



Administrative Policy Statement INDIANA MARKETPLACE

Policy Name		Policy Number	Date Effective
Addiction Medicine and Buprenorphine Providers		AD-0735	01/01/2021
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 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.

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A. Subject
Addiction Medicine and Buprenorphine Providers

B. Background
Practitioners who have obtained additional education/certification to practice in the field of addiction medicine or to be a buprenorphine provider are able to help members manage their addiction.

C. Definitions
NA

- D. Policy**
- I. The following criteria and conditions must be met for prescribers to achieve successful credentialing with the following specialties:
 - A. Addiction Medicine
 1. Unrestricted MD or DO license; and
 - a. Holds 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; or
 05. Completion of accredited residency/fellowship in Addiction Medicine or Addiction Psychiatry
 2. Unrestricted licensed Nurse Practitioner
 - a. Completed Nurse Practitioner Substance Use Disorder Medical Education Project (NP-SUDMedEd) training.
 - B. Buprenorphine provider
 1. Unrestricted MD or DO license
 - a. Registered with the Drug Enforcement Administration to dispense schedule III, IV, and V medications for treatment of pain and have a special identification number for prescribing buprenorphine for opioid dependency treatment; and
 - b. Completed required training for treatment and management of patients with opioid use disorders provided by an organization that Secretary of Health and Human Services deems appropriate i.e. American Society of Addiction Medicine, the American Academy of Addiction Psychiatry, the American Medical Association, the American Osteopathic Association, the American Psychiatric Association
 2. Other Practitioners with an unrestricted license - Nurse Practitioner, Clinical Nurse Specialist, Certified Registered Nurse Anesthetist, Certified Nurse Midwife, or Physician Assistants
 - a. Must be in an office based setting;
 - b. Registered with the Drug Enforcement Administration to dispense schedule III, IV, and V medications for treatment of pain and have a



- special identification number for prescribing buprenorphine for opioid dependency treatment;
 - c. Completed required training for treatment and management of patients with opioid use disorders provided by an organization that the Secretary of Health and Human Services deems appropriate (i.e. The American Society of Addiction Medicine, American Academy of Addiction Psychiatry, American Medical Association, American Osteopathic Association, American Nurses Credentialing Center, American Psychiatric Association, American Association of Nurse Practitioners, American Academy of Physician Assistants);
 - d. Training or experience that demonstrates the ability to treat and manage opioid-dependent members; and
 - e. If applicable, is supervised by or works in collaboration with a qualifying physician as noted in I.B.1.
- C. All of the above provider types must comply with current state regulations.

E. Conditions of Coverage

F. Related Policies/Rules

G. Review/Revision History

DATES		ACTION
Date Issued	12/01/2019	
Date Revised	09/30/2020	Updated nurse practitioner requirements
Date Effective	01/01/2021	
Date Archived		

H. References

1. National Association of State Alcohol and Drug Abuse Directors, Inc. Comprehensive Addiction and Recovery Act of 2016. Retrieved September 22, 2020 from www.nasadad.org
2. Legal Information Institute. 21 US Code 823. Registration requirements. (2018). Retrieved September 22, 2020 from www.law.cornell.edu/
3. Substance Abuse and Mental Health Services Administration Buprenorphine Waiver Management (2019). Retrieved September 22, 2020 from www.samhsa.gov
4. American Society of Addiction Medicine. Public Policy Statement on How To Identify a Physician Recognized for Expertness in the Diagnosis and Treatment of Addiction and Related Health Conditions (2016). Retrieved September 22, 2020 from www.asam.org

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