PRESCRIPTION MONITORING PROGRAM STATE PROFILES – COLORADO

Research current through July 2014.

This project was supported by Grant No. G1399ONDCP03A, awarded by the Office of National Drug Control Policy. Points of view or opinions in this document are those of the author and do not necessarily represent the official position or policies of the Office of National Drug Control Policy or the United States Government.

COLORADO

http://www.dora.state.co.us/pharmacy/pdmp/index.htm
Tia Johnson, Administrator
(303) 894-2989
tia.johnson@state.co.us

- Status of Program – operational
- Housing Entity – Board of Pharmacy
- Advisory Commission – yes
- Funding – legislative appropriations; licensing fees if appropriations are insufficient; gifts; grants; donations
- Drugs Monitored – Schedules II – V
- Who's Required to Report Dispensing Information – prescription drug outlets
- Exemptions from Reporting – certain licensed or certified hospitals; prescription drug outlets within certain licensed or certified hospitals that dispense controlled substances only pursuant to chart orders and dispense no more than a 24 hour supply of a controlled substance to an outpatient; emergency medical services personnel
- Nonresident Pharmacies Required to Report – yes
- Veterinarians Required to Report – no
- Data Collection Interval – twice monthly
- Notice to Consumers – yes
- Interstate Sharing – with authorized users in other states
- Persons Authorized to Receive Information – law enforcement officials; licensing/regulatory boards; patient; health care agent; resident physicians; prescribers; dispensers; coroners; addiction treatment facility with permission of patient
- Delegates Allowed – yes
- De-identified Data Provided – yes
- Unsolicited Reports – to prescribers and pharmacists only
- Training Required – no
- Mandatory Enrollment – yes; all practitioners and pharmacists by January 1, 2015
- Mandatory Access – yes; a practitioner shall access the PMP when drug tests are ordered in workers' compensation cases; medical directors and other qualified health care professionals in opioid treatment programs shall obtain PMP information upon intake of patient

West's Colorado Revised Statutes Annotated (2014)
Title 12. Professions and Occupations
Health Care
Article 42.5. Pharmacists, Pharmacy Businesses, and Pharmaceuticals
Part 4. Electronic Monitoring of Prescription Drugs

§ 12-42.5-403. Prescription drug use monitoring program

(1) The board shall develop or procure a prescription controlled substance electronic program to track information regarding prescriptions for controlled substances dispensed in Colorado, including the following information:

(a) The date the prescription was dispensed;

(b) The name of the patient and the practitioner;

(c) The name and amount of the controlled substance;

(d) The method of payment;

(e) The name of the dispensing pharmacy; and

(f) Any other data elements necessary to determine whether a patient is visiting multiple practitioners or pharmacies, or both, to receive the same or similar medication.

(1.5)(a) By January 1, 2015, or by an earlier date determined by the director of the division, every practitioner in this state who holds a current registration issued by the federal Drug Enforcement Administration and every pharmacist shall register and maintain a user account with the program.

(b) When registering with the program or at any time thereafter, a practitioner or pharmacist may authorize up to three designees to access the program under Section 12-42.5-404(3)(b), (3)(c), or (3)(d), as applicable, on behalf of the practitioner or pharmacist if:

(I)(A) The authorized designee of the practitioner is employed by, or is under contract with, the same professional practice as the practitioner; or

(B) The authorized designee of the pharmacist is employed by, or is under contract with, the same prescription drug outlet as the pharmacist; and

(II) The practitioner or pharmacist takes reasonable steps to ensure that the designee is sufficiently competent in the use of the program; and

(III) The practitioner or pharmacist remains responsible for:

(A) Ensuring that access to the program by the practitioner's designee is limited to the purposes authorized in Section 12-42.5-404(3)(b) or (3)(c) or that access to the program by the pharmacist's designee is limited to the purposes authorized in Section 12-42.5-404(3)(d), as the case may be, and that access to the program occurs in a manner that protects the confidentiality of the information obtained from the program; and

(B) Any negligent breach of confidentiality of information obtained from the program by the practitioner's or pharmacist's designee.

(c) A practitioner or pharmacist is subject to penalties pursuant to Section 12-42.5-406 for violating the requirements of paragraph (b) of this subsection (1.5).

