Agenda

1. Introduction & Overview

2. Formulary Changes for Contracted MAT Providers

3. Updated Buprenorphine Prior Authorization (PA) Process for Contracted MAT Providers

4. MCO supports in the provider contracting process, MAT Billing codes & Tips

5. Programmatic Updates
Combating the Opioid Epidemic in Tennessee

**Primary Prevention**
- Limit opioid exposure to prevent progression to chronic opioid use

**Secondary Prevention**
- Early detection and intervention to reduce impact of opioid misuse

**Tertiary Prevention**
- Support active recovery for severe opioid dependence and addiction

**Non-Chronic and First Time Users of Opioids**
- Improve access to non-opioid pain medication therapies
- Establish strict opioid day limits and dosage limits for non-chronic users
- Increased prior authorization requirements for all opioid refills

**Women of Child Bearing Age & Provider Education**
- Increase outreach to women of child bearing age chronically using opioids to provide education and treatment options
- Further remove barriers to access for VRLAC (IUD’s and implants) for women
- Focused provider education on appropriate prescribing habits and tapering of chronic opioid use

**Chronic Dependent and Addicted Users**
- Define program standards to establish high-quality opioid use disorder treatment programs that includes both medication and behavioral health treatment
- Develop opioid use disorder treatment networks to ensure access for all members
- Lower TennCare-allowed maximum MED dosage for chronic opioid use
- Increase outreach to highest risk members to refer for treatment
Overall, the number of TennCare new, acute opioid users has declined by 58% since 2015. The largest decrease occurred following the implementation of new TennCare opioid benefit limits.
Change in Prescription Patterns after TennCare Opioid Limits

97% of all first time and acute opioid users are now receiving 6 days or less of opioids after new limits implemented.
Establish a High Quality SUD and OUD Treatment Network

- Establish MAT Program Description and Quality Standards
- Build Access and Capacity across Care Spectrum
- Increase Coordination of Care and Clinical Integration
- Identify Opportunities for Value-based Interventions

Near-Term

Long-Term
What does a “Contracted MAT Provider” mean?

To be a contracted buprenorphine MAT provider, a provider **must:**

- Have a Medicaid ID
- **Review and provide all services** outlined in the program description requirements
- **Attest** to the MAT program description for each MCO they contract with
- **Contract** with each individual MCO they choose
- **Note:** Each MCO may refer to their contracted MAT Provider Network by a different name.
MAT Program Description: Overview

- The Buprenorphine MAT Program Description is the **same for all three MCOs** (BlueCare, Amerigroup and United Healthcare)

- The Program Description was developed **based on national guidelines** (i.e. ASAM, SAMHSA) and is in line with State of Tennessee OBOT guidelines

- This webinar will focus on **buprenorphine**
  - A separate program description exists for naltrexone
MAT Provider Benefits

Benefits of Contracting as MAT Provider

- Clinical and care coordination support from MCOs
- Broadened TennCare MAT Pharmacy benefits
- Increased data on quality and health outcomes
- Reimbursement from the MCOs for defined MAT services
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Formulary Changes for Contracted MAT Providers

The Preferred Drug List (PDL) & Clinical Criteria have been updated with separate subsections labeled for “TennCare MAT Providers Network only” which is for Contracted MAT Providers and “All other TennCare providers” for preferred and non-preferred drugs.
Key Links

• **Main TennCare Outpatient Formulary page:**
  https://tenncare.magellanhealth.com/tenncare_portal/spring/main?execution=e1s1

• **TennCare Preferred Drug List page:**
  https://tenncare.magellanhealth.com/static/docs/Preferred_Drug_List_and_Drug_Criteria/TennCare_PDL.pdf

• **TennCare Coverage Criteria page:**
  https://tenncare.magellanhealth.com/static/docs/Preferred_Drug_List_and_Drug_Criteria/Criteria_PDL.pdf#nameddest=buprenorphine_naloxone
Generic Buprenorphine/Naloxone SL tablet added to formulary for contracted MAT providers

Generic buprenorphine/naloxone SL tablets and Bunavail available for contracted MAT Providers
### Clinical Criteria, Step Therapy, and Quantity Limits for TennCare Preferred Drug List (PDL)

**December 1, 2018**

#### ANALGESICS

Approval of NP agents requires trial and failure, contraindication or intolerance of 2 preferred agents, unless otherwise indicated.

<table>
<thead>
<tr>
<th>Medication</th>
<th>PDL</th>
<th>Prior Authorization Criteria</th>
<th>Qty. Limits</th>
<th>PA Form</th>
</tr>
</thead>
</table>
| naltraxone   | P   | Will be approved for recipients who meet the following criteria:  
- Physician must have reviewed the Controlled Substance Database for this patient within the past 30 days to ensure that concomitant narcotic use is not occurring.  
- Diagnosed with opioid dependency; **AND**  
  - Documentation that patient is opioid free (negative urine drug screen or naltxone challenge test within the last 10 days)                                                                                                           |             | General PA Form |
| ReVia*       | NP  | See naltraxone prior authorization criteria                                                                                                                                                                                                                                                                                                                 |             |         |

#### Buprenorphine and Buprenorphine/Naloxone

**TennCare Medication Assisted Therapy (MAT) Providers Network only:**

<table>
<thead>
<tr>
<th>Medication</th>
<th>PDL</th>
<th>Prior Authorization Criteria</th>
<th>Qty. Limits</th>
<th>PA Form</th>
</tr>
</thead>
</table>
| Bunavail*           | P   | Preferred buprenorphine/naloxone products will be approved for recipients who meet ALL of the following criteria:  
- Diagnosis of opiate addiction  
- Additional Information:  
  - Buprenorphine will not be approved for treatment of depression or pain.  
  - Buprenorphine will not be approved for recipients whose medication history indicates use of concomitant narcotics or benzodiazepines  
  - Quantity limit is as a single daily dose. Twice daily dosing may be approved as clinically necessary.  
- Prior Authorizations will be assigned to the prescribing physician.  
- Requests for buprenorphine from a different physician will require a new prior authorization request and documentation that the previous prescribing physician has communicated transfer of care. | 6.3/1mg: 1/day x 6 months* 4.2/0.7mg: 2/day x 6 months, then 1/day* 2.1/0.3mg: 2/day | Bunrepnorphine Products PA Form |
| buprenorphine       | P   | See Bunavail* prior authorization criteria                                                                                                                                                                                                                                                                                                                  | 8/2mg: 2/day x 6 months then 1/day* 2/0.5mg: 3/day* |         |

