



October 11, 2019

Ms. Seema Verma
Administrator
Centers for Medicare and Medicaid Services
Department of Health and Human Services
7500 Security Boulevard
Baltimore, MD 21244

RE: CMS Request for Information for the Development of a CMS Action Plan to Prevent Opioid Addiction and Enhance Access to Medication-Assisted Treatment

On behalf of the College of Psychiatric and Neurologic Pharmacists (CPNP), we appreciate the opportunity to provide feedback on the Centers for Medicare and Medicaid Services' (CMS) *Request for Information (RFI) for the Development of a CMS Action Plan to Prevent Opioid Addiction and Enhance Access to Medication-Assisted Treatment*.

CPNP is a professional association of more than 2,300 members who envision a world where all individuals living with mental illness, including those with substance use and neurologic disorders, receive safe, appropriate, and effective treatment. Most members are specialty pharmacists and Board Certified Psychiatric Pharmacists (BCPPs) who specialize in psychiatry, substance use disorder, psychopharmacology, and neurology.

While approaches to prevention, intervention, and treatment have improved with the work of the Administration and passage of the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act (the SUPPORT ACT), gaps in the health system continue to persist for the treatment of those with substance use, including opioid use, and mental health disorders.

Psychiatric pharmacists are medication experts who stand to play a significant role in helping to ensure proper use of medication assisted treatment (MAT) for those dealing with opioid use disorders (OUDs). Still, we continue to see them omitted from solutions to address the opioid epidemic, despite their ability to serve alongside physicians and psychiatrists in various healthcare settings to address provider shortages, prevent medication related treatment errors, and improve overall care for OUDs. While we have seen a steady growth and recognition among states and various healthcare systems expanding the use of psychiatric pharmacists to provide treatment for vulnerable populations, we believe an underlying lack of awareness has contributed to the severe delay and under-utilization of these key healthcare providers at the federal level.

The following comments seek to highlight the qualifications, expertise, role and benefits of a psychiatric pharmacist and provide recommendations to CMS on how psychiatric pharmacists can and should be used to improve treatment and services for SUDs, including OUDs.

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1. *What, if any, payment and coverage policies under Medicare and/or Medicaid for the treatment of SUDs, including MAT, do you believe, may help address the Nation's opioid crisis?*

Successful treatment of SUDs, including OUDs, requires frequent and careful monitoring of medication use by qualified healthcare providers – care that can sometimes exceed or excessively burden a physician or psychiatrist's already stretched capacity to serve their patients, particularly for those living in designated rural or health shortage areas. In addition, many patients struggling with SUDs have underlying or coexisting medical conditions that, whether treated or untreated, can significantly affect their response to medications used to treat their addiction. While psychiatrists, physicians, and non-physician providers such as physician assistants and nurse practitioners are familiar with these medications, they do not always have the recommended expertise to address patients' unique needs and responses to treatment. This lack of time and expertise can often lead to preventable medication related adverse events resulting in patient relapse, hospitalizations, and even death. However, with proper care coordination and use of multidisciplinary teams that include psychiatric pharmacists, these events could be avoided.

Pharmacists today graduate with a Doctorate of Pharmacy degree, a required six to eight years of higher education to complete, and have more training specific to medication use than any other healthcare professional. Psychiatric pharmacists, a specialty within clinical pharmacy, are primarily board certified and residency-trained mental healthcare practitioners who have specialized training in providing direct patient care and pharmacotherapy for the complete range of psychiatric and substance use disorders. Because of their specialized training in pharmacology, pharmacokinetics, and drug-drug and drug-disease interactions, psychiatric pharmacists are well positioned to partner, as a member of the healthcare team, with primary care providers (PCPs) or psychiatrists, to make recommendations on initial prescribing and dosing, to identify medication-related problems, and to increase the number of patients who can be treated by providing medication management and counseling, monitoring, and routine follow-up visits for individuals receiving medication assisted treatment (MAT) and other similar treatments for SUDs and mental health disorders.

