



ADMINISTRATIVE POLICY STATEMENT

Nevada Marketplace

Policy Name & Number	Date Effective
Credentialing of Opioid Use Disorder Providers-NV MP-AD-1563	01/01/2026
Policy Type	
ADMINISTRATIVE	

Administrative Policy Statements 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 or Certificate of Coverage documents, Medical Policy Statements, Provider Manuals, Member Handbooks, and/or other plan policies and procedures.

Administrative Policy Statements do not ensure an authorization or payment of services. Please refer to the plan contract (often referred to as the Evidence of Coverage or Certificate of Coverage) for the service(s) referenced in the Administrative Policy Statement. Except as otherwise required by law, if there is a conflict between the Administrative Policy Statement and the plan contract, then the plan contract 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

A. Subject.....	2
B. Background.....	2
C. Definitions	2
D. Policy	3
E. Conditions of Coverage.....	4
F. Related Policies/Rules	4
G. Review/Revision History.....	4
H. References.....	4

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 42 Code of Federal Regulations (CFR) 8 that went into effect in 2001. The regulation 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 certified and accredited, licensed in the applicable state of operation, and registered with the Drug Enforcement Administration (DEA).

The US Dept of Health and Human Services (HHS), through the Substance Abuse and Mental Health Services Administration (SAMHSA) revised these regulations and released the final rule in February 2024 in an effort to increase access to lifesaving, evidence-based medications and to advance retention in care through promoting patient-centered and compassionate interventions. The final rule promotes practitioner autonomy, removes stigmatizing or outdated language, supports a patient-centered approach, and reduces barriers to receiving care, all of which identified as 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. This includes buprenorphine, an FDA-approved medication that, taken daily, reduces cravings and withdrawal symptoms. All practitioners who have a current DEA registration that includes Schedule III authority may now prescribe buprenorphine for OUD in a practice 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. Provisions for the credentialing of professionals in the treatment field are outlined in this policy. Additional information can be found on the CareSource website at www.caresource.com and within Nevada statutes.

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.

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

- **Practitioner** – Health care professional appropriately licensed by a state to prescribe and/or dispense medications for OUD and authorized to practice within an OTP.

D. Policy

- I. Effective June 27, 2023, the Medication Access and Training Expansion (MATE) Act, passed as part of the CAA 2023, implemented a new requirement for all DEA-registered practitioners to complete 8 hours of training on the treatment and management of patients with opioid or other substance use disorders. This training requirement is a one-time requirement and not required for subsequent DEA registration renewals. Practitioners are deemed to have satisfied this requirement if any of the following apply:
 - 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 CAA 2023 for practitioners renewing or newly applying for a 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) must have 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:

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

- 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
- 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 license

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 Drug Enforcement Administration (DEA)
- 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. Conditions of Coverage

- I. All providers must comply with current federal and state regulations, including completion of State and/or the applicable licensure Board requirements for continuing education.

- II. Non-participating providers require prior authorization for services.

F. Related Policies/Rules

NA

G. Review/Revision History

DATE		ACTION
Date Issued	06/18/2025	New policy. Approved at Committee.
Date Revised		
Date Effective	01/01/2026	
Date Archived		

H. 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. Medication Access and Training Expansion Acts, PB.L. No. 117-328. (2022).
4. Medication Assisted Treatment for Opioid Use Disorders, 42 C.F.R. §§ 8.1-.655. (2023).
5. 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 May 28, 2025. www.nida.nih.gov

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

6. *Nevada Evidence of Coverage*. CareSource; 2026. Accessed May 28, 2025. www.caresource.com
7. Professions, Occupations and Businesses. NEV. REV. STAT. Title 54 (2025).
8. Public Health and Safety. NEV. REV. STATE. Title 40, Chapters 453 and 458 (2025).
9. The ASAM national practice guideline for the treatment of opioid use disorder: 2020 focused update. American Society of Addiction Medicine. Accessed July 18, 2024. www.asam.org.
10. US Dept of Health and Human Services. 42 CFR part 8 final rule. Substance Abuse and Mental Health Services Administration. Updated January 31, 2024. Accessed May 28, 2025. www.samhsa.gov
11. US Dept of Health and Human Services. Certification of opioid treatment programs (OTPs). Substance Abuse and Mental Health Services Administration. Accessed May 28, 2025. www.samhsa.gov
12. US Dept of Health and Human Services. Opioids. Centers for Disease Control and Prevention. Updated May 23, 2023. Accessed May 28 2025. www.cdc.gov
13. US Dept of Health and Human Services. Practitioner training. Substance Abuse and Mental Health Services Administration. Accessed May 28, 2025. www.samhsa.gov
14. US Dept of Health and Human Services. Removal of DATA waiver (X-Waiver) requirement. Substance Abuse and Mental Health Services Administration. Accessed May 28, 2025. www.samhsa.gov
15. US Dept of Justice. Drug scheduling. US Drug Enforcement Administration. Accessed May 28, 2025. www.dea.gov

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