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601 Service Codes and Descriptions

Inpatient Services

Service

Code Modifier Service Description

(To view the rates for these services, please refer to 101 CMR 346.00: Rates for Certain Substance-Related and Addictive Disorders.)

- 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 (residential addiction program inpatient) (medically monitored inpatient detoxification services)

(To view rates for these services, please refer to 101 CMR 444.00: Rates for Certain Substance Use Disorder Services.)

- H2036 HK Alcohol and/or other drug treatment program, per diem (individualized treatment and stabilization (Tier 1))
- H2036 HF Alcohol and/or other drug treatment program, per diem (individualized treatment and stabilization (Tier 2))

24-Hour Community-Based Services

(To view the rates for these services, please refer to 101 CMR 346.00: Rates for Certain Substance-Related and Addictive Disorders.)

- H0018 Behavioral health; short-term residential (nonhospital residential treatment program), without room and board, *per diem* (Transitional Support Services)
- H0019 Alcohol and/or drug abuse halfway house services, *per diem* (Residential Rehabilitation), without room and board.
- H0019 TH Behavioral health; long-term residential (nonmedical, nonacute care in a residential treatment program where stay is typically longer than 30 days), without room and board, *per diem* (pregnant/ parenting women’s program) (Residential Rehabilitation Pregnant Enhancement)
- H0019 HR Behavioral health; long-term residential (nonmedical, nonacute care in a residential treatment program where stay is typically longer than 30 days), without room and board, *per diem* (Family Residential Treatment for 11 Families)
- H0019 HR Behavioral health; long-term residential (nonmedical, nonacute care in a residential treatment program where stay is typically longer than 30 days), without room and board, *per diem* (Family Residential Treatment for 12 Families)
- H0019 HR Behavioral health; long-term residential (nonmedical, nonacute care in a residential treatment program where stay is typically longer than 30 days), without room and board, *per diem* (Family Residential Treatment for 13 Families)

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H0019	HR	Behavioral health; long-term residential (nonmedical, nonacute care in a residential treatment program where stay is typically longer than 30 days), without room and board, per diem (Family Residential Treatment for 14 Families)
H0019	HR	Behavioral health; long-term residential (nonmedical, nonacute care in a residential treatment program where stay is typically longer than 30 days), without room and board, per diem (Family Residential Treatment for 15 Families)
H0019	HR	Behavioral health; long-term residential (nonmedical, nonacute care in a residential treatment program where stay is typically longer than 30 days), without room and board, per diem (family residential treatment for 16 or more families)

(To view the rates for these services, please refer to 101 CMR 413.00: *Payments for Youth Intermediate Term Stabilization Services.*)

H0019	HF	Behavioral health; long-term residential (nonmedical, nonacute care in a residential treatment program where stay is typically longer than 30 days), without room and board, per diem (residential rehabilitation services for transitional age youth and young adults: youth residential substance use disorder treatment)
H0019	HA	Behavioral health; long-term residential (nonmedical, nonacute care in a residential treatment program where stay is typically longer than 30 days), without room and board, per diem (residential rehabilitation treatment services for youth: clinically intensive youth residential substance use disorder treatment)
H0019	HD	Behavioral health; long-term residential (nonmedical, nonacute care in a residential treatment program where stay is typically longer than 30 days), without room and board, per diem (residential rehabilitation services postpartum enhancement)

Opioid Treatment Services

(To view the rates for these services, please refer to 101 CMR 346.00: *Rates for Certain Substance-Related and Addictive Disorders.*)

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)
H0005	HQ	Alcohol and/or drug services; group counseling by a clinician (methadone/opioid counseling) (per 45-minute unit) (one unit maximum per day)
H0005	HF	Alcohol and/or drug services; group counseling by a clinician (per 90-minute unit) (one unit maximum per day)

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T1006	HR	Alcohol and/or substance abuse services; family/couple counseling (family/couple with client present) (opioid family/couple counseling, per 30-minute unit, one unit maximum per day)
T1006	HG	Alcohol and/or substance abuse services; family/couple counseling (family/couple with client present) (opioid family/couple counseling, per 60-minute unit, one unit maximum per day)
H0005	HG	Alcohol and/or drug services; group counseling by a clinician (methadone/opioid counseling) (per 90-minute unit) (one unit maximum per day)
H2016	HM	Comprehensive community support program, per diem (Enrolled Client Day) (recovery support service by a recovery advocate trained in Recovery Coaching)

(To view the rates for these services, please refer to 101 CMR 444.00: *Rates for Certain Substance Use Disorder Services.*)

