

Document

Chronic Controlled Substance Prescribing

Compliance Document

BlueCross BlueShield of Tennessee

Applies to: All BCBST Lines of Business

Audience: Clinical Risk Management Department

Purpose: To provide BCBST's guidelines for chronic controlled substance prescribing

Policy:

BCBST supports medically appropriate chronic controlled substance prescribing. Controlled substances include those drugs in Schedules I - V of the federal and Tennessee statutes, as existing and hereinafter amended, identifying controlled substances for the purpose of regulating their manufacture, prescription, sale, or use. Chronic controlled substance prescribing is defined as prescribing a controlled substance for 90 days or greater. When a controlled substance is prescribed chronically, the practitioner should keep accurate and complete records which should include documentation of the following:

- Individualized specific findings and course of treatment
- Legible entries that are not cloned and do not use copy and paste of similar or identical statements from visit to visit or member to member
- Member medical history including chief complaint, history of present illness, past medical history, social history, family history, and review of systems
- Appropriate physical examination, including examination of the body part where the pain is located, if prescribing opioids for pain. Mental status examination where appropriate if psychotropic drugs are prescribed
- Behavioral Health and/or Pain Management Consults when controlled substances are prescribed on a chronic basis
- A formal risk assessment for aberrant behavior associated with opioid misuse using the tools recommended in the Tennessee Department of Health's "Tennessee Chronic Pain Guidelines" which are in effect at the time of the controlled substance prescribing

- Specific treatment objectives including written evidence that there has been pain reduction and/or improvement in function with the use of controlled substances
- Evidence of the underlying pathology to support chronic controlled substance prescribing
- Use of or contraindications to ongoing conservative treatment modalities
- Evidence of discussion of risks of controlled substances and written informed consent signed by the member and practitioner
- Written controlled substance contract (signed and dated by the member annually) outlining member responsibilities and consequences of not meeting those responsibilities
- Current and continuously updated medication list that includes documentation of each controlled substance prescribed, the date(s) prescribed, the dosage and frequency, and the quantity prescribed
- Statement of the reasons for prescribing combinations of different controlled substances with documentation of consultations from a behavioral health practitioner when benzodiazepines are prescribed for more than two weeks to a member receiving other controlled substance prescriptions
- Random urine drug testing at least once every 6 months with supporting written evidence of results and discussion of all aberrant screens with the member
- Pill counts with documentation showing the quantity of pills remaining of each controlled drug prescribed
- Evidence that the Controlled Substance Monitoring Database has been checked at least every 90 days with written evidence either of no discrepancies or a discussion of all discrepancies with the member
- Advance writing of controlled substance prescriptions for greater than 90 days without member evaluation at the time of the prescription is inappropriate

Network practitioners who prescribe controlled substances and do not comply with these guidelines are subject to disciplinary action by BCBST that may include credentials revocation, network contract terminations, and a report filed with the National Practitioner Data Bank (NPDB) or other entities mandated by law.