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# Are Telehealth Services Reimbursable?

YES! Medicare, Medi-Cal & private insurers cover eligible patients connecting with qualified providers...

- DHCS expanded Medi-Cal telehealth coverage in 2019 by:
  - ◆ lifting restrictions on the services covered
  - ◆ giving clinicians authority to decide to deliver services via telehealth
  - ◆ establishing billing codes & rates for specialist consultations
- DHCS coverage & reimbursement aligns with federal regulations & the [California Telehealth Advancement Act of 2011](#)
- The federal CARES Act went into effect when a COVID-19 public health emergency was declared, allowing significant Medicare reimbursement for telehealth
- Phone & other visits originating outside clinical settings billable for FQHCs & other Medi-Cal providers

# Telehealth By Diagnosis



9 of the 10 most common categories of telehealth services are behavioral health-related

Source: Bansal, S. & Vashishta, S. (2020). Telehealth: Adoption and Value. Retrieved from: <http://info.medinsight.milliman.com/2020/02/telehealth-adoption-and-value/>

# Telehealth & HIPAA Compliance Before & During COVID-19

- Normally, telehealth must be delivered via a HIPAA compliant platform
- For the duration of the COVID-19 public health emergency, use of non-public facing remote communications products is permitted
- Includes popular applications for video chat (e.g., Apple FaceTime, Facebook Messenger, Skype)
- Excludes public-facing applications such as Facebook Live, Twitch, TikTok
- [Link to DHHS Information re: HIPAA & COVID-19](#)



# Examples of Available HIPAA Compliant Platforms

| Platform  | Pros  | Cons  | Cost  |
|---|---|---|---|
| <b>Zoom</b><br>Screen sharing from desktops, tablets, or mobiles devices          | Excellent performance, responsive customer service, chat & messaging                | Free plans limit meeting time to 40 mins, no US toll-free dial-in numbers | Free plan & options up to \$19.99 monthly           |
| <b>Microsoft Teams</b><br>Designed for seamless efficiency & collaboration        | Up to 300 users, able to launch videos directly from their chats, easy to use       | Convenient for Microsoft environments only, not designed for open dialog  | Free account & options up to \$12.50 monthly        |
| <b>Skype for Business</b><br>(free version of Skype not HIPAA compliant)          | Unlimited meetings, screen sharing, instant messaging, security, up to 250 users    | Log in issues, connection issues are common                               | E5 with HIPAA compliant version \$35 monthly        |
| <b>GoToMeeting</b><br>Standalone audio & visual web-conferencing w/ screensharing | Simple user interface, mobile friendly, offers custom URL to access conference room | Lacks advanced options such as polling, requires GoToWebinar app          | Basic plan at \$14 monthly                          |
| <b>WebEx</b><br>Integrated audio, video & content sharing, secure                 | Excellent video collaboration for online training, up to 100 users                  | Not easily customized, advanced features not as user friendly             | Decent free version & options up to \$26.95 monthly |

# Telehealth MAT Patient Confidentiality Before & During COVID-19

- Normally, must comply with patient confidentiality re: SUD treatment pursuant to CFR 42 Part B
- **Guidance on telehealth consent requirements temporarily waived under emergency conditions** (deemed by the provider)
- Waives obtaining a release of information pursuant to CFR 42 Part B requirements from the patient before disclosure.
- May permit re-disclosures of information. All exceptions should be carefully documented.
- Normally, informed consent does not have to be written, but must be obtained & documented: **Standards of Practice for Telehealth, CA BH Providers**

# COVID-19 Relaxed Prescribing Rules

Drug Enforcement Administration (DEA) has waived provisions of the Ryan-Haight Act which required in-person visits for initial & ongoing prescription of controlled substances

- Applies to DEA-registered practitioners
- Acting in accordance with other applicable state & federal laws
- Issuing prescriptions for a legitimate medical purpose
- Through telemedicine communication conducted between practitioner & patient
- Using an audiovisual, real-time, two-way interactive system or telephone

