



<b>ORGANIZATION POLICY AND PROCEDURE</b>	
 	<b>Product Line:</b>
	<b>Medicare</b> <b>Medi-Cal- ADDENDUM</b> <b>Commercial</b> <b>OTHER</b>
<b>Title: 08-01-16-51-00083-MC- Adult Preventive Services</b>	
<b>Division(s): Health Care Services</b>	
<b>Department(s): UTILIZATION MANAGEMENT</b>	
<b>Relevant Regulatory/Accrediting Agencies/Citations (specify):</b>	
CMS:	
DMHC	
NCQA-HP	
NCQA-WHP	
OTHER	
<b>Approved by:</b>  President/Chief Medical Officer/Medical Director	<b>Approval date:</b> 08/01/2016 08/11/2022 <b>Reviewed date:</b> 01/15/2019 01/10/2022 <b>Revised date:</b> 06/23/2022 08/10/2022

**SCOPE**

The Elite Care Health Organization (ECHO) Staff /IPA/Medical Group, Contracted Providers and Practitioners shall follow the procedures set forth in this policy.

**PURPOSE**

To ensure delivery of all preventive services and medically necessary and treatment services for adult members using the Guide to Clinical Preventive Services published by the U.S. Preventive Services Task Force (USPSTF)

**POLICY**

The Elite Care Health Organization (ECHO) Staff /IPA/Medical Group shall cover and ensure the provision of all medically necessary diagnostic, treatment, and follow-up services, which are necessary given the finding or risk factors identified in the IHA or during visits for routine, urgent, or emergent health care situations.

ECHO shall ensure that these services are initiated as soon as possible but no later than 60 calendar days following discovery of a problem requiring follow up.

The USPSTF recommendation requires clinicians in primary care and Referral to Treatment settings to screen adults 18 years of age or older for alcohol misuse Screening, Brief Intervention, and Referral to Treatment (SBIRT) and provide persons engaged in risky or hazardous drinking with brief behavioral counseling interventions to reduce alcohol misuse and/or provide referrals to mental health and/or alcohol use disorder services. Counseling interventions in the primary care setting can positively affect unhealthy drinking behaviors in adults engaging in risky or hazardous drinking. Based on this recommendation, (SBIRT) services for alcohol misuse is a Medi-Cal benefit and is targeted at alcohol misuse only. Providers who meet the requirements (described below) to screen and provide brief intervention for alcohol misuse/abuse, may be reimbursed using HCPCS code H0049 for alcohol screening and code H0050 for brief interventions. These codes are reimbursable in connection with alcohol abuse only and not for drug-related services.

## **PROCEDURE**

Primary care providers (PCPs) may offer SBIRT in the primary care setting as long as they meet the following requirements:

1. SBIRT services may be provided by a licensed health care provider or staff working under the supervision of a licensed health care provider, including the following: • Licensed Physician • Physician Assistant • Nurse Practitioner • Psychologist
2. All licensed health care providers must be trained in order to provide SBIRT services or supervise individuals who provide them. A minimum of four hours of SBIRT training is required.
3. All non-licensed providers must be trained in SBIRT services in order to provide these services and must meet the following requirements: • Be under the supervision of a licensed and trained SBIRT services provider. • Complete a minimum of 60 documented hours of professional experience such as coursework, internship, practicum, education or professional work within their respective field. This experience should include a minimum of four hours of training that is directly related to SBIRT services. • Complete a minimum of 30 documented hours of face-to-face recipient contact within their respective field. (This requirement is in addition to the 60 hours of professional experience described above.) This may include internships, on the job training or professional experience. This contact may include, but does not have to be directly related to, SBIRT services training.
4. **SABIRT Assessment:** When a screening is positive, validated assessment tools will be used to determine if unhealthy alcohol use or SUD is present. Validated alcohol and drug assessment tools may be used without first using validated screening tools. Validated assessment tools include, but are not limited to:
  - NIDA-Modified Alcohol, Smoking and Substance Involvement Screening Test (NM-ASSIST)
  - Drug Abuse Screening Test (DAST-20)
  - Alcohol Use Disorders Identification Test (AUDIT)
5. **Brief Interventions and Referral to Treatment**  
For members with brief assessments that reveal unhealthy alcohol use, brief misuse counseling will be

offered. Appropriate referral for additional evaluation and treatment, including medications for addiction treatment, will be offered to member's whose brief assessment demonstrates probable AUD or SUD. Alcohol and/or drug brief interventions include alcohol misuse counseling and counseling a member regarding additional treatment options, referrals, or services. Brief interventions include the following:

