



MASSACHUSETTS

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Medical Policy

Methadone Treatment for Opioid Use Disorder

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Policy Number: 274

BCBSA Reference Number: 3.01.02A & 3.02.01A (For Plans internal use only)

Related Policies

None

Policy¹

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

Methadone treatment for opioid use disorder may be considered **MEDICALLY NECESSARY** for patients who meet ALL of the following:

- Documented history of opioid use disorder or polysubstance use disorder including opioid use disorder, AND
- Age 18 or older, AND,
- Subscriber certificates allowing benefits.

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**.

Other Information:

NOTE: Take home doses may be covered when the above criteria are met and under the provision of a licensed outpatient methadone program.

Prior Authorization Information

Inpatient

- For services described in this policy, precertification/preauthorization **IS REQUIRED** for all products if the procedure is performed **inpatient**.

Outpatient

- For services described in this policy, see below for products where prior authorization **might be required** if the procedure is performed **outpatient**.

	Outpatient
Commercial Managed Care (HMO and POS)	Prior authorization is not required .
Commercial PPO and Indemnity	Prior authorization is not required .

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, Indemnity and Medicare HMO Blue and Medicare PPO Blue:

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).

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

Services are received through a program that complies with both state and local regulations for methadone treatment.

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 use disorder 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

Date	Action
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1/2021	Medicare information removed. See MP #132 Medicare Advantage Management for local coverage determination and national coverage determination reference.
1/2020	New medically necessary criteria for Medicare Advantage added. Effective 1/1/2020.
11/2019	Title changed. Updated note to clarify that take-home doses may be covered under the provision of a licensed outpatient drug program.
7/1/16	No authorization required as of 7/1/16 for Commercial Managed Care (HMO and PPO) and Commercial (PPO and Indemnity).
6/2014	Updated Coding section with ICD10 procedure and diagnosis codes. Effective 10/2015.
11/2011-4/2012	Medical policy ICD 10 remediation: Formatting, editing and coding updates. No changes to policy statements.
2/2012	Reviewed - Medical Policy Group - Psychiatry and Ophthalmology. No changes to policy statements.
2/2011	Reviewed - Medical Policy Group - Psychiatry and Ophthalmology. No changes to policy statements.
2/2010	Reviewed - Medical Policy Group - Psychiatry, Ophthalmology, and Endocrinology. No changes to policy statements.
5/2009	Annual policy review. Changes to policy statements.
2/2009	Reviewed - Medical Policy Group - Psychiatry, Ophthalmology, and Endocrinology. No changes to policy statements.
5/2008	Annual policy review. No changes to policy statements.
2/2008	Reviewed - Medical Policy Group - Psychiatry, Ophthalmology, and Endocrinology. No changes to policy statements.
5/2007	Annual policy review. No changes to policy statements.
2/2007	Reviewed - Medical Policy Group - Psychiatry, Ophthalmology, and Endocrinology. No changes to policy statements.

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

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7. Brewer C, Laban M, Schmulian C, et al. Rapid opiate detoxification and naltrexone induction under general anaesthesia and assisted ventilation: experience with 510 patients in four different centres *Acta Psychiatr Belg* 1998;98:181-189.
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9. Salimi A, Safari F, Mohajerani SA, et al. Long-term relapse of ultra-rapid opioid detoxification. *J Addict Dis.* 2014;33(1):33-40. PMID 24471478

10. Forozeshfard M, Hosseinzadeh Zoroufchi B, Saberi Zafarghandi MB, et al. Six-month follow-up study of ultrarapid opiate detoxification with naltrexone. *Int J High Risk Behav Addict*. Dec 2014;3(4):e20944. PMID 25741479
11. National Institute for Health and Clinical Evidence. Drug misuse in over 16s, opioid detoxification. NICE Clinical Guideline 52. 2007; <http://www.nice.org.uk/Guidance/CG52>. Accessed January, 2016.
12. Kleber HD, Weiss RD, Anton RF, et al. Work Group on Substance Use Disorders. Treatment of patients with substance use disorders. American Psychiatric Association. *Am J Psychiatry*. 2006;163(8 suppl):5-82.
13. American Society of Addiction Medicine. Public Policy Statement on Rapid and Ultra Rapid Opioid Detoxification. 2005; <http://www.asam.org/advocacy/find-a-policy-statement/view-policy-statement/public-policy-statements/2011/12/15/rapid-and-ultra-rapid-opioid-detoxification>. Accessed January, 2016.
14. Center for Medicaid and Medicare Services. Medicare Policy 35-22.2. http://www.cms.gov/manuals/downloads/Pub06_PART_35.pdf Accessed October, 2014.

Endnotes

1. Based on Blue Cross Blue Shield Association National Policy #3.02.01A. The national policy notes that treatment must be rendered in an FDA approved program. Maintenance programs must be approved by the FDA and the designated state authority (usually the Department of Public Health). These programs:
 - 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.
 - 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 morphine-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."