MICHIGAN DEPARTMENT OF
LABOR & ECONOMIC
OPPORTUNITY

Frequently asked questions regarding Opioid Treatment Reimbursement Rules

For Health Care Services rules effective 12/26/14

Q: **Which Health Care Services rules cover Opioid Reimbursement?**

A: R418.101008, 418.101008a, and 418.101008b.

Q: **Why are these rules necessary?**

A: Prescription opioid drug abuse is a serious health concern in Michigan and nationally. These rules aim to minimize the potential risk of addiction for Michigan's injured workers, and to encourage functional recovery and patient education to help them return to work as safely as possible.

Q: **What type of pain do these rules apply to?**

A: Chronic, non-cancer pain.

Q: **What is meant by chronic, non-cancer pain?**

A: In relation to these rules, chronic, non-cancer pain is pain that is unrelated to cancer, and persists beyond 90 days following the onset of the pain, such as after an acute injury or surgical episode.

Q: **If I am an injured worker on opiate-based pain medication, when could these rules potentially affect me?**

A: It depends on your date of injury:

Date of Injury	Rule applicable date	Initial Physician report due (per Rule 1008a)
Prior to 6/26/15	**12/26/15**	**3/26/16**
On or after 6/26/15	**6/26/15**	**9/26/15**

Q: **What documentation does the physician have to provide to the payer?**

A: In addition to the usual billing forms, a written report no later than **90 days** after the initial prescription for chronic pain is filled, and **every 90 days** thereafter.

Q: What is required to be in the physician's written report?

A: The following information is required on the 90-day report:

1) A review of relevant prior medical history and/or treatment, including any consults and review of any data received from an automated prescription drug monitoring program (ex. MAPS).
2) Conservative care provided (non-opioid pain management treatment or non-pharmaceutical strategies).
3) Effectiveness of conservative care, or contraindications to conservative care.
4) Statement that attending physician considered results from an industry accepted screening tool to assess the risk of abuse/adverse outcomes to opioid therapy.
5) **Treatment plan that includes:**
    a. Treatment goals and functional progress.
    b. Periodic urine drug screens.
    c. Description of conservative treatment, including any efforts to reduce pain through the use of non-opioid medications, alternative non-pharmaceutical strategies, or both.
    d. Weaning considerations.
6) An **opioid treatment agreement** signed by the worker and attending physician, which shall be reviewed, updated, and renewed every 6 months.

Q: Can the physician use their own forms for this written report?

A: Yes. A physician may elect to use a format of their choice as long as all required information is included. However, the Agency will provide sample forms for ease of physician use on their website at www.michigan.gov/wca. The forms need not be sent to the Agency unless required by the Funds Administration.

Q: Does the physician receive reimbursement for the time required to complete the required documentation?

A: Yes. The provider may bill CPT code 99215 for the office visit, the highest level patient E & M code, to account for the additional time involved with completing the initial 90 day evaluation report. This same code can be used for all subsequent follow-up evaluation reports at 90 day intervals, as required for compliance with these rules. All required information must be present as per Rule 1008a. Also, the Michigan workers' compensation specific code, MPS01, may be billed for accessing MAPS, or other automated prescription drug monitoring program in the treating jurisdiction, and reimbursed at $25.

Q: What if the physician elects not to submit the required documentation?

A: Physicians may not be reimbursed for opioid treatment if the required documentation is not submitted.

Q: Will the injured worker be "cut off" with no warning? When can denial of reimbursement for prescribing and dispensing opioid medications occur?

A: The rules do not provide for sudden "cut off" from opioid medications. Denial of reimbursement can occur only after a reasonable period of time is provided for the weaning of the injured worker from opioid medications, and alternative means of pain management have been offered.

Q: What is a "reasonable period of time" as referenced in Rule 1008b?

A: Reasonable time will vary from individual to individual based on a multitude of factors, including, but not limited to type of opioid, dosage, and length of treatment. The prescribing physician should have extensive input into determining a safe and effective timeframe, and should consider consulting industry accepted and evidence-based guidelines when implementing a weaning protocol. The overall health and safety of the injured worker is the central component of this decision.

If you have additional questions, please contact the Workers' Disability Compensation Agency, Health Care Services Division, via our toll-free line at 1-888-396-5041.