

# Chronic Controlled Substance Prescribing

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## 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:** When a controlled substance is prescribed chronically (>90 days), the practitioner should keep accurate and complete records which should include documentation, and/or evidence, of the following:

1. Individualized specific findings and course of treatment
2. 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
3. History (medical, surgical, social, family), Chief Complaint, History of Present Illness, Review of Systems
4. Physical Examination, including examination of the body part where the pain is located, if prescribing opioids for pain
5. Mental Status Examination where appropriate if psychotropic drugs are prescribed
6. Behavioral Health consult when controlled substances are prescribed on a chronic basis or when benzodiazepines are prescribed for >2 weeks to a member receiving other controlled substance prescriptions
7. Pain Management consult when controlled substances are prescribed on a chronic basis for pain
8. Initial and periodic validated risk assessment(s) for aberrant behavior associated with controlled substance misuse
9. Treatment goals related to controlled substance use and discussion of those goals
10. Pain reduction and/or improvement in functional abilities related to controlled substance prescribing
11. Underlying pathology to support chronic controlled substance prescribing
12. Use of or contraindications to ongoing conservative treatment modalities
13. Informed Consent signed by the member
14. Discussion of the risks of chronic controlled substance use

15. Controlled substance contract (signed and dated by the member annually) outlining member responsibilities and consequences of not meeting those responsibilities
16. Current and continuously updated medication list that includes full prescribing information (medication name, dose, frequency, and quantity, and date prescribed) each controlled substance prescribed
17. Statement of the reason(s) for prescribing different controlled substances concurrently
18. Random urine drug testing results (at least once every 6 months) and discussion of all aberrant results
19. Pill counts for each controlled substance prescribed showing the name of the medication and quantity remaining
20. Controlled Substance Monitoring Database query at least every 90 days with notation of the presence of absence of discrepancies and discussion of all discrepancies
21. In person evaluation at least every 90 days: Advance writing of controlled substance prescriptions for greater than 90 days without 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.