MEDICAL POLICY

Excellus

MEDICAL POLICY DETAILS	
Medical Policy Title	**MEDICATION ASSISTED THERAPY**
Policy Number	**3.01.04**
Category	**Behavioral Health**
Effective Date	**04/03/01**
Revised Date	**04/25/02, 05/22/03, 05/27/04, 06/23/05, 06/22/06, 04/26/07, 04/24/08, 04/23/09, 04/29/10, 04/28/11, 04/26/12, 04/25/13, 04/24/14, 06/25/15, 08/25/16, 08/25/17, 12/13/18**
Product Disclaimer	• *If a product excludes coverage for a service, it is not covered, and medical policy criteria do not apply.* • *If a commercial product (including an Essential Plan product) or a Medicaid product covers a specific service, medical policy criteria apply to the benefit.* • *If a Medicare product covers a specific service, and there is no national or local Medicare coverage decision for the service, medical policy criteria apply to the benefit.*

POLICY STATEMENT

Methadone Maintenance Treatment (MMT):

A benefit for opioid addiction treatment is available and covered in accordance with the member/subscriber's contract benefit for inpatient and outpatient substance abuse treatment at a certified facility and/or licensed behavioral health provider per Code of Federal Regulations (42 CFR 8.12).

I. The patient must meet the current American Psychiatric Association criteria as stated in the Diagnostic and Statistical Manual of Mental Disorders (DSM-V) for opioid use disorder and the following criteria:
   A. If an applicant is 18 years of age or older~~,~~**:**
      1. Verification of opium, morphine, heroin or any derivative or synthetic drug of that group use disorder for a period of one year; and
      2. Voluntarily chooses maintenance treatment and has provided informed written consent to treatment.
   B. If an applicant is under 18 years of age~~,~~:
      1. Verification of two documented unsuccessful attempts at short-term medically supervised withdrawal (detoxification) or treatment without medication within a 12-month period; and
      2. Consent in writing by a parent, legal guardian, or responsible adult designated by the relevant State authority.
   C. If clinically appropriate, the requirement of a 1-year history of opioid use disorder may be waived for patients released from penal institutions (within 6 months of release), for pregnant patients, and for previously treated patients (up to 2 years after discharge).

II. The comprehensive MMT program must be licensed by OASAS and include individual and group therapy as well as medical and psychiatric evaluations.

Medical Methadone Maintenance (MMM):

I. The practitioner must meet at least one of the following criteria:
   Credentialed in Addiction Psychiatry; or
   Certified in Addiction Medicine by the American Society of Addiction Medicine (ASAM); or
   A. A MD treating patients in an OASAS certified program.

II. The practitioner must obtain a waiver from OASAS prior to prescribing;

III. The patient must have been stabilized in a MMT program, demonstrated responsible use of take-home dose of methadone through their current MMT program and have been recommended for this program from that current MMT program.

Buprenorphine:

I. The practitioner must be licensed by, and in good standing with, the New York State Education Department and in good standing with the New York State Department of Health and meet one of the following requirements.
   A. The physician must meet the following criteria:
      1. Certification in addiction psychiatry from the American Board of Medical Specialties;
      2. Certification in addiction from the American Society of Medicine;
      3. Subspecialty certification in addiction medicine from the American Osteopathic Association;
      4. Has completed no less than 8 hours of relevant training provided by the American Society of Addiction Medicine, the American Academy of Addiction Psychiatry, the American Medical Association, the American Psychiatric Association, or the American Osteopathic Association, or any other organization that the Secretary of the United States Department of Health and Human Services determines to be appropriate for such training purposes;
      5. Has participated as an investigator in a clinical addiction medicine trial of the controlled substance leading to the approval of a narcotic drug in Schedule III, IV or V for maintenance or detoxification treatment as demonstrated by a statement submitted to the Secretary of the United States Department of Health and Human Services by the sponsor of such approved drug; or
      6. Has such other training or experience as the Secretary of the United States Department of Health and Human Services established via regulation that is determined to demonstrate the ability of the physician to treat and manage opiate-dependent patients.
   B. Nurse practitioners (NPs) and physician assistants (PAs) must meet the following criteria:
      1. Have completed no less than 24 hours of training by provided by one of the following organizations: 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, or any other organization that the Secretary of Health and Human Services determines is appropriate.
      2. Have taken both the eight-hour Drug Addiction Treatment Act (DATA) waiver course for treatment of opioid use disorder, that physicians currently take, and the additional 16 hours course.
   C. The practitioner must submit notification to the Substance Abuse and Mental Health Services Administration (SAMHSA) of the intent to provide such treatment and obtain a unique identification number from the Drug Enforcement Administration (DEA) beginning with the letter "X" specific for the treatment of opiate dependence.
   D. The practitioner's must be in compliance with the following:
      1. Meets the Federal and New York State requirements;
      2. Establishes procedures to effectively implement a controlled substance detoxification program;;
      3. Possesses a valid DEA registration;
      4. Possesses current linkage agreements with OASAS-certified and/or other providers for patients who require follow-up clinical chemical dependence treatment;
      5. Be in good standing with appropriate state and federal agencies, including the U.S. Department of Health and Human Services, the Center for Substance Abuse Treatment, or the Substance Abuse and Mental Health Services Administration, the NYS Department of Health and NYS Department of Education, in respect to controlled substance prescribing, administering and dispensing;
      6. Complete a minimum of 5 continuing medical education hours in alcohol and other drug-related areas for each two-year registration period.

Ultra-rapid Detoxification:

The use of opioid antagonists under heavy sedation or anesthesia is considered **investigational** for opioid detoxification. The lack of controlled studies and lack of a standardized approach to ultra-rapid detoxification does not permit scientific conclusions regarding the safety or efficacy of this method of detoxification compared to other approaches that do not involve deep sedation or general anesthesia.

POLICY GUIDELINES

I. Prior authorization is contract dependent; however, prior authorization does not apply to an emergency five (5) day supply of a medication prescribed to an individual to treat a substance use disorder when an emergency condition exits. Outpatient, intensive outpatient, outpatient rehabilitation and opioid treatment at a participating OASAS-certified Facility are not subject to prior authorization. Please contact your local Customer (Provider/Member) Services Department to determine contract coverage.

II. The Federal Employee Health Benefit Program (FEHBP/FEP) requires that procedures, devices or laboratory tests approved by the U.S. Food and Drug Administration (FDA) may not be considered investigational and thus these procedures, devices or laboratory tests may be assessed only on the basis of their medical necessity.

DESCRIPTION

Opioid dependence is a complex disease involving physiological, psychological, genetic, behavioral and environmental factors. It shares features of other drug dependencies but often requires unique treatment strategies. No single treatment approach is effective in all cases. Abstinence is generally accepted as the primary goal of treatment but is not feasible as an exclusive goal for all opioid dependent persons.

The SAMHSA defines medication assisted treatment as the following: Medication-assisted treatment (MAT), including opioid treatment programs (OTPs), combines behavioral therapy and medications to treat substance use disorders.

In early phases of treatment medication assisted treatment should be accompanied by behavioral interventions, random drug screens, pill counts, monitoring of the PDMP to avoid diversion, and maintain a connection to care.

I. *Methadone Maintenance Treatment (MMT)* is an effective treatment for opioid addiction. Methadone is an opiate agonist. It suppresses opiate withdrawal symptoms for 24 hours or longer. MMT ideally includes behavioral, psychodynamic and 12 Step approaches combined with pharmacological interventions to provide a broad-spectrum treatment.

II. *Medical Methadone Maintenance (MMM)* is a special program approved by New York State for certified addiction psychiatrists or primary care physicians (who meet the outlined policy criteria) to prescribe methadone to patients outside a certified methadone maintenance program.

