California Health Care Foundation

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HOW TO PAY FOR IT

MAT in the Emergency Department: FAQ

California has responded to the opioid overdose epidemic by investing more than $240 million in federal funds to support medication-assisted treatment (MAT) expansion throughout the medical and behavioral health care system, as well as in correctional health. Of these funds, the ED-Bridge program has received more than $9 million to support expansion of MAT in emergency departments (EDs) and inpatient hospital settings.[1] Thirty-one hospitals received grants and joined a learning collaborative that launched in February 2019. Plans are in place for another cohort of hospitals to join a learning collaborative later in 2019. Funding includes core grants for start-up costs, as well as funding for alcohol and drug counselors in rural EDs.[2]

ED visits involving substance use disorders (SUDs) experienced a cumulative increase of more than 50% from 2006 through 2013.[3] California's rate of opioid-related ED utilization more than doubled from 2008 through 2016 (from 76.8 to 183.5 per 100,000 population per quarter).[4]

In addition to the sheer volume of opioid use disorder (OUD) cases that flow through the ED, the ED is an ideal setting to begin MAT for several reasons. First, patients with OUD commonly go to the ED, seeking more opioids to maintain their addiction, help in managing withdrawal symptoms, or as a result of an overdose.[5] The visit can be an opportunity to bring a patient into treatment at a high-risk, high-motivation moment, especially since people rescued from an overdose have a 1 in 10 chance of dying within the next year.[6] Second, evidence suggests that buprenorphine — a medication common in the treatment of OUD — is safe to use in the ED, does not promote drug-seeking, and doubles the chance that a patient will be in treatment after 30 days.[7] ED-based clinicians can also administer buprenorphine without a federal waiver or additional training, as long as medication administration is limited to no more than 72 hours and is used to relieve acute withdrawal symptoms.[8] Finally, treating a patient's underlying OUD, rather than simply managing symptoms associated with withdrawal, may be more efficient and effective. A 2015 *Journal of the American Medical Association* study found that ED-initiated buprenorphine significantly increased engagement in addiction treatment, reduced self-reported illicit opioid use, and decreased use of inpatient addiction treatment services, compared with brief intervention and referral for treatment.[9]

This document provides responses to frequently asked questions about providing MAT in EDs, focusing on funding and reimbursement options.

What is the X-waiver?

As required by the Drug Addiction Treatment Act of 2000 (DATA 2000), clinicians can prescribe buprenorphine, a controlled substance, to treat addiction only after receiving training (eight hours for physicians, 24 hours for nurse practitioners and physician assistants). Following successful completion of this training, a prescriber's U.S. Drug Enforcement Agency (DEA) license number will include an "X," which signifies the capability to prescribe buprenorphine for addiction. This is known as the X-waiver.

What is the three-day rule?

Under the three-day rule, buprenorphine and methadone can be administered (but not prescribed) in the ED for the treatment of pain and acute withdrawal without a DEA X-waiver, for no more than 72 hours.[10] Requirements around the three-day rule also include the limitation that not more than one day's medication can be administered or given to a patient at one time and that the 72-hour period cannot be renewed or extended.

ED clinicians may prescribe buprenorphine if they have an X-waiver. Methadone may only be administered; it can not be prescribed.

Can a patient in the ED receive a buprenorphine prescription via telemedicine?

Buprenorphine and all products containing buprenorphine are Schedule III controlled substances.[11] Under the 2008 Ryan Haight Act, an X-waivered clinician can prescribe buprenorphine by telemedicine, as long as the patient is in the presence of a clinician in a DEA-registered facility, such as an ED, while the X-waivered prescriber conducts a virtual visit (e.g., via live video).[12] The buprenorphine provider can then call in or fax a buprenorphine prescription.[13] In October 2018, Congress passed a law to allow prescribing of buprenorphine through telemedicine without an in-person exam, requiring the DEA to issue language to support this exception through "special registration."[14] The legislation set a one-year deadline for the DEA to issue a final regulation that includes the special registration language; this language has not been released at the time of publication.

How is the ED visit reimbursed?

Payment for ED MAT is based on the same acuity scale used for other patients seen in the ED. ED payments use a five-tier system (CPT codes 99281–99285), based on severity. While some patients may fall into lower severity levels, the medical decision-making involved may result in a higher code.

