

**Policy: MP373**

**Section: Medical Benefit Policy**

**Subject: Medication Assisted Treatment**

### Applicable Lines of Business

<b>Commercial</b>	<b>X</b>	<b>CHIP</b>	<b>X</b>
<b>Medicare</b>	<b>X</b>	<b>ACA</b>	<b>X</b>
<b>Medicaid</b>	<b>X</b>		

### I. Policy: Medication Assisted Treatment (MAT)

**II. Purpose/Objective:** To provide a policy delineating Geisinger Health Plan's quality assurance expectation(s) for Opioid Use Disorder Center of Excellences (COE's) and for non-COE providers treating members with Medication Assisted Treatment. To delineate a process for annual GHP quality audits of OUD-COE's and MAT providers.

### III. Responsibility:

- A. Medical Directors
- B. Medical Management

### IV. Required Definitions

1. Attachment – a supporting document that is developed and maintained by the policy writer or department requiring/authoring the policy.
2. Exhibit – a supporting document developed and maintained in a department other than the department requiring/authoring the policy.
3. Devised – the date the policy was implemented.
4. Revised – the date of every revision to the policy, including typographical and grammatical changes.
5. Reviewed – the date documenting the annual review if the policy has no revisions necessary.

### V. Additional Definitions

1. Medical Necessity or Medically Necessary means Covered Services rendered by a Health Care Provider that the Plan determines are:
  - a. appropriate for the symptoms and diagnosis or treatment of the Member's condition, illness, disease or injury;
  - b. provided for the diagnosis, and the direct care and treatment of the Member's condition, illness disease or injury;
  - c. in accordance with current standards of good medical treatment practiced by the general medical community.
  - d. not primarily for the convenience of the Member, or the Member's Health Care Provider; and
  - e. the most appropriate source or level of service that can safely be provided to the Member. When applied to hospitalization, this further means that the Member requires acute care as an inpatient due to the nature of the services rendered or the Member's condition, and the Member cannot receive safe or adequate care as an outpatient.
2. OUD-COE- Opioid Use Disorder Center of Excellence
3. MAT- Medication Assisted Treatment
4. Healthcare Provider – a person who is licensed, certified or otherwise regulated to provide health care services under the laws of their practicing state (i.e., physician, physician's assistant, certified registered nurse practitioner, etc.)

5. Specialist – a healthcare provider whose practice is not limited to primary healthcare services and who has additional post-graduate or specialized training, has board certification or practices in a licensed specialized area of healthcare and is actively practicing (i.e., Gynecology, Neurology)
6. NCQA- National Committee for Quality Assurance
7. GHP- Geisinger Health Plan or “Plan”
8. OMAP - Pennsylvania Department of Human Services Office of Medical Assistance Program
9. PMPM – Per Member Per Month
10. PH- MCO – Physical Health Managed Care Organization
11. SUD- Substance Use Disorder
12. ASAM - American Society of Addiction Medicine
13. SAMSHA - U.S. Substance Abuse and Mental Health Services Administration
14. PA DHS - Commonwealth of Pennsylvania Department of Human Services

### **Medicaid Business Segment**

Medically Necessary — A service, item, procedure, or level of care that is necessary for the proper treatment or management of an illness, injury, or disability is one that:

- Will, or is reasonably expected to, prevent the onset of an illness, condition, injury or disability.
- Will, or is reasonably expected to, reduce or ameliorate the physical, mental or developmental effects of an illness, condition, injury or disability.
- Will assist the Member to achieve or maintain maximum functional capacity in performing daily activities, taking into account both the functional capacity of the Member and those functional capacities that are appropriate for Members of the same age.

### **DESCRIPTION:**

The Pennsylvania Department of Human Services Office of Medical Assistance Program (OMAP) implemented Opioid Use Disorder Centers of Excellence (OUD-COE) through the physical health HealthChoices program. These Centers of Excellence are buprenorphine and/or naltrexone prescribing physical health (PH) organizations. This initiative aims to increase the capacity to care for those seeking treatment for OUD, as well as to enhance the quality of care.