**Resource Highlight:** [Link to DEA Guidance Specific to Use of Telemedicine to Deliver MAT](#)



# MAT, Telehealth & COVID-19 Exceptions

[Link: SAMHSA/DEA guidance: FAQs MAT during the pandemic](#)



OTPs: methadone take-home up to 28-days for stable patients



Less stable, but can safely manage - up to a 14-day supply



States may request a blanket exception from SAMHSA for MAT



CA has obtained a blanket exception - details on the next slide

# Updated Medi-Cal MAT & Pharmacy Exceptions

- Medi-Cal allows up to a 100-day supply dispensing of covered drugs
- State law: maximum of 5 refills for schedule III & IV drugs, not to exceed a total supply of 120-days
- Quantity limits per dispensing of opioid-containing drugs can be overridden by approved Treatment/Service Authorization Request (TAR or SAR)
- Pharmacy providers required to supply at least of 72 hours of medications in an emergency without an approved TAR/SAR

**Resource Highlight:** [Medi-Cal FFS Pharmacy Benefit Reminders & Clarifications](#)

**Note:**  
Temporarily permitted to provide MAT induction for new patients beginning treatment with buprenorphine via telehealth; however, new patients may not begin MAT with methadone unless seen in-person.

# Process for MAT Telehealth during the Pandemic

NTPs submit a letter of need to DHCS for review to obtain blanket approval for:

- Expanded supplies/prescriptions of MAT medications.
- Blanket urinalysis (UA) exceptions (but must test at least 8 times per year)
- Blanket counseling exceptions (but adequate levels as clinically necessary)
- DHCS encourages NTPs to provide counseling services via telehealth.

**Resource Highlight:** [DHCS COVID-19 FAQs: Narcotic Treatment Programs](#)

# Sustained Medi-Cal Reimbursement: MAT via Telehealth

- Medi-Cal pays the same rate for professional medical services provided by telehealth as it pays for services provided in-person.
- Only 3% of all opioid treatment is located in rural areas, despite higher rates of reported misuse of prescription opioids than urban areas
- The CA Drug Medi-Cal Organized Delivery System allows reimbursement for:
  - ◆ physician evaluation,
  - ◆ physician medication management,
  - ◆ group, individual & family counseling,
  - ◆ case management,
  - ◆ plus other services—by telephone for all counties (without approval),
  - ◆ and by telehealth, if approved by the county.

# Medi-Cal & Drug Medi-Cal Certification

## **Advantages:**

- Offers appropriate levels of comprehensive care to clients with severe OUD
- Integrated treatment deals with the reality of co-occurring complexities
- Ideal for agencies that offer a full continuum of care → long-term residential → to IOP → outpatient → sober living → ongoing recovery support
- Reduces relapse, increases self-efficacy among patients branded 'treatment failures' who failed to receive appropriate treatment

## **Disadvantages:**

- Bureaucratic burden of certifications
- Catchment areas may pose problems
- Return may not justify investment into becoming a provider

# Billing Telehealth MAT Services

## The keys to understanding telehealth MAT/SUD Billing

- 1) There is no difference in reimbursement rates for MAT services delivered in-person or via telehealth
  - Does not alter reimbursement for the CPT or HCPCS code
- 2) Understand the difference between the two categories of telehealth services that can be billed: asynchronous & synchronous
  - **Synchronous:** real-time interaction between patient and provider located at different sites via telecommunications.
  - **Asynchronous:** a task related to patient care a provider completes outside of real time with the patient, not simultaneous to patient care

