



ADMINISTRATIVE POLICY STATEMENT

Marketplace

Policy Name & Number	Date Effective
Opioid Use Disorder Medication Treatment Providers- MP-AD-1326	GA, IN, KY, WV: 06/01/2023-10/31/2023 OH: 07/01/2023-10/31/2023
Policy Type	
ADMINISTRATIVE	

Administrative Policy Statement prepared by CareSource and its affiliates are derived from literature based on and supported by clinical guidelines, nationally recognized utilization and technology assessment guidelines, other medical management industry standards, and published MCO clinical policy guidelines. Medically necessary services include, but are not limited to, those health care services or supplies that are proper and necessary for the diagnosis or treatment of disease, illness, or injury and without which the patient can be expected to suffer prolonged, increased or new morbidity, impairment of function, dysfunction of a body organ or part, or significant pain and discomfort. These services meet the standards of good medical practice in the local area, are the lowest cost alternative, and are not provided mainly for the convenience of the member or provider. Medically necessary services also include those services defined in any Evidence of Coverage documents, Medical Policy Statements, Provider Manuals, Member Handbooks, and/or other policies and procedures.

Administrative Policy Statements prepared by CareSource and its affiliates do not ensure an authorization or payment of services. Please refer to the plan contract (often referred to as the Evidence of Coverage) for the service(s) referenced in the Administrative Policy Statement. If there is a conflict between the Administrative Policy Statement and the plan contract (i.e., Evidence of Coverage), then the plan contract (i.e., Evidence of Coverage) will be the controlling document used to make the determination.

According to the rules of Mental Health Parity Addiction Equity Act (MHPAEA), coverage for the diagnosis and treatment of a behavioral health disorder will not be subject to any limitations that are less favorable than the limitations that apply to medical conditions as covered under this policy.

<input checked="" type="checkbox"/> Georgia	<input checked="" type="checkbox"/> Indiana	<input checked="" type="checkbox"/> Kentucky	<input checked="" type="checkbox"/> Ohio	<input checked="" type="checkbox"/> West Virginia
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A. Subject

Opioid Use Disorder Medication Treatment Providers

B. Background

The use of medication for opioid use disorder (MOUD) in opioid treatment programs (OTP) is governed by the 42 Code of Federal Regulations (CFR) 8. The regulation created a system to certify and accredit OTPs, allowing administration and dispensing of Food and Drug Administration (FDA)-approved medications for opioid use disorder. OTPs must be certified and accredited, licensed in the applicable state of operation, and registered with the Drug Enforcement Administration (DEA). Oversight of treatment medication remains a multilateral system involving states, the Substance Abuse and Mental Health Services Administration (SAMHSA), the Department of Health and Human Services (HHS), the Department of Justice (DOJ) and the Drug Enforcement Administration (DEA). State Opioid Treatment Authorities (OTAs) assist providers with information about individual state regulations.

Additionally, with the passage of Section 1262 of the Consolidated Appropriations Act (2023), practitioners are no longer required to submit a Notice of Intent to prescribe certain schedule III-V medications for the treatment of opioid use disorder, commonly known as the X-Waiver. This includes buprenorphine, an FDA-approved medication that, taken daily, reduces cravings and withdrawal symptoms. Currently, SAMHSA and the DEA are working on implementation of a separate provision of the CAA related to training requirements for DEA registration.

C. Definitions

- **Opioid Treatment Program (OTP)** - Program/qualified practitioner accredited and certified by SAMHSA, delivering opioid treatment with an opioid agonist medication.
- **Opioid Use Disorder (OUD)** - At least 2 of 11 clinical criteria within the Diagnostic Statistical Manual-5-Text Revised are met within a 12-month period with severity ranging from mild to severe, including tolerance and withdrawal.
- **Practitioner** - Health care professional appropriately licensed by a state to prescribe and/or dispense medications for OUD and authorized to practice within an OTP.
- **Substance Abuse Mental Health Services Administration (SAMHSA)** - Agency within the HHS leading public health and service delivery efforts that promote mental health, prevent substance misuse, and provide treatments and supports to foster recovery while ensuring equitable access and better outcomes.

D. Policy

I. Methadone

- Must be provided by an accredited and certified OTP provider.
- Must follow state laws, such as licensure, if applicable.
- Must be registered with the Drug Enforcement Administration (DEA).
- Must provide documentation that other, traditional outpatient behavioral health services are being or have been offered, and/or provided, such as testing, assessment, evaluation, and psychotherapy.
- Non-participating providers require a prior authorization for services.

The ADMINISTRATIVE Policy Statement detailed above has received due consideration as defined in the ADMINISTRATIVE Policy Statement Policy and is approved.