<table>
<thead>
<tr>
<th>Medication</th>
<th>PDL</th>
<th>Prior Authorization Criteria</th>
<th>Qty. Limits</th>
<th>PA Form</th>
</tr>
</thead>
</table>
| buprenorphine tablets | P   | See Bunavail* prior authorization criteria  
- Additionally, must be unable to take buprenorphine/naloxone as indicated by ONE of the following:  
  - Patients who are actively pregnant (Note: Buprenorphine without naloxone will not be approved for patients who are breastfeeding)  
  - Patient is unable to take naloxone containing products due to a contraindication, drug to drug interaction, or history of toxic side effects that caused immediate or long-term damage (Note: Does not include GI intolerance) | 8mg: 2/day x 6 months then 1/day* 2mg: 3/day* |         |
**Updated Clinical Criteria for Buprenorphine (2/2)**

### ANALGESICS

Approval of NP agents requires trial and failure, contraindication or intolerance of 2 preferred agents, unless otherwise indicated.

<table>
<thead>
<tr>
<th>Medication</th>
<th>PDL</th>
<th>Prior Authorization Criteria</th>
</tr>
</thead>
</table>
| **Suboxone** film | NP   | See Bunavail* prior authorization criteria  
- Additionally, a documented allergy to inactive ingredient in preferred product that is not in requested product  
  *12/3mg: 1/day x 6 months*  
  *8/2mg: 2/day x 6 months, then 1/day*  
  *4/1mg: 2/day*  
  *2/0.5mg: 3/day*  
- Buprenorphine Products PA Form  
|                  |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| **Zubsolv**      | NP   | See Bunavail* prior authorization criteria  
- Additionally, a documented allergy to inactive ingredient in preferred product that is not in requested product  
  *11.4/2.3mg & 8.6/2.1mg: 1/day x 6 months*  
  *5.7/1.4 mg: 2/day x 6 months, then 1/day*  
  *2.9/0.71mg: 2/day*  
  *1.4/0.36 mg: 3/day*  
  *0.7/0.18 mg: 3/day*  
- Buprenorphine Products PA Form  
|                  |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| **Bunavail**     | P    | Preferred buprenorphine/naloxone products will be approved for recipients who meet ALL of the following criteria:  
- Diagnosis of opiate addiction  
- Physician must have completed certification program (DEA begins with “X”)  
- Physician attests they have reviewed the Tennessee Controlled Substances Database for this patient on the date of the prior authorization request to ensure that concomitant narcotic or benzodiazepine use is not occurring.  
- Additional Information:  
  *Buprenorphine will not be approved for treatment of depression or pain.*  
  *Buprenorphine will not be approved for recipients whose medication history indicates use of concomitant narcotics or benzodiazepines.*  
  *Quantity limit is as a single daily dose. Twice daily dosing may be approved as clinically necessary.*  
  *Physicians will be asked to provide an anticipated treatment plan for the patient (including anticipated dosing for induction and maintenance phases, anticipated frequency of office visits, and anticipated plan for psychosocial counseling).*  
  *The “Here to Help” program as an exclusive provider of counseling will not be accepted.*  
  *Prior Authorizations will be assigned to the prescribing physician.*  
  *Requests for buprenorphine from a different physician will require a new prior authorization request and documentation that the previous prescribing physician has communicated transfer of care.*  
  *6.3/1mg: 1/day x 6 months*  
  *4.2/0.7mg: 2/day x 6 months, then 1/day*  
  *2.1/0.3mg: 2/day*  
- Buprenorphine Products PA Form  
|                  |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
Override: Induction

- TennCare will allow up to five (5) fills of buprenorphine/naloxone without subsequent fills counting toward the monthly RX limit. This is called a **Titration Dose for the purpose of pharmacy point-of-sale operations**.

- Pharmacies do this for other agents daily.
  - Instructions on how to accomplish the task is provided on monthly correspondence.
  - Only need to submit the Submission Clarification Code #6

### GUIDE FOR TENNCARE PHARMACIES: OVERRIDE CODES

<table>
<thead>
<tr>
<th>OVERRIDE TYPE</th>
<th>OVERRIDE NCPDP FIELD</th>
<th>CODE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency 3-Day Supply of Non-PDL Product</td>
<td>Prior Authorization Type Code (D.0 461-EU)</td>
<td>8</td>
</tr>
<tr>
<td>Hospice Patient (Exempt from Co-pay)</td>
<td>Patient Residence (D.0 384-4X)</td>
<td>11</td>
</tr>
<tr>
<td>Pregnant Patient (Exempt from Co-pay)</td>
<td>Pregnancy Indicator (D.0 335-2C)</td>
<td>2</td>
</tr>
<tr>
<td><strong>Titration Dose Override</strong> for the following select drugs/drug classes: oral oncology agents, anticonvulsants, warfarin, low molecular weight heparins, theophylline, Selective Serotonin Reuptake Inhibitors (SSRIs), Selective Norepinephrine Reuptake Inhibitors (SNRIs), atypical antipsychotics (except clozapine/Clozaril®), Hizentra®, Vivaglobin® - process second Rx for the same drug within 21 days of initial Rx with an override code to avoid the second Rx counting as another prescription against the limit.</td>
<td>Submission Clarification Code (D.0 420-DK)</td>
<td>2</td>
</tr>
<tr>
<td><strong>Titration Dose Override</strong> for the following select drugs/drug classes: clozapine/Clozaril®, Suboxone®, Zubsolv® and buprenorphine- will allow up to five prescription fills to process for the same drug within a month of the initial prescription without the subsequent fills counting against the enrollee’s monthly RX limit.</td>
<td>Submission Clarification Code (D.0 420-DK)</td>
<td>6</td>
</tr>
</tbody>
</table>
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Overview of Update Buprenorphine PA Form

