



ASAM American Society of
Addiction Medicine

Public Policy Statement on the Inclusion of Addiction Specialist Physicians in Managed Behavioral Health Care Organization In-Network Provider Panels

Background

Patients presenting with substance-related and addictive disorders often face barriers to obtaining successful treatment due to the stigma associated with the disease, insufficient access to high quality care including skilled clinicians, and gaps in the continuum of treatment available to treat their disorders. Patients who do avail themselves of treatment often access these services through managed behavioral health care organizations (MBHCOs) which not only specify the facilities which are “in the provider network” for the organization, but also specify the clinicians who are “in network providers” for the MBHCO.

MBHCOs manage behavioral health benefits, including treatment for mental and substance-related disorders, for member patients through their utilization review process. Because utilization rates within MBHCOs tend to be predominantly weighted toward mental health treatment over addiction treatment, MBHCOs’ provider panels tend to be predominantly composed of physicians specializing in psychiatry.

A number of MBHCOs restrict their provider panels to board-certified psychiatrists only, and do not accept non-psychiatrist physicians who are addiction treatment specialists. Furthermore, MBHCOs with provider panels composed exclusively of psychiatrists tend to have treatment billing code structures designed to accommodate mental health treatment codes but not addiction treatment codes, which are not easily used by physicians who typically use non-psychiatric evaluation and management codes. This policy is exacerbated by another relevant, underlying issue, that of a national shortage of psychiatrists, and a national shortage of psychiatrists who specifically treat addiction. In many markets there is a shortage of psychiatrists. By limiting MBHCO participation to psychiatrists, this further limits access and may delay lifesaving treatment for patients with substance-related disorders who can be treated by other skilled physicians.

Physicians certified by the American Society of Addiction Medicine (ASAM), American Board of Addiction Medicine (ABAM), American Board of Preventive Medicine (ABPM), or the American Osteopathic Board of Internal Medicine in Addiction Medicine whether psychiatrists or non-psychiatrists, Addiction Psychiatrists certified by the American Board of Psychiatry and Neurology or the American Osteopathic Board of Neurology and Psychiatry, are among the most trained and experienced specialty groups available to provide quality treatment for patients presenting with substance-related disorders. These addiction specialist physicians undergo a rigorous certification process and devote a significant portion of their clinical activity providing treatment to patients with substance-related disorders.

MBHCOs, by providing substance use disorder health care treatment benefits, obligate themselves to facilitate high quality and readily available addiction treatment. MBHCO mission statements uniformly state the guiding principle of ensuring the right treatment at the right time in the right place, all while using resources efficiently, potentially lowering overall health care costs. Excluding addiction medicine physicians and limiting provider panels to psychiatrists undermine this principle.

Recommendations:

The American Society of Addiction Medicine recommends

1. MBHCOs should add non-psychiatrist addiction specialist physicians certified by ASAM, ABAM, ABPM, and AOA in addiction medicine and non-psychiatrist physicians who have completed an accredited residency/fellowship in addiction medicine to their in-network provider panels to treat member patients diagnosed with substance-related and addictive disorders.
2. As MBHCO panels expand to include addiction specialist physicians who are not psychiatrists, MBHCOs must be willing and able to process claims submitted by addiction specialist physicians who typically use evaluation and management (E&M) codes rather than mental health treatment codes.

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