(d) Any individual authorized as a designee of a practitioner or pharmacist pursuant to paragraph (b) of this subsection (1.5) shall register as a designee of a practitioner or pharmacist with the program for program data access in accordance with Section 12-42.5-404(3)(b), (3)(c), or (3)(d), as applicable, and board rules.

(2) Each practitioner and each dispensing pharmacy shall disclose to a patient receiving a controlled substance that his or her identifying prescription information will be entered into the program database and may be accessed for limited purposes by specified individuals.

(3) The board shall establish a method and format for prescription drug outlets to convey the necessary information to the board or its designee. The method must not require more than a one-time entry of data per patient per prescription by a prescription drug outlet.

(4) The division may contract with any individual or public or private agency or organization in carrying out the data collection and processing duties required by this part 4.

West's Colorado Revised Statutes Annotated (2014)
Title 12. Professions and Occupations
Health Care
Article 42.5. Pharmacists, Pharmacy Businesses, and Pharmaceuticals
Part 4. Electronic Monitoring of Prescription Drugs

§ 12-42.5-404. Program operation--access--rules

(1) The board shall operate and maintain the program.

(2) The board shall adopt all rules necessary to implement the program.

(3) The program is available for query only to the following persons or groups of persons:

(a) Board staff responsible for administering the program;

(b) Any practitioner with the statutory authority to prescribe controlled substances, or an individual designated by the practitioner to act on his or her behalf in accordance with Section 12-42.5-403(1.5)(b) to the extent the query relates to a current patient of the practitioner to whom the practitioner is prescribing or considering prescribing any controlled substance;

(c) A practitioner, or an individual designated by the practitioner to act on his or her behalf in accordance with Section 12-42.5-403(1.5)(b) engaged in a legitimate program to monitor a patient's drug abuse;

(c.5) The medical director, or his or her designee, at a facility that treats addiction with controlled substances, if an individual in treatment at the facility gives permission to the facility to access his or her program records;

(d) A pharmacist, an individual designated by the pharmacist in accordance with Section 12-42.5-403(1.5)(b) to act on his or her behalf, or a pharmacist licensed in another state, to the extent the information requested relates specifically to a current patient to whom the pharmacist is dispensing or considering dispensing a controlled substance or to whom the pharmacist is providing clinical patient care services;

(e) Law enforcement officials so long as the information released is specific to an individual patient or practitioner and is part of a bona fide investigation, and the request for information is accompanied by an official court order or subpoena;

(f) The individual who is the recipient of a controlled substance prescription so long as the information released is specific to the individual;

(g) State regulatory boards within the division and the director of the division so long as the information released is specific to an individual practitioner and is part of a bona fide

investigation, and the request for information is accompanied by an official court order or subpoena;

(h) A resident physician with an active physician training license issued by the Colorado medical board pursuant to section 12-36-122 and under the supervision of a licensed physician;

(i) The Department of Public Health and Environment for purposes of population-level analysis, but any use of the program data by the department is subject to the federal "Health Insurance Portability and Accountability Act of 1996", Pub.L. 104-191, as amended, and implementing federal regulations, including the requirement to remove any identifying data unless exempted from the requirement.

(4) The board shall not charge a practitioner or pharmacy who transmits data in compliance with the operation and maintenance of the program a fee for the transmission of the data.

(5) The board, the Department of Public Health and Environment, or the Department of Health Care Policy and Financing, pursuant to a written agreement that ensures compliance with this part 4, may provide data to qualified personnel of a public or private entity for the purpose of bona fide research or education so long as the data does not identify a recipient of a practitioner who prescribed, or a prescription drug outlet that dispensed, a prescription drug.

(6) The board shall provide a means of sharing information about individuals whose information is recorded in the program with out-of-state health care practitioners and law enforcement officials that meet the requirements of paragraph (b), (c), or (e) of subsection (3) of this section.

(7) The board shall develop criteria for indicators of misuse, abuse, and diversion of controlled substances and, based on those criteria, provide unsolicited reports of dispensed controlled substances to prescribing practitioners and dispensing pharmacies for purposes of education and intervention to prevent and reduce occurrences of controlled substance misuse, abuse, and diversion. In developing the criteria, the board shall consult with the Colorado Dental Board, Colorado Medical Board, State Board of Nursing, State Board of Optometry, Colorado Podiatry Board, and State Board of Veterinary Medicine.

