

ADMINISTRATIVE POLICY STATEMENT GEORGIA MARKETPLACE

Policy Name		Policy Number	Date Effective		
Methadone Administration for Opioid Use Disorder		AD-0943	01/01/2021-04/30/2022		
Policy Type					
Medical	ADMINISTRATIVE	Pharmacy	Reimbursement		

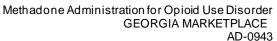
Administrative Policy Statements prepared by CareSource and its affiliates are derived from literature based on and supported by clinical guidelines, nationally recognized utilization and technology assessment guidelines, other medical management industry standards, and published MCO clinical policy 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 Care Source 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) 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.

Table of Contents

Adr	Administrative Policy Statement	
A.	Subject	2
B.	Background	2
	Definitions	
D.	Policy	2
	Conditions of Coverage	
	Related Policies/Rules	
	Review/Revision History	
ш	Deferences	2



Effective Date: 01/01/2021



Methadone Administration for Opioid Use Disorder

B. Background

In 2018, there were 2 million Americans that met the Diagnostic and Statistical Manual of Mental Disorders criteria for an opioid use disorder (OUD) with almost 70% of the drug overdose deaths involved an opioid.

OUD treatment includes a combination of medications (Medication Assisted Treatment – MAT) to target the brain and psychosocial interventions (i.e. counseling, behavioral therapies). People are usually more successful with their recovery when both MAT and therapy are part of their treatment plan.

Methadone, a full opioid agonist, is one of the Federal Drug Administration (FDA) approved medications to treat OUD. Only an opioid treatment program (OTP) can dispense Methadone for OUD. This schedule II controlled medication is a long-acting medication that is taken daily to reduce cravings and withdrawal symptoms allowing the member to sustain recovery.

This policy is to provide guidance on how CareSource supports coverage of methadone administration and observation.

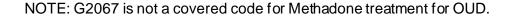
C. Definitions

- Accredited and certified OTP provider An opioid treatment program accredited and certified by Substance Abuse and Mental Health Services Administration (SAMHSA) to treat substance use disorders. This allows the OTP to administer and dispense FDA-approved MAT medications.
- G2067 Medication assisted treatment, methadone; weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing, if performed (provision of the services by a Medicareenrolled opioid treatment program).
- H0020 Alcohol and/or drug services; methadone administration and/or service (provision of the drug by a licensed program).

D. Policy

- I. Methadone treatment for OUD
 - A. Must be provided by an accredited and certified OTP provider;
 - B. Must follow state laws such as licensure if applicable; and
 - C. Must provide documentation that there are other traditional outpatient behavioral health services being provided such as testing, assessment, evaluation, and psychotherapy.
- II. Coverage for Methadone treatment for OUD
 - A. A prior authorization is required for non-participating providers.
 - B. H0020 will be recognized by CareSource to represent the medication, theadministration, and observation of the medication.





- E. Conditions of Coverage
- F. Related Policies/Rules

G. Review/Revision History

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DATES		ACTION			
Date Issued	11/11/2020				
Date Revised					
Date Effective	01/01/2021				
Date Archived	04/30/2022	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

- Substance Abuse and Mental Health Services Administration. (2020, October 7). Certification of Opioid Treatment Programs (OTPs). Retrieved October 16, 2020 from www.samhsa.gov
- Substance Abuse and Mental Health Services Administration. (2020, September 1). Medication-Assisted Treatment (MAT). Retrieved October 16, 2020 from www.samhsa.gov
- 3. Centers for Disease Control. (2020, March 19). Opioid Basics. Retrieved October 16, 2020 from www.cdc.gov
- 4. Centers for Disease Control. (2017, August 23). Treat Opioid Use Disorder. Retrieved October 16, 2020 from www.cdc.gov
- 5. Providers Clinical Support System. (n.d.). Overview of Medications for Addiction Treatment. Retrieved October 16, 2020 from www.pcssnow.org
- 6. National institute on Drug Abuse. (2018, January). Principles of Drug Addiction treatment: A Research-Based Guide (Third Edition) Opioid Addiction. Retrieved October 6, 2020 from www.drugabuse.gov
- 7. American Psychiatric Association. (2013). Diagnostic and Statistical Manual of Mental Disorders (DSM-5®), Fifth Edition

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

