December 4, 2020

Members of the Appropriations and Human Services Committees
ND Legislative Assembly
North Dakota State Legislature
Bismarck, ND 58505

Dear Legislator:

Federal regulations establish a committee to advise the state's Medicaid agency and its Medicaid director on health and medical care services. The Medicaid Medical Advisory Committee (MMAC) must include board-certified physicians and other representatives of the health professions who are familiar with the medical needs of low-income population groups and with the resources available and required for their care; members of consumers' groups, including Medicaid beneficiaries, and consumer organizations.

This year, North Dakota's MMAC created a Codes/Services Review sub-committee to offer recommendations to Medicaid for additional coverage for applications for coverage of seven different codes and services. That committee consisted of eleven members from the MMAC. The MMAC codes and services sub-committee met five times over the course of the summer to review the codes submitted. The committee received expert presentations on all the issues, and reviewed the detailed applications and attachments explaining the need for the services. The committee scored each service on seven factors: cost, number of patients impacted, whether it was covered by private insurance, proven efficacy, essential for health and well-being; whether it was a noncovered essential component of a service that is covered by Medicaid; and finally whether the service is covered by other insurance or organizations.

All the items scored closely, however; the order of the items was:

1. Family Adaptive Behavior Treatment;
1. Metabolic Supplements (Tied for First);
2. Interpretive Services;
3. Continuous Glucose Monitors;
4. Dental Screening and Assessment;
5. Dental Case Management and
6. Asynchronous Teledentistry

**This letter is being submitted to you for your review to determine whether you would like to introduce a bill for the 2021 ND Legislative Session.**

**The committee recommended the following codes/services be approved:**

1. **Family Adaptive Behavior Treatment and Guidance (CPT code 97156)**

Family Adaptive Behavior Treatment and Guidance is an essential component of the Applied Behavioral Analysis (ABA) which primarily serves children with Autism. The Family Adaptive Behavioral code allows providers to educate parents and caregivers to continue to carry out plans and recommendations of ABA providers are currently working on. Without this code it makes it difficult to meet with parents without the child present to review and educate parents and caregivers on the current programing. Parent involvement is a vital part of the ABA program which is directly related to our outcomes for our children with Autism. This code would be utilized one to two times per month for approximately two hours per visit. Currently Medicaid does cover all other codes related to ABA programing including the Assessment, Supervision, Program Modification and Direct Service. CPT code 97156 is covered by all other private insurance.

1. **Metabolic Supplements**

Currently, due to unavailability of New Drug Application numbers (NDAs) for certain supplements, Medicaid does not cover the hydroxycobalamin (vitamin B12) injection product necessary to treat infants/children with methylmalonic acidemia, a metabolic disease in which some subtypes are treated by injections of vitamin B12. Failure to treat can result in a buildup of toxic substances in the body that result in a decompensation event. Note that hydroxycobalamin injection must be compounded to be dosed correctly in infants and children. This means that currently Medicaid will pay for this medication when infants and children are hospitalized but will NOT pay for infants and children to receive this daily medication when outside of the hospital. Additional examples of metabolic supplements without NDAs that are not covered by Medicaid but are necessary to treat particular metabolic diseases include: biotin (vitamin B7) for biotinidase deficiency (given orally to prevent intellectual disability, seizures, vision and hearing loss, hair loss, and skin disease), riboflavin (vitamin B2) for diseases affecting metabolism of fat, protein and carbohydrates (given orally to prevent cardiac problems, seizures and other nerve disease, coma, and even death), thiamine (vitamin 1) for Maple Syrup Urine Disease (to prevent encephalopathy, seizures, coma, and death), and ADEK, a vitamin supplement that provides higher doses of the fat soluble vitamins A, D, E, and K for patients with a variety of malabsorption conditions, including cystic fibrosis. The cost of these supplements is relatively insignificant compared with the cost of formula and other medications necessary for disease management- many of which *are* covered by Medicaid-and certainly *much* less expensive than emergency department visits and hospitalizations associated with suboptimal treatment of any/all of these diseases. Therefore, the subcommittee recommends that Medicaid cover metabolic supplements without NDAs in cases where metabolic supplements are part of standard recommendations for treatment but no suitable product with a NDA number is available for use.