Therefore, in order to prevent medication related adverse events and to ensure proper treatment and management of those dealing with SUDs and mental health disorders, **CPNP strongly recommends that CMS recognize psychiatric pharmacists and the services they provide as an integral part of the care delivery team and include appropriate payment to incentivize their utilization in and across the hospital outpatient, physician office and specialty treatment settings.**

While CPNP continues to advocate for psychiatric pharmacists to be a recognized provider under Medicare, we have also sought to improve reimbursement provided for psychiatric pharmacists' services billed incident to a supervising physician using codes 99211 – 92115. At present, psychiatric pharmacists are recognized by Medicare to provide services incident to a physician consistent with their licensing and states' scope of practice laws. In many cases, the level of services provided by psychiatric pharmacists meet the incident to requirements for higher levels of complexity. Still, many of our members have reported being denied reimbursement for billing evaluation and management



services using the higher level codes and stated that Medicare Administrative Contractors (MACs) have indicated that only the lowest level (99211) can be billed for pharmacists' services. In most cases, reimbursement at the 99211 level is considered inadequate to support employing a psychiatric pharmacist in the physician office setting. Therefore, we urge **CMS to provide guidance to all local MACs clarifying psychiatric and clinical pharmacists' ability to bill across the range of CPT codes 99211-99215 when incident to requirements are met. In addition, we request the agency to ensure that all payment policies for the treatment of SUDs, including those specific to OUDs, include adequate payment to encourage the use of psychiatric pharmacists across the hospital outpatient, physician office and specialty treatment settings.**

2. *What, if any, payment and coverage policies in Medicare and/or Medicaid have enhanced or impeded the identification of, and access to the treatment by, beneficiaries with SUDs, including OUD?*

As stated previously, psychiatric pharmacists, clinical pharmacists, and pharmacists more broadly are not permitted to bill directly for the services they provide to patients under the Medicare program. This negatively impacts their ability to serve as part of the healthcare team to improve treatment for those patients dealing with SUDs and mental health disorders. While permitted to bill for services incident to a supervising physician, as explained above, psychiatric pharmacists and their billing facilities have had difficulty receiving the appropriate level of reimbursement from local MACs. As a result, many health care facilities including physician offices consider psychiatric pharmacists a non-revenue generating cost center and therefore are not incentivized to employ them as part of the care team.

Psychiatric pharmacists play a vital role in ensuring patients with SUDs receive appropriate and effective care, including the safe and effective use of MAT. At present, more and more physician offices are working to expand services to include the use of a psychiatric pharmacist to address SUDs and mental health disorders treated in the primary care setting. Having a psychiatric pharmacist on site gives other providers more confidence in approaching medically complex patients, increases their comfort level in using MAT for OUDs, and improves overall access to care.¹

Ideally, when included as an integrated member of the healthcare team, psychiatric pharmacists are able to (1) provide direct patient care, including treatment assessment and planning, optimization of medication regimens, dosing and prescribing; (2) monitor patients for potential adverse drug reactions and interactions; (3) educate providers, patients, and families on psychiatric and addiction medications as well as psychiatric and substance use disorders and other related conditions; and (4) work to reduce medication costs and demonstrate cost savings to healthcare systems.

As an example, for each patient that is considered for opioid therapy, pharmacists can help perform the necessary tasks which include evaluating past and current therapies, counseling and initiating a consent for long-term opioid therapy, identifying and recommending non-pharmacological and non-

¹ <https://cpnp.org/psychpharm/profile?view=link-0-1471880668&.pdf>



opioids that might be more appropriate for their disorder, ordering and evaluating baseline urine toxicology screens, providing and interpreting validated risk assessment tools for opioid abuse and misuse, assessing percent risk of opioid-induced respiratory depression, prescribing and counseling about naloxone therapy to prevent overdose, ordering and interpreting pharmacogenetic testing that can affect response and toxicity to opioid and other medications, and more. This scenario is similarly applicable to the care of all patients struggling with mental or substance use disorders as well.

