

Commonwealth of Massachusetts Executive Office of Health and Human Services **Office of Medicaid**

www.mass.gov/masshealth

MassHealth Managed Care Entity Bulletin 13 May 2019

TO: Managed Care Organizations (MCOs) and Accountable Care Partnership Plans (ACPPs) Delts:

Daniel Tsai, Assistant Secretary for MassHealth FROM:

Coding Systems for Medications for Addiction Treatment, Including RE: **Opioid Agonist Treatment**

Background

Medication for addiction treatment (MAT) is a critical component of the Commonwealth's strategy to serve MassHealth's members with an opioid use disorder. MassHealth is committed to improving access to MAT services. Furthermore, MassHealth supports the use of evidence-based medicine and clinical best practices for the treatment of opioid use disorder co-morbid physical and mental health conditions, recognizing that each patient requires individualized care that may include medication as well as other medical and behavioral health services to provide a "whole patient" approach.

Pursuant to Section 106 of Chapter 208 of the Acts of 2018, this bulletin references the codes that are used by insurance carriers ("carriers") authorized by the Massachusetts Division of Insurance (DOI) to offer insured health coverage in Massachusetts, as well as by behavioral health management firms and third party administrators under contract to a carrier, and by Medicaid managed care organizations, accountable care organizations, or the MassHealth Primary Care Clinician Plan for the initiation and continuation of MAT, inclusive of opioid agonist treatment and partial opioid agonist treatment, when provided in the following settings: (i) acute care hospital emergency departments or satellite emergency facilities; (ii) community-based treatment facilities, outpatient clinics, primary care practices, opioid treatment programs, or office-based treatment clinics; (iii) inpatient facilities providing treatment for substance use disorders; and (iv) any facility used for commitment pursuant to section 35 of chapter 123 of the General Laws for persons with a substance use disorder. Pursuant to Section 50 of Chapter 208 of the Acts of 2018, acute care hospital emergency departments or satellite emergency facilities must have the capacity to dispense, administer and prescribe opioid agonist and partial agonist treatments to patients, as well as facilitate direct connections to community -based treatment providers after discharge.

Furthermore, this bulletin requires that Managed Care Organizations (MCOs) and Accountable Care Partnership Plans (ACPPs) cover at least one opioid agonist treatment and at least one partial agonist treatment without prior authorization according to guidelines established in this bulletin.

Types of Medication for Addiction Treatment (MAT)

Medication for addiction treatment (MAT) includes opioid agonists, partial opioid agonists, and opioid antagonists. For the purpose of this bulletin, these are defined as follows:

Opioid agonist treatment

Opioid agonists are medications approved by the FDA to treat opioid use disorder by binding and fully activating the mu-opioid receptor, thereby lessening the symptoms of withdrawal. At adequate doses, these medications establish opioid blockade and reduce or eliminate cravings for other opioids. Opioid agonist treatment includes the generic medication methadone, which may only be administered for the treatment of opioid use disorder in an opioid treatment program with the appropriate federal and state licensure. For more information on opioid treatment programs, see

https://www.samhsa.gov/medication-assisted-treatment/opioid-treatment-programs

Partial opioid agonist treatment

Partial opioid agonists are medications approved by the FDA to treat opioid use disorder by binding yet only partially activating the mu-opioid receptor, thereby lessening the symptoms of withdrawal. At adequate doses, these medications establish opioid blockade, and reduce or eliminate cravings for other opioids. Partial opioid agonist treatment includes the generic medications buprenorphine and buprenorphine/naloxone. These medications can only be prescribed for the treatment of opioid use disorder by a physician, advanced practice nurse practitioner, or physician's assistant with a DATA 2000 waiver from the Drug Enforcement Agency (DEA). For more information on how to receive the necessary waiver to prescribe buprenorphine, see

https://www.samhsa.gov/programs-campaigns/medication-assisted-treatment/training-materials-resources/buprenorphine-waiver.

Opioid antagonist treatment

Opioid antagonists are medications approved by the FDA to treat opioid use disorder by occupying opioid receptors in the body, but which do not activate the receptors. This effectively blocks the receptor, preventing the brain from responding to opioids. The result is that further use of opioids does not produce euphoria or intoxication. Opioid antagonist treatment includes the generic medication naltrexone, as well as the opioid reversal medication naloxone.