West's Colorado Revised Statutes Annotated (2014)
Title 12. Professions and Occupations
Health Care
Article 42.5. Pharmacists, Pharmacy Businesses, and Pharmaceuticals
Part 4. Electronic Monitoring of Prescription Drugs

§ 12-42.5-405. Prescription drug monitoring fund--creation--gifts, grants, and donations--fee

(1) The board may seek and accept funds from any public or private entity for the purposes of implementing and maintaining the program. The board shall transmit any funds it receives to the state treasurer, who shall credit the same to the prescription drug monitoring fund, which fund is hereby created. The moneys in the fund are subject to annual appropriation by the general assembly for the sole purpose of implementing and maintaining the program. The moneys in the fund must not be transferred to or revert to the general fund at the end of any fiscal year.

(2) After implementing the program, the board shall seek gifts, grants, and donations on an annual basis for the purpose of maintaining the program. The board shall report annually to the health and human services committee of the senate and the health and environment committee of the house of representatives, or any successor committees, regarding the gifts, grants, and donations requested, of whom they were requested, and the amounts received.

(3) If, based upon the appropriations for the direct and indirect costs of the program, there are insufficient funds to maintain the program, the division may collect an annual fee of no more than seventeen dollars and fifty cents for the fiscal years 2011-12 and 2012-13, twenty dollars for the fiscal years 2013-14 and 2014-15, and twenty-five dollars for each fiscal year thereafter, from an individual who holds a license from the division that authorizes him or her to prescribe a controlled substance, as defined in section 18-18-102(5), C.R.S. The division shall set the fee pursuant to section 24-34-105, C.R.S., and shall collect the fee in conjunction with the license renewal fees collected pursuant to section 24-34-105, C.R.S. Moneys collected pursuant to this subsection (3) are credited to the prescription drug monitoring fund created in subsection (1) of this section.

West's Colorado Revised Statutes Annotated (2014)
Title 12. Professions and Occupations
Health Care
Article 42.5. Pharmacists, Pharmacy Businesses, and Pharmaceuticals
Part 4. Electronic Monitoring of Prescription Drugs

§ 12-42.5-407. Prescription drug outlets--prescribers--responsibilities--liability

(1) A prescription drug outlet shall submit information in the manner required by the board.

(2) A practitioner who has, in good faith, written a prescription for a controlled substance to a patient is not liable for information submitted to the program. A practitioner or prescription drug outlet who has, in good faith, submitted the required information to the program is not liable for participation in the program.

West's Colorado Revised Statutes Annotated (2014)
Title 12. Professions and Occupations
Health Care
Article 42.5. Pharmacists, Pharmacy Businesses, and Pharmaceuticals
Part 4. Electronic Monitoring of Prescription Drugs

§ 12-42.5-408. Exemption--waiver

(1) A hospital licensed or certified pursuant to section 25-1.5-103, C.R.S., a prescription drug outlet located within the hospital that is dispensing a controlled substance for a chart order or dispensing less than or equal to a twenty-four-hour supply of a controlled substance, and emergency medical services personnel certified pursuant to section 25-3.5-203, C.R.S., are exempt from the reporting provisions of this part 4. A hospital prescription drug outlet licensed pursuant to section 12-42.5-112 shall comply with the provisions of this part 4 for controlled substances dispensed for outpatient care that have more than a twenty-four-hour supply.

(2) A prescription drug outlet that does not report controlled substance data to the program due to a lack of electronic automation of the outlet's business may apply to the board for a waiver from the reporting requirements.

West's Colorado Revised Statutes Annotated (2014)
Title 12. Professions and Occupations
Health Care
Article 42.5. Pharmacists, Pharmacy Businesses, and Pharmaceuticals
Part 4. Electronic Monitoring of Prescription Drugs

§ 12-42.5-408.5. Examination and analysis of prescription drug monitoring program – recommendations to executive director.

(1) The executive director of the department of regulatory agencies shall create a prescription drug monitoring program task force or consult with and request assistance from the Colorado team assembled by the Governor's office to develop a strategic plan to reduce prescription drug abuse, or its successor group, in order to:

(a) Examine issues, opportunities, and weaknesses of the program, including how personal information is secured in the program and whether inclusion of personal identifying information in the program and access to that information is necessary; and

(b) Make recommendations to the executive director on ways to make the program a more effective tool for practitioners and pharmacists in order to reduce prescription drug abuse in this state.

