Modernizing Substance Use Disorder Coverage in Medicare: A Clinical Perspective

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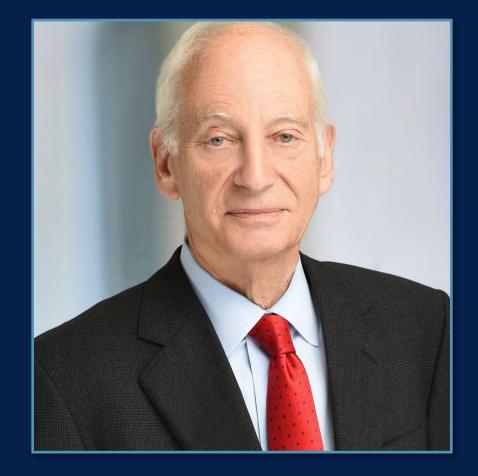


Disclosure Information

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No disclosures





Learning Objectives

 To provide a clinical illustration of the policies and data in the two previous presentations



Patient Scenario #1: 62 y.o.

- Married, childless blue-collar male retired at age 55
- Daily drinking for 20 years. After retirement began drinking earlier in day progressing to morning drinking
- Hypertension, adult onset diabetes: increasing irregularity of medication as drinking escalated
- Referred by PCP → outpatient withdrawal management WITH extended on-site monitoring, intensive outpatient rehabilitation, continuing care, engagement in recovery support community → Sustained Remission



Scenario #1: Insurance Reimbursement

- Deductible and copays waived for all outpatient SUD services
- Copays waived for all medical services as long as patient remained in SUD treatment



Patient Scenario #2: 65 y.o.

- Same clinical presentation as Scenario #1 except that patient waits to age of 65 to seek treatment
- Services not reimbursed:
 - Outpatient withdrawal management WITH extended on-site monitoring, intensive outpatient rehabilitation,
- Services reimbursed:
 - Outpatient withdrawal management WITHOUT extended on-site monitoring
 - Non-intensive outpatient services
 - Inpatient hospitalization



Provider Billing Problem

- If Medicare is primary, billing maximums are determined by Medicare and secondary insurance cannot exceed them
- If Medicare does not have billing codes for Outpatient WM With Extended On-Site Monitoring or for Intensive Outpatient, it uses other codes with dramatically lower values
- Only feasible option for provider is to:
 - Opt out of Medicare
 - Treat patient on a Self Pay basis
 - Have patient submit bill to Medicare for denial and then submit to secondary insurance for reimbursement.



Final Takeaways

- The clinical prognosis of patients with SUD is enhanced by insurance coverage that supports effective treatment
- Some commercial insurance companies protect themselves from the financial burden of repeated SUD treatment by providing incentives for patients to complete a full course of treatment
- Medicare could improve its cost-effectiveness as a health insurance plan by following the model established by some commercial health insurance companies

