

September 19, 2011

IMPORTANT INFORMATION: Coding/Procedure Options for Opioid Addiction Treatment with Suboxone® or Subutex®

Dear Healthcare Practitioner/Provider:

Presbyterian Health Plan and Presbyterian Insurance Company, Inc. (Presbyterian) are committed to ensuring that our practitioners and providers are kept apprised of changes that affect the way health care is administered.

We want to clarify coding and procedures to be followed during the assessment, induction, and follow-up/maintenance phases when treating opioid addiction with Suboxone® or Subutex®.

Consistent with criteria implemented by the State of New Mexico Human Services Department (HSD) for the Medicaid programs (Salud and State Coverage Insurance (SCI)), Presbyterian has implemented the same requirements for all lines of business effective July 1, 2011. All requirements must be met for approval of a request to treat opioid addiction with Suboxone® or Subutex®, and must be submitted via Presbyterian's "Notification Form."

Practitioners/providers are required to:

- Be a Presbyterian contracted practitioner/provider for the line of business that the treated patient/member is enrolled in;
- Be certified under the Drug Abuse Treatment Act (DATA) 2000 Waiver Certification program and possess a DATA 2000 prescribing identification number;
- Submit the Presbyterian Suboxone® and Subutex® Notification form by fax when a certified provider accepts the member for opioid addiction treatment using Suboxone® or Subutex®. Please ensure submission of the notification form is done prior to the induction phase.

Please Note: Claims will not be paid for inductions performed without prior notification.

Patients/Members receiving treatment must meet the following requirements:

- The patient's benefit plan includes the prescription benefit for the coverage of medications for treating opioid dependence and
- The patient is engaged in a comprehensive management program that includes a psychosocial component of the therapy (e.g. psychosocial behavioral interventions focused on relapse prevention) during the entire course of therapy.

Presbyterian's Suboxone® and Subutex® Notification Form Criteria:

- Documentation of patient diagnosis and treatment plan must be submitted with each request.

- Buprenorphine use in combination with benzodiazepines or other sedative hypnotics has been associated with significant respiratory depression. Therefore if concurrent use of a benzodiazepine or other sedative/hypnotic is identified, then a justification for combined use must be submitted.
- Recent urine drug screen results AND Board of Pharmacy-Prescription Monitoring Program report must be submitted with every prior authorization request for Suboxone® or Subutex®.

Buprenorphine (generic Subutex®) Notification Form Criteria

Indications for approval for buprenorphine are the same as Suboxone® criteria listed above AND the following must be met.

- Documented intolerance to Suboxone® or the member is pregnant or lactating.

Assessment Phase:

During the assessment phase, providers are encouraged to use appropriate Evaluation and Management (E&M) codes. Practitioners/providers are required to document their time and activity in the member's chart.

Note: Laboratory tests are billed in addition to the codes.

Typical Diagnoses (ICD-9-CM)

- 304.0 Opioid type dependence
- 304.7 Combination of opioid abuse with other

Induction Phase

HCPCS code H0033 is to be used for the Induction. This code became effective July 1, 2011, and will not be retroactively paid. This code will not be reimbursed for other diagnoses or treatment.

Follow-Up/Maintenance Phase

Each additional visit should be billed using an E&M code appropriate to the level of service, time spent, and validated through the chart. Documentation of the start time and end time is required. Documentation of the subject of the counseling is also required if the counseling time is more than 50% of the total visit length. There are no limits to the number of additional visits that may be billed.

Waiving Timely Filing for Appeals

Practitioners/providers who have received denials for providing opioid addiction treatment with Suboxone® to Salud or SCI members with confirmed enrollment in the Salud or SCI programs within the State Fiscal Year 2011 may appeal the denials through the Provider Appeals process.

NM HSD Letter Of Direction (LOD) #41

NM HSD LOD #41 provides requirements for the Salud and SCI (Medicaid) program with regards to coding/procedure options for opioid addiction treatment with Suboxone®. Use this link (<http://www.phs.org/PHS/healthplans/providers/index.htm>) to review NM HSD LOD #41 online.

2011 March/April Pharmacy & Therapeutics (P&T) Provider Update Newsletter

Information provided in this communication was also provided in the 2011 March/April P&T. Use this link (http://www.phs.org/idc/groups/public/@phs/@php/documents/phscontent/pel_00080776.pdf) to review the newsletter online.

If you have any questions about this communication, please contact your Provider Network Management Coordinator. You may also contact me by e-mail at msanchez@phs.org or by phone at (505) 923-8066, Monday through Friday from 8:00 am to 5:00 pm. As always, thank you for your continued partnership.

Sincerely,



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