Opioid Dependence Therapy

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Disclaimer

Highmark Health Options medical policy is intended to serve only as a general reference resource regarding coverage for the services described. This policy does not constitute medical advice and is not intended to govern or otherwise influence medical decisions.

POLICY STATEMENT

Highmark Health Options may provide coverage under medical surgical benefits of the Company's Medicaid products for medically necessary opioid dependence therapy.

This policy is designed to address medical necessity guidelines that are appropriate for the majority of individuals with a particular disease, illness, or condition. Each person's unique clinical circumstances warrant individual consideration, based upon review of applicable medical records.

The qualifications of the policy will meet the standards of the National Committee for Quality Assurance (NCQA) and the Delaware Department of Health and Social Services (DHSS) and all applicable state and federal regulations.

DEFINITIONS

Highmark Health Options (HHO) – Managed care organization serving vulnerable populations that have complex needs and qualify for Medicaid. Highmark Health Options members include individuals and families with low income, expecting mothers, children, and people with disabilities. Members pay nothing to very little for their health coverage. Highmark Health Options currently services Delaware Medicaid: Delaware Healthy Children Program (DHCP) and Diamond State Health Plan Plus members.

Opioid Dependence Therapy – A combination of pharmacological agents and psychosocial therapy. Psychosocial therapy consists of four phases: assessment and treatment planning, induction, stabilization, and maintenance. Physicians should be aware of and adhere to currently accepted guidelines and recommendations for treating opioid dependent patients, including integrating psychosocial treatments and behavior modification strategies for optimal results. Clinicians must be educated on the new treatment modalities and regulations surrounding the use of these therapies.

PROCEDURES

1. A prior authorization is not required.

2. The Delaware Mental Health Parity mandate (18 Del. C. Sections 3343, 3576 and 3578) is applicable to direct pay (individual market) policies and insured small group plans who use in-network providers. Federal Mental Health Parity laws do not apply to individuals and small groups.

   This Delaware mandate requires that health plans delivered or issued for delivery in Delaware must provide coverage for the diagnosis and treatment of serious mental illness and drug or alcohol dependency.* Serious mental illness is defined by the mandate to include:

   - Schizophrenia
   - Bipolar disorder
   - Obsessive-compulsive disorder
   - Major depressive disorder
   - Panic disorder
   - Anorexia nervosa
   - Bulimia nervosa
   - Schizo affective disorder
   - Delusional disorder

   *Substance abuse disorder or the chronic, habitual, regular, or recurrent use of alcohol, inhalants, or controlled substances.

   The Delaware mandate provides, in part, for inpatient coverage for the diagnosis and treatment of drug and alcohol dependencies, including medically necessary inpatient withdrawal management and treatment provided in residential settings.

   The most recent Diagnostic and Statistical Manual of Mental Disorders (DSM) shall be used to determine whether a member meets diagnostic criteria.

   Mental Health Parity requires that coverage may not contain terms and conditions that place a greater financial burden on an insured than terms applicable to the diagnosis and treatment of any other illness or disease covered by the health benefit plan. Examples of terms and conditions mentioned in the law include deductibles, copays, dollar maximums, coinsurance limits, number of visits, limits on number and duration of in-patient stays, or limits on prescription medicines.

3. Eligibility for coverage

   - Appropriate professional provider licensure by Delaware Board of Licensing.
   - Medical necessity of service.
   - Additional conditions of coverage may apply if applicable to the same extent as coverage for all other illnesses and diseases.
   - Benefit management need not be identical to methods used for the management of benefits for other medical conditions.

4. Network Services

   This mandate is not applicable to out of network services if a plan has a network of providers to treat mental illnesses and drug and alcohol dependencies.

   Opioid dependence therapy may be considered medically necessary for the following treatment stages in this order:

- Assessment and treatment planning (i.e., counseling, social support program, treatment goals, etc.)
  - One (1) to two (2) office visits weekly for the four (4) weeks of initiation of therapy
- Induction: The medication is administered when an individual with an opioid dependency has abstained from using opioids for 12 to 24 hours and is in the early stages of opioid withdrawal.
  - Three (3) office visits per week for two (2) weeks
- Stabilization: Begins after an individual has discontinued or greatly reduced their misuse of the problem drug, no longer has cravings, and experiences few, if any, side effects.
  - One (1) to two (2) office visits per week for eight (8) weeks
- Maintenance: Occurs when a patient is doing well on a steady dose of medication.
  - One (1) office visit per month.

