



HEALTHCARE COOPERATIVE

ADMINISTRATIVE POLICY STATEMENT

Wisconsin Marketplace

Policy Name & Number	Date Effective
Credentialing of Opioid Use Disorder Providers-WI MP-AD-1474	01/01/2025
Policy Type	
ADMINISTRATIVE	

Administrative Policy Statements are derived from literature based on and supported by clinical guidelines, nationally recognized utilization and technology assessment guidelines, other medical management industry standards, and published MCO clinical policy guidelines. Medically necessary services include, but are not limited to, those health care services or supplies that are proper and necessary for the diagnosis or treatment of disease, illness, or injury and without which the patient can be expected to suffer prolonged, increased, or new morbidity, impairment of function, dysfunction of a body organ or part, or significant pain and discomfort. These services meet the standards of good medical practice in the local area, are the lowest cost alternative, and are not provided mainly for the convenience of the member or provider. Medically necessary services also include those services defined in any Evidence of Coverage or Certificate of Coverage documents, Medical Policy Statements, Provider Manuals, Member Handbooks, and/or other plan policies and procedures.

Administrative Policy Statements do not ensure an authorization or payment of services. Please refer to the plan contract (often referred to as the Evidence of Coverage or Certificate of Coverage) for the service(s) referenced in the Administrative Policy Statement. Except as otherwise required by law, if there is a conflict between the Administrative Policy Statement and the plan contract, then the plan contract will be the controlling document used to make the determination.

According to the rules of Mental Health Parity Addiction Equity Act (MHPAEA), coverage for the diagnosis and treatment of a behavioral health disorder will not be subject to any limitations that are less favorable than the limitations that apply to medical conditions as covered under this policy.

Table of Contents

A.	Subject	2
B.	Background	2
C.	Definitions.....	2
D.	Policy	3
E.	Conditions of Coverage	4
F.	Related Policies/Rules	4
G.	Review/Revision History	4
H.	References	4

A. Subject
Credentialing of Opioid Use Disorder Providers

B. Background

The use of medication for opioid use disorder (MOUD) in opioid treatment programs (OTP) is governed by 42 Code of Federal Regulations (CFR) 8 that went into effect in 2001. The regulation created a system to certify and accredit OTPs, allowing administration and dispensing of Food and Drug Administration (FDA)-approved medications for opioid use disorder (OUD). OTPs must be certified and accredited, licensed in the applicable state of operation, and registered with the Drug Enforcement Administration (DEA).

The US Department of Health and Human Services (HHS) through the Substance Abuse and Mental Health Services Administration (SAMHSA) revised these regulations and released the final rule in February 2024. The revisions take historic steps to increase access to lifesaving, evidence-based medications for MOUD and to advance retention in care through promoting patient-centered and compassionate interventions. Rules went into effect on April 2, 2024, with a compliance date of October 2, 2024, allowing time for OTPs to prepare and states to review regulations that impact how the rule is implemented. The final rule promotes practitioner autonomy, removes stigmatizing or outdated language, supports a patient-centered approach, and reduces barriers to receiving care, all of which identified as essential to promoting effective treatment.

Additionally, with the passage of Section 1262 of the Consolidated Appropriations Act (CAA) (2023), practitioners are no longer required to submit a Notice of Intent to prescribe certain Schedule III-V medications for the treatment of OUD, commonly known as the X-Waiver. This includes buprenorphine, an FDA-approved medication that, taken daily, reduces cravings and withdrawal symptoms. All practitioners who have a current DEA registration that includes Schedule III authority may now prescribe buprenorphine for OUD in a practice if permitted by applicable state law.

Oversight of treatment medication remains a multilateral system involving states, the Substance Abuse and Mental Health Services Administration (SAMHSA), the Department of Health and Human Services (HHS), the Department of Justice (DOJ) and the Drug Enforcement Administration (DEA). State Opioid Treatment Authorities (OTAs) assist providers with information about individual state regulations. Common Ground Healthcare Cooperative (CGHC) supports members seeking assistance with substance use disorders. Provisions for the credentialing of professionals in the treatment field are outlined in this policy. Additional information can be found on the CGHC website at www.caresource.com

C. Definitions

- **Opioid Treatment Program (OTP)** – Program/qualified practitioner accredited and certified by SAMHSA, delivering opioid treatment with an opioid agonist medication.

The ADMINISTRATIVE Policy Statement detailed above has received due consideration as defined in the ADMINISTRATIVE Policy Statement Policy and is approved.

