

Bulletin Number: MSA 15-56

Distribution: Practitioners, Medicaid Health Plans (MHP), Local Health Departments (LHD), Prepaid Inpatient Health Plans (PIHP), Community Mental Health Services Programs (CMHSP), Federally Qualified Health Centers (FQHC), Nurse Practitioners (NP), Hospital-Outpatient, Rural Health Clinics (RHC), Tribal Health Centers (THC), Pharmacy Providers

Issued: December 1, 2015

Subject: Fee-for-Service Coverage of Office-Based Opioid Treatment

Effective: January 1, 2016

Programs Affected: Medicaid

The purpose of this bulletin is to establish reimbursement policy regarding Office-Based Opioid Treatment (OBOT) services. Effective January 1, 2016, physician and non-physician practitioner (Physician's Assistant [PA] and Nurse Practitioner [NP]) services related to opioid dependence may be reimbursed through the Medicaid Fee-for-Service (FFS) program. Services currently delivered by the Prepaid Inpatient Health Plan (PIHP)/Community Mental Health Services Program (CMHSP) are still available and reimbursed as usual through the PIHP.

Physicians not associated with a PIHP/CMHSP may be reimbursed for OBOT services through the Medicaid FFS program for beneficiaries enrolled either in FFS or in a Medicaid Health Plan. Those physicians and non-physician practitioners enrolled with and providing services through the PIHP/CMHSP must continue to receive reimbursement through the PIHP contract.

All prescriptions for opioid dependence treatments require prior authorization. The prior authorization form is available online at Michigan.fhsc.com/Providers/Forms.asp. To ensure optimal treatment results, prescribers must use a multi-modal opiate addiction treatment approach, which includes induction, stabilization, maintenance, and formal substance use disorder counseling. The goal of these requirements is to support the long-term recovery of beneficiaries with substance use disorders and to prevent the medication from being misused, abused, or diverted.

The provisions of this policy are specifically for OBOT services. Services for methadone and other substance use disorders are available through and should be obtained from the PIHP/CMHSP.

This policy is consistent with the Michigan Prescription Drug and Opioid Abuse Task Force "Report of Findings and Recommendations for Action".

FFS Reimbursement Criteria, Services and Requirements

Working within their scope of practice, physician and non-physician practitioner (PA and NP) services related to OBOT will be considered for reimbursement through the FFS program when the beneficiary meets the American Society of Addiction Medicine (ASAM) criteria for outpatient treatment. Providers are required to provide services consistent with clinical practice guidelines established by the Substance Abuse and Mental Health Services Administration (SAMHSA) and ASAM.

The following services related to opioid treatment will qualify for FFS reimbursement when a beneficiary has a primary diagnosis of opioid dependence:

- Evaluation and Management services (current range of codes 99201 – 99215), and
- Consultation services (99241 – 99245).

Physicians and non-physician practitioners (PA and NP) seeking FFS reimbursement for OBOT services must be enrolled in the Community Health Automated Medicaid Processing System (CHAMPS) as a FFS provider. Enrolled providers cannot duplicate and be reimbursed through the PIHP/CMHSP for the same service.

Prior Authorization Request Requirements

- **Drug Screening Results**

Prior authorization requests for renewals of opioid dependency agents must be accompanied by the beneficiary's toxicology result. The patient must have a negative drug screen for opioid use. If the beneficiary has a positive drug screen for any medications subject to abuse (prescribed and non-prescribed) the prescriber must justify the beneficiary's need to continue treatment on the prior authorization form. The drug screen must also demonstrate presence of the medication or its metabolite used in treating opioid dependence.

- **Substance Use Disorder Counseling**

For initial prior authorization requests, the prescriber must refer the beneficiary to a formal substance use disorder counseling program that will begin within 30 days of submission of the prior authorization. A referral to Alcoholics Anonymous/Narcotics Anonymous by itself is not sufficient to meet this requirement.