- Providing feedback to the patient regarding screening and assessment results.
  - Discussing negative consequences that have occurred and the overall severity of the problem
  - Supporting the patient in making behavioral changes; and
  - Discussing and agreeing on plans for follow-up with the patient, including referral to other treatment if indicated
6. Good faith efforts will be made to confirm whether members receive referred treatments and document when, where, and any next steps following treatment. If a member does not receive referred treatments, the PCP must follow up with the member to understand barriers and make adjustments to the referrals if warranted. PCP will attempt to connect with the provider to whom the member was referred to facilitate a warm hand off to necessary treatment
7. Documentation Requirement: Member medical records must include the following:
- The service provided (e.g., screen and brief intervention);
  - The name of the screening instrument and the score on the screening instrument (unless the screening tool is embedded in the electronic health record);
  - The name of the assessment instrument (when indicated) and the score on the assessment (unless the screening tool is embedded in the electronic health record); and
  - If and where a referral to an AUD or SUD program was made.
8. IPA will ensure that PCPs maintain documentation of SABIRT services provided to members. When a member transfers from one PCP to another, the receiving PCP must attempt to obtain the member's prior medical records, including those pertaining to the provision of preventive services. Additionally, PCPs will include information about SABIRT services in their member-informing materials
9. Providers must develop policies and procedures that require PCPs and health care team members who provide SBIRT services to attest that they have obtained the required training on SBIRT. The PCP is not required to offer the training directly to its providers. DHCS may request verification of the required documentation as part of its audit and oversight responsibilities.
10. DHCS requires the use of the following validated screening tools: The Alcohol Use Disorder Identification Test (AUDIT) or Alcohol Use Disorder Identification Test–Consumption (AUDIT-C).
11. Tobacco Cessation: **Education and information will be provided to member** for smoking cessation information and materials and local cessation resources, Phone number: 1-800-QUITNOW (1-800-784-8669) or website [www.smokefree.gov](http://www.smokefree.gov).

12. Adult Immunization: See schedule below

Vaccine	19-26 years	27-49 years	50-64 years	≥65 years
<a href="#">Influenza inactivated (IIV4)</a> or <a href="#">Influenza recombinant (RIV4)</a> ⓘ	1 dose annually			
<b>or</b> <a href="#">Influenza live attenuated (LAIV4)</a> ⓘ	<b>or</b> 1 dose annually			
<a href="#">Tetanus, diphtheria, pertussis (Tdap or Td)</a> ⓘ	1 dose Tdap each pregnancy; 1 dose Td/Tdap for wound management ( <a href="#">see notes</a> )			
	1 dose Tdap, then Td or Tdap booster every 10 years			
<a href="#">Measles, mumps, rubella (MMR)</a> ⓘ	1 or 2 doses depending on indication (if born in 1957 or later)			
<a href="#">Varicella (VAR)</a> ⓘ	2 doses (if born in 1980 or later)		2 doses	
<a href="#">Zoster recombinant (RZV)</a> ⓘ	2 doses for immunocompromising conditions ( <a href="#">see notes</a> )		2 doses	
<a href="#">Human papillomavirus (HPV)</a> ⓘ	2 or 3 doses depending on age at initial vaccination or condition	27 through 45 years		
<a href="#">Pneumococcal (PCV15, PCV20, PPSV23)</a> ⓘ	1 dose PCV15 followed by PPSV23 OR 1 dose PCV20 ( <a href="#">see notes</a> )			1 dose PCV15 followed by PPSV23 OR 1 dose PCV20
<a href="#">Hepatitis A (HepA)</a> ⓘ	2 or 3 doses depending on vaccine			
<a href="#">Hepatitis B (HepB)</a> ⓘ	2, 3, or 4 doses depending on vaccine or condition			
<a href="#">Meningococcal A, C, W, Y (MenACWY)</a> ⓘ	1 or 2 doses depending on indication, <a href="#">see notes</a> for booster recommendations			
<a href="#">Meningococcal B (MenB)</a> ⓘ	2 or 3 doses depending on vaccine and indication, <a href="#">see notes</a> for booster recommendations			
	19 through 23 years			
<a href="#">Haemophilus influenzae type b (Hib)</a> ⓘ	1 or 3 doses depending on indication			

