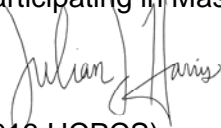




Commonwealth of Massachusetts  
Executive Office of Health and Human Services  
Office of Medicaid  
[www.mass.gov/masshealth](http://www.mass.gov/masshealth)



MassHealth  
Transmittal Letter SAT-17  
May 2013

**TO:** Substance Abuse Treatment Centers Participating in MassHealth  
**FROM:** Julian J. Harris, M.D., Medicaid Director   
**RE:** *Substance Abuse Treatment Manual (2013 HCPCS)*

### Updated Service Codes and Descriptions

This letter transmits revisions to the service codes and descriptions in the *Substance Abuse Treatment Manual*. In order to remain consistent with Bureau of Substance Abuse Services (BSAS) terminology, MassHealth has updated the language for code H0011 in Subchapter 6 of the *Substance Abuse Treatment Manual*. The new language is as follows.

H0011—Alcohol and/or drug services; acute detoxification (medically monitored inpatient detoxification services) (facility with 37 or fewer licensed beds)

H0011—Alcohol and/or drug services; acute detoxification (medically monitored inpatient detoxification services) (facility with more than 37 licensed beds)

H0011-HD—Alcohol and/or drug services; acute detoxification (medically monitored inpatient detoxification services), pregnant/parenting woman's program (facility with 37 or fewer licensed beds)

H0011-HD—Alcohol and/or drug services; acute detoxification (medically monitored inpatient detoxification services), pregnant/parenting woman's program (facility with more than 37 licensed beds)

### Deleted Code

H0010-52 has been deleted

### Updates to Reflect the National Correct Coding Initiative (NCCI)

Providers who billed for methadone-counseling services using Service Code H0020 received a denial with Edit Code 5930 (MUE edits exceeded). MassHealth has implemented the following changes to the billing procedures.

1. H0020—Alcohol and/or drug services, methadone administration and/or service (provision of the drug by a licensed program) (dose-only visit) may be used only to bill methadone administration. Counseling services provided as part of the methadone program should be billed separately with the following service codes.

- H0004 TF—Behavioral health counseling and therapy (methadone/opioid counseling) per 15- minute unit (individual counseling, intermediate level of care, four units maximum per day)
  - T1006 HR—Alcohol and/or substance abuse services (methadone/opioid counseling) per 30-minute unit (family/couple counseling, two units maximum per day)
  - H0005 HQ—Alcohol and/or drug service group counseling by a clinician (methadone/opioid counseling) per 45-minute unit (two units maximum per day)
2. The following codes, previously allowed for counseling, are no longer valid effective January 16, 2013: H0020 TF, H0020 HR, and H0020 HQ.

All of the line changes described in this transmittal letter are reflected in the attached Subchapter 6 of the *Substance Abuse Treatment Manual*.

If you wish to obtain a fee schedule, you may download the Executive Office of Health and Human Services regulations at no cost at [www.mass.gov/eohhs](http://www.mass.gov/eohhs). The regulation title for Substance Abuse Treatment Services is 101 CMR 346.00.

### **MassHealth Website**

This transmittal letter and attached pages are available on the MassHealth website at [www.mass.gov/masshealth](http://www.mass.gov/masshealth).

### **Questions**

If you have any questions about this transmittal letter, please contact MassHealth Customer Service at 1-800-841-2900, e-mail your inquiry to [providersupport@mahealth.net](mailto:providersupport@mahealth.net), or fax your inquiry to 617-988-8974.

### **NEW MATERIAL**

(The pages listed here contain new or revised language.)

#### **Substance Abuse Treatment Manual**

Pages vi, vii, and 6-1 and 6-2

### **OBSOLETE MATERIAL**

(The pages listed here are no longer in effect.)

#### **Substance Abuse Treatment Manual**

Pages vi and vii — transmitted by Transmittal Letter SAT-15

Pages 6-1 and 6-2 — transmitted by Transmittal Letter SAT-16

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The regulations and instructions governing provider participation in MassHealth are published in the Provider Manual Series. MassHealth publishes a separate manual for each provider type.

Manuals in the series contain administrative regulations, billing regulations, program regulations, service codes, administrative and billing instructions, and general information. MassHealth regulations are incorporated into the Code of Massachusetts Regulations (CMR), a collection of regulations promulgated by state agencies within the Commonwealth and by the Secretary of State. MassHealth regulations are assigned Title 130 of the Code. Pages that contain regulatory material have a CMR chapter number in the banner beneath the subchapter number and title.