II. Buprenorphine

- A. OTPs dispensing buprenorphine must be SAMHSA-certified and modify registration with the DEA to add schedule III narcotics, if using DEA registration to order the medication.
- B. The following criteria and conditions must be met for prescribers to achieve successful credentialing with the following specialties:
 - 1. Addiction Medicine
 - a. Unrestricted Doctor of Medicine (MD) or Doctor of Osteopathic Medicine (DO) license and **one** of the following:
 - 01. Certification by the American Board of Addiction Medicine
 - 02. Subspecialty certification in addiction medicine by the American Board of Preventive Medicine
 - 03. Subspecialty certification in addiction psychiatry by the American Board of Psychiatry and Neurology
 - 04. Certificate of added qualification in addiction medicine from the American Osteopathic Association
 - 05. Completion of accredited residency/fellowship in addiction medicine or Addiction Psychiatry
 - b. Unrestricted, licensed Advanced Practice Registered Nurses (APRN) must have completed Nurse Practitioner Substance Use Disorder Medical Education Project (NP-SUDMedEd) training.
 - 2. Buprenorphine Provider
 - a. Unrestricted MD or DO license and registered with the DEA to dispense schedule III, IV, and V medications for treatment of pain.
 - b. Other practitioners with an unrestricted license (Nurse Practitioner, Clinical Nurse Specialist, Certified Registered Nurse Anesthetist, Certified Nurse Midwife, or Physician Assistants) and **all** the following:
 - 01. Must be in an office-based setting,
 - 02. Registered with the DEA to dispense schedule III, IV, and V medications for treatment of pain,
 - 03. Training or experience that demonstrates the ability to treat and manage opioid-dependent members, and
 - 04. If applicable and as required by practitioner license, supervision by or employment in collaboration with a qualifying physician as noted in II.B.1.
- E. Conditions of Coverage
All providers must comply with current federal and state regulations.
- F. Related Policies/Rules
NA

G. Review/Revision History

	DATE	ACTION
Date Issued	03/15/2023	Approved at Committee.
Date Revised		
Date Effective	GA, IN, KY, WV: 06/01/2023 OH: 07/01/2023	
Date Archived	GA, IN, KY, WV: 10/31/2023 OH: 10/31/2023	This Policy is no longer active and has been archived. Please note that there could be other Policies that may have some of the same rules incorporated and CareSource reserves the right to follow CMS/State/NCCI guidelines without a formal documented Policy.

H. References

1. American Psychiatric Association. Diagnostic and Statistical Manual of Mental Disorders: Fifth Edition, Text Revision. Arlington, VA: American Psychiatric Association, 2022.
2. American Society of Addiction Medicine. The ASAM national practice guideline for the treatment of opioid use disorder: 2020 focused update. Retrieved March 2, 2023 from www.asam.org.
3. CareSource. Evidences of Coverage. (2023) Retrieved March 2, 2023 from www.caresource.com.
4. Centers for Disease Control. Opioid Basics. (May 23, 2022). Retrieved March 2, 2023 from www.cdc.gov.
5. Code of Federal Regulations. Title 21. Chapter II. Drug Enforcement Administration. Department of Justice. Retrieved February 27, 2023 from www.efcr.gov.
6. Code of Federal Regulations. Title 42. Part 8. Medication Assisted Treatment for Opioid Use Disorders. (2023, February 02). Retrieved February 27, 2023 from www.efcr.gov.
7. National Institutes of Health. National Institute on Drug Abuse. Principles of drug addiction treatment: A research-based guide opioid addiction, 3rd edition. (2014). Retrieved March 2, 2023 from www.nida.nih.gov.
8. Substance Abuse and Mental Health Services Administration. Certification of Opioid Treatment Programs (OTPs). (January 27, 2023). Retrieved February 27, 2023 from www.samhsa.gov.
9. Substance Abuse and Mental Health Services Administration. Removal of DATA Waiver (X-Waiver) Requirement. (January 25, 2023). Retrieved February 27, 2023 from www.samhsa.gov.
10. Substance Abuse and Mental Health Services Administration. Practitioner Training. Retrieved March 2, 2023 from www.samhsa.gov.
11. United States Drug Enforcement Administration. Drug Scheduling. Retrieved February 27, 2023 from www.dea.gov.

I. State-Specific Information

- a. Georgia, effective: 06/01/2023
- b. Indiana, effective: 06/01/2023
- c. Kentucky, effective: 06/01/2023
- d. Ohio, effective: 07/01/2023
- e. West Virginia, effective: 06/01/2023

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