

Gaps in Medicare Coverage of Substance Use Disorder Treatment:

Medicare Fee-for-Service and Medicare Advantage Claims Analysis Report

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Introduction

The purpose of this analysis was to understand to what extent Medicare is paying for the following services for substance use disorder (SUD) treatment:

- Hospital inpatient
- Hospital outpatient
- Community mental health centers (CMHCs)
- Residential SUD settings
- Psychiatric partial hospitalization
- Intensive outpatient

Methods

RTI International analyzed 2020 Medicare fee-for-service (FFS) claims and Medicare Advantage (MA) encounter data to determine the extent to which Medicare was paying for the above SUD services. The claims and encounter data capture all Medicare beneficiaries, including dually eligible beneficiaries who are enrolled in Special Needs Plans. As described in more detail in the Methods Detail Appendix, we used diagnosis, procedure, and other billing codes to identify the number of individuals who had an SUD primary or secondary diagnosis and who received each of the six SUD services. We also determined the extent to which Medicare was denying payment for these services. We stratified these results by race and ethnicity; however, the population sizes were too small to demonstrate meaningful differences.

Results

Medicare Beneficiaries with SUD Diagnoses

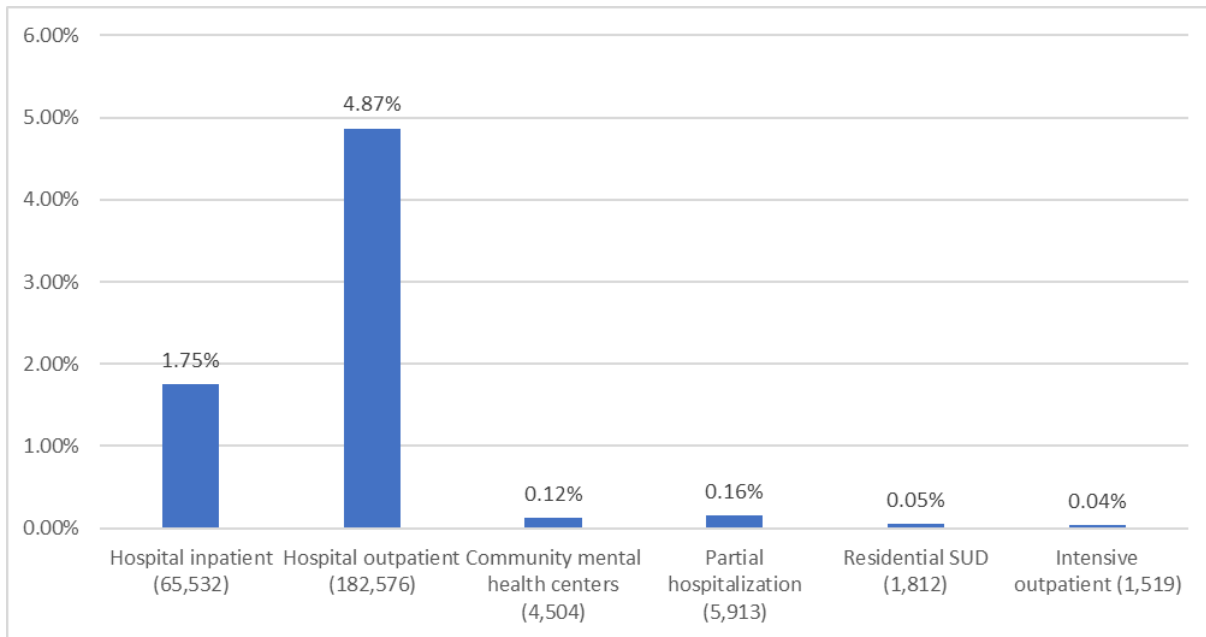
A primary or secondary SUD diagnosis was given to 3,750,809 Medicare beneficiaries in 2020. Of this total, 55.5% had MA and the remaining 44.5% had FFS Medicare. In 2020, there were 62.8 million Americans with Medicare. Therefore, 5.9% of Medicare beneficiaries had a SUD diagnosis given by a provider and recorded on their Medicare claims.¹ It is important to note that Medicare claims and encounter data capture only beneficiaries who were given a diagnosis of SUD in their insurance claims records. According to the most recent (2022) National Survey of Drug Use and Health, 5.7 million Medicare beneficiaries had a SUD, meaning that about 35% of Medicare beneficiaries with a SUD were undiagnosed.

