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Alcohol Misuse: Screening and Behavioral Counseling Interventions in Primary Care

This is an advisory notification to Molina Healthcare of California (MHC) network providers regarding MHC's obligations to provide Alcohol Misuse: Screening and Behavioral Counseling Interventions in Primary Care, also known as Alcohol Misuse Screening and Counseling (AMSC), services for MCP members ages 18 and older who misuse alcohol. APL 18-014 provides guidance to MHC to ensure compliance with the Medicaid Managed Care for Mental Health Parity requirements included in the Final Rule (CMS-2333-F) issued by the Centers for Medicare and Medicaid Services (CMS) on March 30, 2016.

This notification is based on an All Plan Letter (APL) 18-014 (supersedes AL 17-016), which can be found in full on the DHCS website at

<http://www.dhcs.ca.gov/formsandpubs/Pages/AllPlanLetters.aspx>

UPDATE: Effective for dates of service on or after May 1, 2018, HCPCS codes H0049 (alcohol and/or drug screening) and H0050 (alcohol and/or drug services, brief intervention, per 15 minutes) are replaced by HCPCS codes G0442 (annual alcohol misuse screening, 15 minutes) and G0443 (brief face-to-face behavioral counseling for alcohol misuse, 15 minutes).

This update is based on DHCS Newsflash on April 6, 2018, New Medi-Cal Benefits for Services Related to Alcohol Misuse

http://files.medi-cal.ca.gov/pubsdoco/newsroom/newsroom_26651Rev1.asp

BACKGROUND:

In May 2013, the United States Preventive Services Task Force (USPSTF) updated its alcohol screening recommendation. The USPSTF recommends that clinicians screen adults ages 18 years or older for alcohol misuse. Members engaged in risky or hazardous drinking shall be provided with brief behavioral counseling interventions to reduce alcohol misuse and/or referral to mental health and/or alcohol use disorder services, as medically necessary. Medical necessity must be documented by the member's PCP or primary care team.

What is Changing?

- The Final Rule applied certain requirements from the Mental Health Parity and Addiction Equity Act of 2008 (Pub. L. 110-343, enacted on October 3, 2008) to coverage offered by Medicaid Managed Care Organizations. This included the addition of Subpart K – Parity in Mental Health and Substance Use Disorder Benefits to the Code of Federal Regulations (CFR). The general parity requirement (Title 42 CFR §438.910(b)) stipulates that treatment limitations for mental health benefits may not be more restrictive than the predominant treatment limitations applied to medical or surgical benefits. MHC must be in compliance with the Mental Health Parity rule on October 2, 2017, as required by Title 42 CFR §438.930.

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Please leave provider name and fax number and you will be removed within 30 days.*

- As a result of the Mental Health Parity (CMS-2333-F), the AMSC training requirements for providers have been revised. MHC shall revise policies and procedures to reflect that providers in primary care settings offer and document AMSC services according to requirements that are found in the Medi-Cal Provider Manual.
- Effective for dates of service on or after May 1, 2018, HCPCS codes H0049 (alcohol and/or drug screening) and H0050 (alcohol and/or drug services, brief intervention, per 15 minutes) are replaced by HCPCS codes G0442 (annual alcohol misuse screening, 15 minutes) and G0443 (brief face-to-face behavioral counseling for alcohol misuse, 15 minutes).

HCPCS code G0442 is limited to one screening per year, any provider, unless otherwise medically necessary. Code G0443 may be billed on the same day as code G0442 and is limited to three sessions per recipient, unless otherwise medically necessary.

Requirements:

- MHC is required to cover and pay for an expanded alcohol screening for members 18 years of age and older, or at any time the PCP identifies a potential alcohol misuse problem.
- The USPSTF considers the following three tools as the instruments of choice for screening for alcohol misuse in the primary care setting. Accordingly, one of the following validated screening tools must be used when screening members for alcohol misuse:
 1. The Alcohol Use Disorders Identification Test (AUDIT);
 2. The abbreviated AUDIT-Consumption (AUDIT-C); and
 3. A single-question screening, such as asking, "How many times in the past year have you had 4 (for women and all adults other than 65 years) or 5 (for men) or more drinks in a day?"
- MHC shall cover and pay for behavioral counseling intervention(s) for members who screen positively for risky or hazardous alcohol use or a potential alcohol use disorder.
- Provider Requirements
 - Primary care providers (PCPs) may offer AMSC in the primary care setting as long as they meet the following requirements:
 - AMSC services may be provided by a licensed health care provider or staff working under the supervision of a licensed health care provider, including but not limited to, the following:
 - Licensed Physician
 - Physician Assistant
 - Nurse Practitioner
 - Psychologist
 - At least one supervising licensed provider per clinic or practice may take four hours of AMSC training after initiating AMSC services. The training is not required; however, it is recommended.
- Alcohol Misuse Screening
 - MHC must allow each member one alcohol misuse screening, using a validated screening tool, every year.
 - MHC must ensure that PCPs maintain documentation of the alcohol misuse screening.
 - Please use Medi-Cal screening code **G0442** for Annual Alcohol Misuse Screening.
- Behavioral Counseling Interventions for Alcohol Misuse

- Providers must offer behavioral counseling intervention(s) as specified by the Preventive Services Medi-Cal Provider Manual to those members identified as having risky or hazardous alcohol use when a member responds affirmatively to the alcohol misuse question, provides responses on the expanded screening that indicate hazardous use, or when otherwise identified.
 - Interventions may be delivered by face-to-face sessions, written self-help materials, computer or web-based programs, or telephone counseling. Providers must offer at least one, but may offer up to a maximum of three, behavioral counseling interventions for alcohol misuse per year.
 - Additional behavioral counseling interventions can be provided if medical necessity has been determined by the member's provider; however, medical necessity must be documented by the member's PCP in the member's medical record.
 - Please use Medi-Cal follow-up plan code **G0443** for brief face-to-face behavioral counseling for alcohol misuse.
- Referral to Mental Health and/or Alcohol Use Disorder Services
 - Providers must refer members who, upon screening and evaluation, meet criteria for an alcohol use disorder (AUD) as defined by the Diagnostic and Statistical Manual of Mental Disorders (DSM-5, or as amended) or whose diagnosis is uncertain, for further evaluation and treatment to the County Department for alcohol and substance use disorder treatment services or DHCS-certified treatment program.

Please note that MHC is subject to State regulatory audits and is responsible for ensuring downstream compliance with State program initiatives and requirements. As such, PCPs and Independent Physician Associations (IPAs) must ensure that internal operations are consistent and compliant with these requirements. MHC may conduct periodic audits and request copies of applicable policies and procedures and/or documentation that demonstrates compliance within your organization. Failure to submit any requested documents may result in a Corrective Action Plan.

QUESTIONS

If you have any questions regarding the notification, please contact your Molina Provider Services Representative at (855) 322-4075.