Patients presenting with a relevant chief complaint (e.g., withdrawal, chronic pain with narcotics) can be assessed for OUD and, if appropriate, then prescribed buprenorphine to initiate treatment for withdrawal. Providers and the ED care team may conduct a general health screening and motivational interviewing to identify patient goals as well as community-based treatment options. ED-Bridge — a program that supports EDs throughout California to develop and implement plans for round-the-clock access to buprenorphine for patients with OUD — notes that starting patients on buprenorphine can be efficiently fast-tracked and can take less time than managing someone with untreated withdrawal symptoms. More information on treating OUD in the ED can be found on the ED-Bridge website.

How is buprenorphine paid for?

When buprenorphine is administered in the ED, reimbursement is treated the same as for other medications. It is either bundled into a visit rate or billed on a fee-for-service basis. Prescriptions for combination buprenorphine/naloxone medications dispensed through pharmacies are reimbursed through Medi-Cal, and no Treatment Authorization Request (TAR) is required.[15] Most insurance companies have removed prior-authorization requirements for buprenorphine/naloxone products used for addiction treatment.

The exceptions are for buprenorphine-only products for pain indications, as well as long-acting buprenorphine injections or implants. These formulations

require prior authorization in Medi-Cal and usually for other insurance plans as well.

Although buprenorphine is the most appropriate medication for ED-based MAT for OUD,[16] naltrexone tablets and injectable naltrexone are both covered under Medi-Cal fee-for-service and could be administered and/or prescribed for patients with alcohol use and opioid use disorders.[17]

Most people on Medi-Cal are enrolled in a Medi-Cal managed care plan, and most medications for physical health issues are covered by these plans and not subject to caps on prescriptions per month. In contrast, all addiction, antipsychotic, and human immunodeficiency virus (HIV) medicines are "carved out" and covered by Medi-Cal fee-for-service. Medi-Cal fee-for-service will not reimburse providers for more than six prescriptions per month for medications in the carve-out, or fee-for-service, program[18]; however, TARs for additional refills are easily approved by Medi-Cal if frequent prescriptions of small doses are required for patient safety.[19] The California Department of Health Care Services notes that the turnaround time for the approval of TARs for medications with this limitation is 24 hours.[20]

Can SBIRT be reimbursed when used in ED-based MAT in Medi-Cal?

Screening, Brief Intervention, and Referral to Treatment (SBIRT) is an evidence-based practice used to identify, reduce, and prevent problematic use of alcohol and drugs. Medicare reimburses for SBIRT as a preventive service in the primary care setting.[21] In California, SBIRT is a billable service for Medi-Cal only if the ED has a specific contractual agreement with a Medi-Cal managed care health plan to provide this service.

What funds can be used for patient navigators or SUD counselors?

ED-based navigators or counselors provide education and counseling to support ED-based buprenorphine starts. Services provided by ED-based navigators and counselors are not reimbursable separately under Medi-Cal but could be included as part of a bundled visit rate. Some hospitals have worked out grant arrangements with Medi-Cal health plans. EDs can also contract with Medi-Cal plans to get reimbursement for SBIRT services, which is a Medi-Cal benefit.

Neither case management nor behavioral health services are required to be in place for patients to receive buprenorphine in the ED as long as the ED has arrangements with community providers for ongoing care. However, given limited clinician time, navigators or counselors can present a more cost-effective way to screen patients, conduct motivational interviewing, and offer counseling and support.

What funds support clinician training opportunities?

Providers may access no-cost X-waiver and other clinical training opportunities through the MAT Expansion Project website.[22] The Providers Clinical Support System also offers no-cost trainings for physicians, nurse practitioners, and physician assistants.

The California Society of Addiction Medicine (CSAM) provides medical education opportunities, and its sister organization, the Medical Education and Research Foundation for the Treatment of Addiction, offers scholarships to CSAM's annual addiction education conference, which include a year of mentoring with addiction experts.

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About the Foundation

The California Health Care Foundation is dedicated to advancing meaningful, measurable improvements in the way the health care delivery system provides care to the people of California, particularly those with low incomes and those whose needs are not well served by the status quo. We work to ensure that people have access to the care they need, when they need it, at a price they can afford.

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About This Series

The California Health Care Foundation commissioned ***How to Pay for It***, a series of short papers that focuses on reimbursement mechanisms for strategies that advance integration of behavioral health and medical care.

Endnotes

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