(2) If the executive director convenes a task force or obtains assistance from the Colorado team, the applicable group shall submit annual reports to the executive director and the General Assembly detailing its findings and recommendations. Notwithstanding Section 24-1-136(11), C.R.S., the requirement in this section to report to the General Assembly continues indefinitely.

(3) If the executive director convenes a task force, the members of the task force serve on a voluntary basis and are not entitled to compensation or expense reimbursement.

West's Colorado Administrative Code (2014)
Title 700. Department of Regulatory Agencies
719. State Board of Pharmacy
3 CCR 719-1. State Board of Pharmacy Rules

719-1:23.00.00. ELECTRONIC PRESCRIPTION MONITORING PROGRAM.

23.00.10 Definitions:

a. "Bona fide investigation," for purposes of an investigation of an individual prescriber under investigation by a state regulatory board, means:

1. Any investigation conducted by any state regulatory board within the Colorado Division of Professions and Occupations, or the Director of the Colorado Division of Professions and Occupations and

2. Investigations pertaining to matters which are the subject of a complaint or notice of charges pending in the Office of Administrative Courts so long as the information obtained from the PDMP is made available by the state regulatory board to the respondent in the pending case.

b. "Bona fide research or education" means research conducted by qualified entities whose recognized primary purpose is scientific inquiry; the results of which would likely contribute to the basic knowledge of prescribing practitioners, dispensing pharmacists, or entities for the purpose of curtailing substance abuse of consumers. The Board shall determine in its discretion on a case-by-case basis whether an individual or entity seeking access to the PDMP pursuant to CRS 12-42.5-404(5) constitutes "bona fide research or education" conducted by qualified personnel for purposes of satisfying the statutory limitations therein.

c. "Clinical patient care services" means pharmaceutical care provided in a clinical setting. The pharmacist providing clinical patient care services must be working closely with the physician/prescriber responsible for the patient's care. "Clinical patient care services" do not include monitoring previously dispensed prescriptions for any purpose in the absence of a current assessment of a patient whether in a clinical setting or not.

d. "Law Enforcement Official" means any of the following:

1. Sheriff;

2. Undersheriff;

3. Certified deputy sheriff;

4. Coroner;

5. Police Officer;

6. Southern Ute Police Officer;

7. Ute Mountain Ute police officer;

8. Town marshall;

9. CBI director and agents;

10. Colorado state patrol officer;

11. Colorado attorney general and any entity designated as "peace officers" by the Attorney General or acting on behalf of a state agency;

12. Attorney general criminal investigator;

13. District attorney and all assistants, deputies, etc. statutorily defined as "peace officers;"

14. District Attorney chief investigator and investigators;

15. Police administrator and police officers employed by the Colorado State Hospital in Pueblo; and

16. Federal special agents.

e. "Legitimate program to monitor a patient's controlled substance abuse" means a program in which prescribers actively monitor a patient's controlled substance use. Such programs shall only involve patients in pain management or other controlled substance management programs. Such programs shall actively monitor the patient's controlled substance usage by means of urine or other drug screens in addition to the use of the PDMP. The patient must be informed in writing that his/her controlled substance usage is being actively screened by various methods, including review of the PDMP.

f. "PDMP" means the Electronic Prescription Drug Monitoring Program.

g. "Prescriber" or "practitioner" means a licensed health care professional with authority to prescribe a controlled substance.

h. "Prescription Drug Outlet" or "Dispenser" means any resident or nonresident pharmacy registered with the Board.

i. "Qualified personnel" means persons who are appropriately trained to collect and analyze data for the purpose of conducting bona fide research or education.

j. "Valid photographic identification" means any of the following forms of identification which include an identifying photograph:

1. A valid driver's license, or identification issued by any United States state;

2. An official passport issued by any nation; or

3. A United States armed forces identification card issued to active duty, reserve, and retired personnel and the personnel's dependents.

