Category: Utilization Management

Code: UM 2.0 Attach E MAT

Subject: Medication-Assisted Therapy (MAT) Level of Care Guidelines

Purpose: The purpose of this policy is to describe the criteria used by BHP in medical necessity determinations for MAT services.

Policy: BHP Care Management (CM) staff use the following level of care guidelines for MAT when completing medical necessity determinations.

Please refer to the enrollee's benefit document for specific information. To the extent there is any inconsistency between this policy and the terms of the enrollee's benefit plan or certificate of coverage, the terms of the enrollee's benefit plan document will govern.

Benefits must be available for healthcare services. Healthcare services must be ordered by a physician, physician assistant, nurse practitioner, or behavioral health practitioner. Healthcare services must be medically necessary, applicable conservative treatments must have been tried, and the most cost-effective alternative must be requested for coverage consideration.

I. Admission Guidelines:
The following applies if a request is for MAT treatment services. The BHP Care Manager reviews the clinical information submitted in order to determine the appropriateness of the placement recommendation. Placement into an MAT program is based on the following criteria:

A. The patient is 18 years or age or older;

B. A current diagnosis by a Licensed Drug and Alcohol Counselor (LADC) of opiate dependence, or other diagnosis medically necessary for MAT, using the current DSM or ICD criteria;

C. Treatment complications which includes one or more of the following:

1. Documented addiction to opioids for at least one year, and continuing to use opiates despite known adverse consequences to self, family or society; or
2. Documented addition to opiates with continuing use of other illicit drugs; or
3. Misusing prescribed opiates, stimulants or other medications; or
4. One or more unsuccessful attempts at gradual removal of physical dependence on opioids; or
5. Two or more failed attempts at abstinence based substance abuse treatment; or

1. An exception may be made to one of the above placement options for the following reasons:

A. Individuals who have a history of opiate use but who are not currently physiologically dependent due to recent release from jail or a chronic care facility.

B. Pregnant and Postpartum Patients with significant opioid use resulting in risk to the fetus or infant.

C. Previously treated patients: a program may readmit within 30 days without a formal reassessment procedure. This also applies to clients who have had a lapse of insurance for a maximum of one month.

2. The Chemical Health CM may approve additional 60 days of MAT if the following are met:

   A. BHP receives a copy of a chemical health assessment completed by a LADC.

   B. The assessor recommends MAT treatment and the documentation provided supports the medical necessity for MAT.

II. Continuing Care Guidelines:

1. Following the initial authorization, the MAT program is responsible for contacting BHP for concurrent review and authorization by providing a completed copy of the BHP Chemical Health Treatment Update Form. The following information is required to be provided.

   A. The patient's individualized, short-term goals. These goals should be, when possible, behavioral and measurable.

   B. Evidence of reduction in use or elimination of problematic substances, including documentation of the frequency and outcomes of drug screening laboratory tests. Current dose of the prescribed MAT medication, and method of administration, such as home or dispensed by staff.

   C. If the patient is documented to have abused the prescribed drug or to be continuing to abuse problematic substances, the program documents how the patient's treatment plan has been revised to help the patient with treatment compliance and to work towards sobriety.

   D. If the patient is documented with significant medical, psychosocial, vocational, educational, behavioral, family, financial, legal, health, and self-care needs, or any other barriers to sobriety, the program documents how the patient's treatment plan has been revised to provide the patient individualized resources for these problems.

III. Discharge Guidelines:

The patient has completed a successful taper off of the prescribed medication, and has maintained basic functioning including self-care and abstinence from problematic substances; or one of the following:

1. The patient develops mental health problems, or has existing mental health problems, that have worsened since admission and which require focused mental health treatment in an inpatient, residential or other setting that does not permit the patient to continue in the MAT program.

2. The patient has persisted in abusing the prescribed medication and/or other problematic substances, the patient's treatment plan has been adjusted accordingly, the program staff has met with the patient to provide individualized work on these problems, and the program medical director has assessed the MAT program to no longer be appropriate for this patient.

3. The patient is incarcerated or otherwise confined so as to be unable to participate in the program.

Regulatory / External References: NCQA UM 2.0, Chapter 62M.

1. SAMHSA/CSAT Treatment Improvement Protocols. Center for Substance Abuse Treatment. Rockville (MD): Substance Abuse and Mental Health Services Administration (US); 1993.

2. Physicians' Guide: Opioid Agonist Medical Maintenance Treatment. National Alliance for Medication Assisted Recovery, www.methadone.org; 2008.

3. Narcotic Treatment Programs: Best Practice Guideline. U.S. Department of Justice. www.deadiversion.usdoj.gov; 2000.

4. Minnesota Rule 31, Chemical Dependency Treatment Licensing Rules, www.license.mn.gov/licenses/licensedetail.jsp?URI=tcm:29-2744&CT_URI=tcm:27-117-32; 2008.

5. SAMHSA, 2000: Physicians' Guide: Opioid Agonist Medical Maintenance Treatment. www.kap.samhsa.gov/products/tools/cl-guides/text/QGP_40.html ; 2000 (last reviewed in 2004).

6. Guidelines for the Accreditation of Opioid Treatment Programs. http://www.dpt.samhsa.gov/pdf/OTPAccredGuidelines-2007.pdf; 2007.

7. Emerging Issues in the Use of Methadone . www.kap.samhsa.gov/products/manuals; 2009.

8. 42 CFR 8.12, Certification of Opioid Treatment Programs. U.S. Government Printing Office; 2002.

Internal References: Richard Sethre PsyD LP, Quinn McBreen LADC

Source: PreferredOne, BHP

Date Effective: **03/01/2014**

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Date Evaluated by Clinical Team: **April 2014, December 2014, April 2015, December 2015, March 2016, December 2016, December 2017, December 2018, December 2019, December 2020, December 2021**

Revision Tracking

Date Revised	Revision Type List all applicable: - Minor changes (Use this when changes are related to staff titles, names of reports or systems, etc). - Change in process/procedure	Details of Revision Made

	- Change in requirements - New attachments or forms added - Updated documentation to clarify policy - Other	