H0001	U1	Alcohol and/or drug assessment (buprenorphine and naltrexone medication evaluation, at initiation of treatment)
H0033		Oral medication administration, direct observation (buprenorphine, first dosage only)
H0033	U2	Oral medication administration, direct observation (buprenorphine, dosing only visit)
H0033	U3	Oral medication administration, direct observation (oral naltrexone dosing)
H0047		Alcohol and/or other drug abuse services, not otherwise specified; oral medication preparation and administration (buprenorphine and associated drug screens) (may not be combined with H0033) (may be billed once per each day a member receives medication)
H2015	HF	Comprehensive community support services, per 15 minutes (Recovery Support Navigator)
96372		Therapeutic prophylactic or diagnostic injection (specify substance or drug); subcutaneous or intramuscular (naltrexone)
J0571*		Buprenorphine, oral, 1 mg (maximum 32 mg per day) (prior authorization required) (*National Drug Code (NDC) required)
J0572*		Buprenorphine/naloxone, oral, less than or equal to 3 mg ; may be combined with J0573 as medically necessary) (*NDC required)
J0573*		Buprenorphine/naloxone, oral, greater than 3 mg, but less than or equal 3.1 to 6 mg; may be combined with J0572, as medically necessary) (*NDC required)
J2315*		Injection, naltrexone, depot form, 1 mg (maximum of 380 mg per month) (*NDC required)
J3490*		Unclassified drugs (naltrexone, oral)

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(To view the rates for these services, please refer to 101 CMR 320.00: Clinical Laboratory Services.)

- 80305 Drug tests(s), presumptive, any number of drug classes, any number of devices or procedures (e.g., immunoassay) capable of being read by direct optical observation only (e.g., dipsticks, cups, cards, cartridges) includes sample validation when performed, per date of service
- 80306 Drug test(s), presumptive, any number of drug classes, any number of devices or procedures, (e.g., immunoassay) read by instrument-assisted direct optical observation (e.g., dipsticks, cups, cards, cartridges), includes sample validation when performed, per date of service
- 80307 Drug test(s), presumptive, any number of drug classes, any number of devices or procedures; by instrument chemistry analyzers (e.g., utilizing immunoassay [e.g., EIA, ELISA, EMIT, FPIA, IA, KIMS, RIA]), chromatography (e.g., GC, HPLC), and mass spectrometry either with or without chromatography (e.g., DART, DESI, GC-MS, GC-MS/MS, LC-MS, LCMS/MS, LDTD, MALDI, TOF) includes sample validation when performed, per date of service

Outpatient Services

(To view the rates for these services, please refer to 101 CMR 346.00: Rates for Certain Substance-Related and Addictive Disorders.)

- 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) (one unit maximum per day)
- H0005 HG Alcohol and/or drug services, group counseling by a clinician (methadone/opioid counseling) (per 90-minute unit) (one unit maximum per day)
- T1006 Alcohol and/or substance abuse services; family/couple counseling (per 30-minute unit) (one unit maximum per day)

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T1006	HF	Alcohol and/or substance abuse services; family/couple counseling (per 60 minutes) (one unit maximum per day)
H2016	HM	Comprehensive community support program, per diem (Enrolled Client Day) (recovery support service by a recovery advocate trained in Recovery Coaching)

(To view the rates for these services, please refer to 101 CMR 444.00: *Rates for Certain Substance Use Disorder Services.*)

H2015	HF	Comprehensive community support services, per 15 minutes (Recovery Support Navigator)
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(To view the rates for these services, please refer to 101 CMR 317.00: *Medicine.*)

99202		Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and straightforward medical decision making, When using time for code selection, 15-29 minutes of total time is spent on the date or the encounter.
99203		Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and straightforward medical decision making, When using time for code selection, 30-44 minutes of total time spent on the date of the encounter.
99204		Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and straightforward medical decision making, When using time for code selection, 45-59 minutes of total time spent on the date of the encounter.
99205		Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and straightforward medical decision making, When using time for code selection, 60-74 minutes of total time spent on the date of the encounter.
99211		Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician or other qualified health care professional. Usually, the presenting problem(s) are minimal.

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99212		Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making, When using time for code selection, 10-19 minutes of total time spent on the date of the encounter.
99213		Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making, When using time for code selection, 20-29 minutes of total time spent on the date of the encounter.
99214		Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making, When using time for code selection, 30-39 minutes of total time spent on the date of the encounter.
99215		Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making, When using time for code selection, 40-54 minutes of total time spent on the date of the encounter.
99417		Prolonged office or other outpatient evaluation and management service(s) beyond the minimum required time of the primary procedure which has been selected using total time, requiring total time with or without direct patient contact beyond the usual service, on the date of the primary service, each 15 minutes of total time (List separately in addition to codes 99205, 99215 for office or other outpatient Evaluation and Management services)

Covid-19 Vaccine Codes

91300 SL	Pfizer-Biontech Covid-19 Vaccine (SARSCOV2 VAC 30MCG/0.3ML IM)
0001A	Pfizer-Biontech Covid-19 Vaccine Administration – First Dose (ADM SARSCOV2 30MCG/0.3ML 1ST)
0002A	Pfizer-Biontech Covid-19 Vaccine Administration – Second Dose (ADM SARSCOV2 30MCG/0.3ML 2 ND)
0003A	Pfizer-BioNTech Covid-19 Vaccine Administration – Third Dose
0004A	Pfizer-BioNTech Covid-19 Vaccine Administration – Booster