Psychosocial treatment (i.e., cognitive behavioral, contingency management, coping skills training, etc.) may be considered medically necessary with buprenorphine drug treatment.

An individual must be evaluated by a licensed professional Drug and Alcohol therapist at least monthly while on maintenance medication.

Opioid dependence therapy is considered not medically necessary for all other indications.

5. Post-payment audit statement

   The medical record must include documentation that reflects the medical necessity criteria and is subject to audit by Highmark Health Options at any time pursuant to the terms of your provider agreement.

6. Place of service: inpatient/outpatient

   Treatment for opioid dependence therapy is typically an outpatient procedure which is only eligible for coverage as an inpatient procedure in special circumstances, including, but not limited to, the presence of a comorbid condition that would require monitoring in a more controlled environment such as the inpatient setting.

CODING REQUIREMENTS

CPT code	Description
90791	Psychiatric diagnostic evaluation.
90792	Psychiatric diagnostic evaluation with medical services.
90832	Psychotherapy, 30 minutes with patient.
90833	Psychotherapy, 30 minutes with patient when performed with an evaluation and management service (list separately in addition to the code for primary procedure).
90834	Psychotherapy, 45 minutes with patient.
90836	Psychotherapy, 45 minutes with patient when performed with an evaluation and management service (list separately in addition to the code for primary procedure).
90837	Psychotherapy, 60 minutes with patient.
90838	Psychotherapy, 60 minutes with patient when performed with an evaluation and management service (list separately in addition to the code for primary procedure).
90863	Pharmacologic management, including prescription and review of medication, when performed.

99202	Office or other outpatient visit for the evaluation and management of a new patient, require requires these three key components: an expanded problem focused history; an expanded problem focused examination; and a straightforward medical decision-making counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 20 minutes are spent face-to-face.
99203	Office or other outpatient visit for the evaluation and management of a new patient, require requires these three key components: a detailed history; a detailed examination; and a medical decision-making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Typically, 30 minutes are spent face-to-face with the patient and/or family.
99204	Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: a comprehensive history; a comprehensive examination; and a medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 45 minutes are spent face-to-face with the patient and/or family.
99205	Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: a comprehensive history; a comprehensive examination; ad a medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 60 minutes are spent face-to-face with the patient and/or family.
99211	Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician. Usually, the presenting problem(s) are minimal, typically 5 minutes are spent performing or supervising these services.
99212	Office or other outpatient visit for the evaluation and management of a new patient, which requires at least two of these three key components: a problem focused history; a problem focused examination; or a straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self-limited or minor. Typically, 10 minutes are spent face-to-face with the patient.
99213	Office or other outpatient visit for the evaluation and management of a new patient, which requires at least two of these three key components: a problem focused history; a problem focused examination; or a straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self-limited or minor. Typically, 10 minutes are spent face-to-face with the patient.
99214	Office or other outpatient visit for the evaluation and management of a new patient, which requires at least two of these three key components: a detailed history; a detailed examination; or a medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family needs. Usually, the presenting problem(s) are moderate to high severity. Typically, 25 minutes are spent face-to-face with the patient.

99215	Office or other outpatient visit for the evaluation and management of a new patient, which requires at least two of these three key components: a comprehensive history; a comprehensive examination; or a medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family needs. Usually, the presenting problem(s) are moderate to high severity. Typically, 40 minutes are spent face-to-face with the patient.
99354	Prolonged service in the office or other outpatient setting requiring direct patient contact beyond the usual service; first hour (list separately in addition to code for office or other outpatient evaluation and management service).
99355	Prolonged service in the office or other outpatient setting requiring direct patient contact beyond the usual service; each additional 30 minutes (list separately in addition to code for office or other outpatient evaluation and management service).

COVERED DIAGNOSIS CODES

Codes						
F11.13	F11.20	F11.220	F11.221	F11.222	F11.229	F11.23
F11.24	F11.250	F11.251	F11.259	F11.281	F11.282	F11.288
F11.29						

REIMBURSEMENT

Participating facilities will be reimbursed per their Highmark Health Options contract.

POLICY SOURCES

Substance Abuse and Mental Health Service Administration (SAMHSA) – 2019.