# Billing Codes for MAT via Telehealth

|   |  |  |   |
|---|--|--|---|
| <b>Synchronous</b><br>Patient participates in                     | counseling, physician prescribing, monitoring, or medication management, case management, etc.   | Via real time phone, video or teleconferencing or internet communication               | Modifier: <b>95</b><br>Plus HCPCS Code            |
| <b>Asynchronous</b><br>No patient participation                   | Forward and store patient information, screening, history, testing & lab results   | Images or data sent, stored, received or provided through a telecommunications system. | Modifier: <b>GQ</b><br>Plus CPT or HCPCS code     |
| <b>Consultations</b><br>Provider(s) participates                  | A health care provider at a distant site bill for an e-consult when benefits or services delivered meet procedural definition & components | CPT code 99451 as defined by the AMA & requirements in the Medi-Cal provider           | Modifier: <b>GQ</b><br>Plus CPT Code <b>99451</b> |
| <b>Other E &amp; M</b><br>Normally offered                        | All other evaluation & management services from original site provided to the patient via telehealth                                       | Via real time phone, video or teleconferencing or internet communication               | No modifier:<br>Standard billing                  |
| <b>Place of Service</b><br>Documented for all telehealth services | To indicate services were provided or received through a telecommunications system.  | N/A for FQHCs, RHCs or IHS-MOA clinics   | Code: <b>02</b><br>on all claims                  |

# Learn More: Resources & Next in our Series: Understanding Drug Medi-Cal

Join Us for *Understanding Drug Medi-Cal*: **June 18 from 12:00-1:00pm PDT**

## Additional resources:

- [Centers for Medicare and Medicaid Services: Telemedicine](#)
- [American Telemedicine Association](#)
- [California Telehealth Resource Center](#)
- [Preparing to Become A Drug Medi-Cal Provider \(checklist\)](#)
- [Revised Drug Medi-Cal Application & Supplemental Changes From](#)
- [Telepsychology: Improving Access while Maintaining Alliance \(APA\)](#)



# Audience Poll: Telehealth Successes

*Please select the answer that best describes success you have had with regard to delivery of MAT services via telehealth*

- A. Mobile MAT services
- B. Obtaining Drug Medi-Cal telehealth certification
- C. Engaging youth in MAT via telehealth
- D. Coordinating MAT telehealth services for patients in rural areas
- E. Telehealth in-reach into custody settings with to offer continuity of care for transitioning back into the community


# Up Next

## A Deeper Dive: Office Hours Access

- Thursday, May 28th, from Noon - 2pm PDT
- To participate in Deeper Dive Office Hours, complete and submit the form (downloadable with today's slides).
- Form will also be sent with the evaluation following this webinar.

*Getting Paid: Drug Medi-Cal and MAT Reimbursement*

June 18 from 12:00-1:00pm PDT



**DEEPER DIVE OFFICE HOURS**  
Appointment Scheduling  
May 28, noon – 2pm PDT

Appointments available from 12-12:20; 12:25-12:45; 12:50-1:10; 1:15-1:35; 1:40-2:00.  
More will be scheduled as needed.

Name:

Title/Job:

Agency:

County:

Email:

Phone:

Preferred time (see above options):

QUESTIONS to be addressed with consultant:

# **MAT WAIVERED PRESCRIBER SUPPORT INITIATIVE**



Could you benefit from physician consultation to provide Medications for Addiction Treatment (MAT)?