Distribution of SUD Treatment Receipt by Service Setting

As shown in **Figure 1** and **Table 1**, under the Medicare program, SUD treatment is skewed toward hospital settings rather than specialty behavioral health care settings such as CMHCs, residential SUD settings, partial hospitalization, or intensive outpatient.

¹ Note that this calculation assumes no overlap between Medicare FFS and MA beneficiaries in 2020—in other words, that the same beneficiary did not appear in both files.

Figure 1. Percentage of SUD Beneficiaries With a Primary or Secondary SUD Diagnosis Receiving SUD Treatment, by Service Type (n = 3,750,809)

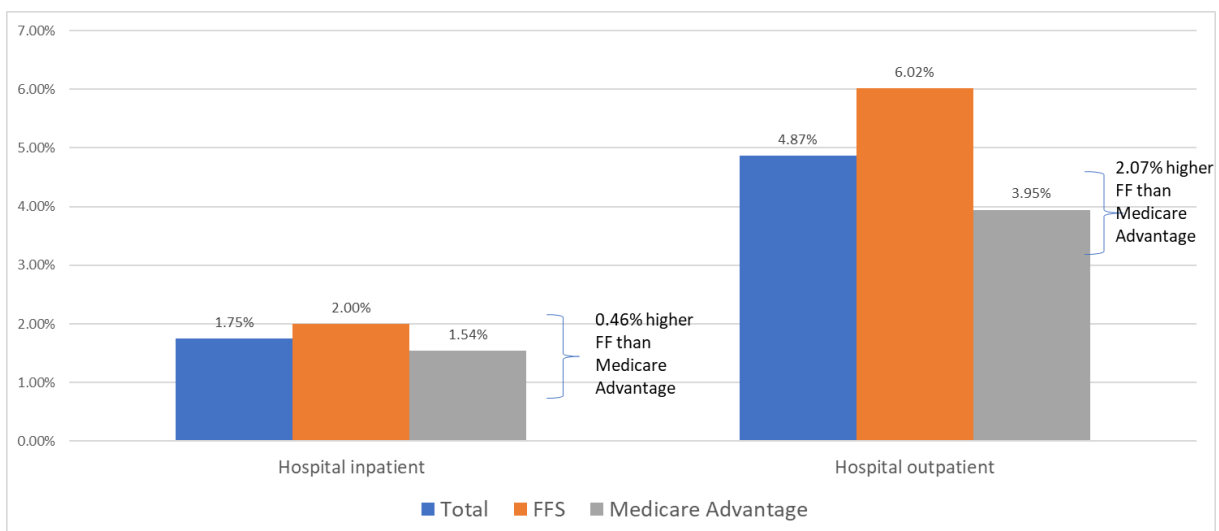


Note. SUD, substance use disorder.

SUD Treatment in Inpatient Hospital and Outpatient Hospital Settings

Figure 2 reveals that there is a lower rate of use of hospital outpatient and hospital inpatient settings for SUD treatment among beneficiaries with MA than for beneficiaries with Medicare FFS.

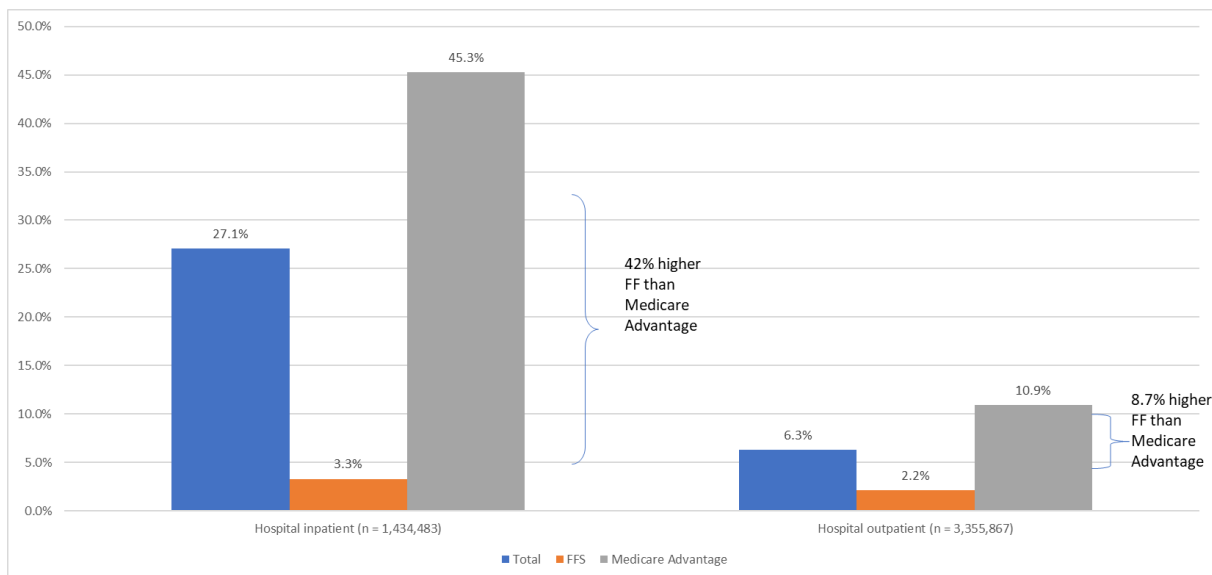
Figure 2. Percentage of Medicare Beneficiaries Using Hospital Outpatient or Inpatient SUD Services, Overall and FFS and Medicare Advantage = 3,750,809



