

**Mountain State Blue Cross Blue Shield
(Otherwise referred to as the Plan)**

CORPORATE POLICY AND PROCEDURES

TITLE: OPIOID DEPENDENCY TREATMENT

No: MP-23

Supersedes No.: N/A

Original Effective Date: 10/15/03

Standards:

Date of Last Review: 10/1/04

Related Policies: N/A

Date of Last Revision:

Page 1 of 4

DRAFT ()

INTERIM ()

FINAL (X)

Lines of Business:

Applies To: FEP (X) PPO (X) POS (X) INDEMNITY (X)

Variation for: (N/A)

Intended Distribution: Standard List (X) Secondary Review List () Secondary Distribution List:()

DESCRIPTION

The traditional treatment of opioid addiction involves substituting for the opiate (e.g., heroin) an equivalent dose of a longer-acting opioid agonist (e.g., methadone), which is gradually tapered to a maintenance dose and ultimately discontinued. Methadone therapy does not resolve opioid addiction, but has been shown to result in improved general health, retention of patients in treatment and a decreased risk of transmitting HIV or hepatitis. Critics point out that where the methadone therapy is not closely monitored and tapered, opioid agonist therapy substitutes for one drug of dependence the indefinite use of another.

Detoxification followed by abstinence is another treatment option. However, following the acute withdrawal symptoms associated with detoxification, patients may experience less acute withdrawal symptoms for a period of up to six months.

The Plan will approve opioid agonist therapy as medically necessary, but only for a time-limited period (according to the guidelines set forth below). This will allow the use of such therapy for treatment of acute symptoms and appropriate tapering to discontinuance. The Plan generally excludes rehabilitative services for long-term maintenance; accordingly, long-term or indefinite use of opioid agonist therapy will not be considered medically necessary.

**Mountain State Blue Cross Blue Shield
(Otherwise referred to as the Plan)**

CORPORATE POLICY AND PROCEDURES

TITLE: OPIOID DEPENDENCY TREATMENT

No: MP-23

Page 2 of 4

POLICY

- A. Opioid agonist maintenance treatment for opiate dependency is considered medically necessary when all of the following are met:
- Patient is at least 18 years of age. Requests for patients under 18 years of age will be considered on an individual basis, due to the sensitive nature of this treatment;
 - Pregnant patient is under the supervision of her Obstetrician;
 - It is documented that the patient has been addicted to opiates for at least one year and there is documented evidence of current opiate addiction;
 - Patient has demonstrated completion of at least two prior episodes of treatment in either drug free tapering or short-term tapering;
 - An initial treatment plan with goals, expected outcomes and dates will be required prior to any treatment being authorized. Updates will be required as requested to assure that goals are being met and methadone tapering is being done.
- B. Opioid dependency maintenance treatment will only be considered medically necessary for a period of six (6) months.
- C. All physicians, hospitals, pharmacies and treatment programs must be approved for methadone prescribing and dispensing by the Food and Drug Administration in accordance with Federal Regulations, Title 21, Chapter 13, Subchapter 1, Section 823.

CODE

Code	Number	Description
CPT	No specific code	
ICD-9 Procedures	No specific code	

REFERENCES

- A. American Psychiatric Association Clinical Resources, Section VI.
- B. Anthem Insurances Companies, Inc., BEH.00001.
- C. California, Wellpoint Health Networks (Blue Cross), 2.01.99.
- D. American Association for the Treatment of Opioid Dependence, FAQ's.

**Mountain State Blue Cross Blue Shield
(Otherwise referred to as the Plan)**

CORPORATE POLICY AND PROCEDURES

TITLE: OPIOID DEPENDENCY TREATMENT

No: MP-23

Page 3 of 4

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

Medical policies are designed to supplement the terms of a member's contract. The member's contract defines the benefits available; therefore, medical policies should not be construed as overriding specific contract language. In the event of conflict, the contract shall govern.

Medical policies do not constitute medical advice, nor the practice of medicine. Rather, such policies are intended only to establish general guidelines for coverage and reimbursement under Mountain State Blue Cross Blue Shield plans. Application of a medical policy to determine coverage in an individual instance is not intended and shall not be construed to supercede the professional judgment of a treating provider. In all situations, the treating provider must use his/her professional judgment to provide care he/she believes to be in the best interest of the patient, and the provider and patient remain responsible for all treatment decisions.

Mountain State Blue Cross Blue Shield (MSBCBS) retains the right to review and update its medical policy guidelines at its sole discretion. These guidelines are the proprietary information of MSBCBS. Any sale, copying or dissemination of the medical policies is prohibited; however, limited copying of medical policies is permitted for individual use.

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CORPORATE POLICY AND PROCEDURES

TITLE: OPIOID DEPENDENCY TREATMENT

No: MP-23

Page 4 of 4

SIGNATURE PAGE

Approval: _____

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