



ADMINISTRATIVE POLICY STATEMENT

Marketplace

Policy Name & Number	Date Effective
Credentialing of Opioid Use Disorder Providers-MP-AD-1326	03/01/2026
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.

This policy applies to the following Marketplace(s):

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

Credentialing of Opioid Use Disorder Providers

B. Background

The use of medication for opioid use disorder (MOUD) in opioid treatment programs (OTP) is governed by federal regulations that created a system to certify and accredit OTPs, allowing administration and dispensing of Food and Drug Administration (FDA)-approved medications for opioid use disorder (OUD). OTPs must be licensed by states and registered with the Drug Enforcement Administration (DEA).

Since the creation and implementation of initial rules, the US Department of Health and Human Services (HHS), through the Substance Abuse and Mental Health Services Administration (SAMHSA) has taken historic steps to increase access to lifesaving, evidence-based medications and to advance retention in care through promoting patient-centered and compassionate interventions. Current laws promote practitioner autonomy, remove stigmatizing or outdated language, and reduce barriers to care, all of which are essential to promoting effective treatment.

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 OUD, commonly known as the X-Waiver. Practitioners with current DEA registration that includes Schedule III authority may prescribe buprenorphine for OUD if permitted by applicable state law.

Oversight of treatment medication remains a multilateral system involving states, SAMHSA, HHS, the Department of Justice (DOJ) and the DEA. State Opioid Treatment Authorities (OTAs) assist providers with information about individual state regulations. CareSource supports members seeking assistance with substance use disorders (SUD). Provisions for the credentialing of professionals are outlined in this policy. Additional information can be found on the CareSource website at www.caresource.com.

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.

D. Policy

- I. Registered practitioners must complete 8 hours of training on the treatment and management of patients with opioid or other SUDs. This training requirement is a one-time requirement and not required for subsequent DEA registration renewals. Practitioners have satisfied this requirement if any of the following apply:

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

- A. board certification in addiction medicine or addiction psychiatry from the American Board of Medical Specialties, American Board of Addiction Medicine, or the American Osteopathic Association
 - B. graduation within 5 years and status in good standing from a medical, advanced practice nursing, or physician assistant school in the US that included successful completion of an opioid or other SUD curriculum of at least 8 hours
 - C. completion of 8 hours of training on opioid or other SUDs from accredited groups named in the Medication Access and Training Expansion Act for practitioners renewing or newly applying for registration from the DEA to prescribe any Schedule II-V controlled medications
- II. Credentialing
- The following criteria and conditions must be met for prescribers to achieve successful credentialing with the following specialties:
- A. Addiction Medicine
 - 1. unrestricted Doctor of Medicine (MD) or Doctor of Osteopathic Medicine (DO) license and at least **1** of the following:
 - a. certification by the American Board of Addiction Medicine
 - b. subspecialty certification in addiction medicine by the American Board of Preventive Medicine
 - c. subspecialty certification in addiction psychiatry by the American Board of Psychiatry and Neurology
 - d. certificate of added qualification in addiction medicine from the American Osteopathic Association
 - e. completion of accredited residency/fellowship in addiction medicine or Addiction Psychiatry
 - 2. unrestricted, licensed Advanced Practice Registered Nurses (APRN) who completed Nurse Practitioner Substance Use Disorder Medical Education Project (NP-SUDMedEd) training
 - B. Buprenorphine Provider
 - 1. unrestricted MD or DO license and registered with the DEA to dispense schedule III, IV, and V medications for treatment of pain
 - 2. 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:
 - a. in an office-based setting
 - b. DEA-registered to dispense schedule III-V medications for pain treatment
 - c. training or experience that demonstrates the ability to treat and manage opioid-dependent members
 - d. supervision by or employment in collaboration with a qualifying physician as noted in II.B.1., if applicable and as required by state licensure
- III. Methadone providers must comply with **all** the following:
- A. Obtain accreditation/certification as an OTP provider.
 - B. Follow state laws, such as licensure, if applicable.
 - C. Register with the DEA.

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D. 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.

E. State-Specific Information
N/A

F. Conditions of Coverage

- I. All providers must comply with current federal and state regulations.
- II. Non-participating providers require prior authorization for services.

G. Related Policies/Rules
NA

H. Review/Revision History

DATE		ACTION
Date Issued	03/15/2023	Approved at Committee.
Date Revised	08/02/2023	Added section D.I. Deleted III.A. Updated references. Approved at Committee.
	09/25/2024	Annual review. Updated background, D.I.A-C., E., and references. Approved at Committee.
	12/03/2025	Annual review. Simplified background. Removed information for KY. Updated references.
Date Effective	03/01/2026	
Date Archived		

I. References

1. American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders: Fifth Edition, Text Revision*. American Psychiatric Association; 2022.
2. Drug Enforcement Administration, Department of Justice, 21 C.F.R. § § 1300-21. (2023).
3. *Indiana Evidence of Coverage*. CareSource; 2025. Accessed November 13, 2025. www.caresource.com
4. *Georgia Evidence of Coverage*. CareSource; 2025. Accessed November 13, 2025. www.caresource.com
5. Medication Access and Training Expansion Acts, PB.L. No. 117-328. (2022).
6. Medication Assisted Treatment for Opioid Use Disorders, 42 C.F.R. §§ 8.1-.655. (2023).
7. National Institute on Drug Abuse. *Principles of Drug Addiction Treatment: A Research-based Guide*. 3rd ed. National Institutes of Health; 2018. NIH publication 12-4180. Accessed November 13, 2025. www.nida.nih.gov
8. *Ohio Evidence of Coverage*. CareSource; 2025. Accessed November 13, 2025. www.caresource.com

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9. The ASAM national practice guideline for the treatment of opioid use disorder: 2020 focused update. American Society of Addiction Medicine. Accessed November 13, 2025. www.asam.org.
10. US Dept of Health and Human Services. 42 CFR part 8 final rule. Substance Abuse and Mental Health Services Administration. Accessed November 13, 2025. www.samhsa.gov
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14. US Dept of Justice. Drug scheduling. US Drug Enforcement Administration. Accessed November 13, 2025. www.dea.gov
15. *West Virginia Evidence of Coverage*. CareSource; 2025. Accessed November 13, 2025. www.caresource.com

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