Vaccine	Pregnancy	Immuno-compromised (excluding HIV infection)	HIV infection CD4 count		Asplenia, complement deficiencies	End-stage renal disease, or on hemodialysis	Heart or lung disease; alcoholism <sup>1</sup>	Chronic liver disease	Diabetes	Healthcare personnel <sup>2</sup>	Men who have sex with men
			<15% or <200mm <sup>3</sup>	>15% and >200mm <sup>3</sup>							
<a href="#">IIV4</a> ⓘ or <a href="#">RIV4</a>	1 dose annually										
or <a href="#">LAIV4</a> ⓘ	Contraindicated					Precaution			1 dose annually or		
<a href="#">Tdap</a> or <a href="#">Td</a> ⓘ	1 dose Tdap each pregnancy	1 dose Tdap, then Td or Tdap booster every 10 yrs									
<a href="#">MMR</a> ⓘ	Contraindicated*	Contraindicated	1 or 2 doses depending on indication								
<a href="#">VAR</a> ⓘ	Contraindicated*	Contraindicated		2 doses							
<a href="#">RZV</a> ⓘ		2 doses at age ≥19 years			2 doses at age ≥50 yrs						
<a href="#">HPV</a> ⓘ	Not Recommended*	3 doses through age 26 yrs			2 or 3 doses through age 26 years depending on age at initial vaccination or condition						
<a href="#">Pneumococcal (PCV15, PCV20, PPSV23)</a> ⓘ		1 dose PCV15 followed by PPSV23 OR 1 dose PCV20 <a href="#">(see notes)</a>									
<a href="#">HepA</a> ⓘ				2 or 3 doses depending on vaccine							
<a href="#">HepB</a> ⓘ	3 doses <a href="#">(see notes)</a>	2, 3, or 4 doses depending on vaccine or condition									
<a href="#">MenACWY</a> ⓘ		1 or 2 doses depending on indication,			<a href="#">see notes</a> for booster recommendations						
<a href="#">MenB</a> ⓘ	Precaution	2 or 3 doses depending			on vaccine and indication, <a href="#">see notes</a> for booster recommendations						
<a href="#">Hib</a> ⓘ		3 doses HSCT <sup>3</sup> recipients only			1 dose						

1. Precaution for LAIV4 does not apply to alcoholism.
2. See notes for influenza; hepatitis B; measles, mumps, and rubella; and varicella vaccinations.
3. Hematopoietic stem cell transplant.

13. ACIP: it is required for network providers to document each member’s need for Advisory Committee on Immunization Practices (ACIP) recommended immunizations as part of all regular health visits, including, but not limited to the following types of encounters mention in tables above. <https://www.cdc.gov/vaccines/schedules/index.html>
14. Providers must document each member’s need for Advisory Committee on Immunization Practices (ACIP) recommended immunizations as part of all regular health visits, including, but not limited to the following types of encounters:
  - Pre-travel visits
15. No prior authorization is request for preventative services (immunization included)
16. Provider must document attempts to provide immunizations. If the Member refuses the immunization, proof of voluntary refusal of the immunization in the form of a signed statement by the Member or guardian of the member. If the responsible party refuses to sign this statement, the refusal shall be noted in the Member’s Medical Record

**Reference(s)**

[http://www.dhcs.ca.gov/services/medi-cal/Documents/prev\\_m01o03.pdf](http://www.dhcs.ca.gov/services/medi-cal/Documents/prev_m01o03.pdf)

<https://www.cdc.gov/vaccines/schedules/index.html>

**Attachment(s)**