III. *Buprenorphine Hydrochloride (Subutex®, Sublocade®, Probuphine®)* or *Buprenorphine and Naloxone Hydrochloride (Suboxone®* Bunavail® and Zubsolv®*)* are long acting mixed opioid agonists. At therapeutic doses they produce sufficient agonist effects to enable opioid addicted individuals to discontinue the misuse of opioids without experiencing withdrawal symptoms.

Physicians who want to treat opiate-dependent patients with buprenorphine must meet both Federal and New York State Requirements.

IV. *Ultra-rapid, Anesthesia-assisted* or *One-day Detoxification* utilizes high doses of opioid antagonists such as naloxone under deep sedation with benzodiazepine or general anesthesia. The use of opioid antagonists accelerates the acute phase of detoxification, which can be completed within 24-48 hours. Since the patient is under anesthesia, there is no discomfort or memory of the symptoms of acute withdrawal. Once acute detoxification is complete, the opioid antagonist naltrexone is often continued to decrease drug craving, to reduce the incidence of relapse.

CODES

- *Eligibility for reimbursement is based upon the benefits set forth in the member's subscriber contract.*
- *CODES MAY NOT BE COVERED UNDER ALL CIRCUMSTANCES. PLEASE READ THE POLICY AND GUIDELINES STATEMENTS CAREFULLY.*
- *Codes may not be all inclusive as the AMA and CMS code updates may occur more frequently than policy updates.*

CPT Codes

Code	Description
11981	Insertion, non-biodegradable drug delivery implant
11982	Removal, non-biodegradable drug delivery implant
11983	Removal with reinsertion, non-biodegradable drug delivery implant
90791	Psychiatric diagnostic evaluation
90792	Psychiatric diagnostic evaluation with medical services
90785	Interactive complexity, add on code for 90791-90792
90863	Pharmacologic management, including prescription and review of medication, when performed psychotherapy services
99212- 99215	Office or other outpatient visit for the evaluation and management of an established patient (code range)

HCPCS Codes

Code	Description
G0516	Insertion of non-biodegradable drug delivery implants, 4 or more (services for subdermal rod implant)
G0517	Removal of non-biodegradable drug delivery implants, 4 or more (services for subdermal implants)
G0518	Removal with reinsertion, non-biodegradable drug delivery implants, 4 or more (services for subdermal implants)
H0020	Alcohol and/or drug services; methadone administration and/or service (provision of the drug by a licensed program)
H0033	Oral medication administration, direct observation; use for induction
J0570	Buprenorphine implant, 74.2 mg
J0571-J0575	Buprenorphine or Buprenorphine/naloxone, oral (code range)
Q9991	Injection, buprenorphine extended-release (Sublocade), less than or equal to 100 mg
Q9992	Injection, buprenorphine extended-release (Sublocade), greater than 100 mg
S0109	Methadone, 5 mg, oral

REVENUE Codes

Code	Description
944	Drug rehabilitation

ICD10 Codes

Code	Description
F11.10-F11.99	Opioid related disorders (code range)

REFERENCES

Previously titled Opioid Addiction Treatment.

*Albanese AP, et al. Outcome and six-month follow up of patients after Ultra rapid Opiate Detoxification (UROD). J Addict Dis 2000;19(2):11-28.

*Amato L, et al. Psychosocial and pharmacological treatments versus pharmacological treatments for opioid detoxification. Cochrane Database Syst Rev 2008 Oct 8;4:CD005031.

*Amato L. et al. Methadone at tapered doses for the management of opioid withdrawal. Cochrane Database Syst Rev 2009;3:CD003409.

*American Psychiatric Association. Diagnostic and statistical manual of mental disorders. 5th ed. Arlington, VA: American Psychiatric Publishing, 2013.

American Society of Addiction Medicine. Public Policy Statement on Rapid and Ultra Rapid Opioid Detoxification. [http://www.asam.org/advocacy/find-a-policy-statement/view-policy-statement/public-policy-statements/2011/12/15/rapid-and-ultra-rapid-opioid-detoxification] accessed 8/27/18.

