

MEDICAL POLICY



SUBJECT: MEDICATION ASSISTED THERAPY	EFFECTIVE DATE: 04/03/01
POLICY NUMBER: 3.01.04	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
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- *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, 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.

- I. The patient must meet the following criteria:
 - A. If an applicant is 21 years of age or older, verification of dependence on opium, morphine, heroin or any derivative or synthetic drug of that group for a period of one year; or
 - B. If an applicant is under 21 years of age, verification of dependence on opium, morphine, heroin or any derivative or synthetic drug of that group for a period of two years; and
 - C. Must meet the current American Psychiatric Association criteria as stated in the Diagnostic and Statistical Manual of Mental Disorders (DSM-V) for opioid dependence.
- 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:
 - A. Credentialed in Addiction Psychiatry; or
 - B. Certified in Addiction Medicine by the American Society of Addiction Medicine (ASAM); or
 - C. 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 practitioner 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;

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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. 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.
- C. 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 exists. 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.

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- 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®)* 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.
- V. *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: Number Description

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: For psychiatrists, 99215 or standard E&M codes may be billed; for PCP initial induction, 99215 or standard E&M codes may be billed.

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)

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HCPCS:

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)
S0109	Methadone, 5 mg, oral

REVENUE: 944 Drug rehabilitation

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ICD9: 304.0 Opioid type dependence
304.00 Opioid type dependence- unspecified
304.01 Opioid type dependence- continuous
304.02 Opioid type dependence- episodic use

ICD10: F11.10-F11.99 Opioid related disorders (code range)

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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&ContrId=298&ver=31&ContrVer=1&CtrctrSelected=298*1&Ctrctr=298&name=National+Government+Services%2c+Inc.++\(13201%2c+A+and+B+and+HHH+MAC%2c+J+-+K\)&s=All&DocType=Active&bc=AggAAAQAAAAAA%3d%3d&](https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=33632&ContrId=298&ver=31&ContrVer=1&CtrctrSelected=298*1&Ctrctr=298&name=National+Government+Services%2c+Inc.++(13201%2c+A+and+B+and+HHH+MAC%2c+J+-+K)&s=All&DocType=Active&bc=AggAAAQAAAAAA%3d%3d&)