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**Alabama**

1. Buprenorphine is not on the preferred Medicaid drug formulary list. Prior authorization is required for use of Buprenorphine.

2. Naltrexone is not on the preferred Medicaid drug formulary list. Prior authorization is required for use of Naltrexone.

**Alaska**

3. No prior authorization required.

**Arizona**

4. No limitations.

5. Limitations are restricted to CME and requirement to have been trained and have a waiver.

6. Limitations are restricted to CME and requirement to have been trained and have a waiver.

7. N/A

8. N/A

9. No prior authorization required.

10. No prior authorization required.

**Arkansas**


**California**

13. Medi-Cal provides FFS payment for methadone and detox. Drug Medi-Cal provides payment at a bundled rate.

14. Medication only covered; Treatment Authorization Request (TAR) required.

15. Physicians in NTPs with waivers may request reimbursement through Medi-Cal (DHCS); TAR required.

16. Note: Although Naltrexone is formally "covered", funding has been frozen since 1999 and no payment is available.

17. Covered by Medi-Cal through DHCS; TAR required.

**Colorado**

18. Medicaid does not pay for the medication (methadone) but will pay for 36 Uas per year, 25 individual counseling sessions per year and 36 group counseling sessions per year.

19. Suboxone is covered under fee for service on the pharmacy side. Contact Kim Eggert, Medicaid Pharmacist, at 303-866-3176 for more detail.

20. Oral form covered under fee for service on the pharmacy side; Vivitrol (injectable) has prior authorization. Vivitrol is covered if injection is given in the patient’s home; it’s not covered under fee for services if given in a medical office (outside the home). However it is covered under medical expenses in physician’s office.

21. Contact Teresa Knaack at 303-866-3064 for more detail.

**Connecticut**

22. Must also be licensed as an Outpatient Clinic.

23. No prior authorization required.

**Delaware**

**Vermont**

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Counseling services are not covered by traditional FFS Medicaid. Counseling services may be covered under Medicaid Managed Care programs.

Suboxone requires prior authorization. The criteria require that all aspects of treatment are addressed.

Vivitrol requires prior authorization. Oral naltrexone products do not require prior authorization.

**Florida**

Does not require preauthorization; providers must comply with drug formulary.

Suboxone requires preauthorization (up to 1 year at a time) and patient cannot be approved for more than 2 years maximum. Must be registered with SAMHSA and comply with 60 patient limit.

Vivitrol requires preauthorization (up to 1 year at a time) and patient cannot be approved for more than 2 years maximum. Must be registered with SAMHSA and comply with 60 patient limit.

Must comply with drug formulary. By a physician certified to provide Medicaid services.

Authorization are good for 1 year at a time, cannot exceed 2 year max for any patient.

No prior authorization is needed. Must comply with drug formulary. Injectable Naltrexone (Vivitrol) is not on the Medicaid formulary but is being used as part of the Department of Children and Families’ Robert Wood Johnson Advancing Recovery grant (see question 9 for more information).

**Georgia**

Must be licensed by the DHR Office of Regulatory Services as a Narcotic Treatment Program. The provision of services is authorized under the Opioid Maintenance Treatment service definition; however the provision of methadone itself is billed under the medication administration service definition for Medicaid claims.

Length of authorization: 3 months. Requires diagnosis of opioid dependence in members age 16+ AND documentation of active involvement in formal counseling with licensed provider AND reauthorizations require documentation of monthly negative urine screens.

Medication administration may be billed as a nursing service. Formulary status is separate issue. See 2a for authorization requirements.

Medication administration may be billed as a nursing service. Formulary status is separate issue.

Length of authorization: 3 months. Requires diagnosis of opioid dependence in members age 16+ AND documentation of active involvement in formal counseling with licensed provider AND reauthorizations require documentation of monthly negative urine screens.

**Hawaii**

Yes, there are prior authorization requirements.

**Illinois**

Requires clinical assessment/need and financial eligibility.

Suboxone is included in the Illinois Medicaid formulary. Medicaid eligible individuals may receive physicians/medical services using their Medicaid card. Suboxone does require prior approval for Medicaid payment. Payment is under the medical services section for payment not addiction treatment.

Some agencies provide Suboxone with agency funds and co-pays from individuals. Medical Directors in NTP’s may prescribe if registered, and with prior approval Medicaid will pay for prescription costs for Suboxone.

Naltrexone is included in the Illinois Medicaid formulary. Medicaid eligible individuals may receive physicians/medical services using their Medicaid card. Payment is under the medical services section for payment not addiction treatment.

