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## CMS delays simplified E/M payment structure in final rule on 2019 Fee Schedule

### *Psychiatric News*

For 2019, the Centers for Medicare and Medicaid Services (CMS) has reduced administrative burdens on physicians associated with documentation and preserved separate payments for each of the existing levels of evaluation and management (E/M) services used to describe care for new and established patients in outpatient settings.

These provisions are part of the final rule on the 2019 Medicare Physician Fee Schedule, released by CMS in early November. In its original August proposal, CMS proposed a single “flat payment rate” for level 2 through level 5 E/M services provided in outpatient settings. This change would have resulted in physicians being paid a single rate for those services regardless of the complexity of the work a patient requires.

CMS is delaying the implementation of the proposed simplified payment structure until 2021 and has modified its original proposal. In 2021, CMS plans to collapse the payment for levels 2 through 4 for outpatient visits but will retain a separate payment amount for level 5 services.


In the meantime, CMS has adopted several of the documentation changes for which APA advocated in comments it submitted on the proposed rule. Beginning on Jan. 1, 2019, CMS will no longer require physicians to document medical necessity for treating patients in their home rather than in the office; no longer require physicians to re-record elements of a patient’s history and exam when there is documentation that those items have been reviewed

## APA, SAMHSA launch Telepsychiatry Learning Collaborative

APA and the SAMHSA funded STR-TA initiative have announced the launch of the Telepsychiatry Role in Medication-Assisted Treatment virtual learning collaborative that is set to start Monday, Dec. 17. The collaborative will be led by Dr. Hector Colon-Rivera, attending psychiatrist at University of Pennsylvania Health System and clinical associate attending psychiatrist in the Department of Psychiatry, Perelman School of Medicine, University of Pennsylvania.

This 12-week experience will focus on guidelines and recommendations surrounding the use of telepsychiatry, and the implementation of telepsychiatry in practice with a focus on caring for patients with substance use disorders in areas that lack access to traditional care. The collaborative combines live online interactions with on-demand activities and discussion boards to engage learners. Participants will also complete an individual project and earn up to 12 *AMA PRA Category 1 CME credits*<sup>™</sup>.

To join the collaborative, fill out the registration form at [Telepsychiatry Learning Collaborative](#) and a group code will be provided to allow access to the collaborative.

Space is limited. 

*continued on page 2*

## WHAT'S UP AROUND THE STATE...

## Birmingham



## BIRMINGHAM PSYCHIATRIC SOCIETY



For more information about the Birmingham Psychiatric Society contact BPS President Paul O'Leary, MD, at [dr.paul@me.com](mailto:dr.paul@me.com).

## Central Alabama

For More information about the Central Alabama Society, contact Linda Teel at (334) 288-9009 ext. 207 or [linda.teel@mpa1040.com](mailto:linda.teel@mpa1040.com).



## Mobile Bay



For information on the Mobile Bay Psychiatric Society e-mail [wbrooks@altapointe.org](mailto:wbrooks@altapointe.org).

## Tuscaloosa

If you live in the Tuscaloosa area and would like to get connected with your fellow colleagues, check out the Tuscaloosa



Chapter of APPA. Contact Thaddeus Ulzen, MD, at [tulzen@cchs.ua.edu](mailto:tulzen@cchs.ua.edu) for more information. 🌐

# BCBS Alabama to no longer cover OxyContin

## *Medical Association of the State of Alabama*

Effective Jan. 1, 2019, Blue Cross Blue Shield of Alabama will no longer cover OxyContin for patients with the exception of Blue Advantage members. This is in response to concerns for members' care and safety.

Since 2015, opioid prescriptions in the United States and in Alabama have declined. Over the last two years, opioid prescriptions for BCBS Alabama's commercial members have decreased 18 percent. While progress is being made, this issue calls for continued action by all parties.

Beginning Jan. 1, 2019, the following changes to Blue Cross' Opioid Management Strategy for commercial members will be implemented:

- Roxybond, the new instant release oxycodone formulation that is considered "abuse deterrent" by the FDA, will be covered.
- Lucemyra (lofexidine), the first non-opioid approved drug to treat the symptoms of opioid withdrawal, will be covered.
- OxyContin, and its generic (oxycodone ER), will no longer be covered. Xtampza ER (oxycodone ER) will be available to all members at a non-preferred brand cost share.

