

ADMINISTRATIVE POLICY STATEMENT Marketplace

Policy Name & Number

Date Effective

Opioid Use Disorder Medication Treatment Providers-MP-AD-1326

11/01/2023

n 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.

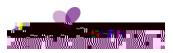
Administrative Policy Statements prepared by CareSource and its affiliates do not ensure an authorization or payment of services. Please refer to the plan contract (often referred to as the Evidence of Coverage) for the service(s) referenced in the Administrative Policy Statement. If there is a conflict between the Administrative Policy Statement and the plan contract (i.e., Evidence of Coverage) 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.

🛛 Georgia	⊠ Indiana	⊠ Kentucky	🖂 Ohio	🛛 West Virginia
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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 (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** Health care professional appropriately licensed by a state to prescribe and/or dispense medications for OUD and authorized to practice within an OTP.
- 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:
 - A. board certification in addiction medicine or addiction psychiatry
 - B. previous completion of the DATA-2000 Waiver training

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