Prior Authorization Policies for MAT

Pursuant to Section 106 of Chapter 208 of the Acts of 2018, MCOs and ACPPs are required to ensure at least one opioid agonist treatment option and at least one partial agonist treatment option are available without prior authorization. To ensure consistency with clinical best practices and other standards, MCOs and ACPPs must follow the following parameters in implementing this requirement:

For opioid agonist treatments

MCOs and ACPPS may not require prior authorization for methadone when used for the treatment of opioid use disorder in a licensed opioid treatment program. Additionally, plans must not impose any policies pertaining to take-home medications, including methadone, that are more restrictive than those set for thin 105 CMR 164. See

https://www.mass.gov/files/documents/2017/09/11/105cmr164.pdf.

For partial agonist treatment

MCOs and ACPPs may not require prior authorization for MassHealth's preferred product (Suboxone Film) for doses up to 16 mg/day. For doses greater than 16 mg/day, MCOs and ACPPs may institute authorizations for continued use to ensure patients are maintained on the lowest possible dose.

For opioid antagonists

Naltrexone is available without prior authorization and without a specialty pharmacy requirement for at least the first fill. For naloxone, plans are required to cover at least one formulation of naloxone without prior authorization. Furthermore, the Department of Public Health issued a statewide standing order pursuant to Section 32 of Chapter 208 of the Acts of 2018 for the broad distribution of naloxone to any resident of the Commonwealth.

Coding Systems for MAT

MassHealth supports integration of MAT into health care settings when appropriate for members with opioid use disorder and co-occurring physical or mental health disorders. The practice of initiation and continuation of MAT, inclusive of opioid agonist, partial agonist, and antagonist treatments, may vary based on the following factors:

- the federal and state requirements associated with the type of MAT being delivered;
- the healthcare setting in which the treatment is delivered; and
- the clinical needs of the patient.

The appendices to this bulletin provide a baseline set of codes identified for the pharmacological and service components of MAT. Section 1 lists the pharmacological components along with the National Drug Codes (NDCs) for MAT and procedure codes for clinician-administered MAT. Section 2 lists the service components, inclusive of office visits, emergency department (ED) encounters, and other encounters related to assessments, evaluations, prescribing, and administration of MAT. Since methadone is administered as a bundle using code H0020, including pharmacological and service components in an Opioid Treatment Program (OTP), this code appears in both sections.

The coding convention used by MCOs and ACPPs for MAT may differ based on contracts and practice settings. MCOs and ACPPs must make specific coding conventions and requirements for MAT available to providers in their networks. Additionally, MCOs and ACPPs must direct providers to refer to the drug formularies included in their contracts, or managed care formulary, for the list of covered medications and any corresponding prior authorization requirements.

MCO and ACPPs must provide support and technical assistance to providers in their networks on the coding conventions related to MAT that are specific to their contracts. This includes billing arrangements where MAT is included in an inpatient or 24-hour diversionary per diem payment, or billed separately, in combination with other medically necessary services. This also includes MAT reimbursed through either the plans' pharmacy benefit or medical benefit.

Coding for Other Services

Addiction is a multidimensional disorder, and addiction treatment requires a "whole person" approach. Individuals receiving MAT often meet medical necessity criteria for other

services, including, but not limited to, outpatient counseling, recovery coaching, or recovery support navigator services. Furthermore, members may require laboratory and diagnostic testing, such as clinically appropriate drug screening and laboratory testing, tests for pregnancy, and tests for comorbid conditions such as hepatitis or HIV. As such, while an individual is undergoing MAT, providers are strongly encouraged to provide, or refer the individual for, other medically necessary services. MCOs and ACPPs must have coding structures and policies supportive of access to all medically necessary services.

Additional MassHealth Guidance on MAT

For other bulletins pertaining to MAT, see the bulletins linked below, as well as applicable regulatory and contractual language.

<u>All Provider Bulletin 279</u>

All Provider Bulletin 276

MassHealth Website

This bulletin is available on the MassHealth website at <u>www.mass.gov/masshealth-provider-bulletins</u>.

To sign up to receive email alerts when MassHealth issues new bulletins and transmittal letters, send a blank email to <u>join-masshealth-provider-pubs@listserv.state.ma.us</u>. No text in the body or subject line is needed.

Questions

If you have any questions about the information in this bulletin, please contact the MassHealth Customer Service Center at (800) 841-2900, email your inquiry to providersupport@mahealth.net, or fax your inquiry to (617) 988-8974.