Some agencies provide Naltrexone with agency funds and co-pays from individuals. Medical Directors in NTP’s may prescribe Naltrexone and Medicaid will pay for prescriptions.

Yes - Physicians must request approval although prescriptions have been filled by pharmacies without limitation.

No prior authorization required.

**Indiana**

Yes and No. Medicaid eligible individuals may be covered when receiving services from an Medicaid qualified provider (there are two in Indiana). However, oral medication is not covered. Other than the medication components of the patient’s treatment is covered. Therefore the behavioral and counseling services are covered however, the medication is not.
Buprenorphine is on the Indiana outpatient Medicaid formulary and is covered
Naltrexone is on the Indiana outpatient Medicaid formulary and is covered

Iowa

NTP must be registered and enrolled as provider with Medicaid. NTP must be licensed by the Iowa Department of Public Health as an "opiate addiction treatment program".
Provider must be registered and enrolled as provider with Medicaid. Physician must have taken a 10-hour course sponsored by CSAT. Physician must be approved by CSAT and DEA to prescribe and administer Suboxone. Lab tests and counseling also paid.
NTP must be registered and enrolled as provider with Medicaid. Physician must have taken a 10-hour course sponsored by CSAT. Physician must be approved by CSAT and DEA to prescribe and administer Suboxone. Lab tests and counseling also paid.
Provider must be registered and enrolled as provider with Medicaid. Physician can prescribe and administer.
Provider must be registered and enrolled as provider with Medicaid. Physician can prescribe and administer.
Physician must be registered and enrolled as provider with Medicaid. Physician must be approved by CSAT and DEA to dispense and administer. No authorization required.
Provider must be registered and enrolled as provider with Medicaid. No authorization required.

Kansas

Methadone Clinics may only bill Medicaid for Counseling Services
Requires prior authorization, maximum dose 40 mg, coverage for medication only, counseling services not covered
Must follow Methadone Clinic regulations
Prior Authorization, 40mg dose
N/A

Kentucky

Medicaid does not pay for Methadone or the related treatment for any populations. Methadone is only listed on the formulary as a pain management medication.

Louisiana

Medicaid coverage of methadone is limited to use in non-addicted populations only
Medicaid does not cover use of this medication in the State of Louisiana for addiction treatment
Not covered by Medicaid pharmacy program

Maine

Currently a bundled rate of $80/week for licensed OTP/NTP billing under the state substance abuse Medicaid regulations. This includes medication and treatment costs.
Must be billed under section 90 for prescribers, only MD/DO can bill for this medication. No prior authorization is supposed to be required – but this is inconsistent according to providers who are billing.
Yes, but the $80/week bundled rate does not cover costs so few NTP’s are using this and those that provide the service charge the client for the medication cost.
Yes. Under our mental health regulations, we are about to merge the SA and MH regulations to fix the lack of codes for billing by MAT for SA providers. Vivitrol is not in the formulary so medication cost is not covered.
Yes. If an NTP is dually licensed for MH it would be billable under MH medication management codes, but medication costs would not be covered.
Yes, it is supposed to be limited to clients who have had prior tx with this medication or have another opiate Rx. But experience has been mixed. The State Medicaid office does not track if a prescriber is providing counseling services or referring to a SA treatment entity. They are considering adding this component.
No prior authorization for naltrexone, no coverage for Vivitrol.

Maryland

Payment is all inclusive; issued one time a week
No J codes for the drug; drug obtained through pharmacy reimbursed as a primary care visit
Not typically provided through NTPs. Physician must complete training for Waiver; covered under physician program
No preauthorization required
No preauthorization required
Massachusetts

78 Physician must be properly registered ("X" DEA #)
79 Most programs comply with SAMHSA guidelines; Training programs in use of "X" DEA #s
80 None
81 PA depending on dosage or concurrent opiate use for pain
82 None

Michigan

83 Must meet medical necessity criteria.
84 Must meet medical necessity criteria and medication must be pre-approved prior to client receiving the meds
85 Must follow the established federal guidelines.
86 Yes, there is a prior authorization process that must be followed. A form must be completed and sent in for approval before a prescription can be filled.