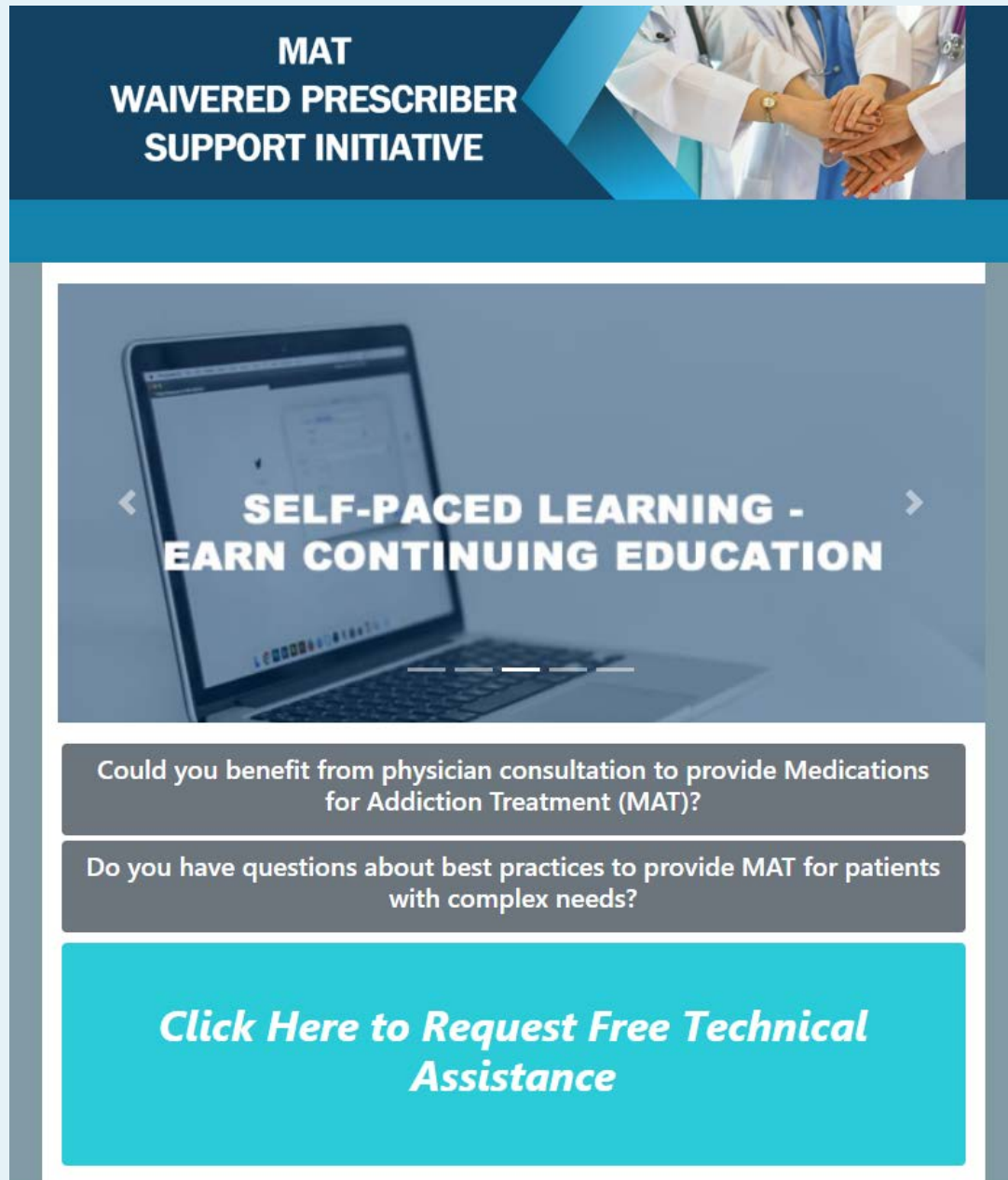
Are you seeking additional resources to help patients struggling with opioid use?

Do you have questions about best practices to provide MAT for patients with complex needs?

***Request Free  
Technical Assistance  
TODAY***

**Make a request at [www.uclaisap.org/MATPrescriberSupport/](http://www.uclaisap.org/MATPrescriberSupport/)**

# Additional Learning Opportunities



**MAT  
WAIVERED PRESCRIBER  
SUPPORT INITIATIVE**



**SELF-PACED LEARNING -  
EARN CONTINUING EDUCATION**

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# PSATTC Post-Event Feedback

**4222052120**

5/21/2020

Getting Paid for MAT Delivered via Telehealth (MAT Financing Webinar #1)

Expected duration: 1 hour

SPARS EDF: Yes

[Post Event GPRA](#)

If the link above does not work, copy the text below and paste into your browser's address bar, or scan the QR code with a smart device

[https://www.isapdmc.org/attc?MeetingType=X&supass=51JG\\*J\\*aT&EventCode=4222052120&FU=0](https://www.isapdmc.org/attc?MeetingType=X&supass=51JG*J*aT&EventCode=4222052120&FU=0)