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91307	SL	Pfizer-BioNTech Covid-19 Pediatric Vaccine
0071A		Pfizer-BioNTech Covid-19 Pediatric Vaccine - Administration - First dose
0072A		Pfizer-BioNTech Covid-19 Pediatric Vaccine - Administration - Second dose
91301	SL	Moderna Covid-19 Vaccine (SARSCOV2 VAC 100MCG/0.5ML IM)
0011A		Moderna Covid-19 Vaccine Administration – First Dose (ADM SARSCOV2 100MCG/0.5ML 1ST)
0012A		Moderna Covid-19 Vaccine Administration – Second Dose (ADM SARSCOV2 100M0CG/0.5ML 2ND)
0013A		Moderna Covid-19 Vaccine Administration – Third Dose
91306	SL	Moderna Covid-19 Vaccine (Low Dose)
0064A		Moderna Covid-19 Vaccine (Low Dose) Administration – Booster
91303	SL	Janssen Covid-19 Vaccine (SARSCOV2 VAC AD26 .5ML IM)
0031A		Janssen Covid-19 Vaccine Administration (ADM SARSCOV2 VAC AD26 .5ML)
0034A		Janssen Covid-19 Vaccine Administration – Booster (ADM SARSCOV2 VAC AD26 .5ML)

Enhanced Inpatient Detoxification Services for Pregnant Members

(To view the rates for these services, please refer to 101 CMR 346.00: *Rates for Certain Substance-Related and Addictive Disorders.*)

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

Intensive Outpatient Program Services for Pregnant Members

(To view the rates for these services, please refer to 101 CMR 346.00: *Rates for Certain Substance-Related and Addictive Disorders.*)

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) (one unit maximum per day)

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Code Modifier Service Description (cont.)

T1006	TH	Alcohol and/or drug services; family/couple counseling (pregnant/parenting women's program) (per 60-minute unit) (one unit maximum per day)
H0005	HD	Alcohol and/or drug services; group counseling by a clinician (pregnant/parenting women's program) (per 45-minute unit) (one unit maximum per day)
H0005	TH	Alcohol and/or drug services; group counseling by a clinician (pregnant/parenting women's program) (per 90-minute unit) (one unit 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

(To view the rates for these services, please refer to 101 CMR 346.00: *Rates for Certain Substance-Related and Addictive Disorders.*)

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)

602 Modifiers

Opioid treatment service centers that purchase drugs through the 340B drug pricing program must include the modifier "UD" to the HCPCS code (J-code) to identify drugs purchased through that program.

<u>Modifier</u>	<u>Modifier Description</u>
-SL	State supplied vaccine or antibodies (This modifier must be applied to codes 91300, 91301, 91303, 91306, and 91307 to identify administration of vaccines or antibodies provided at no cost, whether by the Massachusetts Department of Public Health; another federal, state, or local agency; or a vaccine manufacturer. If the providers receive the vaccine from one of these sources at no cost, providers must bill the code for the vaccine itself, with modifier SL, and the associated code for administration of the vaccine.)
-UD	Drug purchased through the 340B drug pricing program (for use if appropriate with service codes J0571, J0572, J0573, and J2315)

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603 National Drug Code (NDC) Requirement

Opioid treatment service centers are required to submit claims on all outpatient claims for drugs administered during the course of a member’s visit with the exact National Drug Code (NDC) that appears on the product administered (applicable to service codes J0571, J0572, J0573J2315, and J3490; designated with “*” in Section 601). The NDC must be submitted in the 5-4-2 digit format (i.e., xxxxx-xxxx-xx). Opioid treatment service centers must therefore include both the HCPCS code (J-code) and the NDC when billing MassHealth for these drugs.

604 Billing Multiple Units of Buprenorphine and Buprenorphine/Naloxone

Pursuant to the limits set forth in Section 601, opioid treatment centers may bill multiple units of buprenorphine or buprenorphine/naloxone (service codes J0571, J0572, J0573) as needed to reach the medically necessary dosage.

605 Telephonic Service Codes and Descriptions

(To view the rates for these services, please refer to 101 CMR 317.00: *Medicine.*)

<u>Service Code</u>	<u>Service Description</u>
98966	Telephone assessment and management service provided by a qualified non physician care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days not leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; (5-10 minutes) (code can be combined with (98967) and (98968) to reflect the length of encounter).5-10 minutes of medical discussion
98967	Telephone assessment and management service provided by a qualified non physician care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days not leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; (11-20 minutes), code can be combined with (98966) and (98968) to reflect the length of encounter).11-20 minutes of medical discussion.
98968	Telephone assessment and management service provided by a qualified non physician care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days not leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 21-30 minutes of medical discussion.

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605 Telephonic Service Codes and Descriptions (cont.)

Service

Code

Service Description

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| 99441 | Telephone evaluation and management services by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion. |
| 99442 | Telephone evaluation and management services by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion. |
| 99443 | Telephone evaluation and management services by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 21-30 minutes of medical discussion. |