23.00.30 Data Submission Timeline.

Every prescription drug outlet must ensure controlled substance dispensing transactions are reported to the PDMP twice each month on the following schedule:

a. For dispensing transactions from the first through the 15th day of each month, data shall be transmitted to the PDMP between the 16th and 25th day of that month.

b. For dispensing transactions from the 16th through the last day of the month, data shall be transmitted to the PDMP between the 1st through the 10th day of the subsequent month.

c. If the prescription drug outlet does not dispense any controlled substances for the reporting period, it must enter a "zero" entry or will be considered non-compliant.

23.00.40 Data Submission Format.

Prescription drug outlets shall submit to the PDMP the following data requirements:

a. Identifier (Transmission type identifier), if applicable;

b. Bin (Bank Identification Number);

c. Version Number (a number to identify the format of the transaction sent or received);

d. Transaction Code;

e. NABP or Drug Enforcement Administration number assigned to pharmacy;

f. Customer ID (number to identify the patient receiving the RX);

g. Zip Code (3 digit US Postal Code identifying the State Code), if applicable;

h. Customer's Birth Date;

i. Sex Code;

j. Date Filled;

k. Prescription Number;

l. New/Refill Number;

m. Metric Quantity;

n. Days Supply;

o. Compound Code;

p. NDC Number of the drug dispensed;

q. Prescriber's Drug Enforcement Administration registration;

r. Drug Enforcement Administration suffix, if applicable;

s. Date RX Written;

t. Number of Refills Authorized;

u. RX Origin Code;

v. Customer Location;

w. Diagnosis Code, if available;

x. Alternate Prescriber #, if applicable;

y. Patient Last Name;

z. Patient First Name;

aa. Patient Street Address;

bb. Patient's state of residence;

cc. Patient's zip code;

dd. Triplicate Serial Number, if appropriate; and

ee. Filler Field to be populated with Payment Type as designated by PDMP vendor.

23.00.50 Data Correction.

a. Any errors identified by the PDMP shall be corrected and resubmitted by the prescription drug outlet on the following schedule:

1. For dispensing transactions from the 1st through the 15th day of each month, errors shall be corrected no later than the first day of the following month.

2. For dispensing transactions from the 16th through the 31st of each month, errors shall be corrected no later than the 16th day of the following month.

b. If errors cannot be corrected, the pharmacy must retain a record in written format detailing the following information for each uncorrected error:

1. Detail of Error Notification highlighting uncorrected error(s); and

2. Detailed reason of why error cannot be corrected.

23.00.60 PATIENT NOTIFICATION

Prescription Drug Outlets shall disclose to patients receiving controlled substance prescriptions that their prescription information is being submitted to the PDMP, and that this prescription information may be queried by specific individuals for a limited number of purposes as authorized by statute.

23.00.70 PDMP Access

The PDMP shall be available for query only to the following persons or groups of persons:

a. Board staff responsible for administering the PDMP;

b. Any licensed practitioner with the statutory authority to prescribe controlled substances to the extent the query relates to a current patient of the practitioner to whom the practitioner is prescribing or considering prescribing a controlled substance;

c. Licensed pharmacists with statutory authority to dispense controlled substances to the extent the information requested relates specifically to a current patient to whom the pharmacist is dispensing or considering dispensing a controlled substance or to whom the pharmacist is providing clinical patient care services;

d. Practitioners engaged in a legitimate program to monitor a patient's controlled substance abuse;

e. Law enforcement officials so long as the information released is specific to an individual patient or prescriber and part of a bona fide investigation and the request for information is accompanied by an official court order or subpoena. Such official court orders or subpoenas shall be submitted with the Board-provided form;

f. The individual who is the recipient of a controlled substance prescription so long as the information released is specific to such individual. The procedure for individuals to obtain such information is as follows:

1. The individual shall submit a written, signed request to the Board on the Board-provided form;

2. The individual shall provide valid photographic identification prior to obtaining the PDMP information;

3. An individual submitting a request on behalf of another individual who is the recipient of a controlled substance prescription may only obtain PDMP information if the following documents are provided:

A. The original document establishing medical durable power of attorney of the individual submitting the request as power of attorney for the individual who is the recipient of the controlled substance prescription, and

B. Valid photographic identification of the individual submitting the request.

g. State regulatory boards within the Colorado Division of Professions and Occupations and the Director of the Colorado Division or Professions and Occupations so long as the information released is specific to an individual prescriber and is part of a bona fide investigation and the request for information is accompanied by an official court order or subpoena. Such official court orders or subpoenas shall be submitted with the Board-provided form; and

h. A resident physician with an active physician training license issued by the Colorado medical board pursuant to section 12-36-122 and under the supervision of a licensed physician.

