

## Medication for Opioid Use Disorder

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<b>Approved By:</b>	Highmark Health Options – Market Leadership
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<b>Application:</b>	All participating hospitals and providers
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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 medication assisted treatment for opioid use disorder, methadone.

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 Use Disorder** – A substance use disorder characterized by a problematic pattern of opioid use that causes clinically significant impairment or distress.

**Methadone hydrochloride** – A synthetic narcotic analgesic with multiple actions quantitatively similar to those of morphine. Its principal use is detoxification or maintenance in opiate addiction (heroin or other morphine-like drugs).

## PROCEDURES

Prior authorization is not required.

Medication Assisted Treatment (MAT) for opioid use disorder (opioid dependence) may be considered medically necessary for adults when ALL of the following indications are met:

- Current diagnosis of opioid use disorder, duration greater than one (1) year; and
- Individuals are greater than or equal to 18 years of age; and
- Presence of moderate (4-5 symptoms) to severe (6 or more symptoms) opioid use disorder (refer to chart); and
- Capable of providing informed consent; and
- If pregnant, the individual must be under the supervision of an obstetrician.

**Note:** The program physician may waive the requirement of a one (1) year history of addiction for individuals released from penal institutions (within 6 months after release), for pregnant individuals, and for previously treated individuals (up to 2 years after discharge).

All other indications are considered not medically necessary.

MAT for opioid use disorder may be considered medically necessary for individuals less than 18 years of age when **ALL** of the following indications are met:

- Current diagnosis of opioid use disorder, duration greater than one (1) year; and
- A completed and signed Food and Drug Administration (FDA) consent for methadone treatment by parent, legal guardian, or responsible adult designated by the relevant State authority; and
- Presence of moderate (4-5 symptoms) to severe (6 or more symptoms) opioid use disorder (refer to chart); and
- History of at least two (2) prior unsuccessful detoxification efforts or drug-free treatment within a 12-month period; and
- If pregnant, the individual must be under the supervision of an Obstetrician.

**Note:** The program physician may waive the requirement of a one (1) year history of addiction for individuals released from penal institutions (within 6 months after release), for pregnant individuals, and for previously treated individuals (up to 2 years after discharge).

All other indications are considered not medically necessary.

Professional practitioners must acquire and maintain valid certifications and valid DEA registration number to legally dispense and prescribe methadone treatment.

## Opioid Use Disorder Symptoms

### Severity of opioid use disorder categories:

Mild: Presence of 1-2 symptoms

Moderate: Presence of 4-5 symptoms

Severe: Presence of 6 or more symptoms

- Opioids are often taken in larger amounts or over a longer period than was intended.
- A great deal of time is spent in activities necessary to obtain the opioid, use the opioid, or recover from its effects.

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- Craving, or a strong desire or urge to use opioids.
- Recurrent opioid use resulting in a failure to fulfill major role obligations at work, school, or home.
- Continued opioid use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of opioids.
- Important social, occupational, or recreational activities are given up or reduced because of opioid use.
- Continued opioid use despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by the substance.
- Tolerance, as defined by either of the following:
  - A need for markedly increased amounts of opioids to achieve intoxication or desired effect; or
  - A markedly diminished effect with continued use of the same amount of an opioid. (Note: This criterion is not considered to be met for those taking opioids solely under appropriate medical supervision).
- Withdrawal, as manifested by either of the following:
  - The characteristic opioid withdrawal syndrome; or
  - Opioids (or a closely related substance) are taken to relieve or avoid withdrawal symptoms.

American Psychiatric Association. Diagnostic and statistical manual of mental disorders (DSM-5). 5th ed. Washington, DC: American Psychiatric Publishing; 2013.

**NOTE: Dosage** recommendations per the FDA label.

### 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.

### Place of Service: Outpatient

MAT for opioid dependence: Methadone 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 codes	Description
H0020	Alcohol and/or drug services; methadone administration and/or service (provision of the drug by a licensed program).

### Covered diagnosis codes for procedure code: H0020 and S0109

F11.10	F11.11	F11.120	F11.121	F11.122	F11.129	F11.14
F11.150	F11.151	F11.159	F11.181	F11.182	F11.188	F11.19
F11.20	F11.21	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	F11.90	F11.920	F11.921	F11.922	F11.929	F11.93

F11.94      F11.950      F11.951      F11.959      F11.981      F11.982      F11.988  
F11.99      F11.91      F11.13

## REIMBURSEMENT

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

## SUMMARY OF THE LITERATURE

### **Substance Abuse and Mental Health Service Administration (SAMHSA)**

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.

### **Centers for Disease Control and Prevention (CDC): CDC 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**

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.

## References

The 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.

DOLOPHINE® (methadone hydrochloride) package insert. Roxane Laboratories, Inc. Columbus, OH. 2015.

Micromedex® Healthcare Series. DrugDex Compendium®. 2017.

Clinical Pharmacology Compendium®. 2017.

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

The American College of Obstetricians and Gynecologists (ACOG). ACOG committee opinion: Opioid use and opioid use disorder in pregnancy. Obstet Gynecol. 2017; 130: e81–94.

United States (U.S.) Department of Justice. Title 21 United States Code (USC) controlled substances act: Chapter 13 - drug abuse prevention and control. United States Code. 2016.

The Commonwealth of Pennsylvania & the Pennsylvania Pharmacists Association. Prescribing guidelines for Pennsylvania: Opioid dispensing guidelines. January 2016.

Allemann S, Dürsteler K, Strasser J, et al. Novel remote electronic medication supply model for opioid-dependent outpatients with polypharmacy—first long-term case study. *Harm Reduction Journal*. 2017; 14:56.

NIDA. Variation in the Gene for the  $\mu$ -opioid receptor may influence responses to methadone. National Institute on Drug Abuse website. 2017.

Ključević Ž, Benzon B, Ključević N, Veršić Bratinčević M, Sutlović D. Liver damage indices as a tool for modifying methadone maintenance treatment: A cross-sectional study. *Croat Med JI*. 2018; 59(6):298-306.

Chin Hong Koh, Othman Z. Neuroticism Is Associated with Chronic Severe Pain among ExOpioid Users on Methadone Maintenance Therapy. *Int Med JI*. 2019; 26(1):15-18.

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## **POLICY UPDATE HISTORY**

09/20/2021	Approved in Medical Policy Committee
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