- **Opioid Use Disorder (OUD)** – At least 2 of 11 clinical criteria within the *Diagnostic Statistical Manual-5-Text Revised* are met within a 12-month period with severity ranging from mild to severe, including tolerance and withdrawal.
- **Practitioner** – Health care professional appropriately licensed by a state to prescribe and/or dispense medications for OUD and authorized to practice within an OTP

D. Policy

- I. Effective June 27, 2023, the Medication Access and Training Expansion (MATE) Act, passed as part of the CAA 2023, implemented a new requirement for all DEA-registered practitioners to complete 8 hours of training on the treatment and management of patients with opioid or other substance use disorders. This training requirement is a one-time requirement and not required for subsequent DEA registration renewals. Practitioners are deemed to have satisfied this requirement if any of the following apply:
 - A. board certification in addiction medicine or addiction psychiatry from the American Board of Medical Specialties, American Board of Addiction Medicine, or the American Osteopathic Association
 - B. graduation within 5 years and status in good standing from a medical, advanced practice nursing, or physician assistant school in the US that included successful completion of an opioid or other SUD curriculum of at least 8 hours
 - C. completion of 8 hours of training on opioid or other SUDs from accredited groups named in the CAA 2023 for practitioners renewing or newly applying for a registration from the DEA to prescribe any Schedule II-V controlled medications

II. Credentialing

The following criteria and conditions must be met for prescribers to achieve successful credentialing with the following specialties:

- A. Addiction Medicine
 1. Unrestricted Doctor of Medicine (MD) or Doctor of Osteopathic Medicine (DO) license and 1 of the following:
 - a. certification by the American Board of Addiction Medicine
 - b. subspecialty certification in addiction medicine by the American Board of Preventive Medicine
 - c. subspecialty certification in addiction psychiatry by the American Board of Psychiatry and Neurology
 - d. certificate of added qualification in addiction medicine from the American Osteopathic Association
 - e. completion of accredited residency/fellowship in addiction medicine or Addiction Psychiatry
 2. Unrestricted, licensed Advanced Practice Registered Nurses (APRN) must have completed Nurse Practitioner Substance Use Disorder Medical Education Project (NP-SUDMedEd) training.
- B. Buprenorphine Provider
 1. Unrestricted MD or DO license and registered with the DEA to dispense schedule III, IV, and V medications for treatment of pain.

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2. Other practitioners with an unrestricted license (Nurse Practitioner, Clinical Nurse Specialist, Certified Registered Nurse Anesthetist, Certified Nurse Midwife, or Physician Assistants) and all the following:
 - a. must be in an office-based setting
 - b. registered with the DEA to dispense schedule III, IV, and V medications for treatment of pain
 - c. training or experience that demonstrates the ability to treat and manage opioid-dependent members
 - d. supervision by or employment in collaboration with a qualifying physician as noted in II.B.1., if applicable and as required by license

III. Methadone providers must comply with all the following:

- A. obtain accreditation/certification as an OTP provider
- B. follow state laws, such as licensure, if applicable
- C. register with the Drug Enforcement Administration (DEA)
- D. provide documentation that other, traditional outpatient behavioral health services are being or have been offered and/or provided, such as testing, assessment, evaluation, and psychotherapy

E. Conditions of Coverage

All providers must comply with current federal and state regulations. Non-participating providers require prior authorization for services.

F. Related Policies/Rules

- I. Office-Based Opioid Treatment, WIS. ADMIN. CODE 75.60 (2021).
- II. Substance use: provider information. Wisconsin Dept of Health Services. www.dhs.wisconsin.gov

G. Review/Revision History

	DATE	ACTION
Date Issued	09/25/2024	New policy. Approved at Committee.
Date Revised		
Date Effective	01/01/2025	
Date Archived		

H. References

1. American Psychiatric Association. Diagnostic and Statistical Manual of Mental Disorders: Fifth Edition, Text Revision. American Psychiatric Association; 2022.
2. Common Ground HealthCare Cooperative Certification of Coverage. Common Ground; 2025. Accessed August 6, 2024. www.caresource.com
3. Drug Enforcement Administration, Department of Justice, 21 C.F.R. §§ 1300-21. (2023)
4. Medication Access and Training Expansion Acts, P.B.L. No. 117-328. (2022).

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5. Medication Assisted Treatment for Opioid Use Disorders, 42 C.F.R. §§ 8.1-.655. (2023)
6. National Institute on Drug Abuse. Principles of Drug Addiction Treatment: A Research-based Guide. 3rd ed. National Institutes of Health; 2018. NIH publication 12-4180. Accessed August 6, 2024. www.nida.nih.gov
7. The ASAM national practice guideline for the treatment of opioid use disorder: 2020 focused update. American Society of Addiction Medicine. Accessed August 6, 2024. www.asam.org
8. US Dept of Health and Human Services. Certification of opioid treatment programs (OTPs). Substance Abuse and Mental Health Services Administration. Accessed August 6, 2024. www.samhsa.gov
9. US Dept of Health and Human Services. 42 CFR part 8 final rule. Substance Abuse and Mental Health Services Administration. Updated January 31, 2024. Accessed August 6, 2024. www.samhsa.gov
10. US Dept of Health and Human Services. Opioids. Centers for Disease Control and Prevention. Updated May 23, 2023. Accessed August 6, 2024. www.cdc.gov
11. US Dept of Health and Human Services. Practitioner training. Substance Abuse and Mental Health Services Administration. Accessed August 6, 2024. www.samhsa.gov
12. US Dept of Health and Human Services. Removal of DATA waiver (X-Waiver) requirement. Substance Abuse and Mental Health Services Administration. Accessed August 6, 2024. www.samhsa.gov
13. US Dept of Justice. Drug scheduling. US Drug Enforcement Administration. Accessed August 6, 2024. www.dea.gov

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