Are you a contracted MAT Provider

- Yes
  - Complete pages 1 & 2
  - Up to 5 questions to complete
  - Option for Generic buprenorphine/naloxone SL tablets

- No
  - Complete pages 1, 3 & 4
  - Up to 14 questions to complete
Buprenorphine PA form on Magellan TennCare website

- Link to PA Form:
  https://tenncare.magellanhealth.com/static/docs/Prior_Authorization_Forms/TennCare_Buprenorphine_Products.pdf
Updates to the Prior Authorization (PA) Form for Buprenorphine

Formally contracting as a MAT provider establishes a standard of care that significantly **streamlines** the PA requirements.

- Can be submitted electronically
- X-DEA number required
Updates to the Prior Authorization (PA) Form for Buprenorphine

***To be a TennCare MAT Network provider or Buprenorphine Medication Assisted Treatment (BMAT) provider, the provider must have a separate MAT contract with the Managed Care Organizations (MCOs).***

Are you contracted with at least one TennCare MCO as a MAT Network Provider or Buprenorphine Medication Assisted Treatment (BMAT) provider and attested to the MAT Program Description?: □ Yes □ No

<table>
<thead>
<tr>
<th>IF YES TO THE QUESTION ABOVE:</th>
<th>IF NO TO THE QUESTION ABOVE:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>TennCare MAT Network Provider- ONLY</strong>*</td>
<td><strong>All Other TennCare Prescribers</strong></td>
</tr>
<tr>
<td>Requested Buprenorphine Product</td>
<td>Requested Buprenorphine Product</td>
</tr>
<tr>
<td>Preferred</td>
<td>Preferred</td>
</tr>
<tr>
<td>Non-Preferred</td>
<td>Non-Preferred</td>
</tr>
<tr>
<td>□ Bunavail®</td>
<td>□ Buprenorphine mono</td>
</tr>
<tr>
<td>□ Buprenorphine/naloxone SL Tablet</td>
<td>□ Pregnancy</td>
</tr>
<tr>
<td></td>
<td>□ Allergy to naloxone (documentation required)</td>
</tr>
<tr>
<td></td>
<td>□ Other: __________________</td>
</tr>
</tbody>
</table>

**OTHER, SPECIFY:** □ [Please complete question 5 on next page]

1. Requested Strength: __________________
2. # of Units per Day: __________ □ QD □ Other: __________________
3. # of Units for Dose: __________ □ QD □ Other: __________________
4. Total # of Units Per Prescription: __________________
5. If dosing other than “Once Daily”, please provide clinical rationale: __________________

**NOTE:** For induction therapy in adults, TennCare covers up to 8.4 mg of buprenorphine per day when product selected is Bunavail®, and up to 16 mg per day when product selected is Suboxone®, Subutex®, or generic equivalents for 6 months. During stabilization/maintenance phases, coverage is reduced to a max of 4.2 mg of buprenorphine per day for Bunavail®, and 8 mg per day for Suboxone®, Subutex®, or generic equivalent.

Based on the information above, will the recipient be using a larger daily dose/quantity than TennCare covers? □ YES □ NO

- Contains options for contracted MAT providers & all other TennCare prescribers
- Contracted MAT providers must state that they attest to the program description
If a Contracted MAT Provider.....

***To be a TennCare MAT Network provider or Buprenorphine Medication Assisted Treatment (BMAT) provider, the provider must have a separate MAT contract with the Managed Care Organizations (MCOs).***

Are you contracted with at least one TennCare MCO as a MAT Network Provider or Buprenorphine Medication Assisted Treatment (BMAT) provider and attested to the MAT Program Description?:  

Yes ☐ No ☐

**IF YES TO THE QUESTION ABOVE:**

**TennCare MAT Network Provider- ONLY***

**Requested Buprenorphine Product**

<table>
<thead>
<tr>
<th>Preferred</th>
<th>Non-Preferred</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Bunavail*</td>
<td>☐ Buprenorphine mono</td>
</tr>
<tr>
<td>☐ Buprenorphine/naloxone SL Tablet</td>
<td></td>
</tr>
</tbody>
</table>

**Indication:**
- ☐ Pregnancy
- ☐ Allergy to naloxone (documentation required)
- ☐ Other: __________________________

**OTHER, SPECIFY:**

*Please complete question 5 on next page*

**IF NO TO THE QUESTION ABOVE:**

**All Other TennCare Prescribers**

**Requested Buprenorphine Product**

<table>
<thead>
<tr>
<th>Preferred</th>
<th>Non-Preferred</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Bunavail*</td>
<td>☐ Buprenorphine mono</td>
</tr>
</tbody>
</table>

**Indication:**
- ☐ Pregnancy
- ☐ Allergy to naloxone (documentation required)
- ☐ Other: __________________________

**OTHER, SPECIFY:**

*Please complete question 14*

1. Requested Strength: __________________________
2. # of Units per Day: __________________________
3. # of Units for Dose: ________ ☐ QD ☐ Other: ________
4. Total # of Units Per Prescription: __________________________
5. If dosing other than “Once Daily”, please provide clinical rationale: __________________________

**NOTE:** For induction therapy in adults, TennCare covers up to 8.4 mg of buprenorphine per day when product selected is Bunavail®, and up to 16 mg per day when product selected is Suboxone®, Subutex®, or generic equivalents for 6 months. During stabilization/maintenance phases, coverage is reduced to a max of 4.2 mg of buprenorphine per day for Bunavail®, and 8 mg per day for Suboxone®, Subutex®, or generic equivalent.