23.00.80 Research or Education Agreements

The Board may enter into a written agreement to provide data to qualified personnel of a public or private entity for the purpose of bona fide research or education, so long as such information does not identify a recipient, prescriber, or dispenser of a prescription drug. Any public or private entity wishing to enter into or extend such an agreement shall submit a written request to the Board detailing the information it is seeking and the public benefit of such research or education. The Board will act on such request in the normal course of business.

23.00.90 Exemptions

a. The following individuals or entities are exempt from reporting controlled substance dispensing transactions to the Prescription Drug Monitoring Program:

1. Hospitals licensed or certified pursuant to CRS 25-1.5-103;

2. A prescription drug outlet located within a hospital licensed or certified pursuant to CRS 25-1.5-103 that dispenses controlled substances only pursuant to chart orders or dispenses no more than a 24-hour supply of a controlled substance to an outpatient;

3. Emergency medical services personnel certified pursuant to CRS 25-3.5-203; and

4. A prescription drug outlet which has applied to the Board and received a waiver from the Board. Waivers will only be considered if the pharmacy has no electronic automation. Such requests must be submitted in writing to the Board and will be considered in the normal course of business.

b. Controlled substance dispensing transactions that occur solely for Institutional Review Board (IRB) approved interventional research trials using investigational drug products that are regulated by the Federal Food and Drug Administration shall be exempt from the data submission requirements of the PDMP.

West's Colorado Administrative Code (2014)
Title 500. Department of Human Services
502. Behavioral Health
2 CCR 502-1. Care and Treatment of the Mentally Ill
502-1:21.300. Licensing of Addiction Programs Using Controlled Substances
502-1:21.320. Opioid Medication Assisted Treatment (Omat)

502-1:21.320.3. ADMINISTRATIVE AND MEDICAL RESPONSIBILITY

21.320.31 OMAT Program Sponsors

OMAT program sponsors are responsible for the following:

A. Overall operation of the program including, but not limited to:

1. Compliance with all applicable state and federal laws, rules, and regulations;

2. Medical and counseling personnel are qualified to provide opioid replacement treatment;

3. Individuals are enrolled on their own volition;

4. Full disclosure is made to individuals about opioids and their use in treatment.

5. Written, informed consents for opioid replacement treatment are signed by individuals eighteen (18) years of age and older;

6. Written, informed consents for all aspects of opioid replacement treatment are signed by parents, legal guardians or other responsible adults designated by appropriate state authorities for individuals under age eighteen (18) years old;

7. Individual/counselor ratios do not exceed fifty to one (50:1) for full-time counseling staff, forty (40) hours per week, and twenty five to one (25:1) for half-time counseling staff, twenty (20) hours per week;

8. Written (OMAT) policies and procedures are developed, implemented and maintained that are based on and in compliance with Department rules;

9. All reasonable and clinically indicated efforts are made to coordinate treatment with other healthcare and behavioral health providers. Documentation includes obtaining individuals' consent to release information to communicate with those practitioners.

10. Methadone and other controlled substances are disposed of in accordance with the federal regulations.

11. Printed acknowledgements are signed by patients and kept in patient records stating that they have been informed of the United States Department of Transportation regulation against the use of OTP prescribed methadone by commercial drivers and the possible loss of commercial driver's license if taking methadone for addiction is discovered.

B. Training

1. Training for new (OMAT) staff is documented in personnel records including, but not limited to provisions of Section 21.160.1, A, 3, and:

a. Federal Opioid Medication Assisted Treatment regulations;

b. OMAT treatment rules;

c. OMAT policies and procedures;

d. Clinical practices including, but not limited to:

1) Protocols around special exception requests, phase level requests, and any take-home protocol such as holiday dosing, weekend dosing, hold doses, hospitalization of individuals, incarceration, nursing home stays, and courtesy dosing; and,

2) All other items agreed upon in the State Memorandum of Understanding.

e. Pharmacology of methadone including, but not limited to, loss of tolerance to opioids, dangerous drug or alcohol interactions, signs and symptoms of overdose, purpose of its use.

