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2020 Final Rule Impact on Opioid Treatment and Telehealth

Introduction

To address the opioid crisis, Congress passed the “Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities” (SUPPORT) Act that expands Medicare coverage for Opioid Use Disorder (OUD) treatment services. The SUPPORT Act requires Medicare to:

- cover services provided by certified Opioid Treatment Programs (OTP);
- expand telehealth services furnished for treatment of substance use disorders and co-occurring mental health disorders; and
- eliminate geographic restrictions on any telehealth originating site (excluding renal dialysis facilities).

Section 2005 of the SUPPORT Act established a new Medicare Part B benefit for OUD treatment services furnished by OTPs on or after January 1, 2020. OTPs provide medication-assisted treatment for people diagnosed with OUD. The statute allows implementation, “through bundles based on the type of medication provided, the frequency of services furnished, characteristics of the individuals furnished such services, or other factors as the Secretary determines appropriate.”

The Centers for Medicare and Medicaid Services (CMS) in the 2020 Physician Fee Schedule (PFS) Final Rule created a bundled payment for the management and counseling for OUD for clinicians in an office setting that is similar to the services under the new OTP benefit for Opioid Treatment Programs. The individual psychotherapy, group therapy, and substance use counseling included in these codes could be furnished using Medicare telehealth services as clinically appropriate.

Executive Summary

CMS hopes to incentivize increased provision of counseling and care coordination for patients in the office setting by expanding access to OUD care. The 2010 PFS Final Rule added three bundled codes to the telehealth list: G2086, G2087, and G2088. HCPCS bundled code G2086 is for the initial month which includes development of the treatment plan, G2087 is for subsequent months, and G2088 is an add-on code. In order to bill G2088, the time spent by professional and clinical staff furnishing the OUD treatment services must exceed double the minimum amount of service time required to bill the base code for the month. In-office providers must use the new codes to bill for the OUD services. Providers have the option to provide counseling, group therapy, and individual therapy included in the bundled services in person or through telehealth services.

As of July 2019, the SUPPORT Act removed geographic limitations, allowed all telehealth services originating sites (with the exclusion of renal dialysis facilities), and added the patient's home as an originating site for the patient when using telehealth services provided for OUD, Substance Use Disorder (SUD) and for mental health disorders co-occurring with the SUD. When a patient's home is used as the originating site, the originating site facility fee is not allowed for Medicare reimbursement.

For OTPs, 9 HCPCS codes and 5 add on codes were created. OTPs can only bill Medicare using the specific codes for OTP services. OTPs cannot bill Medicare for non-OTP services, and no other provider or supplier type except for an OTP can bill for OTP services. OTPs are also allowed to furnish substance abuse counseling, individual therapy, and group therapy that are included in the bundled codes via telehealth services as clinically appropriate.

In order for OTPs to participate in the Medicare program, they must be enrolled in Medicare, be certified by the Substance Abuse and Mental Health Services Administration (SAMHSA) and accredited by an independent, SAMHSA-approved accrediting body, and meet additional conditions as the Secretary may find necessary to ensure the health and safety of individuals being furnished services under such program, and the effective and efficient furnishing of those services. For SAMHSA certification, OTPs must comply with all pertinent state laws and regulations and all regulations enforced by the Drug Enforcement Administration. Services provided by OTPs include: FDA approved opioid agonist and antagonist medications for the treatment of OUD, dispensing and administering such medications, substance abuse counseling, individual and group therapy, toxicology testing, intake activities, and periodic assessments.

Background

Historically, CMS generally limited telehealth coverage to only certain modalities and geographic locations (rural areas). For substance use disorder treatment to be covered by Medicare, services had to be received from a Medicare approved provider or facility, the provider had to establish a plan of care, and the treating provider had to determine services were medically necessary.

In order for Medicare beneficiaries to receive telehealth services, they had to be geographically located in a county outside of a Metropolitan Statistical Areas (MSA) or in a rural Health Professional Shortage Area (HPSA) located in a rural census tract. For services to be reimbursed

using telehealth services, the services had to be included on the teleservices list. A patient's home could not be an originating site to receive telehealth services prior to July 2019.

Prior to the 2020 PFS Final rule, OTPs were not recognized as Medicare providers, meaning that beneficiaries receiving medication-assisted treatment (MAT) at OTPs for their OUD had to pay out of pocket. OTPs provide MAT for people diagnosed with an OUD and are the only entities authorized to dispense methadone. Under the new Medicare Part B benefit, OTPs will be able to bill and receive payment under the Medicare program and OUD treatment is available with no out-of-pocket costs to anyone who has Medicare Part B coverage.

The 2020 PFS Final Rule updated payment policies, payment rates, and other provisions for services furnished under the Medicare Physician Fee Schedule. The Final Rule added services to the telehealth list. It also implemented Section 2005 of the Substance Use Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act, which created a new Medicare Part B benefit for Opioid Treatment Programs.

Key Elements

When using telehealth services for substance use disorder:

1. OUD individual therapy, group therapy, and substance abuse counseling services provided by in-office based providers must use OUD bundled codes for reimbursement.
2. Patients with OUD and SUD can use all originating sites for telehealth services except renal dialysis facilities.
3. OUD individual therapy, group therapy, and substance abuse counseling services provided by OTPs must use OTP bundled codes for reimbursement.
4. Remove geographic restrictions for telehealth services for OUD, SUD, and co-occurring mental health treatment.
5. Patient's homes can be used as an originating site, which cannot charge a facility fee.

Timing

Effective date of use for 2020 PFS Final Rule: January 1, 2020

Additional Information

2020 PFS Final Rule: <https://www.federalregister.gov/documents/2019/11/15/2019-24086/medicare-program-cy-2020-revisions-to-payment-policies-under-the-physician-fee-schedule-and-other>

Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act or the SUPPORT for Patients and Communities Act:

<https://www.congress.gov/bill/115th-congress/house-bill/6>