Appendix 1: National Drug Coding (NDC) and Procedure Codes Identified as Medications for Addiction Treatment

HCPCS codes for MAT

H0020	Methadone dose and administration
J0571	Buprenorphine, oral, 1 mg
J0572	Buprenorphine/naloxone, oral, less than or equal to 3 mg buprenorphine
J0573	Buprenorphine/naloxone, oral, greater than 3 mg, but less than or equal to
	6 mg buprenorphine
J0574	Buprenorphine/naloxone, oral, greater than 6 mg, but less than or equal to
	10 mg buprenorphine
J0575	Buprenorphine/naloxone, oral, greater than 10 mg buprenorphine
S0109	Methadone, oral, 5 mg
J1230	Injection, methadone HCL, up to 10mg
J2315	Injection, Naltrexone, up to 1 mg

NDCs for Buprenorphine

00054017613	Buprenorphine Hydrochloride
00054017013	Buprenorphine Hydrochloride
0005401//13	Buprenorphine Hydrochloride / Naloxone Hydrochloride Dihydrate
00054018813	Buprenorphine Hydrochloride / Naloxone Hydrochloride Dihydrate
00093537856	Buprenorphine Hydrochloride
,	
00093537956	Buprenorphine Hydrochloride
00093572056	Buprenorphine Hydrochloride / Naloxone Hydrochloride Dihydrate
00093572156	Buprenorphine Hydrochloride / Naloxone Hydrochloride Dihydrate
00228315303	Buprenorphine Hydrochloride
00228315403	Buprenorphine Hydrochloride / Naloxone Hydrochloride Dihydrate
00228315473	Buprenorphine Hydrochloride / Naloxone Hydrochloride Dihydrate
00228315503	Buprenorphine Hydrochloride / Naloxone Hydrochloride Dihydrate
00228315573	Buprenorphine Hydrochloride / Naloxone Hydrochloride Dihydrate
00228315603	Buprenorphine Hydrochloride
00378092393	Buprenorphine Hydrochloride
00378092493	Buprenorphine Hydrochloride
00406192303	Buprenorphine Hydrochloride / Naloxone Hydrochloride Dihydrate
00406192403	Buprenorphine Hydrochloride / Naloxone Hydrochloride Dihydrate
00490005100	Buprenorphine Hydrochloride / Naloxone Hydrochloride Dihydrate
00490005130	Buprenorphine Hydrochloride / Naloxone Hydrochloride Dihydrate
00490005160	Buprenorphine Hydrochloride / Naloxone Hydrochloride Dihydrate
00490005190	Buprenorphine Hydrochloride / Naloxone Hydrochloride Dihydrate
12496120201	Buprenorphine Hydrochloride / Naloxone Hydrochloride Dihydrate
12496120203	Buprenorphine Hydrochloride / Naloxone Hydrochloride Dihydrate
12496120401	Buprenorphine Hydrochloride / Naloxone Hydrochloride Dihydrate
12496120403	Buprenorphine Hydrochloride / Naloxone Hydrochloride Dihydrate
12496120801	Buprenorphine Hydrochloride / Naloxone Hydrochloride Dihydrate
12496120803	Buprenorphine Hydrochloride / Naloxone Hydrochloride Dihydrate
12496121201	Buprenorphine Hydrochloride / Naloxone Hydrochloride Dihydrate
12496121203	Buprenorphine Hydrochloride / Naloxone Hydrochloride Dihydrate
12496127802	Buprenorphine Hydrochloride

Buprenorphine Hydrochloride / Naloxone Hydrochloride Dihydrate Buprenorphine Hydrochloride / Naloxone Hydrochloride Dihydrate Buprenorphine Hydrochloride

Buprenorphine Hydrochloride / Naloxone Hydrochloride Dihydrate Buprenorphine Hydrochloride / Naloxone Hydrochloride Dihydrate

Buprenorphine Hydrochloride Buprenorphine Hydrochloride / Naloxone Hydrochloride Dihydrate Buprenorphine Hydrochloride/Naloxone Hydrochloride Dihydrate Buprenorphine Hydrochloride/ Naloxone Hydrochloride Dihydrate Buprenorphine Hydrochloride/ Naloxone Hydrochloride Dihydrate Buprenorphine Hydrochloride/Naloxone Hydrochloride Dihydrate Buprenorphine Hydrochloride/ Naloxone Hydrochloride Dihydrate Buprenorphine Hydrochloride/Naloxone Hydrochloride Dihydrate Buprenorphine Hydrochloride/ Naloxone Hydrochloride Dihydrate Buprenorphine Hydrochloride/Naloxone Hydrochloride Dihydrate Buprenorphine Hydrochloride/ Naloxone Hydrochloride Dihydrate Buprenorphine Hydrochloride/Naloxone Hydrochloride Dihydrate **Buprenorphine Hydrochloride**