Minnesota

87 Authorization and funding done by county or Tribe as placing authority
88 Only those NTPs that are involved in public pay funding streams

Missouri

89 Medicaid covered individuals do participate in treatment programs within NTPs. Individuals must receive authorization for receiving these services.
90 Medicaid does provide coverage for Suboxone within a physician’s office, including coverage for lab tests. Counseling services for addiction is provided by the Department of Mental Health, Division of Alcohol & Drug Abuse and the Comprehensive Substance Abuse Treatment and Rehabilitation (CSTAR) programs.
91 Medicaid covered individuals do participate in treatment programs within NTPs. Individuals prescribed suboxone must meet Medicaid approval criteria.
92 Medicaid coverage is available for Naltrexone within a physician’s office, including lab tests. Any counseling required to address addiction is provided by CSTAR programs. All individuals must receive prior authorization to receive services.
93 Medicaid coverage for Naltrexone within NTPs is available. All of the state-funded NTPs are certified as CSTAR programs and can provide all services for Medicaid covered individuals.
94 Suboxone is on the Preferred Drug List, but with a "Clinical Edit." This is a transparent criteria check. For Suboxone, the diagnosis must equal Opioid Drug Dependence in last two years; the physician has a SAMHSA waiver; and, patient must be under the care of one primary physician.

Montana

95 Physician must be trained and certified to dispense.

Nebraska

96 Managed Medicaid only and only for publically funded NTP’s.
97 Prior authorization required. For Medicaid to cover treatment services (not MD) the person must be managed care. For pharmacy to cover the medications, the person must have had an assessment and be in either Medicaid adult substance abuse services or in treatment services through the Region. Coverage limited to 6 months as Medicaid covers treatment of dependence only - not maintenance.
98 Prior authorization required. For Medicaid to cover treatment services (not MD) the person must be managed care. For pharmacy to cover the medications, the person must have had an assessment and be in either Medicaid adult substance abuse services or in treatment services through the Region. Coverage limited to 6 months as Medicaid covers treatment of dependence only - not maintenance.
99 Prior authorization required for the injectible. Pays medication only – not physician visits.
100 Prior authorization required for the injectible. Pays medication only – not physician visits.
101 Prior authorization required. Treatment for 6 months only.
102 Prior authorization required for the injectible.

Nevada

103 HCPC Code H0033 (Oral medication administration, direct observation) required to dispense
New Hampshire

104 Facility must meet requirements of a medical services clinic (under direction of a physician and performing providers must meet criteria in NH Medicaid rules. LADACs are not covered)
105 Counts toward the 18 visit physician limit - which can be overridden via prior authorization. Labs and counseling would be separate services provided under requirements in other Medicaid rules. Prescription requires $2.00 co-pay.
106 Covered same as for methadone maintenance (See Note for Question 1). $15 per day for the dosing and whatever else needs to be done (labs, counseling).
107 Counts toward the 18 visit physician limit - which can be overridden via prior authorization. Labs and counseling would be separate services provided under requirements in other Medicaid rules. Prescription requires $2.00 co-pay.
108 No prior authorization required

New Jersey

109 If billing as a physician claim, no authorization is required.
110 Suboxone billed as a physician administered service from the physician’s site does not require any prior authorization.
111 If billing as a physician claim, no authorization is required.

New Mexico

112 Methadone used in NTP’s is not covered.
113 Prior authorization requirements may exist.
114 Prior authorization requirements may exist.
115 Prior authorization requirements may exist.
116 Suboxone prescriptions require prior authorization.
117 Some plans include Naltrexone on the formulary and some require a prior authorization.

New York

118 14 NYCRR 828 Requirements for the Operation of Chemotherapy Substance Abuse Programs, provides all relevant details of the requested information including, but not limited to: screening and admission/readmission of applicants; administration of methadone; take-home medication; detoxification; security; and maintenance aftercare. Among the requirements of the specified regulation are the following requirements:
The New York State Medicaid program will only pay for Medicaid reimbursable services if the client is eligible for Medicaid on the date of service and the service is delivered by an authorized Medicaid provider.
A central registry system prevents simultaneous enrollment of a patient in more than one methadone program.
Applicants are not processed for admission until it has been verified that s/he meets all applicable criteria, and the sources and methods of verification have been recorded in the applicant’s case folder.
119 4 NYCRR 829 Authorization for Physicians to Use Controlled Substances for Treatment of Chemical Dependence, provides all relevant details of the requested information. Among the requirements of the specified regulation are the following requirements: The physician must be licensed and in good standing with the appropriate New York State agencies. Authorization is for a two-year period. The physician must document specified specialty/subspecialty certifications, or specified training or experience demonstrating the ability of the physician to treat and manage opiate-dependent patients. The physician must demonstrate his/her ability to comply with all applicable state and federal laws; The physician will establish procedures to effectively implement a controlled substance detoxification program. Physicians must obtain and maintain a unique DEA identification number and must obtain and maintain the necessary approvals required by several state and federal governmental agencies. Physicians must maintain the capacity to refer patients for appropriate counseling and other ancillary services. A physician shall have no more than 30 such chemically dependent patients at any one time, unless a greater number of patients is authorized by regulation. Authorization may be revoked, suspended, or limited upon a determination that a physician has failed to comply with the terms stated in 14 NYCRR 829 or with the provisions of any applicable statute, rule, or regulation such as: a finding of negligence or gross negligence; a diversion of a controlled substance; a physician has been convicted of a criminal offense; a physician ceases to have the requisite approval from the governmental entities listed; among other described items.
120 New York State is currently in the process of developing regulations.
121 A valid prescription from a licensed provider is needed.
122 New York State does not have separate Medicaid fees for treatment using naltrexone. It may be used in the course of treatment but the provider’s Medicaid fee will remain the same as if naltrexone were not used.
123 There are no prior authorization or treatment requirements for obtaining Suboxone® (buprenorphine). A valid prescription from a licensed provider is needed.
124 There are no prior authorization or treatment requirements for obtaining naltrexone. A valid prescription from a licensed provider is needed.

