



ASAM American Society of
Addiction Medicine

For Immediate Release
September 10, 2018

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ASAM Responds to Medicare Physician Fee Schedule, Urges CMS to Reform Payment Models to Address Opioid Addiction

Rockville, MD (September 10, 2018) – Today, the American Society of Addiction Medicine (ASAM) submitted [comments](#) to the Centers for Medicare & Medicaid Services (CMS) that recommend revisions to the proposed 2019 Medicare Physician Fee Schedule (MPFS) that will improve the delivery of evidence-based addiction medicine to combat the nation’s opioid overdose epidemic. Most notably, ASAM recommended that CMS adopt a separate Medicare payment to address the specific needs of patients with addiction involving opioid use to facilitate greater continuity of care.

“ASAM appreciates that the proposed Medicare Physician Fee Schedule includes provisions to improve the delivery of addiction treatment; however, we believe the MPFS must be revised to specifically address the nation’s debilitating opioid overdose epidemic,” said Kelly J. Clark, MD, MBA, DFASAM, president of ASAM. “More than 72,000 Americans lost their lives to drug overdoses last year—the vast majority of which involved opioids – so it is imperative that federal payment policies make treatment for Americans with addiction involving opioid use more affordable and accessible.”

Addiction – a chronic, multidimensional disease of the brain characterized by a pattern of continued pathological use of drugs that results in repeated adverse consequences – affects more than 20 million Americans, according to the [2016 National Survey on Drug Use and Health](#). Unfortunately, significant barriers to evidence-based treatment currently exist. Despite the overwhelming need nationwide, [only a small fraction of individuals who require specialty treatment are able to access it](#).

Unless amended, several provisions of the MPFS would adversely affect care for patients with addiction involving opioid use. Specifically, creating a new Medicare payment for substance use disorder (SUD) treatment in general – rather than one tailored to the treatment of addiction involving opioid use specifically – would be inappropriate to address the unique medical, psychological, and social needs of patients

receiving treatment for addiction involving opioid use. Consequently, this proposed payment would do little to address the barriers posed by the existing financing structure for outpatient treatment services for addiction involving opioid use and the siloed treatment of addiction care that continue to drive up healthcare costs.

To address these issues, ASAM, in collaboration with the American Medical Association, recently unveiled an innovative alternative payment model (APM) known as [Patient-Centered Opioid Addiction Treatment \(P-COAT\)](#), which is designed to provide appropriate financial support to treat patients with addiction involving opioid use and broaden the coordinated delivery of medical, psychological and social support services. ASAM strongly opposes the adoption of a new payment structure under the budget-neutral MPFS, and instead recommends that the agency provide a separate payment through an APM, such as P-COAT that aims to provide quality care by increasing investment and rewarding good performance while ensuring accountability.

ASAM believes that APMs should be structured to involve physicians with direct experience and demonstrated success in treating patients with addiction. It is also critical that new payment structures solve the current problems with our payment and delivery system without creating new problems in the process. Finally, payment models should emphasize that treatment and recovery from addiction is a life-long process, and that there is no fixed time limit on treatment.

Furthermore, while ASAM supports prevention strategies that will help turn the tide of the opioid overdose epidemic, it recognizes that insufficient evidence exists to assess the effectiveness of using Screening, Brief Interventions, and Referral to Treatment (SBIRT) services to reduce opioid use. Therefore, ASAM urges CMS to eliminate the service-specific documentation requirements for SBIRT services solely for unhealthy alcohol use, and recommends the agency adopt the proposed new SBIRT code for unhealthy alcohol use, but not for illicit drug use.

Finally, ASAM commends CMS for including a provision in the proposed MPFS to modify burdensome evaluation and management (E/M) coding documentation guidelines. These guidelines require physicians to spend significant amounts of time completing paperwork at the expense of seeing patients. However, ASAM opposes the adoption of the proposed E/M payment changes and has asked CMS to postpone finalizing these payment proposals, as well as outpatient visit coding, until a consensus about an equitable coding structure emerges.

“As CMS introduces new regulations to help address the country’s opioid overdose epidemic, we look forward to working with federal health officials to develop new ways to use our resources more effectively and better mobilize the healthcare system in order to provide evidence-based treatment to the millions of Americans battling opioid addiction,” said Dr. Clark.

To view the comment letter, [click here](#).

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About ASAM

The American Society of Addiction Medicine, founded in 1954, is a professional society representing over 6,000 physicians, clinicians, and associated professionals in the field of addiction medicine. ASAM is dedicated to increasing access and improving the quality of addiction treatment, educating physicians and the public, supporting research and prevention, and promoting the appropriate role of physicians in the care of patients with addiction. For more information, visit www.ASAM.org.