54868570700Buprenorphine Hydrochloride/ Naloxone Hydrochloride Dihydrate54868570701Buprenorphine Hydrochloride/ Naloxone Hydrochloride Dihydrate54868570702Buprenorphine Hydrochloride/ Naloxone Hydrochloride Dihydrate54868570703Buprenorphine Hydrochloride/ Naloxone Hydrochloride Dihydrate54868570704Buprenorphine Hydrochloride/ Naloxone Hydrochloride Dihydrate54868570704Buprenorphine Hydrochloride/ Naloxone Hydrochloride Dihydrate54868570704Buprenorphine Hydrochloride/ Naloxone Hydrochloride Dihydrate54868575000Buprenorphine Hydrochloride/ Naloxone Hydrochloride Dihydrate55045378403Buprenorphine Hydrochloride/ Naloxone Hydrochloride Dihydrate55700014730Buprenorphine Hydrochloride/ Naloxone Hydrochloride Dihydrate55700018430Buprenorphine Hydrochloride/ Naloxone Hydrochloride Dihydrate55700030230Buprenorphine Hydrochloride/ Naloxone Hydrochloride Dihydrate

NDCs for Naltrexone

000-6001100	Naltrovono UCI
00056001122	Naltrexone HCL
00056001130	Naltrexone HCL
00056001170	Naltrexone HCL
00056007950	Naltrexone HCL
00056008050	Naltrexone HCL
00185003901	Naltrexone HCL
00185003930	Naltrexone HCL
00406009201	Naltrexone HCL
00406009203	Naltrexone HCL
00406117001	Naltrexone HCL
00406117003	Naltrexone HCL
00555090201	Naltrexone HCL
00555090202	Naltrexone HCL
16729008101	Naltrexone HCL
16729008110	Naltrexone HCL
42291063230	Naltrexone HCL
43063059115	Naltrexone HCL
47335032683	Naltrexone HCL

Appendix 1: National Drug Coding (NDC) and Procedure Codes Identified as Medications for Addiction Treatment *(cont.)*

47335032688	Naltrexone HCL
.,	
50436010501	Naltrexone HCL
51224020630	Naltrexone HCL
51224020650	Naltrexone HCL
51285027501	Naltrexone HCL
51285027502	Naltrexone HCL
52152010502	Naltrexone HCL
52152010504	Naltrexone HCL
52152010530	Naltrexone HCL
54868557400	Naltrexone HCL
63459030042	Naltrexone Microspheres
65694010003	Naltrexone HCL
65694010010	Naltrexone HCL
65757030001	Naltrexone Microspheres
65757030202	Naltrexone Microspheres
68084029111	Naltrexone HCL
68084029121	Naltrexone HCL
68094085362	Naltrexone HCL
68115068030	Naltrexone HCL

Source: Center for Medicare and Medicaid Services (CMS) Chronic Conditions Data Warehouse (CCW) – Opioid-related indicators and Algorithms. 2018.

https://www.ccwdata.org/web/guest/condition-categories

Appendix 2: Coding identified as assessment, evaluation, prescribing, and administration of medications for addiction treatment

CPT 99201-99205	Outpatient visit for the evaluation and management of a new patient
CPT 99211-99215	Office or other outpatient visit for the evaluation and management of an established patient
CPT 99281-99285	Initial/normal ED charges
CPT 96372	Therapeutic prophylactic or diagnostic injection (specify substance or drug); subcutaneous or intramuscular
CPT 99217-99220	Initial Observation (New or Established Patient)
HCPCS H0001	Alcohol and/or drug assessment (substance use disorder programs only)
HCPCS H0020	Alcohol and/or drug services methadone administration and/or service (provision of the drug by a licensed program) (dose only visit) (substance use disorder programs only)
HCPCS H0033	Oral medication administration, direct observation (substance use disorder programs only)
HCPCST1015	Clinic visit/encounter, all-inclusive (community health centers only
CPT 99199	Other Medicine Services and Procedures (tracking and monitoring of naloxone dispensing at discharge)

Follow us on Twitter **@MassHealth**