Note. FFS, fee-for-service; MA, Medicare Advantage; SUD, substance use disorder.

Figure 3 reveals that there is a higher denial rate for hospital outpatient and hospital inpatient SUD treatment among MA plans than among Medicare FFS plans.

Figure 3. Percentage of Medicare Claims with a Primary SUD Diagnosis Billed by a Hospital Inpatient or Outpatient Department That Were Denied for Payment (n = 4,790,350)



Note. FFS, fee-for-service; MA, Medicare Advantage; SUD, substance use disorder.

Tables 1–6 at the end of the report provide more details on these findings.

Of the total Medicare beneficiaries with a primary or secondary SUD diagnosis, 1.75% (65,532) had a **hospital inpatient stay** with a primary SUD diagnosis and 15.9% (596,388) had a hospital stay with only a secondary SUD diagnosis (**Table 1**). Of the 1,434,483 claims with a primary SUD diagnosis billed by hospital inpatient settings, 27% were denied (**Table 4**). Almost all the denials were for MA claims (45% of inpatient claims billed) rather than Medicare FFS claims (3% of claims; **Tables 5 and 6**).

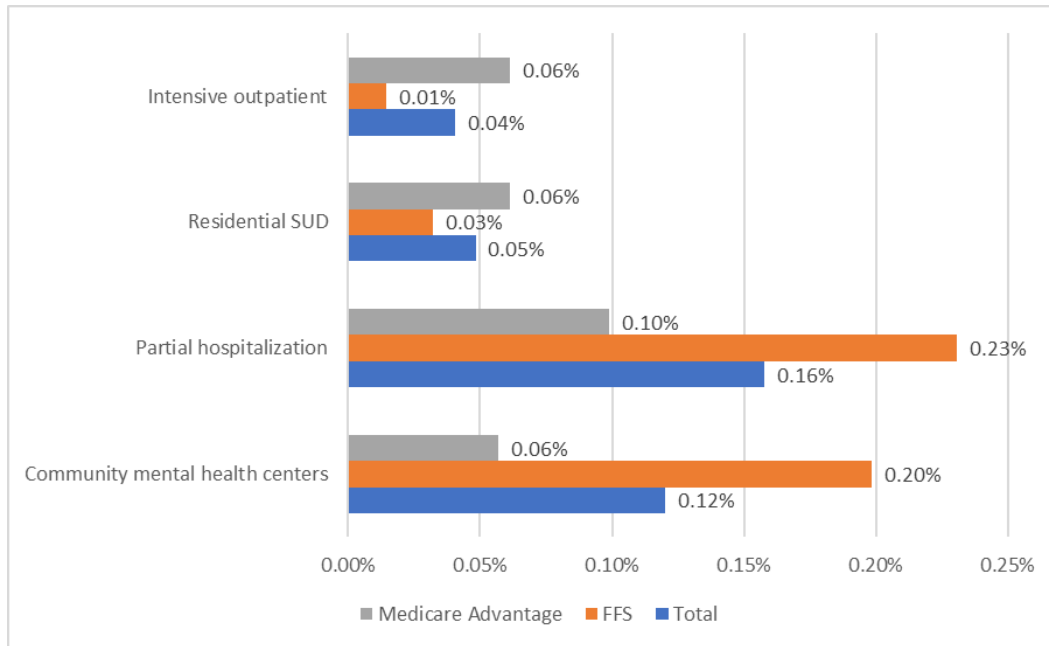
Of the 3,750,809 Medicare beneficiaries with a primary or secondary SUD, 4.87% (182,576) had an **outpatient hospital visit** with a SUD primary diagnosis and 8.1% (306,437) had an outpatient hospital visit with secondary SUD diagnosis. Of the 3,355,867 claims with a primary SUD diagnosis billed by a hospital outpatient department, 6% were denied (**Table 4**). There were significantly more denials among MA enrollees than among FFS Medicare enrollees (11% and 2%, respectively; **Tables 5 and 6**).