Psychiatric pharmacists also have a deep understanding of MAT that extends beyond that of most other healthcare providers. When included in providing MAT services, psychiatric pharmacists' involvement has been demonstrated to improve patient adherence and success with buprenorphine treatment for OUD; reduce per patient dosing of buprenorphine through improved medication management, monitoring and titration; and reduce overall costs for treating patients with SUDs by relieving providers from services including medication management, counseling, monitoring and follow-ups.²

As with MAT, more general studies of non-MAT related programs have shown that when psychiatric or clinical pharmacists are able to provide the services described in collaboration with healthcare providers, including psychiatrists, they increase the rates of medication adherence, reduce the rates of over prescribing, improve patient satisfaction, increase patient knowledge, and reduce costs.³

Despite these overwhelming benefits, sufficient reimbursement continues to stand in the way of many practices seeking to include a psychiatric pharmacist on the care team. **As a result, we reiterate our request that CMS provide guidance to all local MACs clarifying psychiatric and clinical pharmacists' ability to bill across the range of CPT codes 99211-99215 when incident to requirements are met. In addition, we request the agency to ensure that all payment policies for the treatment of SUDs, including those specific to OUDs, include adequate payment to encourage the use of psychiatric pharmacists across the hospital outpatient, physician office and specialty treatment settings.**

3. *What evidence-based treatments, FDA-approved evidence-based medical devices, applications, and/or services that treat or monitor SUD, including OUD, monitor substance use withdrawal and/or prevent opioid misuse and opioid overdose are not covered, or have limited coverage, in Medicare?*

Similar to our above comments, we believe current reimbursement for psychiatric pharmacists' services is inadequate to support the vital role they stand to play in augmenting the multidisciplinary healthcare team for the treatment of SUDs, including OUDs. Including a psychiatric pharmacists on the care team for the treatment of SUDs has proven to minimize medication related adverse events

² Goldstone LW, DiPaula BA, Caballero J, Park SH, Price C, Slater MZ. Improving medication-related outcomes for patients with psychiatric and neurologic disorders: value of psychiatric pharmacists as part of the health care team. *Ment Health Clin* [Internet]. 2015;5(1):1-28. DOI: 10.9740/mhc.2015.01.001.

³ *Id.*



and improve overall success of treatment for these patients. **We strongly encourage CMS to provide much needed clarification to MACs to ensure adequate reimbursement for these services when billed in the physician office setting incident to a supervising physician and to ensure that all payment policies created for the treatment of SUDs support the use of a psychiatric pharmacists on the care team across various settings including hospital outpatient, physician offices and specialty treatment centers.**

4. *What can CMS do to expand program access to the treatment of SUDs, including OUD, in Medicare and Medicaid through remote patient monitoring, telehealth, telecommunications and other technologies?*

CPNP supports CMS's efforts to expand access to the treatment of SUDs, including OUDs, through the availability of remote patient monitoring, telehealth, telecommunications and other technologies and urges the agency to ensure psychiatric pharmacists services including monitoring and medication management are included and adequately reimbursed under policies created by the Administration.

5. *What recommendations do you have for data collection in Medicare and/or Medicaid*
a. On the treatment of SUDs, including OUD, to better support coverage, payment, treatment, access policies, and ongoing monitoring, and/or

CPNP would strongly encourage the collection of data on the use of psychiatric pharmacists in the treatment of SUDs, including OUDs, to further demonstrate their ability to improve quality of care and outcomes for patients while reducing overall costs and would enjoy the opportunity to work with CMS in establishing these metrics.

Conclusion

CPNP appreciates the opportunity to provide comments to CMS on proposals that seek to expand and improve access to treatment for SUDs. CPNP hopes our comments demonstrate the important role of psychiatric pharmacists and the potential for them, when fully integrated into the interprofessional healthcare team, to increase access and improve quality and costs of care for the treatment of SUDs. Psychiatric pharmacists are a vital resource that should be recognized and utilized in the multidisciplinary approach to addressing the need for an affordable, accessible healthcare system. If you have any questions or require any additional information, please do not hesitate to contact me or our Health Policy Consultant, Sarah Mills at sarah.mills@dbr.com / 202-230-5182.

Sincerely,

Brenda K. Schimenti
Executive Director