Letters have been mailed to BCBS members receiving OxyContin or oxycodone ER notifying them of the change and recommending that they follow up with their doctor to discuss potential alternatives. Providers have also been notified with a list of covered alternatives.

Several alternatives will be covered at the lowest copay for members who need a long-acting opioid for around the clock pain management: Morphine ER, Tramadol ER, Fentanyl ER and Methadone will be covered.

Blue Cross encourages its members to consult their doctors about any treatments or prescription drugs they may need, and the company relies on physicians' expertise to know what is best for their patients. Blue Cross will continue to develop and adopt policies and procedures that promote safe prescribing of opioid medication and appropriate access to treatment for opioid use disorder. 🌐

## 2019 Fee Schedule, cont.

and updated; and will allow physicians to indicate that they have reviewed and verified information on the chief complaint and history that are already documented in the record by ancillary staff or the patient. These changes are expected to reduce administrative burden on physicians associated with documentation.

Physicians are to continue using either the 1995 or 1997 documentation guidelines for E/M code selection.

The fee schedule also includes important changes to requirements around electronic health records, the Merit-Based Incentive Payment System, and the use of quality measures.

Staff at APA are continuing to analyze the fee schedule. Members who have questions should contact the APA Practice Management Helpline at (800) 343-4671. Look for the December 21 issue of *Psychiatric News* for complete coverage of the fee schedule.

Detailed information on the fee schedule is posted at the [CMS website](#). 🌐

# APPA Fall Conference

## October 26-27, 2018

# Conference Wrap-up



## Welcome Reception

Our welcome reception at the Mobile Carnival Museum was a big hit! The Mardi Gras-themed event included delicious food and stellar music by the Excelsior Band.



## Poster Winners

Six abstracts were submitted for competition at the 2018 Fall Conference. APPA congratulates the following winners:

### 1st Place

Lauren Chastain, Shyla Hossain, Shanthi Gatla – *Overdose without the Dose: A Case Study of Patient Handoff in Psychiatry* (Abstract 18-2-04)

### 2nd Place

Tina Jackson, Lindsey Stewart, Adam Ali, Peyman Tashkandi – *Cost Analysis of Implementing Contraception in a Medication Assisted Treatment (MAT) Facility in Mobile, AL* (Abstract 18-2-06)

### 3rd Place

Garrett Dunn – *Stable, Low-Dose Quetiapine Causing Neuroleptic Malignant Syndrome in an Elderly Patient* (Abstract 18-2-01)

All abstracts submitted for competition are available on APPA's website in the [Members-In-Training](#) section.

*Garrett Dunn, 3rd Place winner, is pictured with Dan Dahl, MD, Hal Veits, MD, DLFAPA, and Tarak Vasavada, MD, DFAPA.*



*Shyla Hossain, 1st Place winner, is pictured with Hal Veits, MD, DLFAPA, and Dan Dahl, MD.*



## Proclamation

In recognition of Mental Illness Awareness Week (October 7-14) APPA President-elect Godehard Oepen, MD, PhD, DFAPA, presented President J. Luke Engeriser, MD, FAPA, with a proclamation signed by Gov. Kay Ivey.

# CMS announces new Medicaid opportunity to expand mental health treatment services

## *Medical Association of the State of Alabama*

The Centers for Medicare & Medicaid Services (CMS) recently sent a letter to State Medicaid Directors outlining opportunities for states to design innovative service delivery systems for adults with serious mental illness (SMI) and children with serious emotional disturbance (SED). The letter includes a new opportunity for states to receive authority to pay for short-term residential treatment services in an institution for mental disease (IMD).

“More treatment options for serious mental illness are needed, and that includes more inpatient and residential options. As with the SUD waivers, we will strongly emphasize that inpatient treatment is just one part of what needs to be a complete continuum of care, and participating states will be expected to take action to improve community-based mental health care,” said Health and Human Services Secretary Alex Azar. “There are effective methods for treating the seriously mentally ill in the outpatient setting, which have a strong track record of success and which this administration supports. We can support both inpatient and outpatient investments at the same time. Both tools are necessary, and both are too hard to access today.”