Based on the information above, will the recipient be using a larger daily dose/quantity than TennCare covers? ☐ YES ☐ NO
If a Contracted MAT Provider.....

IMPORTANT! If not a TennCare contracted MAT provider, please continue on the next page.

TennCare MAT Network Provider - ONLY

1. Are you a contracted with at least one TennCare MCO as a MAT Network Provider or Buprenorphine Medication Assisted Treatment (BMAT) provider, attested to the MAT Program Description and have a valid TennCare ID?  □ Yes  □ No  — Please go to the next page

2. Diagnosis: □ Treatment of active opiate addiction/OUD □ Other:__________________________

3. Was the most recent prior authorization approval for buprenorphine/naloxone or buprenorphine requested by a different prescriber if previous prior authorization was obtained through TennCare? □ Yes  □ No  □ Not applicable - patient has not received previously

   IF YES, please answer 3a-3b:

   3a. Prescriber Name:__________________________ Contact:__________________________

   3b. Is this prescriber in your practice group? □ Yes  □ No

4. IF REQUESTING ABOVE THE QUANTITY LIMIT for buprenorphine containing products, complete questions 4a-4c.

   4a. Is the recipient being treated for an initial induction/stabilization phase? □ Yes  □ No

   4b. Is the recipient being actively treated for opioid addiction and has concomitant need for non-recurring short-term pain management? □ Yes  □ No

      IF YES, MUST list diagnosis requiring non-recurring short-term pain management:__________________________

   4c. Is the recipient pregnant, or has she been pregnant while receiving buprenorphine during the last 6 months? □ Yes  □ No

      IF YES, pregnancy due date:__________________________

5. If requesting a non-preferred agent, please submit documentation of allergy to inactive ingredient in preferred product that is not in the requested product and any other information pertinent to this PA request:

   ________________________________

For all Contracted MAT Providers to Complete:

- Attest to program description
- Diagnosis
- Indication if previous PA approval was from a different X-DEA

ONLY for Contracted MAT Providers requesting above the quantity limit or requesting a non-preferred agent

For all Contracted MAT Providers to sign & complete
NOT a Contracted MAT Provider (All other TennCare Prescribers).....

To be a TennCare MAT Network provider or Buprenorphine Medication Assisted Treatment (BMAT) provider, the provider must have a separate MAT contract with the Managed Care Organizations (MCOs).

Are you contracted with at least one TennCare MCO as a MAT Network Provider or Buprenorphine Medication Assisted Treatment (BMAT) provider and attested to the MAT Program Description?:

- [x] Yes
- [ ] No

**IF YES TO THE QUESTION ABOVE:**

<table>
<thead>
<tr>
<th>TennCare MAT Network Provider - ONLY*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Requested Buprenorphine Product</td>
</tr>
<tr>
<td>Preferred</td>
</tr>
<tr>
<td>[ ] Bunavail*</td>
</tr>
<tr>
<td>[ ] Buprenorphine/naloxone SL Tablet</td>
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</table>

*Please complete SPECIFY on next page

**IF NO TO THE QUESTION ABOVE:**

<table>
<thead>
<tr>
<th>All Other TennCare Prescribers</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
<tr>
<td>Preferred</td>
</tr>
<tr>
<td>[ ] Bunavail*</td>
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</tbody>
</table>

*Please complete SPECIFY on next page

- Complete right-hand box for product selection, dosage and strength
- Bunavail is the only preferred product
- Indicate if above dose/quantity limit

**NOTE:** For induction therapy in adults, TennCare covers up to 8.4 mg of buprenorphine per day when product selected is Bunavail®, and up to 16 mg per day when product selected is Suboxone®, Subutex®, or generic equivalents for 6 months. During stabilization/maintenance phases, coverage is reduced to a max of 4.2 mg of buprenorphine per day for Bunavail®, and 8 mg per day for Suboxone®, Subutex®, or generic equivalent.

Based on the information above, will the recipient be using a larger daily dose/quantity than TennCare covers? [ ] YES  [ ] NO
NOT a Contracted MAT Provider (All other TennCare Prescribers).....

**All Other TennCare Prescribers**

1. Is the prescriber a TennCare provider with a Medicaid ID? [ ] Yes  [ ] No
2. Is the prescriber a single-patient contract holder for this patient? [ ] Yes  [ ] No
3. Diagnosis: [ ] Treatment of active opiate addiction  [ ] Other:____________________
4. Is this prescription written under the "X" DEA Number such that this patient counts towards the patient limits established for individual physicians by the DATA 2000 waiver? [ ] Yes  [ ] No
5. Controlled Substance Monitoring Database (PDMP) check is required on date of request. Do you attest that you comprehensively reviewed the last six (6) months in the PDMP for this patient on the date of the PA request? [ ] Yes  [ ] No

**IF RECIPIENT IS BEGINNING BUPRENORPHINE MEDICATION ASSISTED THERAPY (if continuing therapy, skip to #7)**

Projected Treatment Plan (MUST complete entire section, and then skip to question #10):

a) Anticipated Induction/Stabilization dose (Target <16mg/day): ________ mg  Start Date: ____________

b) Anticipated Maintenance dose (Target <=8mg/day): ________ mg  Start Date: ____________

c) Expected frequency of office visits: ___________________  Start Date: ____________

d) Expected frequency of counseling/psychosocial therapy visits: ______________  Start Date: ____________

e) Name of Practitioner who will be providing counseling: ____________________

**IF PATIENT HAS RECEIVED any BUPRENORPHINE PRODUCT IN THE LAST SIX MONTHS, complete questions 7-10.**

7. Has the recipient had any concomitant opioid usage since last prior authorization approval for buprenorphine/naloxone or buprenorphine, or in previous 3 months? [ ] Yes  [ ] No