SUD Treatment in Behavioral Health Specialty Settings

Figures 4 and 5 summarize the results for the specialty behavioral health settings. MA enrollees are using intensive outpatient and residential SUD settings at a significantly higher rate than FFS enrollees, and their claims in these settings are much less likely to be denied. MA plans can cover services not specified in Medicare FFS. These data indicate that some plans may be covering intensive outpatient and residential SUD treatment.

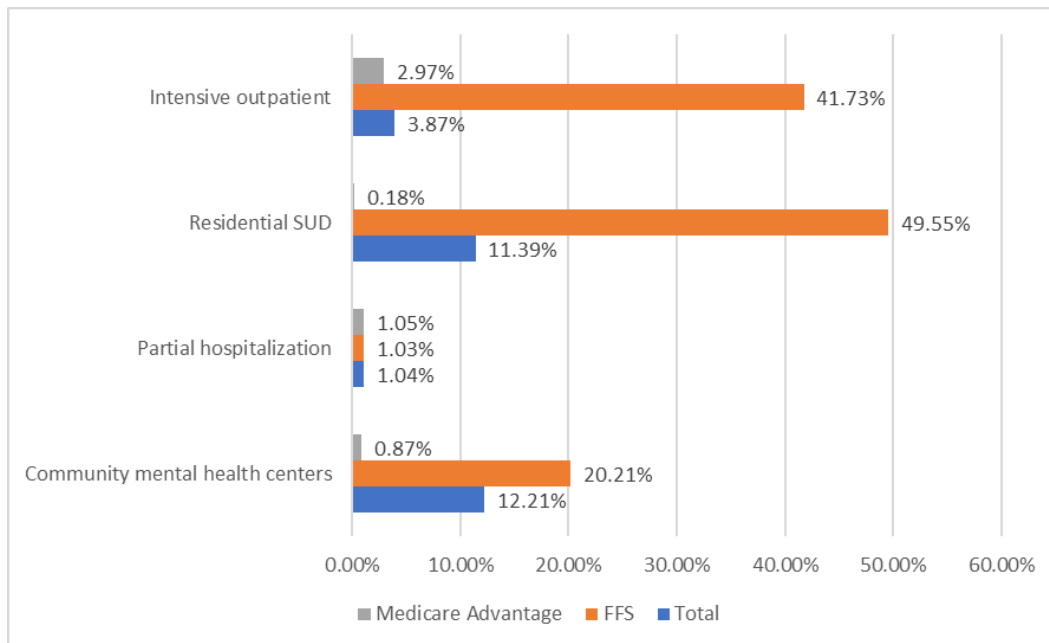
In contrast, FFS patients with SUD are more likely to receive partial hospitalization and CMHC services than are MA patients with SUD. This difference may stem from the fact that partial hospitalization and CMHCs are recognized benefits/service settings in FFS Medicare.

Figure 4. Percentage of Medicare Beneficiaries With a Primary SUD Diagnosis Using the SUD Service



Note. FFS, fee-for-service; SUD, substance use disorder.

Figure 5. Percentage of Medicare Claims With a Primary SUD Diagnosis That Were Denied



Note. FFS, fee-for-service; SUD, substance use disorder.

Of the 3,750,809 Medicare beneficiaries with a primary or secondary SUD, 0.12% (4,504) were treated in a **CMHC** for a primary SUD diagnosis and another 0.23% (8,498) with a secondary SUD diagnosis had a claim from a CMHC. Of the 50,859 claims with a primary SUD diagnosis billed by a hospital outpatient department, 12% were denied (**Table 4**). There were significantly more denials among Medicare FFS enrollees than among MA enrollees (20% and 1%, respectively; **Tables 5** and **6**). One possible explanation for the difference is that MA plans have more flexibility and incentives to encourage use of SUD services in lower-cost outpatient settings such as CMHCs.