**2. Interpretation Services**

This service is essential to the safety, health and wellbeing of services in North Dakota for our citizens that do not speak English or have hearing impairments. Although professional providers and community agencies are legally and ethically required to provide interpreter services for their patients, currently there is no direct cost reimbursement for this service provision. This becomes a significant barrier for smaller clinics and rural portions of the state in order to provide appropriate care to all. Without this reimbursement, access to basic medical, dental and mental health care is severely compromised in our state. Currently, several private insurance companies do offer a "complexity code (CPT 90785)" that attempts to offsets the cost for this service. ND Medicaid also recognizes this code; however, it is reimbursed significantly lower thus often costing health providers between $25-45 dollars/hour beyond the reimbursement rate. Not only does the provider receive no reimbursement, but it also costs them to see Medicaid patients that require interpretation services. This is not sustainable. 14 states' Medicaid programs provide coverage for this service. Allowing ND Medicaid approved providers to bill for this service, would expand access to care and improve the efficacy of current services in all health domains.

**3. Continuous Glucose Monitoring**

The subcommittee has recommended that this monitoring (CGM) system be considered eligible durable medical equipment for patients with type 1 diabetes as well as metabolic conditions that result in hypoglycemia (low blood sugar). Continuous glucose monitoring enables patients with diabetes to follow their blood sugars more closely, as well as be alerted when the sensor detects blood sugar that is too low, too high, or changing too fast, which enables patients to optimize blood sugar control. In the short term, utilization of this technology has the potential to prevent hospitalizations from diabetic ketoacidosis as well as severe hypoglycemia. In the long term, improved glycemic control correlates with reduced and/or delayed chronic complications of diabetes. Benefits of CGM correlate with adherence to monitoring. Currently, most private pay insurers consider CGM to be an eligible benefit for some/all patients with Type 1 diabetes.

**4. Dental Screening and Assessment of a Patient**

Reimbursement for D0190 & D191 have been discussed by stakeholders for years as a strategy to identify individuals needs for additional assessment, diagnostic, and treatment services. D0190 is defined as the screening of a patient (screening, including state or federally mandated screenings) to determine an individual's need to be seen by a dentist for a diagnosis and D0191 includes assessment of a patient (limited clinical inspection that is performed to identify possible signs of oral or systemic disease, malformation, or injury) and the potential need for referral for diagnosis and treatment. The dental office could send in a hygienist to perform preventive services such as; screen/assess, clean, apply sealants, and refer to a dental office the residence/children identified needing diagnosis/oral health treatment from a dentist. The

screening and assessment in our communities is how a Dentist effectively incorporates more ND Medicaid patients into their practice, they must obtain reimbursement in their practices for the scale of their services provided.

5. **Dental Case Management D9991-D9994**

Access to dental care is critical for maintenance of optimal oral health for special populations, including elderly, special needs, medically-fragile, and children. Case management has been accepted as an effective preventive service for a variety of health services for many years. In dentistry, barriers to care can be breached by case management, which is a collaborative process of assessment, planning, facilitation, care coordination, and advocacy for options that has been shown to be a cost-effective tool to increase oral health in the Medicaid population. Currently, 7 state Medicaid programs reimburse for dental case management. Motivational interviewing, a key component of case management, has proven to be effective in not only improving dental outcomes, but also improving dental literacy with linkage to a dental home. Case management targets the 20% of the indigent population that does not have a dental home, and who have the highest risk for dental disease. The process prevents costly dental treatment by linking high-risk patients to care where prevention is maximized.

6. **Teledentistry (Asynchronous) D9996**

Asynchronous teledentistry, also known as “store and forward” teledentistry, refers to patient/provider interactions that do not occur in real time. A common use of asynchronous interactions is when a health care provider reviews health information or records that have previously been gathered by another professional or allied professional at an earlier time and at a different place than where the records are reviewed. Records, including radiographs and photographs, can be captured directly to the cloud (internet-based servers) and accessed by individuals in multiple locations. Teledentistry can reduce barriers to dental care through outreach programs that connect patients in nursing homes, schools, and other public health locations to dental homes. It can also integrate oral health into general health care settings to identify and refer treatment needs. The establishment of the asynchronous teledentistry code will remove barriers to dental care for those dental patients that have the highest need but currently lowest utilization of dental services.

Sincerely,

North Dakota Medicaid Medical Advisory Committee
Codes/Services Subcommittee
*Judy Bahe, Nancy Kopp, Sara Stallman, Brenda Bergsrud, Donene Feist, Elizabeth Larson-Steckler, Jessica Gilbertson, Joan Connell, MD, William Sherwin, Stephen Olson, and Courtney Koebele (chair).*