### **Geisinger Health Plan’s Expectations for Opioid Use Disorder Centers of Excellence:**

In alignment with the Pennsylvania Department of Human Services requirements, Geisinger Health Plan has the following expectations of their OUD-COES and their MAT providers:

1. Screening and Assessment of the members’ needs related to Social Determinants of Health, Level of Care Assessment, and screenings for additional clinical needs that may require referrals or treatment. Utilization of measurement-based tools such as the Clinical Opiate Withdrawal Scale (COWS), ASAM criteria, etc.

2. Care Planning Including:

- The development of an integrated, individualized care plan to address a member’s treatment and non-treatment needs that includes the member’s preferred method of care management and identification of the member’s community based and individual support systems
- Care Coordination occurring with all professionals and service providers as applicable
- Member’s engagement with care management services at a minimum of once a month

3. Referrals to necessary and appropriate clinical services resulting from the members care plan, level of care assessment and/or Social Determinants of Health screening. Services including, but not limited to:

- Mental health treatment
- Primary Care treatment and services
- SUD services
- Hepatitis C treatment when applicable
- Perinatal care and family planning services
- MAT for pregnant women if the COE provider does not provide MAT to pregnant women
- And to approved forms of MAT not provided at the COE providers enrolled location(s).

4. Monitoring of member through individualized follow-up/monitoring of progress per member’s care plan, ongoing and periodic re-assessment of Social Determinants of Health, progress with referrals for clinical and nonclinical services, and performing toxicology/drug screening at a minimum of once monthly.

5. Making and receiving warm hand-offs. In the event of a warm hand-off from an overdose event, the OUD-COE must provide education related to overdose risk and naloxone.

### **Audit Plan**

Any member of an OUD-COE's care management team may provide the care management services described above if they are appropriately licensed or credentialed to do so. For quality assurance purposes, Geisinger Health Plan may review a sample of member records to assess whether these services have been provided over time. To assess and promote quality assurance/quality improvement efforts, Geisinger Health Plan will identify a random sample of 6 OUD-COE providers per year and will review records from a random sample of 5 members for each provider for the presence of select elements (to be determined at each annual cycle) from sub-sections 1-5 (above) of the OUD-COE expectations section of this policy. Geisinger Health Plan will collaboratively share and discuss with an OUD-COE provider the results of the record reviews for the members treated by that OUD-COE provider, inclusive of strengths and potential quality improvement opportunities

## **Medical Policy: Medication Assisted Treatment Services by Non-Center of Excellence MAT Providers**

### **Purpose**

The purpose of this policy is to delineate Geisinger Health Plan expectations for MAT treatment of members with opioid use disorder by non-Centers of Excellence MAT providers, based on published standards, guidelines, and/or guidance from expert and/or regulatory bodies including the American Society of Addiction Medicine (ASAM), the U.S. Substance Abuse and Mental Health Services Administration (SAMSHA), and the Commonwealth of Pennsylvania Department of Human Services (PA DHS).

### **Description**

The opioid epidemic is a major public health crisis in the U.S. Data from the U.S. Centers for Disease Control indicates at least 2.7 million Americans report having opioid use disorder.<sup>1</sup> Other sources suggest the self-reported nature of the data undercounts the actual number of those impacted with one study estimating OUD affecting 6-7 million Americans. The rate of opioid use disorder related hospitalizations increased from 59.8/100,000 to 190.7/100,000 from 1998-2000 to 2015-2016.<sup>2</sup> Opioid related overdose deaths have increased by more than 8 times since 1999. The CDC reports more than 69,000 people died in 2020 from overdoses involving opioids (prescription opioids, heroin, and synthetic opioids including fentanyl) with over 82% of these deaths involving synthetic opioids.<sup>3</sup> Medication assisted treatment (MAT) combining the use of medication with psychosocial therapy is the most effective intervention for opiate use disorder, reduces illicit opioid use compared to non-medication-based approaches, and increased access to MAT can reduce opioid overdose related deaths. Geisinger Health Plan supports the use of MAT as a strategy to combat the adverse medical and psychosocial impacts and overdose death mortality associated with opioid use disorders.