Administrative regulations and billing regulations apply to all providers and are contained in 130 CMR Chapter 450.000. These regulations are reproduced as Subchapters 1, 2, and 3 in this and all other manuals.

Program regulations cover matters that apply specifically to the type of provider for which the manual was prepared. For substance abuse treatment providers, those matters are covered in 130 CMR Chapter 418.000, reproduced as Subchapter 4 in the *Substance Abuse Treatment Manual*.

Revisions and additions to the manual are made as needed by means of transmittal letters, which furnish instructions for substituting, adding, or removing pages. Some transmittal letters will be directed to all providers; others will be addressed to providers in specific provider types. In this way, a provider will receive all those transmittal letters that affect its manual, but no others.

The Provider Manual Series is intended for the convenience of providers. Neither this nor any other manual can or should contain every federal and state law and regulation that might affect a provider's participation in MassHealth. The provider manuals represent instead MassHealth's effort to give each provider a single convenient source for the essential information providers need in their routine interaction with MassHealth and its members.

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Substance Abuse Treatment Manual		

601 Service Codes and Descriptions

Service

Code   Modifier   Service Description

**Inpatient Services**

- H0010            Alcohol and/or drug services sub-acute detoxification (residential addiction program inpatient) (clinically managed detoxification services)
- H0011            Alcohol and/or drug services; acute detoxification (medically monitored inpatient detoxification services) (facility with 37 or fewer licensed beds)
- H0011            Alcohol and/or drug services; acute detoxification (medically monitored inpatient detoxification services) (facility with more than 37 licensed beds)

**Methadone Services**

- H0020            Alcohol and/or drug services methadone administration and/or service (provision of the drug by a licensed program) (dose only visit)
- H0004    TF        Behavioral health counseling and therapy (methadone/opioid counseling) per 15-minute unit (individual counseling, intermediate level of care, four units maximum per day)
- T1006    HR        Alcohol and/or substance abuse services (methadone/opioid counseling) per 30-minute unit (family/couple counseling, two units maximum per day)
- H0005    HQ        Alcohol and/or drug service group counseling by a clinician (methadone/opioid counseling) per 45-minute unit (two units maximum per day)

**Outpatient Services**

- 90882    HF        Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers, or institutions (substance abuse program) (case consultation) (per 30-minute unit two units maximum per day)
- 97810    HF        Acupuncture, one or more needles; without electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient (substance abuse program) (I.C.) (one unit maximum per day)
- 97811    HF        each additional 15 minutes of personal one-on-one contact with the patient, with re-insertion of needle(s) (substance abuse program) (I.C.) (three units maximum per day) (to be used in conjunction with 97810)
- H0004            Behavioral health counseling and therapy, per 15 minutes (individual counseling) (four units maximum per day)
- H0005            Alcohol and/or drug services group counseling by a clinician (per 45-minute unit) (two units maximum)
- T1006            Alcohol and/or substance abuse services family/couple counseling (per 30-minute unit, two units maximum per day)

**Enhanced Inpatient Detoxification Services for Pregnant Members**

- H0011-HD        Alcohol and/or drug services; acute detoxification (medically monitored inpatient detoxification services), pregnant/parenting woman's program (facility with 37 or fewer licensed beds)

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601 Service Codes and Descriptions (cont.)

Service

Code   Modifier   Service Description

H0011-HD      Alcohol and/or drug services; acute detoxification (medically monitored inpatient detoxification services), pregnant/parenting woman's program (facility with more than 37 licensed beds)

**Intensive Outpatient Detoxification Services for Pregnant Members**

H0004   HD      Behavioral health counseling and therapy, per 15 minutes (pregnant/parenting women's program) (individual counseling) (four units maximum per day)

T1006   HD      Alcohol and/or drug services family/couple counseling (pregnant/parenting women's program) (per 30-minute unit) (two units maximum per day)

H0005   HD      Alcohol and/or drug services; group counseling by a clinician (pregnant/parenting women's program) (per 45-minute unit) (two units maximum per day)

H0006   HD      Alcohol and/or drug services case management (pregnant/parenting women's program) (per 15-minute unit) (four units maximum per day)

**Day Treatment Program for Pregnant Members**

H1005            Prenatal care, at-risk enhanced service package (includes H1001-H1004) (prenatal care, at-risk enhanced service antepartum management/care coordination/education/follow-up home visit) (individual counseling) (per one hour unit, one unit maximum per day)

H1005   HQ      Prenatal care, at-risk enhanced service package (includes H1001-H1004) (group setting) (prenatal care, at-risk enhanced service antepartum management/care coordination/education/follow-up home visit) (per four hour unit) (one unit maximum per day)