*Anglin MD, et al. Levo-alpha-acetylmethadol (LAAM) versus methadone maintenance: 1-year treatment retention, outcomes and status. Addiction 2007 Sep;102(9):1432-42.

BlueCross BlueShield Association. Opioid antagonists under heavy sedation or general anesthesia as a technique of opioid detoxification - archived. Medical Policy Reference Manual Policy #3.01.02. 2016 Jan 1.

*BlueCross BlueShield Association. Methadone treatment for opiate addiction. Medical Policy Manual #3.02.01. archived 2011 May 12.

*BlueCross BlueShield Association. Buprenorphine implant for treatment of opioid dependence. Medical Policy Manual # 5.01.26. updated 2018 Aug 9.

*Collins ED, et al. Anesthesia-assisted vs. buprenorphine-or clonidine-assisted heroin detoxification and naltrexone induction: a randomized trial. JAMA 2005 Aug;294(8):9030913.

*Connock M, et al. Methadone and buprenorphine for the management of opioid dependence: a systematic review and economic evaluation. Health Technol Assess 2007 Mar;11(9):1-171.

*Favrat B, et al. Opioid antagonist detoxification under anaesthesia versus traditional clonidine detoxification combined with an additional week of psychosocial support: a randomised clinical trial. Drug Alcohol Depend 2006 Feb 1;81(2):109-16.

*Gowing L, et al. Opioid antagonists under heavy sedation or anesthesia for opioid withdrawal (Cochrane Review). In: The Cochrane Library 2010; Issue 1:CD002022.

*Gowing L, et al. Buprenorphine for the management of opioid withdrawal. Cochrane Database Syst Rev 2009 Jul 8;(3):CD002025.

*Helm S, et al. Opioid antagonists, partial agonists, and agonists/antagonists: the role of office-based detoxification. Pain Physician 2008 Mar-Apr;11(2):225-35.

*Kakko J, et al. A stepped strategy using buprenorphine and methadone versus conventional methadone maintenance in heroin dependence: a randomized controlled trial. Am J Psychiatry 2007 May;164(5):797-803.

*Kornor H, et al. Abstinence-oriented buprenorphine replacement therapy for young adults in out-patient counseling. Drug Alcohol Rev 2006 Mar;25(2):123-30.

*Lobmaier P, et al. The pharmacological treatment of opioid addiction- a clinical perspective. Eur J Clin Pharmacol 2010 Jun;66(6):537-545.

*Manlandro JJ Jr. Buprenorphine for office-based treatment of patients with opioid addiction. J Am Osteopath Assoc 2005 Jun;105(6 Suppl 3):S8-13.

*Manlandro JJ Jr. Using buprenorphine for outpatient opioid detoxification. J Am Osteopath Assoc 2007 Sep;107(9 Suppl 5):ES11-6.

*Maremmani I, et al. Substance use and quality of life over 12 months among buprenorphine maintenance-treated and methadone maintenance-treated heroin-addicted patients. J Subst Abuse Treat 2007 Jul;33(1):91-8.

*Mattick RP, et al. Methadone maintenance therapy versus no opioid replacement therapy for opioid dependence. Cochrane Database Syst Rev 2009;3:CD002209.

*Mattick RP, et al. Buprenorphine maintenance versus placebo or methadone maintenance for opioid dependence. Cochrane Database Syst Rev 2008;2:CD002207.

Medication Assisted Treatment for Opioid Use Disorders, 42 C.F.R. pt. 1. 2015 Jun 15 [https://www.ecfr.gov/cgi-bin/text-idx?SID=913582caf0e81ae78f217f8c0a428b98&mc=true&tpl=/ecfrbrowse/Title42/42cfr8_main_02.tpl] accessed 9/27/18.