## **Non-Center of Excellence MAT Provider Expectations**

### **A. Comprehensive Assessment**

MAT providers and/or their qualified professional designees should perform a comprehensive assessment at the initiation of care. Components of a comprehensive assessment include:

1. Detailed personal and family medical, psychiatric, and substance use history
2. Physical exam
3. Mental status exam
4. Detailed past and current substance use history
5. An assessment of withdrawal potential (e.g., Clinical Opiate Withdrawal Scale (COWS))
6. Substance Use Disorder and treatment history and response to previous treatment, including history of use of pharmacotherapies and response to such interventions
7. An assessment of the role of substance use disorder (risk, reward, relief) in the members life.
8. An assessment of the physical and psychosocial impact of substance use disorder
9. Family medical, psychiatric, and substance use and treatment history
10. Allergies

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<sup>1</sup> Centers for Disease Control, *Disease or Condition of the Week, Opioid Use Disorder*, August 30, 2022, [Opioid Use Disorder | Disease or Condition of the Week | CDC](#)

<sup>2</sup> Keyes, Katherine M et al., *What is the Prevalence and Trend in Opioid Use Disorder in the United States from 2010-2019? Using multiplier approaches to estimate prevalence for an unknown population size*, Drug and Alcohol Dependence Reports, Elsevier, Volume 3, June 3, 2022

<sup>3</sup> Centers for Disease Control, Data Overview, The Drug Overdose Epidemic: Behind the Numbers, June 2022, [Data Overview | Opioids | CDC](#)

11. Current Medications
12. Social History
13. Consultation with appropriate collateral sources of information when appropriate
14. Diagnostic Formulation
15. A summary of:
  - a. Member readiness to engage in treatment and motivational level
  - b. The potential to continue or resume unhealthy use
  - c. The recovery environment that may support or impede sobriety and recovery
  - d. Facilitators and barriers to treatment<sup>4</sup>
16. The assessment should consider the six ASAM dimensions (acute intoxication, biomedical conditions, and complications, emotional, behavioral, or cognitive conditions or complications, readiness for change, continued use or continued problem potential, recovery/living environment)
15. Women of childbearing age should be tested for pregnancy
16. Providers should consider laboratory testing including a complete blood count, liver enzyme tests, and tests for TB, Hepatitis B and C, and HIV.<sup>5</sup>

## **B. Monitoring**

The MAT provider will monitor patient status using a structure rating scale and/or toxicology/drug screening results at assessment and then periodically as clinically indicated<sup>6</sup>

## **C. Withdrawal Management Services**

The MAT provider will assess for the need for withdrawal management, the intensity of withdrawal management services needed, and the appropriate treatment environment. The MAT provider will deliver or arrange for necessary withdrawal management services if clinically indicated. The MAT provider documents medical decision making and appropriate treatment planning, including appropriate level of care, for a patient undergoing withdrawal management. The MAT provider assures that psychosocial interventions are instituted along with medical interventions for withdrawal management<sup>7</sup>

## **D. Treatment Planning**

1. The MAT provider integrates the treatment of substance use disorders and associated problems and conditions, and coordinates with other providers the aspects of care relevant to the patient's addiction (within the bounds of extant confidentiality laws)
2. The MAT provider discusses clinically indicated available pharmacologic and psychosocial therapies with patients and assists the patient in collaborative decision-making
3. The MAT provider assesses for safety risks associated with the patient's opioid use disorder and identified risks are addressed in the treatment plan
4. The MAT provider liaisons as appropriate with other relevant providers to ensure the patient's opioid use disorder, psychiatric and medical comorbidities are addressed concurrently
5. The treatment plan attempts to involve social support networks (when clinically appropriate and patient is agreeable) within the treatment process
6. The MAT provider documents the rationale behind clinical decision making in the patient's medical record
7. The treatment plan includes referral to indicated social services as is clinically appropriate<sup>8</sup>