7a. IF YES to question 7, prescriber attests that concurrent opioids have been discontinued, retrieved or destroyed. [ ] Yes  [ ] No

8. Has the recipient had any concomitant benzodiazepine usage since last prior authorization approval for buprenorphine/naloxone or buprenorphine, or in previous 3 months? [ ] Yes  [ ] No

8a. IF YES to question 8, prescriber attests that concurrent benzodiazepines have been discontinued, retrieved or destroyed. [ ] Yes  [ ] No

---

For all **OTHER / NON-MAT contracted TennCare Prescribers to Complete**:

- Medicaid ID
- Diagnosis
- X-DEA number present for prescriber
- Check of CSMD
- Phase of treatment
- Concomitant opioid use
- Concomitant benzodiazepine use

*Many of these requirements are also present for contracted MAT providers (e.g. CSMD, concomitant opioid use). The contracted MAT providers acknowledge these requirements by formally attesting to the MAT program description.
9. Has the recipient demonstrated compliance with counseling visits since last prior authorization approval for buprenorphine/naloxone or buprenorphine, or in previous 3 months?  
   □ Yes  □ No

   **If Yes, please answer 10a-10c:**

   10a. Prescriber Name: ____________________________
       Contact: ____________________________________________

   10b. Is this prescriber in your practice group?  □ Yes □ No (If yes, skip to next question. If no, go to question 10c)

   10c. Have you contacted this prescriber and successfully transitioned care to your practice?  □ Yes □ No

**If requesting above the quantity limit for buprenorphine containing products, complete questions 11-13 (Otherwise, skip to Question 14).**

11. Is the recipient being treated for an initial induction/stabilization phase?  □ Yes □ No

12. Is the recipient being actively treated for opioid addiction and has concomitant need for non-recurring short-term pain management?  □ Yes □ No

   **12a. If Yes, MUST list diagnosis requiring non-recurring short-term pain management:** ____________________________

13. Is the recipient pregnant, or has she been pregnant while receiving buprenorphine during the last 6 months?  □ Yes □ No

   **13a. If Yes, pregnancy due date:** ____________________________

14. **If requesting a non-preferred agent,** please submit documentation of allergy to inactive ingredient in preferred product that is not in the requested product and any other information pertinent to this PA request:

   ________________________________________________________________

   ________________________________________________________________

   **Prescriber Signature (Required)**

   (By signature, the Physician confirms the above information is accurate and verifiable by patient records.)

   ____________________________  ____________________________

   **Date**
Special Circumstances to Consider when Requesting Prior Authorization

• **Splitting a Dose within Max Daily Limits:** Under certain conditions, a provider can split the daily dosage. For example, a provider may elect to prescribe twice daily dosing for a short period if patient is actively withdrawing.

• **Buprenorphine Mono-product:** A provider can prescribe buprenorphine mono-product if the patient is pregnant, transitioning to Bunavail, transitioning off of Methadone or has a severe allergy to naloxone.

• **Recent Acute Procedure:** An exception can be made for short-term, non-reoccurring opioid Rx for pain due to surgery or a procedure.

These clinical scenarios must be clearly labeled and explained on the Prior Authorization Form.
PA Submission Process & Contact Information

Electronic PA Submission
1. Complete PA form on CoverMyMeds
2. Outcome of PA will be available within 24 hours via fax
3. Provider may call MagellanRx to determine outcome

Faxed PA Submission
1. Complete paper PA form
2. Fax PA form to number on form: 866-434-5523
3. Outcome of PA will be available within 24 hours via fax
4. Provider may call MagellanRx to determine outcome

Magellan Health Services Clinical Call Center (Prior Authorizations):
Phone: 866-434-5524
Fax: 866-434-5523
Overview of Update Buprenorphine PA Form

Are you a contracted MAT Provider

Yes
- Complete pages 1 & 2
- Up to 5 questions to complete
- Option for Generic buprenorphine/naloxone SL tablets

No
- Complete pages 1, 3 & 4
- Up to 14 questions to complete
Agenda

1. Introduction & Overview

2. Formulary Changes for Contracted MAT Providers

3. Updated Buprenorphine Prior Authorization (PA) Process for Contracted MAT Providers

4. MCO supports in the provider contracting process, MAT Billing codes & Tips

5. Programmatic Updates
Phases of MAT Treatment

**Induction Phase**
- Medically monitored startup of buprenorphine treatment
- Performed in a qualified physician’s office or certified OTP using approved buprenorphine products
- Administered when person has abstained from using opioids for 12 to 24 hours

**Stabilization Phase**
- Begins after a patient has discontinued or greatly reduced their misuse of the problem drug, no longer has cravings, and experiences few, if any, side effects.
- The buprenorphine dose may need to be adjusted during this phase.

**Maintenance Phase**
- Occurs when a patient is doing well on a steady dose of buprenorphine
- Length of time for this phase is tailored to each patient and could be indefinite
Amerigroup

**Speaker:** Phillip Morrison  
Manager, Provider Relations Behavioral Health

**Contact Information:**  
Phillip.Morrison@amerigroup.com
MAT Billing Tips – Induction Phase

Suboxone (Buprenorphine):
- H2010U1 – Comprehensive Medication services, (Initial visit)
- H2010 – Comprehensive Medication services, (Subsequent visit)
- No prior authorization required

Naltrexone:
- 99201 – 99205 Initial visit Codes
- 99211 – 99215 Subsequent visit Codes
- No prior authorization required

Additional Opioid Use Disorder (OUD) services, (i.e. counseling, labs etc.) are billed separately utilizing appropriate HCPCS coding.
MAT Billing Tips – Stabilization/Maintenance Phase

