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QUICK REFERENCE GUIDE:

Treating Pregnant Women with OUD/SUD During the COVID-19 Pandemic

While elements of the content may be relevant elsewhere, this guide was prepared with support from the California State Opioid Response program. Regulations are rapidly evolving under the COVID-19 national public health emergency and should be reviewed periodically. HMA believes the information in this guide to be accurate as of April 10, 2020.

Type of Services	What is the Service?	Patient Relationship with Provider
Telehealth Visits	A visit with a provider that uses telecommunication systems between a provider and a patient (CMS-Medicare) A mode of delivering health care…via information and communication technologies to facilitate the diagnosis, consultation, treatment, education, care management, and self-management of a patient's health care while the **patient is at the originating site** and health care **provider is at the distant site** (BPC 2290.5)	For new or established patients
Virtual Check-In	A brief (5-10 minutes) check in with your practitioner via telephone or other telecommunications device to decide whether an office visit or other service is needed	For established patients
E-Visits	A communication between a patient and their provider through an online patient portal	For established patients

Distant site (Provider) must obtain informed consent for telehealth services from patient/caregiver.
Health plan must provide coverage for a covered healthcare service for a covered patient on the same basis as it would for an in-person service.

Expansions and Flexibility for Two-Way Telehealth Under the COVID-19 National Emergency

+ Urban areas and patient residences may be originating sites
+ FQHC/RHC may now serve as distant sites (new for Medicare)
+ Telehealth may be used for new patient visits
+ New services allowed under telehealth include services for SUD (including MAT), ESRD, Stroke care, and recertification of Hospice

Other Regulatory Changes Affecting OUD/SUD Care

+ The DEA has allowed providers to prescribe buprenorphine to new and existing patients with OUD via telehealth
+ Sharing patient health records
  + The Office of Civil Rights (HIPAA) has indicated that it will exercise enforcement discretion and waive penalties for HIPAA violations against providers that serve patients in good faith
  + The DEA as indicated that prohibitions on disclosure and use of patient identifying information without patient's written consent under 42 C.F.R. Part 2 would not apply if, in the determination of the provider, a medical emergency exists for purposes of providing needed treatment, and the patient's prior informed consent cannot be obtained (42 U.S.C. §290dd-2(b)(2)(A) and 42 C.F.R. §2.5).
+ SAMHSA has enabled Outpatient Treatment Programs (OTP) and Narcotic Treatment programs (NTP) to request increased authority to dispense take home MAT:
  + A 28-day take-home supply of buprenorphine or methadone for all stable OTP/NTP patients
  + A 14-day supply for less stable patients if the OTP/NTP determines it is safe

Best Practices for Telehealth Counseling

+ **Transparent communication**
  Make emergency messaging available in plain language (and translations). Openly acknowledge the situation isn't ideal. Discuss and establish the patient's preferred method of communication. Offer reassurance that care will continue.

+ **Options for telehealth**
  Many video conferencing choices exist under the relaxed guidelines. Only NON-PUBLIC FACING products should be used.

+ **Confirm the telehealth option. Then:**
  + Schedule appointment and send patient both the appointment and a link to the platform
  + Have patient check that webcam and audio are working, and confirm a phone number as back-up
  + Provide instructions to patient in advance in the event the session is interrupted and reiterate those instructions at the start of the session (e.g., "I will reconnect the session within 2 minutes. If you don't hear back from me after 2 minutes, call me at this number, XXX XXX-XXXX").
  + Verify the patient's location and encourage them to seek out a setting where they can speak privately to the provider

+ **If there is not a written consent that includes the provision of telehealth services, verbal informed consent for telehealth services should be obtained and documented by the provider for each telehealth contact.**

+ **Documentation for benefits or services delivered via telehealth should be the same as for a comparable in-person service** (establishing telehealth visit template to prompt verbal informed consent and thorough visit documentation is advised).

+ **Some patients may need more, not less, therapeutic interaction via telehealth. Tailor visits to meet the need.**

Induction and Management of MAT via Telehealth

Starting buprenorphine via telehealth (e.g., home induction) is a safe and increasingly standard practice for MAT. Under the emergency guidelines, starting methadone still requires an initial in-person visit and examination.

+ Consider the following when establishing criteria to determine patient eligibility for home induction or management:
  + Has patient had recent substance use?
  + Has patient regularly attended appointments at the clinic?
  + Has patient had behavioral Issues at the Clinic?
  + Has the patient had recent criminal activity?
  + Does the patient have a stable home and social setting?
  + What is the patient's length of stay in maintenance treatment?
  + Can the patient safely store their medication?
  + Do the benefits outweigh the risks?

+ For telehealth induction of buprenorphine, the patient should be given very clear instructions on starting buprenorphine when they are having symptoms of withdrawal (address patient education and use of COWS). There are many examples of protocols such as Wait, Withdrawal, Dose from **CA BRIDGE**

+ DEA-registered (X-Waivered) providers **may issue electronic prescriptions for controlled substances to patients for whom they have not conducted an in-person medical evaluation**, if all the following conditions are met:
  + The prescription is issued for a legitimate medical purpose by a practitioner acting in the usual course of his/her professional practice.
  + The telemedicine visit is conducted using an audio-visual, real-time, two-way interactive communication system.
  + The practitioner is acting in accordance with applicable Federal and State law.