## **E. Treatment Management**

1. MAT provider's physician(s) remain actively engaged with the monitoring and supervision of care and providing oversight of the quality of care of the patient when the direct treatment is provided by other clinicians under their supervision
2. The MAT provider meets with the patient liaisons with MAT clinical staff to regularly assess progress toward mutually agreed upon goals in the treatment plan

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<sup>4</sup> The American Society of Addiction Medicine, *ASAM Standards of Care for The Addiction Specialist Physician*, 2014, Chicago, Illinois

<sup>5</sup> The American Society of Addiction Medicine, *The ASAM National Practice Guideline for the Treatment of Opioid Use Disorder*, 2020, Chicago, Illinois

<sup>6</sup> The American Society of Addiction Medicine, *ASAM Standards of Care for The Addiction Specialist Physician*, 2014, Chicago, Illinois

<sup>7</sup> The American Society of Addiction Medicine, *ASAM Standards of Care for The Addiction Specialist Physician*, 2014, Chicago, Illinois

<sup>8</sup> The American Society of Addiction Medicine, *ASAM Standards of Care for The Addiction Specialist Physician*, 2014, Chicago, Illinois

3. Lack of treatment progress should result in revision of the member's treatment plan and reassessment for possible higher level of care when necessary.<sup>9</sup>

#### **F. Care Transitions**

1. If/when a patient discharges from an MAT provider, the MAT provider will offer recommendations and referrals for continuing professional care and/or self-management<sup>10</sup>.
2. Patients who discontinue MAT should be made aware of the risks associated with continued substance use including an opioid overdose, and especially the increased risk of overdose death. Patients should also be made aware of other risks associated with intravenous drug use including the risk of infections (HIV, Hepatitis C, endocarditis, sepsis, etc.). Treatment, as well harm reduction services, such as opioid overdose prevention with naloxone should be discussed with any patient choosing to discontinue treatment.<sup>11</sup>

#### **Audit Plan**

To assess and promote quality assurance/quality improvement efforts, Geisinger Health Plan will identify a random sample of 6 MAT providers per year and will review records from a random sample of 5 members for each provider for the presence of select elements (to be determined at each annual cycle) from sub-sections A-F of the MAT provider expectations section of this policy. Geisinger Health Plan will collaboratively share and discuss with an MAT provider the results of the chart reviews for the members treated by that MAT provider, inclusive of strengths and potential quality improvement opportunities

#### **Medicaid Business Segment:**

##### **CODING ASSOCIATED WITH: Medication Assisted Treatment (MAT)**

*The following codes are included below for informational purposes and may not be all inclusive. Inclusion of a procedure or device code(s) does not constitute or imply coverage nor does it imply or guarantee provider reimbursement. Coverage is determined by the member specific benefit plan document and any applicable laws regarding coverage of specific services. Please note that per Medicare coverage rules, only specific CPT/HCPCS Codes may be covered for the Medicare Business Segment. Please consult the CMS website at [www.cms.gov](http://www.cms.gov) or the local Medicare Administrative Carrier (MAC) for more information on Medicare coverage and coding requirements.*

H0020

H0047

H0047-52 used in conjunction with an office evaluation and management code (E&M)

H0033

99202-99205

99212-99215

Current Procedural Terminology (CPT®) © American Medical Association: Chicago, IL

#### **Medicaid Business Segment:**

Any requests for services that do not meet criteria set in the PARP, may be evaluated on a case-by-case basis.