Counseling by a licensed independent behavioral specialist certified in evidence-based substance use disorders is strongly preferred. If the prescriber will be providing counseling, the provider must submit documentation that additional training as a certified addiction counselor has occurred. The training related to obtaining the "X" Drug Enforcement Agency (DEA) license for prescribing Suboxone will not be sufficient alone.

For prior authorization renewal requests, the prescriber must evaluate the effectiveness of the beneficiary's substance use disorder counseling program, and if the program is not shown to be effective the prescriber must refer the beneficiary to a new counseling program. It is anticipated the prescriber and the provider of counseling are actively collaborating to the degree the prescriber will be knowledgeable of the type of counseling being provided.

- **Duration of Authorization**

Prior authorizations for opioid dependence treatments may be approved for a period of time of up to one year. Any renewal authorizations beyond one year of treatment will be reviewed on a case-by-case basis.

- **Dose Tapering**

Upon initiation of treatment for opioid dependence, it is expected over the year of treatment that dose tapering will be attempted or addressed with the patient. Any renewal request beyond the initial year must include the results of a taper attempt or offer an explanation based on the prescriber's assessment of why the patient would not be a candidate at the time of the request.

Beneficiaries must be maintained at all times on the lowest possible dose of medication used to treat opioid dependency.

- **Pregnant Beneficiaries on Opioid Dependence Treatment**

A pregnant beneficiary being treated for opioid dependence is considered a high risk pregnancy requiring monitoring by an obstetrician. If the beneficiary is seen by a certified nurse midwife acting under the delegation and supervision of an obstetrician, the obstetrician must be identified. Records must reflect collaboration between the provider of obstetric care and the prescriber of opioid dependence treatment. A neonatologist or pediatrician skilled in treating neonatal abstinence syndrome should be engaged in the care of the newborn.

- **Michigan Automated Prescription System (MAPS) Requirement**

MAPS is the prescription monitoring program managed by the Michigan Department of Licensing and Regulatory Affairs. It is used to identify and prevent drug diversion at the prescriber, pharmacy and patient levels by collecting information on prescriptions for controlled substances prescribed and dispensed to patients from pharmacies and practitioners. Prescribers can query this data for patient-specific reports which allow a review of the patient's controlled substance prescription records. This enables the prescriber to determine if patients are receiving controlled substances from other providers and to assist in the prevention of prescription drug abuse. For more information on MAPS and how to register, visit www.michigan.gov/mimapsinfo.

Practitioners prescribing opioid dependence treatments must individually register with MAPS and maintain their registration. It is expected that the prescriber will query the MAPS database prior to each new prescription for opioid addiction treatment medications, and will consult MAPS regularly throughout the beneficiary's course of treatment. A prior authorization may be denied if the prescriber is not registered with MAPS.

Coordination of Care

According to SAMHSA opioid treatment standards, use of medication with counseling is crucial to successful treatment for individuals with opioid dependence. Beneficiaries must be actively involved in their treatment, and as such, it is important that all providers coordinate care.

OBOT providers should ensure beneficiaries have access and receive referral to PIHPs for further assessment and treatment and any of the other supports and services that are available (i.e. PIHP specialty services, community based services and natural supports). PIHP/CMHSP, FFS and Managed Care must partner in overseeing and coordinating the treatment plan knowing that office based opioid treatment is only part of the services necessary to achieve successful outcomes.

Manual Maintenance

Retain this bulletin until the information is incorporated into the Michigan Medicaid Provider Manual.

Questions

Any questions regarding this bulletin should be directed to Provider Inquiry, Department of Health and Human Services, P.O. Box 30731, Lansing, Michigan 48909-8231, or e-mail at ProviderSupport@michigan.gov. When you submit an e-mail be sure to include your name, affiliation, and phone number so you may be contacted if necessary. Providers may phone toll-free 1-800-292-2550.

Approved



Chris Priest, Director
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