

SEPTEMBER 15, 2023

Opioid Addiction Insurance Coverages

EXECUTIVE SUMMARY

- Insurance coverage for opioid addiction treatment **can vary depending** on the specific insurance plan, provider, and location.
- However, there have been **significant changes in recent years** to improve access to treatment for opioid addiction due to the opioid epidemic in the United States.
- At the federal level, for example Medicaid serves over 72 million adult and child beneficiaries annually (Centers for Medicare & Medicaid Services or CMCS). An estimated **12 percent of adults** over 18 years of age and 6 percent of adolescents aged 12 to 17 years in Medicaid have a substance use disorder.
- At the state level, for example **in Connecticut**, to learn about your potential federal and state health insurance benefits to treat opioid addiction in your family, be sure to update your name, address, and phone number at **ct.gov/UpdateUsDSS**.

Here are some general points to consider:

1. MENTAL HEALTH PARITY AND ADDICTION EQUITY ACT (MHPAEA):

- This federal law requires that insurance plans cover mental health and substance use disorder services **at the same level** as medical and surgical services.
- This means that insurance providers must provide **equitable coverage for addiction treatment**, including opioids.

2. IN-NETWORK AND OUT-OF-NETWORK COVERAGE:

- Check if the addiction treatment facility or healthcare provider **is in-network** with your insurance plan.

- In-network providers typically have lower out-of-pocket costs compared to out-of-network providers.

3. COVERAGE FOR DIFFERENT LEVELS OF CARE:

- Insurance plans **may cover various levels of care**, including detoxification, inpatient rehab, outpatient rehab, and medication-assisted treatment (MAT) such as methadone or buprenorphine.
- Be sure to understand what types of treatment your plan covers.

4. PREAUTHORIZATION AND MEDICAL NECESSITY:

- Some insurance plans may require preauthorization or **proof of medical necessity** for opioid addiction treatment.
- This means you may need to demonstrate that the **treatment is medically necessary** for your condition.

5. COST-SHARING:

- Review your insurance plan's **cost-sharing structure**, which includes factors like copayments, deductibles, and coinsurance.
- Different plans will have **different cost-sharing** requirements.

6. LIFETIME AND ANNUAL LIMITS:

- Some insurance plans used to **have limits** on the duration and total amount of coverage for addiction treatment.
- However, the **Affordable Care Act (ACA)** prohibits these **lifetime and annual limits** for essential health benefits, which include addiction treatment.

7. STATE AND FEDERAL PROGRAMS:

- In addition to private insurance, there may be state-funded programs or federal programs like Medicaid that provide **coverage for addiction treatment**.

8. OUT-OF-POCKET EXPENSES:

- While insurance can cover a significant portion of addiction treatment costs, you may still have **some out-of-pocket expenses**. It's essential to understand these costs and plan for them.

9. CONTINUITY OF CARE:

- If you're already in treatment for opioid addiction and switch insurance plans, inquire about **continuity of care** to ensure that your ongoing treatment is not disrupted.

10. NETWORK PROVIDER DIRECTORIES:

- Check your insurance provider's **network directories** to find healthcare facilities and professionals specializing in addiction treatment.
 - To navigate the complexities of insurance coverage for opioid addiction treatment, it's advisable to contact your insurance company or work with a **healthcare professional** who can assist you in understanding your specific policy and available treatment options.
 - Additionally, consider reaching out to **local addiction treatment centers** for guidance and assistance in determining your best course of action.
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