In terms of **partial hospitalization settings**, 0.16% (5,913) of Medicare beneficiaries with a SUD primary or secondary diagnosis received treatment for a primary SUD diagnosis and 0.11% (4,258) received treatment for a secondary diagnosis. Of the 261,075 claims with a primary SUD diagnosis billed by a partial hospitalization setting, 1% were denied (**Table 4**). The percentage denied was similar in FFS and MA (1% in both; **Tables 5** and **6**).

In terms of **residential SUD treatment**, 0.05% (1,812) of Medicare beneficiaries received treatment for a primary SUD diagnosis and 0.04% (1,381) received treatment for a secondary SUD diagnosis. To put this number in context, 5.55% of Medicaid beneficiaries with a SUD diagnosis in 2020 (249,000) received residential SUD services. Of the 26,037 claims with a primary SUD diagnosis and a residential SUD service, 11% were denied (**Table 4**). All the denials were for Medicare FFS; 50% of 5,911 Medicare FFS residential SUD service claims were denied. There were almost no denials for the 20,126 residential SUD service claims for MA enrollees (**Tables 5** and **6**).

For Medicare beneficiaries with SUD receiving **intensive outpatient treatment**, 0.05% (1,519) received intensive outpatient with a primary SUD diagnosis, as did 0.02% (721) with a secondary diagnosis on the claim. Of the 15,979 claims with a primary SUD diagnosis billed for intensive outpatient treatment, 4% were denied (**Table 4**). Only 369 claims were for FFS, of which 42% were denied. There were 15,610 claims for MA, of which only 3% were denied (**Tables 5** and **6**).

Table 1. Percentage of All Medicare Enrollees With Primary or Secondary SUD Diagnosis Who Had a Paid (Non-Denied) Claim for SUD Services at Least Once, 2020
(n = 3,750,809)

Service Types	Diagnosis of SUD on Service Record			
	Primary		Only Secondary	
	Number	Percent	Number	Percent
Hospital inpatient	65,532	1.75	596,388	15.90
Hospital outpatient	182,576	4.87	549,777	14.66
Community mental health centers	4,504	0.12	8,498	0.23
Partial hospitalization	5,913	0.16	4,258	0.11
Residential SUD	1,812	0.05	192	0.01
Intensive outpatient	1,519	0.04	721	0.02

Table 2. Percentage of Medicare FFS Enrollees With Primary or Secondary SUD Diagnosis Who Had a Paid (Non-Denied) Claim for SUD Services at Least Once, 2020
(n = 1,670,396)

Service Types	Diagnosis of SUD on Service Record			
	Primary		Only Secondary	
	Number	Percent	Number	Percent
Hospital inpatient	33,423	2.00%	330,418	19.78
Hospital outpatient	100,501	6.02%	294,555	17.63
Community mental health centers	3,317	0.20%	7,573	0.45
Partial hospitalization	3,852	0.23%	2,519	0.15
Residential SUD	535	0.03%	104	0.01
Intensive outpatient	243	0.01%	41	0.00

Table 3. Percentage of Medicare Advantage Enrollees With Primary or Secondary SUD Diagnosis Who Had a Paid (Non-Denied) Claim for SUD Services at Least Once, 2020
(n = 2,080,413)

Service Types	Diagnosis of SUD on Service Record			
	Primary		Only Secondary	
	Number	Percent	Number	Percent
Hospital inpatient	32,109	1.54	265,970	12.78
Hospital outpatient	82,075	3.95	255,222	12.27
Community mental health centers	1,187	0.06	925	0.04
Partial hospitalization	2,061	0.10	1,739	0.08
Residential SUD	1,277	0.06	88	0.00
Intensive outpatient	1,276	0.06	680	0.03

Table 4. Total Number of Claims With a Primary SUD Diagnosis, Number of Claims With a Primary SUD Diagnosis That Was Denied, and Percentage of SUD Claims Denied Among All Medicare Enrollees, 2020

Service Types	Total Number Claims	Denied Claims	
		Number	Percent
Hospital inpatient	1,434,483	388,287	27
Hospital outpatient	3,355,867	210,654	6
Community mental health centers	50,859	6,210	12
Partial hospitalization	261,075	2,706	1
Residential substance use	26,037	2,965	11
Intensive outpatient	15,979	618	4

