



MEDICAL POLICY

MEDICAL POLICY DETAILS	
Medical Policy Title	MEDICATION ASSISTED THERAPY
Policy Number	3.01.04
Category	Behavioral Health
Effective Date	10/18/01
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, 10/24/19
Product Disclaimer	<ul style="list-style-type: none"> • 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

A benefit for opioid use disorder 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).

Methadone Maintenance Treatment (MMT):

- I. The patient must meet the current American Psychiatric Association criteria as stated in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) 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 New York State Office of Alcoholism and Substance Abuse Services (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;

Medical Policy: MEDICATION ASSISTED THERAPY

Policy Number: 3.01.04

Page: 2 of 9

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.

Medical Policy: MEDICATION ASSISTED THERAPY

Policy Number: 3.01.04

Page: 3 of 9

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.

Refer to Pharmacy Management Drug Policy (Pharmacy -34) regarding Opioid Management Health and Safety Program.

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. 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 use disorder 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; buprenorphine is an opioid agonist whereas naloxone is a pure opioid antagonist used as an abuse deterrent. 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. *Extended-Release Injectable Naltrexone (Vivitrol®)* is an opioid antagonist which was approved by the FDA in 2010 for the prevention of relapse to opioid dependence following opioid detoxification. It is an intramuscular injection to be administered by a medical professional every 28 to 30 days.

Medical Policy: MEDICATION ASSISTED THERAPY**Policy Number: 3.01.04****Page: 4 of 9**

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

- *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 with 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 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)
G2067	Medication assisted treatment, methadone; weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing, if performed (provision of the services by a medicare-enrolled opioid treatment program) (<i>effective 1/1/2020</i>)
G2068	Medication assisted treatment, buprenorphine (oral); weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a medicare-enrolled opioid treatment program) (<i>effective 1/1/2020</i>)

Medical Policy: MEDICATION ASSISTED THERAPY**Policy Number: 3.01.04****Page: 5 of 9**

Code	Description
G2069	Medication assisted treatment, buprenorphine (injectable); weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a medicare-enrolled opioid treatment program) (<i>effective 1/1/2020</i>)
G2070	Medication assisted treatment, buprenorphine (implant insertion); weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a medicare-enrolled opioid treatment program) (<i>effective 1/1/2020</i>)
G2071	Medication assisted treatment, buprenorphine (implant removal); weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a medicare-enrolled opioid treatment program) (<i>effective 1/1/2020</i>)
G2072	Medication assisted treatment, buprenorphine (implant insertion and removal); weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a medicare-enrolled opioid treatment program) (<i>effective 1/1/2020</i>)
G2073	Medication assisted treatment, naltrexone; weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a medicare-enrolled opioid treatment program) (<i>effective 1/1/2020</i>)
G2074	Medication assisted treatment, weekly bundle not including the drug, including substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a medicare-enrolled opioid treatment program) (<i>effective 1/1/2020</i>)
G2075	Medication assisted treatment, medication not otherwise specified; weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing, if performed (provision of the services by a medicare-enrolled opioid treatment program) (<i>effective 1/1/2020</i>)
G2076	Intake activities, including initial medical examination that is a complete, fully documented physical evaluation and initial assessment by a program physician or a primary care physician, or an authorized healthcare professional under the supervision of a program physician qualified personnel that includes preparation of a treatment plan that includes the patient's short-term goals and the tasks the patient must perform to complete the short-term goals; the patient's requirements for education, vocational rehabilitation, and employment; and the medical, psycho- social, economic, legal, or other supportive services that a patient needs, conducted by qualified personnel (provision of the services by a medicare-enrolled opioid treatment program); list separately in addition to code for primary procedure (<i>effective 1/1/2020</i>)
G2077	Periodic assessment; assessing periodically by qualified personnel to determine the most appropriate combination of services and treatment (provision of the services by a medicare-enrolled opioid treatment program); list separately in addition to code for primary procedure (<i>effective 1/1/2020</i>)

Medical Policy: MEDICATION ASSISTED THERAPY**Policy Number: 3.01.04****Page: 6 of 9**

Code	Description
G2078	Take-home supply of methadone; up to 7 additional day supply (provision of the services by a medicare-enrolled opioid treatment program); list separately in addition to code for primary procedure (<i>effective 1/1/2020</i>)
G2079	Take-home supply of buprenorphine (oral); up to 7 additional day supply (provision of the services by a medicare-enrolled opioid treatment program); list separately in addition to code for primary procedure (<i>effective 1/1/2020</i>)
G2080	Each additional 30 minutes of counseling in a week of medication assisted treatment, (provision of the services by a medicare-enrolled opioid treatment program); list separately in addition to code for primary procedure (<i>effective 1/1/2020</i>)
G2086	Office-based treatment for opioid use disorder, including development of the treatment plan, care coordination, individual therapy and group therapy and counseling; at least 70 minutes in the first calendar month (<i>effective 1/1/2020</i>)
G2087	Office-based treatment for opioid use disorder, including care coordination, individual therapy and group therapy and counseling; at least 60 minutes in a subsequent calendar month (<i>effective 1/1/2020</i>)
G2088	Office-based treatment for opioid use disorder, including care coordination, individual therapy and group therapy and counseling; each additional 30 minutes beyond the first 120 minutes (list separately in addition to code for primary procedure) (<i>effective 1/1/2020</i>)
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)
J2315	Injection, naltrexone, depot form, 1 mg
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)

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Medical Policy: MEDICATION ASSISTED THERAPY

Policy Number: 3.01.04

Page: 7 of 9

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Medical Policy: MEDICATION ASSISTED THERAPY

Policy Number: 3.01.04

Page: 8 of 9

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Medical Policy: MEDICATION ASSISTED THERAPY

Policy Number: 3.01.04

Page: 9 of 9

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*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=65&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=IAAAACABAAAA&>