



ADMINISTRATIVE POLICY STATEMENT

Marketplace

Policy Name & Number	Date Effective
Buprenorphine Treatment Providers-MP-AD-1226	IN, GA, WV, KY: 12/01/2022-05/31/2023 OH: 01/01/2023-06/30/2023
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

Buprenorphine Treatment Providers

B. Background

The Drug Addiction Treatment Act of 2000 (DATA 2000), the Comprehensive Addiction and Recovery Act (CARA), and the Substance Use-Disorder Prevention Opioid Recovery and Treatment for Patients and Communities (SUPPORT) Act allows qualified practitioners to dispense or prescribe buprenorphine for the treatment of opioid use disorders (OUD) in settings other than opioid treatment programs (OTP) upon completion of specialized training.

Buprenorphine is a medication approved by the Food and Drug Administration (FDA) to treat OUD as a medication-assisted treatment (MAT) and should be used as part of a comprehensive treatment plan that includes counseling and other behavioral therapies to provide patients with a whole-person or holistic approach to treatment. Buprenorphine offers several benefits to those with OUD and to others who need treatment but cannot obtain treatment in a methadone clinic.

C. Definitions

- **Comprehensive Addiction and Recovery Act of 2016 (CARA)** - Encompasses all six pillars necessary for a coordinated response against the opioid epidemic (prevention, treatment, recovery, law enforcement, criminal justice reform, and overdose reversal), endorses use of MAT for OUD, and amends the Controlled Substances Act to, under certain conditions and restrictions, raise the total number of patients a prescriber can have for the purposes of dispensing buprenorphine.
- **Drug Addiction Treatment Act of 2000 (DATA 2000)** - Qualified physicians can treat opioid dependency with narcotic medications approved by the Food and Drug Administration (FDA) in treatment settings other than OTPs by obtaining a waiver from registration requirements of the Narcotic Addict Treatment Act (1974) to treat opioid dependency with Schedule III, IV, and V medications or combinations of such.
- **Opioid Treatment Program (OTP)** - Program or qualified provider delivering opioid treatment to members with an opioid agonist treatment medication.
- **Opioid Use Disorder (OUD)** - According to the DSM-5, a diagnosis of OUD is ascertained when at least 2 of 11 clinical criteria are met within a 12-month period with severity ranging from mild to severe. Tolerance and withdrawal are part of the diagnostic criteria for OUD in general but not applicable to prescribed opioid use supervised under a clinician.
- **Substance Use Disorder Prevention Opioid Recovery and Treatment for patients and Communities (SUPPORT) Act** - Affords practitioners greater flexibility in the provision of medication-assisted treatment (MAT) and extends the privilege of prescribing buprenorphine in office-based settings to qualifying other practitioners (Nurse Practitioners (NPs), Physician Assistants (PAs), Clinical Nurse Specialists (CNSs), Certified Registered Nurse Anesthetist (CRNAs), and Certified Nurse-Midwives (CNMs) until October 1, 2023.

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 Doctor of Medicine (MD) or Doctor of Osteopathic Medicine (DO) license and **one** 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) must have completed Nurse Practitioner Substance Use Disorder Medical Education Project (NP-SUDMedEd) training.
- B. Buprenorphine Provider
 - 1. Unrestricted MD or DO license and **both** of the following:
 - a. Registered with the Drug Enforcement Administration (DEA) to dispense schedule III, IV, and V medications for treatment of pain **and** a special identification number for prescribing buprenorphine for opioid dependency treatment, and
 - b. Completion of 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., ASAM, 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) and **all** the following:
 - a. Must be in an office based setting,
 - b. Registered with the DEA to dispense schedule III, IV, and V medications for treatment of pain **and** a special identification number for prescribing buprenorphine for opioid dependency treatment,
 - c. Completion of 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., ASAM, 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, supervision by or employment in collaboration with a qualifying physician as noted in I.B.1.
- E. Conditions of Coverage
 - All providers must comply with current state regulations.

F. Related Policies/Rules
NA

G. Review/Revision History

DATES		ACTION
Date Issued	01/01/2020	
Date Revised	09/30/2020 08/31/2022	Updated nurse practitioner requirements. Annual review. Added background and definitions
Date Effective	GA, IN, KY, WV: 12/01/2022 OH: 01/01/2023	
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 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 August 19, 2022 from www.asam.org.
2. CareSource. Evidences of Coverage. Retrieved September 9, 2022 from www.caresource.com.
3. Legal Information Institute. 21 US Code 823. Registration requirements. (2018). Retrieved August 19, 2022 from www.law.cornell.edu.
4. National Association of State Alcohol and Drug Abuse Directors, Inc. Comprehensive Addiction and Recovery Act of 2016. Retrieved August 19, 2022 from www.nasasad.org.
5. Substance Abuse and Mental Health Services Administration. Buprenorphine waiver management (2019). Retrieved August 19, 2022 from www.samhsa.gov.
6. United States Government Federal Register. Practice guidelines for the administration of buprenorphine for treating opioid use disorder. (April 28, 2021). Retrieved August 19, 2022 from www.federalregister.gov.

I. State-Specific Information

- A. Georgia, effective: 12/01/2022
- B. Indiana, effective: 12/01/2022
- C. Kentucky, effective: 12/01/2022
- D. Ohio, effective: 01/01/2023
- E. West Virginia, effective: 12/01/2022