Table 5. Total Number of Claims With a Primary SUD Diagnosis, Number of Claims With a Primary SUD Diagnosis That Was Denied, and Percentage of SUD Claims Denied Among Medicare FFS Enrollees, 2020

	Total Number Claims	Denied Claims	
		Number	Percent
Hospital inpatient	622,446	20,563	3
Hospital outpatient	1,776,298	38,250	2
Community mental health centers	29,817	6,026	20
Partial hospitalization	223,059	2,306	1
Residential substance use	5,911	2,929	50
Intensive outpatient	369	154	42

Table 6. Total Number of Claims With a Primary SUD Diagnosis, Number of Claims With a Primary SUD Diagnosis That Was Denied, and Percentage of SUD Claims Denied Among MA Enrollees, 2020

	Total Number Claims	Denied Claims	
		Number	Percent
Hospital inpatient	812,037	367,724	45
Hospital outpatient	1,579,569	172,404	11
Community mental health centers	21,042	184	1
Partial hospitalization	38,016	400	1
Residential substance use	20,126	36	0
Intensive outpatient	15,610	464	3

Table 7 describes the codes that most commonly identified CMHCs, partial hospitalization, SUD residential, or intensive outpatient (see Methods below for a full list of codes).

Table 7. Codes Used to Identify Services Among MA and FFS Medicare

Variable	Percent, %			
	MA		FFS	
	Primary	Secondary	Primary	Secondary
CMHC				
Place of Service Code	9.6	12.9	75.6	95.3
Provider Number	89.5	86.0	24.4	4.7
Revenue Center Code	0.9	1.1	0.0	0.0
Total	100.0	100.0	100.0	100.0
Partial Hospitalization				
HCPC	67.4	73.6	47.6	54.8
Place of Service Code	0.2	1.0	15.4	14.3
Condition Code	0.0	0.0	84.3	82.4
Revenue Center Code	53.0	52.6	0.0	2.1
Ambulatory Payment Classification Code	0.0	0.0	0.0	0.0
Total	100.0	100.0	100.0	100.0
SUD Residential				
HCPC	81.8	98.7	8.0	0.0
Place of Service Code	0.6	0.6	95.2	98.0
Condition Code	0.0	0.0	0.0	2.0
Revenue Center Code	23.5	1.6	0.5	0.0
Total	100.0	100.0	100.0	100.0
Intensive Outpatient				
Revenue Center Code	90.2	94.2	10.7	21.4
9+ hours of psychotherapy per week	9.8	5.8	89.3	78.6
Total	100.0	100.0	100.0	100.0

The first three rows of **Table 8** describe the number of claims for which coding indicated that the service occurred in a CMHC and was also defined as a partial hospitalization. As shown, only a small percentage of claims overlapped. The second three rows of Table 8 show the overlap

between partial hospitalization and hospital outpatient treatment. There were more overlapping claims for partial hospitalization, particularly among MA claims.

Table 8. Claims That Indicated That Care Was Provided by Two Services at Once

	FFS	MA
CMHC alone	20,013	14,514
Partial hospitalization alone	26,701	4,766
CMHC + partial hospitalization	715	616
Partial hospitalization alone	22,417	1,184
Outpatient hospital alone	244,441	239,253
Partial hospitalization + outpatient hospital	4,999	4,198

Table 9 demonstrates the number of claims with a primary SUD diagnosis for partial hospitalization services or CMHC services without a secondary mental health diagnosis. Overall, 38% of claims in partial hospitalization settings did not have a secondary mental health diagnosis. The percentage was higher for MA than FFS.

In CMHCs, 73% of claims did not have a secondary mental health diagnosis. The percentage was higher for MA than FFS.

Table 9. Percentage of Claims With No Secondary Mental Health Diagnosis

Variable	FFS	MA	Total
Partial hospitalization: Total claims no secondary diagnosis	9,415	2,950	12,365
Partial hospitalization: Total claims	26,733	5,286	32,019
Partial hospitalization: Percent no mental health	35.22%	55.81%	38.62%
CMHC: Total claims no secondary diagnosis	10,324	12,592	22,916
CMHC: Total claims	16,084	14,982	31,066
CMHC: Percent no mental health	64.19%	84.05%	73.77%

Appendix A: Methods Detail

Study Population

The study population was Medicare beneficiaries with a fee-for-service (FFS) claim or a Medicare Advantage (MA) encounter record in 2020 that listed a substance use disorder (SUD) diagnosis as the primary or secondary diagnosis. Primary and secondary diagnoses were defined to be mutually exclusive, such that beneficiaries categorized as having secondary diagnoses were required to not have primary diagnoses of SUD. SUD diagnoses were defined as ICD-10 codes F10–F16 and F18–F19 (see [Table A-1](#)). Nicotine-related disorders were excluded.