North Dakota
Ohio

Ohio’s Medicaid program covers methadone administration for opioid addiction/abuse when provided by an ODADAS-licensed opioid agonist program. Limitations are it can only be provided to a consumer who has been admitted for alcohol and other drug (AOD) treatment, including the provision of counseling and other clinical services with the goal of abstinence from opioid use and eventual detoxification from methadone. Also, it only covers methadone provided in liquid form.

Ohio’s Medicaid program currently covers Buprenorphine administration in a physician’s office or other authorized setting. It is covered either through the fee for service business line directly between the Ohio Department of Job and Family Services (ODJFS, Ohio’s Single State Medicaid Agency) or through Ohio’s Medicaid Managed Care system.

ODADAS-licensed opioid agonist programs that are SAMHSA certified may, according to and under the authority of the DATA 2000 regulations and their SAMHSA certification, dispense Buprenorphine. Since the authority for this practice is the DATA 2000 regulations and SAMHSA certification, not ODADAS licensure provisions, it is not considered an ODADAS treatment service and, therefore, is not covered by ODADAS.

Ohio’s Medicaid program currently covers Naltrexone under its pharmacy benefit and there is no co-payment. It is covered either through the fee for service business line directly between the Ohio Department of Job and Family Services (ODJFS, Ohio’s Single State Medicaid Agency) or through Ohio’s Medicaid Managed Care system.

The prescribing of Buprenorphine would, in all likelihood, be billed to Ohio’s fee for service Medicaid system as a component of an office visit, not as a distinct service.

Ohio’s Medicaid fee for service drug formulary covers Buprenorphine under the current Healthcare Common Procedure Coding System (HCPCS) J-code of J8499 (Rx drug, oral, non-chemo, therapeutic) or when dispensed by a pharmacy with one of the following appropriate National Drug Code (NDC):
- Suboxone 2mg = NDC 12496-1283-02
- Suboxone 8mg = NDC 12496-1306-02
- Subutex 2mg = NDC 12496-1278-02
- Subutex 8mg = NDC 12496-1310-02

Under Ohio’s Medicaid fee for service system, we would likely see a medical office visit code and the J8499/NDC codes being billed for the same consumer on the same day, or the medical office visit code and subsequent pharmacy claim. Subsequent office administration of Buprenorphine would likely only have the J8499/NDC codes submitted as a billed service.

Ohio’s Medicaid managed care plans are required to provide the same coverage of medications as are on the fee for service formulary except they may establish prior authorization and billing criteria.

Oklahoma

1) Outpatient only (2) No coverage for residential substance abuse treatment programs currently

Four specialist visits per month.

Physicians with The Drug Addiction Treatment Act of 2000, Title 35 section 3502 waiver to treat and prescribe buprenorphine/Suboxone for opiod addiction in any appropriate practice setting, when medically appropriate.

No Prior Authorization is needed for Fee-For-Service members. All treatment must be medically necessary. Members enrolled with a Managed Care Organization, may require Prior Authorization to verify medical necessity or appropriateness.

Oregon

Synthetic Opiates is only used when detox or detox with acupuncture and counseling has proven ineffective or if medical need is determined. Member must currently have a physical dependency and one year history of use.