*Minozzi S, et al. Maintenance treatments for opiate dependent adolescent. Cochrane Database Syst Rev 2009 Apr 15;2:CD007210.

Institute for Clinical and Economic Review. New England Comparative Effectiveness Public Advisory Council. Management of patients with opioid dependence: A review of clinical, delivery system, and policy options. 2014 June 20. http://icer-review.org/wp-content/uploads/2014/04/CEPAC-Opioid-Dependence-Final-Report-For-Posting-July-211.pdf] accessed 8/27/18.

Lofwall MR, Et al. Weekly and monthly subcutaneous buprenorphine depot formulations vs daily sublingual buprenorphine with naloxone for treatment of opioid use disorder: a randomized clinical trial. JAMA Intern Med 2018 Jun 1;178(6):764-773.

New York State Office of Alcoholism and Substance Abuse Services. [http://www.oasas.ny.gov/] accessed 8/27/18.

New York State Office of Mental Health. [http://www.omh.ny.gov/] accessed 8/27/18.

National Institute for Health and Clinical Evidence. Drug misuse, opioid detoxification. NICE Clinical Guideline 52. [http://www.nice.org.uk/Guidance/CG52] accessed 8/27/18.

Rahimi-Movaghar A, et al. Pharmacological therapies for maintenance treatments of opium dependence. Cochrane Database Syst Rev 2013 Jan 31;1:CD007775.

Salimi A, et al. Long-term relapse of ultra-rapid opioid detoxification. J Addict Dis 2014;33(1):33-40.

Substance Abuse and Mental Health Services Administration (SAMHSA), Department of Health and Human Services (HHS). Fed Reg 2012 Dec 6;77(235):72752-61.

Substance Abuse and Mental Health Services Administration (SAMHSA), Department of Health and Human Services (HHS). Medications for opioid use disorder, treatment improvement protocol 63. HHS Publication No. (SMA) 18-5063FULLDOC. 2018 Apr 18. [https://store.samhsa.gov/shin/content/SMA18-5063FULLDOC/SMA18-5063FULLDOC.pdf] accessed 8/27/18.

Substance Abuse and Mental Health Services Administration. Federal Guidelines for Opioid Treatment Programs. HHS Publication No. (SMA) PEP15-FEDGUIDEOTP. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2015.

The Substance Abuse and Mental Health Services Administration. [http://www.samhsa.gov/] accessed ~~8/16/16~~ 8/27/18.

*Key Article

KEY WORDS

Buprenorphine, LAAM, Methadone maintenance treatment, Opioid treatment, Ultra-rapid detoxification.

CMS COVERAGE FOR MEDICARE PRODUCT MEMBERS

There are currently National Coverage Determinations (NCDs) for treatment of alcoholism and drug abuse in a freestanding clinic, treatment of drug abuse, and withdrawal treatments for narcotic addictions. Please refer to the following NCDs websites for Medicare Members: http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=29&ncdver=1&CoverageSelection=Both&ArticleType=All&PolicyType=Final&s=New+York+-+Upstate&CptHcpcsCode=36514&bc=gAAAACAAAAAA&

http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=28&ncdver=1&CoverageSelection=Both&ArticleType= All&PolicyType=Final&s=New+York+-+Upstate&CptHcpcsCode=36514&bc=gAAAACAAAAAA&

http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=59&ncdver=1&CoverageSelection=Both&ArticleType=All&PolicyType=Final&s=New+York+-+Upstate&CptHcpcsCode=36514&bc=gAAAACAAAAAA&

There is also a local coverage determination for outpatient psychiatry and psychology services located at: https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=33632&ver=42&SearchType=Advanced&CoverageSelection=Both&NCSelection=NCA%7cCAL%7cNCD%7cMEDCAC%7cTA%7cMCD&ArticleType=SAD%7cEd&PolicyType=Both&s=41&KeyWord=psychology&KeyWordLookUp=Title&KeyWordSearchType=Exact&kq=true&bc=IAAAACAAAAAA&