Table A-1. ICD-10 Codes to Identify Substance Use Disorders

ICD-10 Code	Description
F10	Alcohol related disorders
F11	Opioid related disorders
F12	Cannabis related disorders
F13	Sedative, hypnotic, or anxiolytic related disorders
F14	Sedative, hypnotic, or anxiolytic related disorders
F15	Other stimulant related disorders
F16	Hallucinogen related disorders
F18	Inhalant related disorders
F19	Other psychoactive substance related disorders

Use of Care Settings

We identified the number of beneficiaries with claims for treatment at the following settings with a primary or secondary SUD diagnosis (mutually exclusive) on the claim: (1) hospital inpatient, (2) hospital outpatient, (3) community mental health centers, (4) residential substance use disorder settings, (5) psychiatric partial hospitalization, and (6) intensive outpatient. A beneficiary was considered to have had treatment at a specific setting if they had at least one non-denied claim with a primary or secondary SUD diagnosis that met the criteria listed below for each setting.

Definition of Care Settings

Hospital inpatient in FFS was defined as claims for which the digits 3–6 of the provider number listed are in the range 0001–0879: *Short-term (General and Specialty) Hospitals* or 1300–1399: *Critical Access Hospitals*.

Hospital inpatient in MA was defined as claims for which the claim type code is 4011: *Hospital Inpatient*.

Hospital outpatient in FFS was defined as claims for which the digits 3–6 of the provider number listed are in the range 0001–0879: *Short-term (General and Specialty) Hospitals*.

Hospital outpatient in MA was defined as claims for which the claim type code is 4012: *Hospital Inpatient (covered by Medicare Part B – not Part A)*, 4013: *Hospital Outpatient*, or 4085: *Special Facility (CAH) Critical Access Hospital*.

Community mental health centers in FFS were defined as claims that fit at least one of the following criteria:

1. **Provider Number.** Digits 3–6 on the provider number listed are in the range 1400–1499, 4600–4799, or 4900–4999: *Community Mental Health Centers*
2. **Place of service** is 53: *Community Mental Health Center*
3. **Revenue center code** is 0907: *Community Behavioral Health Program – Day Treatment*

Community mental health centers in MA were defined as claims that fit at least one of the following criteria:

1. **Place of service** is 53: *Community Mental Health Center*
2. **Revenue center code** is 0907: *Community Behavioral Health Program – Day Treatment*
3. **Claim type code** is 4076: *Clinic (CMHC) Community Mental Health Centers*

Residential substance use settings in FFS were defined as claims that fit at least one of the following criteria:

1. **HCPCS codes:**
 - H0010: Alcohol and/or drug services; sub-acute detoxification (residential addiction program inpatient)
 - H0011: Alcohol and/or drug services; acute detoxification (residential addiction program inpatient)
 - H0012: Alcohol and/or drug services; sub-acute detoxification (residential addiction program outpatient)
 - H0013: Alcohol and/or drug services; acute detoxification (residential addiction program outpatient)
 - H0017: Behavioral health; residential (hospital residential treatment program), without room and board, per diem
 - H0018: Behavioral health; short-term residential (non-hospital residential treatment program), without room and board, per diem
 - H0019: Behavioral health; long-term residential (non-medical, non-acute care in a residential treatment program where stay is typically longer than 30 days), without room and board, per diem
 - T2048: Behavioral health; long-term care residential (non-acute care in a residential treatment program where stay is typically longer than 30 days), with room and board, per diem
2. **Place of service** is 55: Residential Substance Abuse Treatment Facility or 56: Psychiatric Residential Treatment Center
3. **Condition code:** 48: Psychiatric Residential Treatment Centers for Children and Adolescents

4. **Revenue center code** is 1001: Residential treatment - psychiatric or 1002: Residential treatment - chemical dependency

Residential substance use settings in MA were defined as claims that fit at least one of the following criteria:

1. **HCPCS codes:**

- H0010: Alcohol and/or drug services; sub-acute detoxification (residential addiction program inpatient)
- H0011: Alcohol and/or drug services; acute detoxification (residential addiction program inpatient)
- H0012: Alcohol and/or drug services; sub-acute detoxification (residential addiction program outpatient)
- H0013: Alcohol and/or drug services; acute detoxification (residential addiction program outpatient)
- H0017: Behavioral health; residential (hospital residential treatment program), without room and board, per diem
- H0018: Behavioral health; short-term residential (non-hospital residential treatment program), without room and board, per diem
- H0019: Behavioral health; long-term residential (non-medical, non-acute care in a residential treatment program where stay is typically longer than 30 days), without room and board, per diem
- T2048: Behavioral health; long-term care residential (non-acute care in a residential treatment program where stay is typically longer than 30 days), with room and board, per diem

2. **Place of service** is 55: Residential Substance Abuse Treatment Facility or 56: Psychiatric Residential Treatment Center

3. **Revenue center code** is 1001: Residential treatment - psychiatric or 1002: Residential treatment - chemical dependency

Psychiatric partial hospitalization in FFS was defined as claims that fit at least one of the following criteria:

1. **HCPCS code**

- G0129: Occupational therapy services requiring skills of a qualified occupational therapist, furnished as a component of a partial hospitalization treatment program, per session (45 minutes or more)
- G0176: Activity therapy, such as music, dance, art or play therapies not for recreation, related to care and treatment of patient's disabling mental problems, per session (45 minutes or more)
- G0410: Group psychotherapy other than of a multiple-family group, in a partial hospitalization setting, approximately 45 to 50 minutes
- G0411: Interactive group psychotherapy, in a partial hospitalization setting, approximately 45 to 50 minutes
- H0035: Mental health partial hospitalization, treatment, less than 24 hours
- S0201: Partial hospitalization services, less than 24 hours, per diem

2. **Place of service** is 52: Psychiatric Facility - Partial Hospitalization

3. **Condition code:** 41: Partial Hospitalization

4. **Revenue center code** is 0912: Partial Hospitalization, less intensive or 0913: Partial Hospitalization, intensive

5. **Ambulatory payment classification (APC) code:** 5853: Partial Hospitalization (3 or more services per day) for CMHCs or 5863

Psychiatric partial hospitalization in MA was defined as claims that fit at least one of the following criteria:

1. **HCPCS code**

- G0129: Occupational therapy services requiring skills of a qualified occupational therapist, furnished as a component of a partial hospitalization treatment program, per session (45 minutes or more)
- G0176: Activity therapy, such as music, dance, art or play therapies not for recreation, related to care and treatment of patient's disabling mental problems, per session (45 minutes or more)
- G0410: Group psychotherapy other than of a multiple-family group, in a partial hospitalization setting, approximately 45 to 50 minutes
- G0411: Interactive group psychotherapy, in a partial hospitalization setting, approximately 45 to 50 minutes
- H0035: Mental health partial hospitalization, treatment, less than 24 hours
- S0201: Partial hospitalization services, less than 24 hours, per diem

2. **Place of service** is 52: Psychiatric Facility - Partial Hospitalization

3. **Revenue center code** is 0912: Partial Hospitalization, less intensive or 0913: Partial Hospitalization, intensive

Intensive outpatient (same in both FFS and MA) was defined as claims that fit at least one of the following criteria:

1. **Revenue center code** is 0905: *Intensive Outpatient Services, psychiatric* or 0906: *Intensive Outpatient Services, chemical dependency*
2. **At least 9 hours of psychotherapy** codes are represented in claims in a given rolling week for a given beneficiary. Each psychotherapy HCPCS code represents 30 minutes, 45 minutes, 50 minutes, or 60 minutes psychotherapy.
 - 90832: Psychotherapy w pt 30 minutes
 - 90833: Psychotherapy w pt w e/m 30 min
 - 90834: Psychotherapy w pt 45 minutes
 - 90836: Psychotherapy w pt w e/m 45 min
 - 90837: Psychotherapy w pt 60 minutes
 - 90838: Psychotherapy w pt w e/m 60 min
 - 90845: Psychoanalysis (Assigned by RTI team as 45 minutes)
 - 90839: Psychotherapy crisis initial 60 min
 - 90840: Psychotherapy crisis each add 30 min
 - 90846: Family psychotherapy w/o pt 50 min
 - 90847: Family psychotherapy w/pt 50 min
 - 90849: Multiple family group psychotherapy (Assigned by RTI team as 45 minutes)
 - 90853: Group psychotherapy (Assigned by RTI team as 45 minutes)