Physicians with The Drug Addiction Treatment Act of 2000, Title 35 section 3502 waiver to treat and prescribe buprenorphine/Suboxone for opiod addiction in any appropriate practice setting, when medically appropriate.

No Prior Authorization is needed for Fee-For-Service members. All treatment must be medically necessary. Members enrolled with a Managed Care Organization, may require Prior Authorization to verify medical necessity or appropriateness.
No prior authorization for Fee-For-Service all treatment must be medically necessary. Some Managed Care Organizations may require prior authorizations.

Pennsylvania

Methadone clinics licensed as Narcotic Treatment Programs are a Pennsylvania Medicaid covered service in both fee for service and the HealthChoices state Medicaid managed care program. It is a Medical Assistance behavioral health benefit. Methadone can also be certified by a physician as a health sustaining benefit for MA eligible individuals. The physician must document specified specialty/subspecialty certifications, or specified training or experience demonstrating the ability of the physician to treat and manage opiate-dependent patients.

In Pennsylvania, licensed Narcotic Treatment Programs are paid an all-inclusive fee that covers components of the visit; the facilities are not able to bill separately for any drug administered.

Pennsylvania has Medicaid coverage for natrexone in both Fee-for-service (FFS) and HealthChoices. (HC's) statewide mandatory behavioral health Medicaid managed care program. A prescription is allowed for up to 5 refills for a 34 day supply or 100 units, whichever is greater.

In Pennsylvania, licensed Narcotic Treatment Programs are paid an all-inclusive fee that covers components of the visit; the facilities are not able to bill separately for any drug administered.

South Carolina

Will not cover the methadone medicine but treatment, no OTP in this state uses this service

Medication is covered

South Dakota

No prior authorization required, 34 days at a time

Tennessee

Covered as medically necessary for enrollees under 21. Methadone is excluded for the treatment of substance abuse for those 21 years and over

As stated in 2. a) a lifetime limit of 10 days for detox and $30,000 for in/outpatient substance abuse treatment for enrollees 21 and older applies. Those under 21are not subject to limits. All enrollees are assigned to a managed-care organization/behavioral health organization who manage the care through contracted providers.

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Not formulary, but covered. A lifetime limit of 10 days for detox and $30,000 for in/outpatient substance abuse treatment for enrollees 21 and older applies. Those under 21are not subject to limits. All enrollees are assigned to a managed-care organization/behavioral health organization who manage the care through contracted providers.

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Texas

There must be clinical justification from the Doctor in order for Medicaid to pay for this prescription.

Utah
Publicly funded Opioid Treatment Programs can receive Medicaid funds. Privately funded programs do not.

Vermont

Each clinic has a limit on the number of slots.
The physician will establish procedures to effectively implement a controlled substance detoxification program.
Yes, prior authorization is required, also the prescriber is required to be X-DEA licensed and have confirmed that the patient is being treated for opiate dependency.
Not Covered-only for alcohol dependent patients.

Virginia

Patient is required to meet DSM-IV-TR diagnostic criteria for Axis I SA disorder (excluding nicotine and caffeine), in addition to mental or functional disability. ASAM PPC-2R also required.

Washington

NTPs must also follow 42 Code of Federal Regulations (CFR), Part 8 requirements.
Certified, accredited, and contracted programs receive an all inclusive daily rate which includes:
• medication
• physical exam
• medical exam
• counseling services
• assessment
Since these services are provided to Medicaid eligible patients, transportation is also paid for by the state through transportation brokers, including:
• bus passes
• car pools
• van service
Physicians must obtain and maintain a unique DEA identification number and must obtain and maintain the necessary approvals required by several state and federal governmental agencies.
NTP's are required to meet WAC 388-805-700 through 750 and 42 CFR, Part 8.12 regarding Certification of Opiate Treatment Programs.
Washington State offers Medicaid coverage for treatment using Naltrexone in a physician's office. Coverage includes physician visits and lab tests. Chemical dependency (CD) counseling services provided in a physician's office are not a covered benefit. CD counseling services must be provided, by referral, at a DASA certified Chemical Dependency treatment program.

West Virginia

Will pay for physician visit; not other services.
Suboxone is approved by Bureau for Medical Services (BMS) for reimbursement to physicians who prescribe suboxone for patients in their private practice. Prior authorization is required from BMS. The payment is for the medication and the cost of the office visit.
188 Naltrexone tablet is covered as a regular drug; injectable form requires PA

**Wisconsin**

189 It is a covered benefit. There are no restrictions placed by Medicaid, only that the physician be certified to prescribe Suboxone.

190 It is covered with no restrictions