Medical Policy

Methadone Treatment and Intensive Detoxification or Ultra-Rapid Detoxification for Opiate Addiction

Table of Contents
- Policy: Commercial
- Coding Information
- Policy: Medicare
- Description
- Authorization Information
- Information Pertaining to All Policies
- Policy History
- References
- Endnotes

Policy Number: 274
BCBSA Reference Number: 3.01.02A & 3.02.01A
NCD/LCD: NA

Related Policies
None

Policy¹
Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity

Methadone treatment for opiate addiction may be considered MEDICALLY NECESSARY for patients who meet ALL of the following:
- Subscriber certificates allowing benefits, AND
- Age 18 or older, AND
- Documented history of opiate addiction for one year or more, AND
- Physical examination findings demonstrating opiate withdrawal and urine test showing opiates (this requirement is waived for members recently released from jail), AND
- Services are received through a program that complies with both state and local regulations for methadone treatment.

Methadone therapy consists of detoxification (up to 180 days) followed by methadone maintenance therapy and finally, detoxification from maintenance.

Methadone treatment for treatment of addiction to other types of drugs is NOT MEDICALLY NECESSARY.

Opioid antagonists under heavy sedation or anesthesia as a technique for opioid detoxification (i.e., ultra-rapid detoxification) is INVESTIGATIONAL.

Coordination of Care Guidelines
The Behavioral Health Unit at BCBSMA will direct members to treatment facilities which meet FDA and DEA regulations. For phone numbers, see the back of each member’s ID card, or consult the Bluebook for the Behavioral Health Unit number.

Other Information
NOTE: We only cover direct patient treatment. Take-home dosing is not covered unless the methadone dosing facility has a pharmacy contract (e.g., the dosing facility is a hospital).

Methadone Maintenance is processed as a medical benefit.

Medicare HMO BlueSM and Medicare PPO BlueSM Members

Methadone treatment for opiate addiction in the outpatient setting by a licensed program is not a covered service. This includes daily methadone maintenance and detox.

MLN Matters Number: SE1604 Medicare Coverage of Substance Abuse Services

Medicare Prescription Drug Benefit Manual Chapter 6 – Part D Drugs and Formulary Requirements

Prior Authorization Information

Pre-service approval is required for all inpatient services for all products. See below for situations where prior authorization may be required or may not be required for outpatient services.

Yes indicates that prior authorization is required.

No indicates that prior authorization is not required.

N/A indicates that this service is primarily performed in an inpatient setting.

<table>
<thead>
<tr>
<th>Outpatient</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Commercial Managed Care (HMO and POS)</strong></td>
</tr>
<tr>
<td><strong>Commercial PPO and Indemnity</strong></td>
</tr>
<tr>
<td><strong>Medicare HMO BlueSM</strong></td>
</tr>
<tr>
<td><strong>Medicare PPO BlueSM</strong></td>
</tr>
</tbody>
</table>

CPT Codes / HCPCS Codes / ICD Codes

Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement. Please refer to the member’s contract benefits in effect at the time of service to determine coverage or non-coverage as it applies to an individual member.

Providers should report all services using the most up-to-date industry-standard procedure, revenue, and diagnosis codes, including modifiers where applicable.

The following codes are included below for informational purposes only; this is not an all-inclusive list.

The above medical necessity criteria MUST be met for the following codes to be covered for Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity:

HCPCS Codes

| HCPCS codes: | Code Description |
|-----------------------------|
| H0020 | Alcohol and/or drug services; methadone administration and/or service (provision of the drug by a licensed program) |

Description

Methadone hydrochloride is a synthetic narcotic analgesic with multiple actions quantitatively similar to those of morphine. Its principal use is detoxification or maintenance in opiate addiction (heroin or other morphine-like drugs).

The use of relatively high doses of opioid antagonists under deep sedation or general anesthesia is a technique for opioid detoxification and is known as ultra-rapid detoxification. It is a potential alternative to standard detoxification that allows patients to avoid the acute symptoms associated with initial
detoxification. Ultra-rapid detoxification is used in conjunction with maintenance treatments (e.g., oral opioid antagonists and psychosocial support).

**Summary**

Standard methadone therapy as described in the policy statement has a long history of effectiveness and safety as a therapy for opioid and is considered medically necessary.

Ultra-rapid detoxification is an opioid detoxification technique that uses relatively high doses of opioid antagonists under deep sedation or general anesthesia. The paucity of controlled trials and lack of a standardized approach to ultra-rapid detoxification does not permit scientific conclusions regarding the safety or efficacy of ultra-rapid detoxification compared to other approaches that do not involve deep sedation or general anesthesia. Moreover, there are concerns about adverse effects, including life-threatening or potentially life-threatening events. Thus, this technology is considered investigational.

### Policy History

<table>
<thead>
<tr>
<th>Date</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>7/1/16</td>
<td>No authorization required as of 7/1/16 for Commercial Managed Care (HMO and PPO) and Commercial (PPO and Indemnity).</td>
</tr>
<tr>
<td>6/2014</td>
<td>Updated Coding section with ICD10 procedure and diagnosis codes, effective 10/2015.</td>
</tr>
<tr>
<td>5/2008</td>
<td>BCBSA National medical policy review. No changes to policy statements.</td>
</tr>
<tr>
<td>5/2007</td>
<td>BCBSA National medical policy review. No changes to policy statements.</td>
</tr>
</tbody>
</table>

### Information Pertaining to All Blue Cross Blue Shield Medical Policies

Click on any of the following terms to access the relevant information:

- Medical Policy Terms of Use
- Managed Care Guidelines
- Indemnity/PPO Guidelines
- Clinical Exception Process
- Medical Technology Assessment Guidelines

### References


Endnotes

1. Based on Blue Cross Blue Shield Association National Policy #3.02.01. The national policy notes that treatment must be rendered in a FDA approved program. Maintenance programs must be approved by the FDA and the designated state authority (usually the Department of Public Health). These programs:
   o Must dispense and use methadone in oral form only. A methadone product used as an analgesic, and not for the treatment of opiate addiction, may be dispensed in any licensed pharmacy. Methadone products, when used for the treatment of narcotic addiction in detoxification or maintenance programs must be provided by approved hospital pharmacies or approved community pharmacies.
   o May admit patients under the age of 18 to be detoxified using methadone, only under special circumstances, since the safety and effectiveness of methadone in the treatment of adolescents has not been approved by adequate clinical study. The FDA requires that such patients must have a documented history of two or more unsuccessful attempts at detoxification and a documented history of dependence on heroin or other morphone-like drugs beginning 2 years prior to application for treatment. Under such conditions, a parent, legal guardian, or responsible adult designated by the state authority must complete and sign a FDA “Consent for Methadone Treatment” form.

The FDA further states that “If methadone is administered for treatment of heroin dependence for more than 3 weeks, the procedure passes from treatment of the acute withdrawal syndrome (detoxification) to maintenance therapy. Maintenance treatment is permitted to be undertaken only by approved methadone programs. This does not preclude the maintenance treatment of an addict who is hospitalized for medical conditions other than addiction and who requires temporary maintenance during the critical period of his
stay or whose enrollment has been verified in a program which has been approved for maintenance
treatment with methadone."