#### **LINE OF BUSINESS:**

**Eligibility and contract specific benefits, limitations and/or exclusions will apply. Coverage statements found in the line of business specific benefit document will supersede this policy. For Medicare, applicable LCD's and NCD's will supercede this policy. For PA Medicaid Business segment, this policy applies as written.**

#### **REFERENCES:**

2021 Physical HealthChoices Agreement

<https://www.dhs.pa.gov/HealthChoices/HC-Services/Documents/HC%20Agreement%202021.pdf>

MCOps Memo 02/2019 – Oversight of COEs

<sup>9</sup> The American Society of Addiction Medicine, *ASAM Standards of Care for The Addiction Specialist Physician*, 2014, Chicago, Illinois

<sup>10</sup> The American Society of Addiction Medicine, *ASAM Standards of Care for The Addiction Specialist Physician*, 2014, Chicago, Illinois

<sup>11</sup> The American Society of Addiction Medicine, *The ASAM National Practice Guideline for the Treatment of Opioid Use Disorder*, 2020, Chicago, Illinois

[https://www.dhs.pa.gov/about/Documents/Find%20COEs/c\\_291268.pdf](https://www.dhs.pa.gov/about/Documents/Find%20COEs/c_291268.pdf)

Provider Specialty Enrollment – Frequently Asked Questions

<https://www.dhs.pa.gov/Services/Assistance/Documents/COE%20Provider%20Enrollment%20FAQs%20FINAL.pdf>

2019 Healthchoices Agreement

[https://www.dhs.pa.gov/about/Documents/Find%20COEs/p\\_040150.pdf](https://www.dhs.pa.gov/about/Documents/Find%20COEs/p_040150.pdf)

Centers for Disease Control, *Disease or Condition of the Week, Opioid Use Disorder*, August 30, 2022, [Opioid Use Disorder | Disease or Condition of the Week | CDC](#)

Keyes, Katherine M et al., *What is the Prevalence and Trend in Opioid Use Disorder in the United States from 2010-2019? Using multiplier approaches to estimate prevalence for an unknown population size*, Drug and Alcohol Dependence Reports, Elsevier, Volume 3, June 3, 2022

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The American Society of Addiction Medicine, *ASAM Standards of Care for The Addiction Specialist Physician*, 2014, Chicago, Illinois

The American Society of Addiction Medicine, *The ASAM National Practice Guideline for the Treatment of Opioid Use Disorder*, 2020, Chicago, Illinois

This policy will be revised as necessary and reviewed no less than annually.

**Devised:** 08/23

**Revised:**

**Reviewed:**

Geisinger Health Plan may refer collectively to health care coverage sponsors Geisinger Health Plan, Geisinger Quality Options, Inc., and Geisinger Indemnity Insurance Company, unless otherwise noted. Geisinger Health Plan is part of Geisinger, an integrated health care delivery and coverage organization.

Coverage for experimental or investigational treatments, services and procedures is specifically excluded under the member's certificate with Geisinger Health Plan. Unproven services outside of an approved clinical trial are also specifically excluded under the member's certificate with Geisinger Health Plan. This policy does not expand coverage to services or items specifically excluded from coverage in the member's certificate with Geisinger Health Plan. Additional information can be found in MP015 Experimental, Investigational or Unproven Services.

Prior authorization and/or pre-certification requirements for services or items may apply. Pre-certification lists may be found in the member's contract specific benefit document. Prior authorization requirements can be found at <https://www.geisinger.org/health-plan/providers/ghp-clinical-policies>

Please be advised that the use of the logos, service marks or names of Geisinger Health Plan, Geisinger Quality Options, Inc. and Geisinger Indemnity Insurance Company on a marketing, press releases or any communication piece regarding the contents of this medical policy is strictly prohibited without the prior written consent of Geisinger Health Plan. Additionally, the above medical policy does not confer any endorsement by Geisinger Health Plan, Geisinger Quality Options, Inc. and Geisinger Indemnity Insurance Company regarding the medical service, medical device or medical lab test described under this medical policy.