



## Detroit Wayne Integrated Health Network

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**BULLETIN NUMBER:** 23-006

**ISSUED/REVISED:** 01/01/2023

**EFFECTIVE:** 10/01/2022

**SUBJECT:** Injection, Buprenorphine, Extended release (XR) - Sublocade

**SERVICE AFFECTED:** Q9991 – Buprenorphine XR less than or equal to 100mg  
Q9992 – Buprenorphine XR greater than 100mg

### BACKGROUND

To assist our efforts to treat opioid use disorders, DWIHN will include Buprenorphine Extended Release Sublocade injectable to the service array of Medication Assisted Treatment (MAT) providers. In order to report the administration of Buprenorphine Extended Release Sublocade injectable in a SUD MAT setting, DWIHN has identified procedure codes Q9991 and Q9992. Procedure codes Q9991 and Q9992 will be deployed, effective 08-01-2022, to the Substance Use Disorder contracts for the various SUD MAT program providers. This code must be reported along with the required modifiers (see Chart, below). Note: Administration of injectable medications (96372) is not reported Q9991 or Q9992, it is reported with other CPT codes.

### PROCEDURE

**CRITERIA FOR USE:** Prior Authorization by the Utilization Management Department for Sublocade (buprenorphine Extended Release injection) will be considered medically necessary when ALL of the following criteria are met:

- Medical record documentation that the patient is 18 years of age or older AND
- Medical record documentation of a diagnosis of opioid use disorder (opioid dependence) AND
- Medical record documentation that member has been initiated into treatment with a transmucosal buprenorphine containing product (e.g. Suboxone, buprenorphine/naloxone, buprenorphine), followed by dose adjustment for a minimum of 7 days AND until cravings and withdrawal symptoms are clinically controlled AND
- Medical record documentation that the member will not be receiving supplemental sublingual buprenorphine concurrently with Sublocade AND
- Confirmation that the prescriber or prescriber's delegate has conducted a review of Michigan's Prescription Drug Monitoring Program (PA PDMP) prior to administering Sublocade.
- **AUTHORIZATION DURATION:** If approved, initial authorization duration will be for 3 months. After the initial 3-month authorization, subsequent approval will be for 12 months or less if **the**

**reviewing provider feels it is medically appropriate and will require medical record documentation of the following:**

- Medical record documentation that the member will not be receiving supplemental sublingual buprenorphine concurrently with Sublocade AND
- Medical record documentation of one of the following: That the member will continue to receive the 100mg monthly maintenance dose.

**Counseling**

- The member is part of a complete treatment program that includes counseling and other supports.
- Member is responding positively to therapy

**AUTHORIZATIONS:** Three (3) encounters per month.

**CLAIMS:** Claims must be submitted with the MDHHS required Education-level modifier listed below, as appropriate. The appropriate NDC code is also required on claims. The rate includes cost of medication administration and observation.

**CHART: Administration of Buprenorphine Extended Release Sublocade injectable**

Procedure Code	Modifiers	Description
Q9991 - Buprenorphine XR, less than or equal to 100mg	AF – Specialty Physician (Psychiatrist) AG – Physician HM – Less than Bachelor’s Level SA – Licensed Physician Assistant	<b>Injection, Buprenorphine extended-release (Sublocade)</b>
Q9992 - Buprenorphine XR, greater than 100mg	SA – Nurse Practitioner SA – Clinical Nurse Specialist TD – Registered Nurse TE – Licensed Practical Nurse	

**REFERENCES:**

**Michigan Medicaid Provider Manual**

[http://www.michigan.gov/mdhhs/0,5885,7-339-71551\\_2945\\_42542\\_42543\\_42546\\_42553-87572--,00.html](http://www.michigan.gov/mdhhs/0,5885,7-339-71551_2945_42542_42543_42546_42553-87572--,00.html)

**MDHHS Website: PIHP/CMHSP Reporting Cost Per Code and Code Chart**

[https://www.michigan.gov/mdhhs/0,5885,7-339-71550\\_2941\\_38765---,00.html](https://www.michigan.gov/mdhhs/0,5885,7-339-71550_2941_38765---,00.html)

**MDHHS Website: PIHP/CMHSP Provider Qualifications Chart**

[https://www.michigan.gov/mdhhs/0,5885,7-339-71550\\_2941\\_38765---,00.html](https://www.michigan.gov/mdhhs/0,5885,7-339-71550_2941_38765---,00.html)