**Suboxone (Buprenorphine):**
- H2010 – Comprehensive Medication services, (Subsequent visit)
- No prior authorization required

**Naltrexone:**
- 99201 – 99205 Initial visit Codes
- 99211 – 99215 Subsequent visit Codes
- No prior authorization required

Additional Opioid Use Disorder (OUD) services, (i.e. counseling, labs etc.) are billed separately utilizing appropriate HCPCS coding.
Provider Portal

Provider Contacts

Internal Provider Relations:  615-232-2160

**West TN**: Candice Hunter
- (615) 913-7318

**Middle TN**: LaWanda Mayes
- (615) 481-3682

**East TN**: Laura Lovely-Mullins
- (865) 318-5418
United Healthcare

Speaker:
Melinda Nelson, Vice President, Clinical Implementation

Contact Information:
Melinda_J_Nelson@uhc.com
615-493-8977
Provider Customer Service (800) 690-1606
Becoming a MAT Care Provider

- **Contracted Care Providers**: If you are contracted with UnitedHealthcare, we would amend your existing contract to include MAT services, as long as you meet the prescribing requirements and we receive a signed attestation which requires your XDEA certification number to be provided for buprenorphine.

- **Non-Contracted Care Providers**: If you are not a contracted care provider, you would need to successfully complete UnitedHealthcare’s credentialing process for your practicing specialty and satisfy the above outlined requirements. In addition, new care providers seeking to provide MAT services would need to successfully complete an environmental site visit.

- **Care Providers Who Don’t Offer Counseling Services**: If you have your waiver but do not offer counseling services within your practice, you can still participate as a MAT care provider in our network, as long as you have a relationship with a behavioral health counseling provider and are referring your patient out for counseling services.
MAT Coding & Billing

• To bill for MAT prescriptions and services, you’d submit a claim just as you do today. All claim policies and procedures apply, as do all UnitedHealthcare clinical and payment reimbursement policies. The only difference is that you must use the MAT-specific codes referenced later in this presentation.

• Billing Frequency:
  ▫ The case rate is an established monthly rate for use with facility care providers.
  ▫ The fee-for-service codes can be used by any care provider and are billable 1x per day for the date the service was rendered.

• Same Day Billing: Physician-coordinated care oversite and therapy are considered independent services and can be billed if performed on the same date of service.

• Prior Authorization Requirements: MAT services don’t require prior authorization; however, compliance with the program description will be reviewed and measured using claims information.

• Requirements for Behavioral Health Clinicians: Physicians, Ph.D. level and master’s level clinicians can provide and bill MAT therapy services
# MAT Billing Codes

<table>
<thead>
<tr>
<th>Prescriber</th>
<th>Phase</th>
<th>Code</th>
<th>Modifier 1</th>
<th>Modifier 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prescription with coordinated care physician oversight</td>
<td>Induction</td>
<td>H0014</td>
<td>HG</td>
<td></td>
</tr>
<tr>
<td>Prescription with coordinated care physician oversight</td>
<td>Stabilization/Maintenance</td>
<td>H0033</td>
<td>HG</td>
<td></td>
</tr>
<tr>
<td>Prescription with coordinated care physician oversight - with therapy</td>
<td>Induction</td>
<td>H0016</td>
<td>HG</td>
<td>U1</td>
</tr>
<tr>
<td></td>
<td>Stabilization</td>
<td>H0016</td>
<td>HG</td>
<td>U2</td>
</tr>
<tr>
<td></td>
<td>Maintenance</td>
<td>H0016</td>
<td>HG</td>
<td>U3</td>
</tr>
</tbody>
</table>

**Therapist (BH Providers only)**

<p>| | | | | |</p>
<table>
<thead>
<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>Individual Psychotherapy, 30 minutes</td>
<td></td>
<td>90832</td>
<td>HG</td>
<td></td>
</tr>
<tr>
<td>Individual Psychotherapy, 45 minutes</td>
<td></td>
<td>90834</td>
<td>HG</td>
<td></td>
</tr>
<tr>
<td>Individual Psychotherapy, 60 minutes</td>
<td></td>
<td>90837</td>
<td>HG</td>
<td></td>
</tr>
<tr>
<td>Family Psychotherapy, without patient present</td>
<td></td>
<td>90846</td>
<td>HG</td>
<td></td>
</tr>
<tr>
<td>Family/Couple Psychotherapy</td>
<td></td>
<td>90847</td>
<td>HG</td>
<td></td>
</tr>
<tr>
<td>Multiple-family Group Psychotherapy</td>
<td></td>
<td>90849</td>
<td>HG</td>
<td></td>
</tr>
<tr>
<td>Group Psychotherapy</td>
<td></td>
<td>90853</td>
<td>HG</td>
<td></td>
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</table>

**Drug Screen**

<p>| | | | | |</p>
<table>
<thead>
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<th></th>
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</thead>
<tbody>
<tr>
<td>Drug Screen with brief intervention (SBI) services; 15 to 30 minutes</td>
<td></td>
<td>99408</td>
<td>HG</td>
<td></td>
</tr>
<tr>
<td>Drug Screen with brief intervention (SBI) services; &gt; 30 minutes</td>
<td></td>
<td>99409</td>
<td>HG</td>
<td></td>
</tr>
<tr>
<td>Drug Screen only</td>
<td></td>
<td>H0049</td>
<td>HG</td>
<td></td>
</tr>
</tbody>
</table>

**Case Rate**

<p>| | | | | |</p>
<table>
<thead>
<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>Alcohol and/or other drug abuse services, all-inclusive case rate</td>
<td>Induction</td>
<td>H0047</td>
<td>HG</td>
<td>U1</td>
</tr>
<tr>
<td></td>
<td>Stabilization</td>
<td>H0047</td>
<td>HG</td>
<td>U2</td>
</tr>
<tr>
<td></td>
<td>Maintenance</td>
<td>H0047</td>
<td>HG</td>
<td>U3</td>
</tr>
</tbody>
</table>
Speaker: Melissa Isbell
Manager, Behavioral Health Network Strategy and Innovation