CMS currently offers states the flexibility to pursue similar demonstration projects under Section 1115 (a) of the Social Security Act, regarding substance use disorders (SUDs), including opioid use disorder. To date, CMS has approved this authority in 17 states, where it is already improving outcomes for beneficiaries. With this new opportunity, CMS will be able to offer a pathway forward to the 12 states who have already expressed interest in expanding access to community and

residential treatment services for the full continuum of mental health and substance use disorders.

States participating in the SMI/SED demonstration opportunity will be expected to commit to taking a number of actions to improve community-based mental health care. These commitments to improving community-based care are linked to a set of goals for the SMI/SED demonstration opportunity and will include actions or milestones to ensure good quality of care in IMDs, to improve connections to community-based care following stays in acute care settings, to ensure a continuum of care is available to address more chronic, on-going mental health care needs of beneficiaries with SMI or SED, to provide a full array of crisis stabilization services, and to engage beneficiaries with SMI or SED in treatment as soon as possible.

Through this demonstration opportunity, federal Medicaid reimbursement for services will be limited to beneficiaries who are short-term residents in IMDs primarily to receive mental health treatment. CMS will not approve a demonstration project unless the project is expected to be budget neutral to the federal government.

States will also be expected to report information detailing actions taken to achieve the milestones and goals of these demonstrations as well as data and performance measures identified by CMS as key indicators of progress toward meeting the goals of this initiative.

In addition to the 1115 demonstration opportunity the letter also describes strategies under existing authorities to support innovative service delivery systems for adults with SMI and children with SED, that address the following issues:

- Earlier identification and engagement in treatment, including improved data-sharing between schools, hospitals, primary care, criminal justice, and specialized mental health providers to improve communications;
- Integration of mental health care and primary care that can help ensure that individuals with SMI or SED are identified earlier and connected with the appropriate treatment sooner;
- Improved access to services for patients across the continuum of care including crisis stabilization services and support to help transition from acute care back into their communities;
- Better care coordination and transitions to community-based care; and
- Increased access to evidence-based services that address social risk factors including services designed to help individuals with SMI or SED maintain a job or stay in school.

CMS announced this new demonstration opportunity following the publication of the *Medicaid Managed Care proposed rule*. States identified key concerns in the 2016 final rules limitation regarding 15-day length of stay for managed care beneficiaries in an IMD. CMS did not propose any changes to this requirement at this time; however, CMS is asking for comment from states for data that could support a revision to this policy. Meanwhile, this new demonstration opportunity will give interested states the ability to seek federal authority to have greater flexibility to pay for residential treatment services in an IMD as part of broader delivery system improvements.

For more information, please visit: <https://www.medicaid.gov>.

SAVE *the* DATE

## Coming Attractions

### 2019 APPA Spring Conference

April 5-7 | Sandestin Golf and Beach Resort, Florida

### 2019 APPA Fall Conference

October 4-5 | Bohemian Hotel, Mountain Brook

### 2020 APPA Spring Conference

April 3-5 | Sandestin Golf and Beach Resort, Florida

### 2020 APPA Fall Conference

October 9-10 | Prattville Marriott Legends

### 2021 APPA Spring Conference

April 23-24 | Embassy Suites, Montgomery

## APA News Briefs

### APA provides guide to navigating psychiatry residency for IMGs

APA's Division of Diversity and Health Equity has published a guide to Navigating Psychiatry Residency in the United States for International Medical Graduates (IMGs). This resource includes information on the U.S. Medical Education and Training System, Languages and Communication, Cultural Factors, and Immigration. Learn more at [www.psychiatry.org](http://www.psychiatry.org).

### December Course of the Month - Functional Neurological Symptom Disorders

In recent years, there has been an explosion of research in the field of neuropsychiatry and renewed interest in understanding related neurocircuits and developing evidence-based treatments for conversion disorder, including cognitive behavior therapy and psychodynamic approaches. This presentation discusses developments in neuropsychiatry and effective strategies in the diagnosis of functional neurological symptom disorder (conversion disorder) for the general psychiatrist. Presented by Sepideh N. Bajestan, MD, PhD, of Stanford University. [Click here](#) to access the Course of the Month and sign up for updates about this free member benefit.

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