2. Annual training for OMAT staff including, but not limited to:

a. Most current pharmacology of medications used, and clinical practices applicable to OMAT, including problems with interactions of medications.

b. Review of federal and state regulations and rules.

c. Review of current OMAT policies and procedures.

d. Infectious disease risks and screening.

21.320.32 OMAT Medical Directors

A. Agencies shall have designated medical directors who shall authorize and oversee other physicians, other appropriately licensed and/or certified medical personnel and all medical services provided.

B. Medical directors and other medical healthcare providers shall currently possess and maintain licenses to practice medicine/nursing in compliance with the credentialing requirements of their own profession in Colorado as provided by Article 36, Title 12, C.R.S. OMAT medical directors shall assure appropriate credentials and training for other OMAT physicians and other qualified health care providers to deliver ORT.

C. Medical directors shall ensure that the OMAT agency is in compliance with all state and federal rules and regulations regarding medical treatment for opioid addiction.

D. OMAT medical directors, other OMAT physicians and authorized OMAT medical personnel shall ensure the following:

1. Medical evaluations including evidence of current physiological dependence and/or history of addiction or exceptions to admission criteria that are documented prior to initial dosing;

2. These medical evaluations are done at admission prior to initial dose.

3. The physical examinations and all appropriate laboratory tests are performed and reviewed within fourteen (14) calendar days following treatment admission;

4. All medical professionals shall educate individuals regarding risks and benefits of OMAT and document that individuals are entering voluntarily.

5. All medical orders are properly signed or countersigned including initial orders for approved controlled substances and other medications, subsequent dose increases or decreases, changes in take-home dose privileges, emergency situations and other special circumstances by the medical director.

E. Medical directors or other physicians shall review, countersign and date intake evaluations written by authorized medical personnel before initial doses may be administered to individuals. When medical directors and other physicians are not available on-site to review, countersign and date evaluations for admission written by medical personnel, required physician reviews may be conducted by telephone and initial doses may be administered to individuals on physicians' verbal or standing orders. In such cases, medical personnel shall document in individual records that no physicians were available on site and that physician reviews were conducted by telephone. Medical directors or other physicians shall review and countersign authorizations.

F. Medical directors and other qualified health care professionals shall utilize the information obtained from the Colorado State Board of Pharmacy's electronic Prescription Drug Monitoring Program (PDMP) as clinically appropriate upon intake.

West's Colorado Administrative Code (2014)
Title 500. Department of Human Services
502. Behavioral Health
2 CCR 502-1. Care and Treatment of the Mentally Ill
502-1:21.300. Licensing of Addiction Programs Using Controlled Substances
502-1:21.320. Opioid Medication Assisted Treatment (Omat)

502-1:21.320.7. TOXICOLOGY SCREENS/URINE DRUG SCREENS

A. OMATs shall develop and implement policies and procedures that ensure a random sample collection protocol that minimizes falsification and limits individual's inability or refusal to provide specimens for testing.

1. Individuals shall have no notification prior to the day they are required to give a sample.

2. Individuals shall not be allowed to give a sample on days they normally attend the clinic unless those days are coincidentally randomly assigned sample days.

B. OMATs shall develop and implement policies and procedures that establish treatment responses to the following:

1. Evidence of unauthorized drugs in toxicology screens, including prescription medications;

2. Lack of OMAT-administered controlled substances in toxicology screens, including Suboxone;

3. Dilute urine analysis;

4. Use of the prescription drug monitoring program.

C. Procedures for toxicology screens shall be designed and implemented to ensure random sample collection in accordance with requirements for each phase of take-home dose privileges.

D. Toxicology screens shall occur with the following frequencies:

1. One (1) toxicology screen at admission;

2. Minimum of one (1) monthly random toxicology screen;

3. An initial toxicology screen for individuals undergoing short-term detoxification;

4. An initial toxicology screen and at least one (1) random toxicology screen per month for individuals undergoing long-term detoxification;

5. At least one random toxicology screen during thirty day reductions in take-home dose privileges.

E. Refusal to provide samples for toxicology screens shall be considered to be positive toxicology screens.

F. Dilute urinalysis will be reviewed and assessed.

G. Toxicology screens shall be used to detect the presence of the following drugs:

1. All approved controlled substances and their metabolites, for which laboratory analyses are available;

2. Alcohol;

3. Morphine;

4. Other opioids;

5. Cocaine and its metabolite;

6. Amphetamines;

7. Benzodiazepines;

8. Marijuana (THC);

9. Other drugs when clinically indicated, if available including, but not limited to, club drugs, and any over-the-counter drugs an individual might be abusing.