Contact Information:
Email at MAT_Referral_CM_UM@bcbst.com and copy melissa_isbell@bcbst.com
BlueCare BMAT Network Update

• Access and Availability Milestones have been met to date

• Currently focused on target geographic areas to ensure 1/1/19 standards are met

• Contracting activity is prescriber-focused – in-network prescribers with amendable contracts and OON prescribers in rural areas get higher priority but we have moved to capacity-building phase in some areas
BlueCare Billing Tips

• The code set for BMAT is the same for in-network medical and behavioral specialty prescribers.
• HCPCS Codes H0014, H0016 and H0033 should be filed in a CMS 1500 format. You can find additional information on field requirements for filing these types of claims in the Provider Administration Manual, located at https://www.bcbst.com/providers/manuals/BCT_PAM.pdf.
• Please be sure to include the modifier HG on the claim with the appropriate HCPCS code.
• When using H0033, counseling/therapy is billed according to the rendering practitioner’s contract fee schedule.
• Professional claims need a taxonomy code to be submitted for the billing and rendering NPIs. It’s extremely important that both the billing and rendering provider taxonomy codes match the taxonomy codes on file for BlueCross BlueShield of Tennessee. If you don’t submit the appropriate taxonomy codes for BlueCare Tennessee, TennCare Select and CoverKids, your claims may be denied or the reimbursement reduced.

If you have any problems filing claims for BMAT services, please contact your regional provider relations consultant/network manager.
BlueCare Regional Provider Network

Contact Info

BH Provider Relations Team

East Knox Region
Brenda Simmons, Network Manager
(865) 588-4631
Brenda_Simmons@bcbst.com

Middle Region
Lee Green, Network Manager
(615) 483-7886
Lee_Green@bcbst.com

East Chattanooga Region
Michael Burks, Network Manager
(865) 588-4637
Michael_Burks@bcbst.com

West Region
Phillip Gomez, Network Manager
(731) 664-4122
Phillip_Gomez@bcbst.com

Middle/West Region
Jennifer Ramsden, Network Manager
(423) 535-3807
Jennifer_Ramsden@bcbst.com

Upper East Region
Catherine Overstreet, Network Manager
(423) 535-6013
Cathy_Overstreet@bcbst.com

Statewide
Dawn Hight - Supervisor, Provider Support Services
(423) 535-6273
Dawna_Burnett@bcbst.com

Bob Deatherage - Manager, Provider Relations
(865) 202-2861
Robert_Deatherage@bcbst.com

If you don’t know your medical PNM, visit bcbst.com/providers/mycontact
## Summary of MAT Codes by MCO

<table>
<thead>
<tr>
<th>MCO</th>
<th>Code Group</th>
<th>Code Description</th>
<th>HCPCS Code</th>
<th>Modifier 1</th>
<th>Modifier 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>BCBST</td>
<td>Induction/Stabilization phase</td>
<td>Induction/ Stabilization Phase, Alcohol and/or drug service; ambulatory detoxification – Buprenorphine induction (approximately 60 minutes)</td>
<td>H0014</td>
<td>HG</td>
<td></td>
</tr>
<tr>
<td>BCBST</td>
<td>Maintenance phase</td>
<td>Maintenance Phase, Buprenorphine service in ambulatory setting - includes therapy required by BMAT program description and being provided by mental health professional practicing within scope of licensure.</td>
<td>H0016</td>
<td>HG</td>
<td></td>
</tr>
<tr>
<td>BCBST</td>
<td>Maintenance phase</td>
<td>Maintenance Phase, Oral medication administration, direct observation (ongoing Buprenorphine services, following induction phase)</td>
<td>H0033</td>
<td>HG</td>
<td></td>
</tr>
<tr>
<td>Amerigroup</td>
<td>Stabilization/Maintenance phase</td>
<td>Stabilization/Maintenance phase</td>
<td>H2010</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Amerigroup</td>
<td>Induction phase</td>
<td>Induction phase</td>
<td>H2010</td>
<td></td>
<td>U1</td>
</tr>
<tr>
<td>UHC</td>
<td>Induction phase</td>
<td>Induction Phase, Prescription with coordinated care physician oversight</td>
<td>H0014</td>
<td>HG</td>
<td></td>
</tr>
<tr>
<td>UHC</td>
<td>Stabilization/Maintenance phase</td>
<td>Stabilization/Maintenance, Prescription with coordinated care physician oversight</td>
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<td>UHC</td>
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<td>HG</td>
<td>U3</td>
</tr>
<tr>
<td>UHC</td>
<td>Induction phase</td>
<td>Induction Phase, All-inclusive MAT facility case rate for FQHC/RHC</td>
<td>H0047</td>
<td>U1</td>
<td></td>
</tr>
<tr>
<td>UHC</td>
<td>Stabilization/Maintenance phase</td>
<td>Stabilization Phase, All-inclusive MAT facility case rate for FQHC/RHC</td>
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</tr>
<tr>
<td>UHC</td>
<td>Maintenance phase</td>
<td>Maintenance Phase, All-inclusive MAT facility case rate for FQHC/RHC</td>
<td>H0047</td>
<td>U3</td>
<td></td>
</tr>
</tbody>
</table>
Complete Provider Interest Form

If you are interested in receiving more information or participating in this network, please click the link below to complete the Provider Interest Form.

*Completing this form does NOT guarantee contracting with the Managed Care Organizations.

