ADMINISTRATIVE POLICY STATEMENT
Arkansas PASSE

Policy Name & Number	Date Effective
Opioid Use Disorder Medication Treatment Providers-AR PASSE-AD-1328	11/01/2023-12/31/2024
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.

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A. Subject

Opioid Use Disorder Medication Treatment Providers

B. Background

The use of medication for opioid use disorder (MOUD) in opioid treatment programs (OTP) is governed by the 42 Code of Federal Regulations (CFR) 8. 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. OTPs must be certified and accredited, licensed in the applicable state of operation, and registered with the Drug Enforcement Administration (DEA). Oversight of treatment medication remains a multilateral system involving states, the Substance Abuse and Mental Health Services Administration (SAMHSA), the Department of Health and Human Services (HHS), the Department of Justice (DOJ) and the Drug Enforcement Administration (DEA). State Opioid Treatment Authorities (OTAs) assist providers with information about individual state regulations.

Additionally, with the passage of Section 1262 of the Consolidated Appropriations Act of 2023 (CAA 2023), practitioners are no longer required to submit a Notice of Intent to prescribe certain schedule III-V medications for the treatment of opioid use disorder, commonly known as the X-Waiver. This includes buprenorphine, an FDA-approved medication that, taken daily, reduces cravings and withdrawal symptoms.

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.
- **Practitioner** -
  - A doctor of medicine, a doctor of osteopathy, or another licensed healthcare professional acting within the professional's licensed scope of practice, or
  - A healthcare facility licensed in the state where the facility is located to provide healthcare services.
- **Substance Abuse Mental Health Services Administration (SAMHSA)** - Agency within the HHS leading public health and service delivery efforts that promote mental health, prevent substance misuse, and provide treatments and supports to foster recovery while ensuring equitable access and better outcomes.

D. Policy

I. Effective June 27, 2023, the Medication Access and Training Expansion (MATE) Act, which 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:

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A. board certification in addiction medicine or addiction psychiatry
B. previous completion of the DATA-2000 Waiver training
C. previous completion of 8 hours of cumulative training relevant to the treatment and management of patients with opioid or other SUDs from accredited groups named in the CAA 2023

II. 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

III. Buprenorphine
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 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:
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 III.B.1., if applicable and as required by license

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E. Conditions of Coverage
   I. All providers must comply with current federal and state regulations.
   II. Non-participating providers require a prior authorization for services.

F. Related Policies/Rules
   NA

G. Review/Revision History

	DATE	ACTION
Date Issued	03/15/2023	Approved at Committee.
Date Revised	08/02/2023	Added section D.I. Deleted III.A. Updated references. Approved at Committee.
Date Effective	11/01/2023	
Date Archived	12/31/2024	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. *Diagnostic and Statistical Manual of Mental Disorders: Fifth Edition, Text Revision.* American Psychiatric Association; 2022.
2. Definitions, ARK. CODE ANN. § 23-99-1103 (2022).
3. Drug Enforcement Administration, Department of Justice. 21 C. F. R. §§ 1300-21. (2023).
4. Medication Access and Training Expansion Acts, PB.L. No. 117-328. (2022).
5. Medication Assisted Treatment for Opioid Use Disorders, 42 C. F. R. §§ 8.1-.655. (2023).
6. 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 July 20, 2023. www.nida.nih.gov
7. The ASAM national practice guideline for the treatment of opioid use disorder: 2020 focused update. American Society of Addiction Medicine. Accessed July 20, 2023. www.asam.org.
8. US Dept of Health and Human Services. Certification of opioid treatment programs (OTPs). Substance Abuse and Mental Health Services Administration. Accessed July 20, 2023. www.samhsa.gov
9. US Dept of Health and Human Services. Opioids. Centers for Disease Control and Prevention. Updated May 23, 2023. Accessed July 20, 2023. www.cdc.gov
10. US Dept of Health and Human Services. Practitioner training. Substance Abuse and Mental Health Services Administration. Accessed July 20, 2023. www.samhsa.gov
11. US Dept of Health and Human Services. Removal of DATA waiver (X-Waiver) requirement. Substance Abuse and Mental Health Services Administration. Accessed July 20, 2023. www.samhsa.gov
12. US Dept of Justice. Drug scheduling. US Drug Enforcement Administration. Accessed July 20, 2023. www.dea.gov

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