



ADMINISTRATIVE POLICY STATEMENT Marketplace

| Policy Name & Number | Date Effective |
|---|--|
| Methadone Treatment Providers -MP-AD-1220 | IN, GA, WV, KY: 05/01/2022-05/31/2023 OH: 06/01/2022-06/30/2023 |
| 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.

This policy applies to the following Marketplace(s):

| | | | | |
|--|--|---|---|--|
| <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
Methadone Treatment Providers

B. Background

The United States Department of Health and Human Services reports that there are 1.27 million Americans receiving medication assisted treatment (MAT) for Opioid Use Disorder (OUD). Between 2016-2018, there was a 142% increase in patients receiving MAT services at Health Resources and Service Administration (HRSA)-funded health centers. Almost 70% of the drug overdose deaths in 2019 involved an opioid.

Opioid Use Disorder treatment includes administration of Food and Drug Administration (FDA)-approved medications, also called medication assisted treatment (MAT), to target the brain and psychosocial interventions, such as counseling and behavioral therapies. People are usually more successful with recovery when both MAT and therapy are part of the treatment plan.

Methadone, a full opioid agonist, is one of the FDA-approved medications to treat Opioid Use Disorder and can only be dispensed by an opioid treatment program. This schedule II-controlled medication is a long-acting medication taken daily to reduce cravings and withdrawal symptoms, allowing the member to sustain recovery. This policy covers methadone services for Opioid Use Disorder that are provided on an outpatient basis through an opioid treatment program.

C. Definitions

- **Accredited and Certified Opioid Treatment Program Provider** – An opioid treatment program accredited and certified by the Substance Abuse and Mental Health Services Administration (SAMHSA) to treat substance use disorders, which allows the opioid treatment program to administer and dispense FDA-approved medications.
- **G2067** – Medication assisted treatment, methadone, weekly bundle, including dispensing and/or administration, substance abuse counseling, individual and group therapy, and toxicology testing, if performed (provision of the services by a Medicare enrolled opioid treatment programs).
- **H0020** – Alcohol and/or drug services, methadone administration and/or service (provision of the drug by a licensed program).

D. Policy

Methadone treatment for Opioid Use Disorder (OUD):

- A. Must be provided by an accredited and certified opioid treatment program provider.
- B. Must follow state laws, such as licensure, if applicable.
- C. Must provide documentation that other, traditional outpatient behavioral health services are being provided, such as testing, assessment, evaluation, and psychotherapy.
- D. H0020 will be recognized by CareSource to represent the medication, the

administration, and the observation of the medication.

E. Conditions of Coverage

Coverage for methadone treatment for Opioid Use Disorder requires a prior authorization for non-participating providers. It is the responsibility of the submitting provider to submit the most accurate and appropriate CPT/HCPCS code(s) for the product or service that is being provided.

F. Related Policies/Rules

Addiction Medicine and Buprenorphine
Drug Testing

G. Review/Revision History

| DATE | | ACTION |
|-----------------------|---|---|
| Date Issued | 11/11/2020 | |
| Date Revised | 12/09/2021 06/01/2022 09/09/2022 | Updated background statistics. Removed non-billable language for G2067 (2022 Exchange Benefit Grid). Archived individual policies (AD-0942-0946). Changed title. |
| Date Effective | GA, IN, KY, WV: 05/01/2022 OH: 06/01//2022 | |
| Date Archived | IN, GA, WV, KY: 05/31/2023 OH:06/30/2023 | 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. (2013). Diagnostic and Statistical Manual of Mental Disorders (DSM-5®), Fifth Edition.
2. Centers for Disease Control. (2020, March 19). Opioid Basics. Retrieved December 10, 2021 from www.cdc.gov.
3. Centers for Disease Control. (2017, August 23). Treat Opioid Use Disorder. Retrieved December 10, 2021 from www.cdc.gov.
4. National institute on Drug Abuse. (2018, January). Principles of Drug Addiction treatment: A Research-Based Guide (Third Edition) Opioid Addiction. Retrieved December 10, 2021 from www.drugabuse.gov.
5. Providers Clinical Support System. (n.d.). Overview of Medications for Addiction Treatment. Retrieved December 10, 2021 from www.pcssnow.org
6. Substance Abuse and Mental Health Services Administration. (2020, October 7). Certification of Opioid Treatment Programs (OTPs). Retrieved December 10, 2021 from www.samhsa.gov.

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

7. Substance Abuse and Mental Health Services Administration. (2020, September 1). Medication-Assisted Treatment (MAT). Retrieved December 10, 2021 from www.samhsa.gov.
8. US Department of Health and Human Services. (October 27, 2021). Opioid Crisis Statistics. Retrieved December 9, 2021 from www.hhs.gov.

I. State-Specific Information

- A. Georgia, effective: 05/01/2022
- B. Indiana, effective: 05/01/2022
- C. Kentucky, effective: 05/01/2022
- D. Ohio, effective: 06/01/2022
- E. West Virginia, effective: 05/01/2022

Archived