Direct link to Provider Interest Form: https://stateoftennessee.formstack.com/forms/bmatp

Survey will take less than 5 minutes to complete

The Provider Interest Form is located on the TennCare Opioid Strategy webpage: https://www.tn.gov/tenncare/tenncare-s-opioid-strategy.html
Registering for a Medicaid ID Number

Obtain Medicaid Identification Number from TennCare by visiting: https://www.tn.gov/tenncare/providers/provider-registration.html

Regardless if you are a new provider to TennCare / Medicaid or an existing TennCare / Medicaid provider, you will need to register your information through one of the links below if you have not already done so.

Individual Provider Registration
- Individual providers only need to register once to be added to the TennCare CAQH roster.
- Once registered all other updates should be maintained in CAQH.

Group Provider Registration
- Single and multi-specialty groups will register and update their data and members from the web portal.

**Link to Registration:**
https://pdms.tennicare.tn.gov/ProviderPersonRegistration/Process/Register.aspx

**Link to Registration:**
https://pdms.tennicare.tn.gov/Account/Register.aspx
Agenda

1. Introduction & Overview

2. Formulary Changes for Contracted MAT Providers

3. Updated Buprenorphine Prior Authorization (PA) Process for Contracted MAT Providers

4. MCO supports in the provider contracting process, MAT Billing codes & Tips

5. Programmatic Updates
Changes to Urine Drug Screen Limit

The new annual limits for urine drug screens (codes 80305 and 80306) will increase from a limit of 12 per member per calendar year to **24 per member per calendar year**.

**Effective date:**
January 1, 2019

---

TO: TennCare Managed Care Organizations
FROM: Keith Gaither, [Signature]
DATE: November 1, 2018
SUBJECT: Urine Drug Screen Limits – Change Effective January 1, 2019

Effective January 1, 2019, the limits for the Urine Drug Screens represented by codes 80305 and 80306 will be changed from a limit of 12 per member per calendar year to 24 per member per calendar year. Please see the revised attachment that will be included in the next Budget Memo.
# Changes to Urine Drug Screen Limit

<table>
<thead>
<tr>
<th>Codes</th>
<th>Code Descriptions</th>
<th>Policy</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>80305</strong></td>
<td>Drug test(s), presumptive, any number of drug classes; any number of devices or procedures, (e.g., immunoassay) capable of being read by direct optical observation only (e.g., dipsticks, cups, cards, cartridges), includes sample validation when performed, per date of service.</td>
<td>Limit of 24 per member, per calendar year (Any combination of 80305 and 80306 combined limited to a total of 24)</td>
<td>Adhere to Medicare Guidelines for billing Urine Drug Screens. Crosswalk 80305 to G0477, 80306 to G0478, 80307 to G0479</td>
</tr>
<tr>
<td><strong>80306</strong></td>
<td>Drug tests, presumptive, any number of drug classes; any number of devices or procedures, (e.g., immunoassay) read by instrument-assisted direct optical observation (e.g., dipsticks, cups, cards, cartridges), includes sample validation’s when performed, per date of service.</td>
<td>Limit of 4 per member, per calendar year</td>
<td>80305 or 80306 (any combination) = limited to 24 units total per member, per calendar year 80307 = limited to 4 units per member in addition to the 24 for 80305/80306 (G0477/G0478) and may be billed on the same date of service</td>
</tr>
<tr>
<td><strong>80307</strong></td>
<td>Drug tests, presumptive, any number of drug classes; any number of devices or procedures by instrumental chemistry analyzers (e.g., immunoassay, enzyme assay, TOF, MA LDI, LDTD, DES I, DART, GHPC, GC mass spectrometry), includes sample validation when performed, per date of service.</td>
<td>Limits do not apply in the emergency department (Note: this includes urine drug screens that are sent to an independent lab on the same date of service for the same enrollee on the same day of an emergency department visit.)</td>
<td>271U will report number of urine drug screens paid and apply encounter edits if exceeded</td>
</tr>
</tbody>
</table>
# MCO & State Supports for Contracted MAT Providers

<table>
<thead>
<tr>
<th>MAT Contracted Providers</th>
<th>Years 1 &amp; 2</th>
<th>Years 3+</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>MCO in-person check-in to review billing or processing questions, provide education, discuss quality metric reports</td>
<td>Combined check-in &amp; program description assessment meeting</td>
</tr>
<tr>
<td></td>
<td>MCOs will assess if program description is being met and help identify ways to close gaps in care</td>
<td>Virtual education session</td>
</tr>
<tr>
<td></td>
<td>Virtual education session</td>
<td>Quality metric reports</td>
</tr>
<tr>
<td></td>
<td>Quality metric reports</td>
<td>Dedicated support from MCO as needed by provider</td>
</tr>
<tr>
<td></td>
<td>Dedicated support from MCO as needed by provider</td>
<td></td>
</tr>
</tbody>
</table>
MAT Quality Metrics: Status Update

Snapshot of the MAT Quality Metrics:

- NPI-level for all contracted MAT providers
- Reports will be distributed quarterly
- First report is aimed to be released by MCOs in June 2019

More information to come

Five Metric Domains

1. Days of Continuous MAT
2. Relapse Rate
3. Concomitant Benzodiazepine or Opioid Use
4. Urine Drug Screen frequency rate
5. Behavioral Health Visit rate
Project ECHO®: Building Capacity in Primary Care

- Collaborative MCO initiative to establish holistic “best care” model for SUD treatment
- Model includes medication assisted treatment, behavioral health and peer supports
- Deploy Project ECHO training to MAT providers in TN
- Evaluate outcomes at system and practice team levels
- Expand the model and the training
TN Together Success Stories

The State of Tennessee wants to know what you're doing to help end the opioid crisis. If you have implemented a best practice, we want to showcase your work. Our goal is to use these as case studies to encourage and inspire other communities to act.

https://tntogether.org/success-stories
Questions?

Webinar Guidelines:

- Please type all questions into the chat box on the webinar.

- Ensure you identify your name and affiliation when asking a question through the chat function.
THANK YOU FOR YOUR PARTICIPATION