Risk of Relapse and Overdose and Harm Reduction

Individuals with SUD are likely at increased risk of relapse and overdose during this unusual period of social isolation and chaos.

+ Triggers for relapse might include:
  + A range of normal emotional reactions to an abnormal situation (e.g., anxiety, fear, concern, frustration, loneliness, anger, boredom)
  + Behaviors and situations (e.g., being around certain people, places and things)
  + Being alone with too many unfiltered thoughts
  + Cravings
+ Other risk factors for relapse and overdose:
  + Lack of access to regular harm reduction support (e.g., regular therapy, clean needles, naloxone, supervised drug testing, etc.)
  + Loss of tolerance due to abstinence or from maintenance treatment
  + Variation in strength and content of street drugs

Billing and Reimbursement

+ **Medicare:** View PDF
+ **Drug Medi-Cal:** Drug Medi-Cal State Plan (non-ODS) rates are identified below. Rates for the Drug Medi-Cal Organized Delivery System (DMC-ODS) are implemented by ODS participating counties. DMC-ODS rates for Humboldt, Lassen, Mendocino, Modoc, Shasta, Siskiyou, and Trinity counties Regional ODS model will be released by Partnership Health Plan upon program implementation.

  The use of rate ranges allows DMC-ODS county programs to adjust reimbursement rates to reflect county specific variances of the actual local cost of providing services. FQHCs and LALs that are not contracted DMC providers will bill services in accordance with their Section 330 grant status and its respective Prospective Payments System (PPS).

Do's and Don'ts to share with patients in anticipation of relapse

+ **DO** be your own advocate – work with others to ensure you have groceries and toiletries, inform providers of needed medications and supplies
+ **DO** educate yourself about additional support options available to you
+ **DO** work with employers and landlords/creditors to reduce financial stress – ask if you are eligible for Family Medical Leave Act to care for loved one, or for unemployment benefits; ask for deferral of rent or utility payments
+ **DO** connect with other friends, family, and support groups
+ **DO** talk to your providers, and create a crisis management or emergency plan (with resources, hotlines, support contacts, refuge locations, etc.)
+ **DO** use practical ways to cope and relax – exercise, talk to loved ones
+ **DON'T** watch news 24/7 and **DO** ensure news is from a credible source

If you DO relapse:

+ **DON'T** stack doses
+ **DON'T** mix opioids and CNS depressants (e.g., downers, alcohol) or other drugs
+ **DO** use testing strips (for fentanyl) and a test dose prior to using

HCPCS Codes	Program	Drug Medi-Cal State Plan Program Rates	Modifier	Unit of Service (UOS) Rate(s) 2019 - 2020
H0020	NTP	Narcotic Treatment Program (NTP) Non-Perinatal	HG	$13.93 Daily
H0020	NTP	Individual Counseling Session (NTP) Non-Perinatal	HG, HD	$14.58 Daily
H0004	NTP	For established patients		$15.74 – per 10-minute increment
H0004	NTP	Individual Counseling Session (NTP) Perinatal	HG, HD	$16.39 – per 10-minute increment
H0005	NTP	Group Counseling Session (NTP) Non-Perinatal	HG	$3.36 – per 10-minute increment
H0005	NTP	Group Counseling Session (NTP) Perinatal	HG, HD	$4.28 – per 10-minute increment
H0015	IOT	Intensive Outpatient Treatment (IOT) Non-Perinatal	HG	$71.78 – per Face-to-Face Visit
H0015	IOT	Intensive Outpatient Treatment (IOT) Perinatal	HG,HD	$87.21 – per Face-to -Face Visit
S5000	NAL	Medication Assisted Treatment (NAL) Naltrexone- Name Brand	HG, HD	$19.06 – per Face-to-Face Visit
S5001	NAL	Medication Assisted Treatment (NAL) Naltrexone- Generic	HG, HD	$19.06 – per Face-to-Face Visit
H0018	RES	Residential-Short-Term-EPSDT (RES)	HG	$110.42 Daily
H0019	RES	Residential-Long-Term-EPSDT (RES)	HG	$110.42 Daily

HCPCS Modifiers:

HA - Youth Services Child/adolescent program
HD - Perinatal Services Pregnant/parenting women's program
HG - ASAM OTP/NTP Opioid addiction treatment program

DMC-ODS counties that have NOT previously included services via telehealth in their program should allow providers to bill for services via telehealth during the period of heightened COVID-19 concern; DHCS approval is not required. Providers should look to their enrolled county SUD program for local program guidance.
No additional billing code is required. The service provided should be claimed with the appropriate procedure code.

OTHER HELPFUL COVID-19 RESOURCES

DHCS	DEA	CMS	HHS-OCR	SAMHSA	TELEHEALTH
VIEW LINK VIEW PDF					

Note: Given that the COVID-19 pandemic is a rapidly changing situation, the material presented here reflects best practices at this point in time. HMA is providing technical assistance on request on this topic and SUD/OUD treatment for Transitions of Care and Perinatal SOR counties. If you or your organization are interested in receiving technical assistance, please follow these links to complete a request form: https://addictionfreeca.org/California-MAT-Expansion-Project/Transitions-of-Care and https://addictionfreeca.org/California-MAT-Expansion-Project/Mom-Baby-Substance-Exposure-Initiative. For more resources on this topic, the additional relevant resources and webinar recordings are compiled in our Resource Library: https://addictionfreeca.org/Resource-Library