West's Colorado Administrative Code (2014)
Title 1100. Department of Labor and Employment
1101. Division of Workers' Compensation
7 CCR 1101-3. Workers' Compensation Rules of Procedure

1101-3:18. MEDICAL FEE SCHEDULE

18-1 STATEMENT OF PURPOSE

Pursuant to § 8-42-101(3)(a)(I) C.R.S. and § 8-47-107, C.R.S., the Director promulgates this Medical Fee Schedule to review and establish maximum allowable fees for health care services falling within the purview of the Act. The Director adopts and hereby incorporates by reference as modified herein the 2013 edition of the Relative Values for Physicians (RVP©), devel-oped by Relative Value Studies, Inc., published by OPTUMINSIGHT (Ingenix®), the Current Procedural Terminology CPT® 2013, Professional Edition, published by the American Medical Association (AMA) and Medicare Severity Diagnosis Related Groups (MS-DRGs) Definitions Manual, Version 31.0 developed and published by 3M Health Information Systems using MS-DRGs effective after October 1, 2013. The incorporation is limited to the specific editions named and does not include later revisions or additions. For information about inspecting or obtaining copies of the incorporated materials, contact the Medical Policy Unit Supervisor, 633 17th Street, Suite 400, Denver, Colorado 80202-3626. These materials may be exam-ined at any state publications depository library. All guidelines and instructions are adopted as set forth in the RVP©, CPT® and MS-DRGs, unless otherwise specified in this Rule.

This Rule applies to all services rendered on or after January 1, 2014. All other bills shall be reimbursed in accordance with the fee schedule in effect at the time service was rendered.

. . .

(5) Chronic Opioid Management Report

(a) When the authorized treating physician prescribes long-term opioid treatment, s/he shall use the Division of Work-ers' Compensation Chronic Pain Disorder Medical Treatment Guidelines and also review the Colorado State Board of Medical Examiners' Policy # 10-14, "Guidelines for the Use of Controlled Substances for the Treatment of Pain." Urine drug tests for chronic opioid management shall employ testing methodologies that meet or exceed industry standards for sensitivity, specificity and accuracy. The test methodology must be capable of identifying and quanti-fying the parent compound and relevant metabolites of the opioid prescribed. In-office screening tests designed to screen for drugs of abuse are not appropriate for chronic opioid compliance monitoring.

(1) Drug testing shall be done prior to the initial long-term drug prescription being implemented and randomly re-peated at least annually.

(2) When drug screen tests are ordered, the authorized treating physician shall utilize the Colorado Prescription Drug Monitoring Program (PDMP).

(3) While the injured worker is receiving chronic opioid management, additional drug screens with documented jus-tification may be conducted. Examples of documented justification include the following:

(i) Concern regarding the functional status of the patient

(ii) Abnormal results on previous testing

(iii) Change in management of dosage or pain

(iv) Chronic daily opioid dosage above 150 mg of morphine or equivalent

(4) The opioids prescribed for long-term treatment shall be provided through a pharmacy.

(5) The prescribing authorized treating physician shall review and integrate the screening results, PDMP, and the in-jured worker's past and current functional status on the prescribed levels of medications. A written report will doc-ument the treating physician's assessment of the patient's past and current functional status of work, leisure activi-ties and activities of daily living competencies.

(b) Codes and maximum fees for the authorized treating physician for a written report with all the following review services completed and documented:

(1) Ordering and reviewing drug tests

(2) Ordering and reviewing PDMP results

(3) Reviewing the medical records

(4) Reviewing the injured workers' current functional status

(5) Determining what actions, if any, need to be taken

(6) Appropriate chronic pain diagnostic code (ICD)

Bill using code DoWC Z0765 $75.00 per 15 minutes - maximum of 30 minutes per report

NOTE: This code is not to be used for acute or subacute pain management.

. . .