Federal legislation, regulations, and guidelines govern MAT for opioid addiction. SAMHSA's Division of Pharmacologic Therapies (DPT), part of the SAMHSA Center for Substance Abuse Treatment (CSAT), oversees accreditation standards and certification processes for OTPs. DPT also works with the DEA and the states to regulate certain medications used in MAT. Additionally, DPT works directly with MAT professionals to improve treatment outcomes and to meet regulatory criteria.

American Society of Addiction Medicine (ASAM) – 2019.

Addiction is defined by the ASAM as, "a primary, chronic disease of brain reward, motivation, memory, and related circuitry." It is characterized by inability to consistently abstain, impairment in behavioral control, cravings, diminished recognition of significant problems with one's behaviors and interpersonal relationships, and a dysfunctional emotional response. Like other chronic diseases, addiction often involves cycles of relapse and remission (2019).

Centers for Disease Control and Prevention (CDC) 2016 Guideline for Prescribing Opioids for Chronic Pain.

When prescribing opioids for chronic pain, clinicians should use drug testing before starting opioid therapy and consider drug testing at least annually to assess for prescribed medications as well as other controlled prescription drugs and illicit drugs.

42 CFR 8.12 - Federal Opioid Treatment Standards – 2017.

A OTPs organizational structure and facilities shall be adequate to ensure quality patient care and to meet the requirements of all pertinent Federal, State, and local laws and regulations. At a minimum, each OTP shall formally designate a program sponsor and medical director. The program sponsor shall agree on behalf of the OTP to adhere to all requirements set forth in this part and any regulations regarding the use of opioid agonist treatment medications in the treatment of opioid use disorder which may be promulgated in the future. The medical director shall assume responsibility for administering all medical services performed by the OTP. In addition, the medical director shall be responsible for ensuring that the OTP is in compliance with all applicable Federal, State, and local laws and regulations.

Reference

42 CFR 8.12 - Federal opioid treatment standards. April 2017.

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American Society of Addiction Medicine (ASAM). National practice guideline for the use of medications in the treatment of addiction involving opioid use. American Society of Addiction Medicine. 2015.

Centers for Disease Control and Prevention. 2018 Annual Surveillance Report of Drug-Related Risks and Outcomes — United States. Surveillance Special Report 2 . Centers for Disease Control and Prevention, U.S. Department of Health and Human Services. Published August 31, 2018.

Davoli M, Amato L, Clark N, et al. The role of Cochrane reviews in informing international guidelines: A case study of using the grading of recommendations, assessment, development, and evaluation system to develop World Health Organization guidelines for the psychosocially assisted pharmacological treatment of opioid dependence. Society for the study of Addiction. 2015;110(6):891-8.

Dowell D, Haegerich TM, Chou R. Centers for Disease Control and Prevention (CDC) guideline for prescribing opioids for chronic pain-United States, 2016. Journal of the American Medical Association. 2016;315(15):1624-1645.

Dugosh K, Abraham A, Seymour B, et al. A systematic review on the use of psychosocial interventions in conjunction with medications for the treatment of opioid addiction. Journal of Addiction Medicine. 2016;10: 93-103.

Farmer C, Lindsay D, Williams J, et al. Practice guidance for buprenorphine for the treatment of opioid use disorders: Results of an expert panel process. Substance Abuse. 2015;36(2): 209-216.

MacDonald K, Lamb K, Thomas ML, Khentigan W. Buprenorphine maintenance treatment of opiate dependence: correlations between prescriber beliefs and practices. Substance Use & Misuse. 2016;51(1):85-90.

Murthy V. Ending the opioid epidemic — A call to action. The New England Journal of Medicine. 2016;375(25):2413-2415.

Substance Abuse and Mental Health Services Administration (SAMHSA). Medications for opioid use disorder-Partnering addiction treatment counselors with clients and healthcare professionals. 2019.

Substance Abuse and Mental Health Services Administration (SAMSHA). Tip 63 Medications for opioid use disorder. Part 3: Pharmacotherapy for opioid use disorder. 2019.

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

The American Society of Addiction Medicine (ASAM). National practice guideline for the use of medications in the treatment of addiction involving opioid use. 2015.

U.S. Department of Health and Human Services. Clinical guidelines for the use of buprenorphine in the treatment of opioid addiction.

United States Department of Labor. Mental health and substance use disorder parity. The Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA).

Veterans' Health Administration/Department of Defense (VA/DoD). VA/DoD clinical practice guideline for the management of substance use disorders (SUD). Veterans Health Administration, Department of Defense. 2015.

POLICY UPDATE HISTORY

<Date>	<Event>