




**Commonwealth of Massachusetts**  
**Executive Office of Health and Human Services**  
**Office of Medicaid**  
*www.mass.gov/masshealth*



MassHealth  
Transmittal Letter SUD-18  
June 2016

**TO:** Substance Use Disorder Treatment Providers Participating in MassHealth

**FROM:** Daniel Tsai, Assistant Secretary for MassHealth 

**RE:** *Substance Use Disorder Treatment Manual* (Revised regulations and an updated provider manual)

MassHealth has updated the *Substance Abuse Treatment Manual* with a new name, the *Substance Use Disorder Treatment Manual*. All related pages, including the table of contents, preface, regulations, and Subchapter 6 have been updated with the new name.

This letter transmits revisions to the Substance Use Disorder Treatment regulations (130 CMR 418.000), previously called the Substance Abuse Treatment regulations. These revisions provide opioid agonist, opioid partial agonist, and opioid antagonist treatments to members with an opioid dependency at opioid treatment services centers and update terminology to reflect current substance use disorder treatment services.

These regulations were filed as an emergency and are effective as of June 8, 2016.

This letter also transmits revisions to the service codes in Subchapter 6 of the *Substance Use Disorder Treatment Manual*. New codes have been added to reflect the expansion of services at opioid treatment services centers, and terminology has been updated to reflect current substance use disorder treatment services.

### **Federal Requirements Related to NDCs and Collection of Rebates**

MassHealth is required by federal law to collect rebates for covered outpatient drugs, including drugs administered as part of an office or clinic visit when paid as a separate service and billed with a HCPCS code. As a result, MassHealth must collect the 11-digit National Drug Code (NDC) on all outpatient claims for drugs administered during the course of a member's visit to an opioid treatment service center. Providers are required to submit their claims with the exact NDC that appears on the product administered. The NDC is found on the medication's packaging and 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. This requirement does not apply to drugs billed as part of a bundled rate (e.g., methadone provided in an opioid treatment service center). Additional information on this requirement is available at:

<http://www.mass.gov/eohhs/gov/newsroom/masshealth/providers/national-drug-code-ndc-requirements-for.html>.

Under the federal 340B program, providers who qualify as 340B-covered entities are able to acquire drugs at significantly discounted rates. Because of the discounted acquisition cost, 340B drugs are not eligible for the Medicaid drug rebate program. As such, MassHealth must be able to distinguish between claims for 340B drugs and claims that are not for 340B drugs. Therefore,

providers that purchase drugs through the 340B drug pricing program must include the Modifier "UD" to the HCPCS code to identify drugs purchased through that program.

Detailed instructions are also provided in the CMS-1500 and 837P companion guides for billing these drugs.

### **Use of Suboxone Film™**

MassHealth encourages the opioid treatment service centers to use Suboxone Film™ as their first line buprenorphine/naloxone product. This is because MassHealth currently designates Suboxone Film™ as its preferred buprenorphine/naloxone product for claims dispensed through pharmacies. MassHealth believes that use of Suboxone Film™ at opioid treatment service centers would enhance uniformity, reduce confusion, and ease transitions for MassHealth members and prescribers.

### **Prior Authorization**

Prior authorization is not required for medication-assisted treatments for substance use disorder, including buprenorphine/naloxone, naltrexone or methadone, with the following exception. Prior authorization is required for buprenorphine, oral 1 mg (HCPCS J0571) in order to prevent misuse because buprenorphine does not contain the deterrent naloxone. Buprenorphine oral 1 mg (HCPCS J0571) tablets may be used for pregnant and nursing women and in other limited circumstances when a contraindication to use of buprenorphine/naloxone exists.

Prior authorization (PA) for drugs is done by the MassHealth Drug Utilization Review (DUR) program to determine medical necessity. There is a specific prior-authorization form titled "Opioid Dependence and Reversal Agents" that Opioid Treatment Service Centers can use to request PA for buprenorphine. This form is available at: <https://masshealthdruglist.ehs.state.ma.us/MHDL/pubdownloadpa.do;jsessionid=F4AB6876930F57D036A5024136F7D6FC?id=2092>. All PA requests for drugs must be submitted by mail or fax to the address or fax number listed on the PA form.

The Drug Utilization Review program notifies the prescriber and the member, in writing, of its decision within 24 to 48 hours of the date the DUR program receives the request. A fax is sent to the prescriber and the member receives a letter.

### **Billing Multiple Units of Buprenorphine and Buprenorphine/Naloxone**

Pursuant to the limits set forth in Subchapter 6, opioid treatment centers may bill for multiple units of Buprenorphine or Buprenorphine/Naloxone as needed to reach the medically necessary dosage.

### **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 the information in this transmittal letter, please contact the MassHealth Customer Service Center 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 Use Disorder Treatment Manual

Pages iv, vi, vii, 4-1 through 4-13, and 6-1 through 6-3

OBSOLETE MATERIAL

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

Substance Abuse Treatment Manual

Page iv — transmitted by Transmittal Letter SAT-15  
Pages vi and vii — transmitted by Transmittal Letter SAT-17  
Pages 4-1 and 4-2 — transmitted by Transmittal Letter SAT-12  
Pages 4-3 and 4-4 — transmitted by Transmittal Letter SAT-15  
Pages 4-5 through 4-12 — transmitted by Transmittal Letter SAT-9  
Page 6-1 through 6-2— transmitted by Transmittal Letter SAT-17

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418.401: Introduction

130 CMR 418.000 establishes the requirements for the treatment of substance use disorders provided by public and private substance use disorder treatment programs reimbursable under MassHealth.

418.402: Definitions

The following terms used in 130 CMR 418.000 shall have the meanings given in 130 CMR 418.402 unless the context clearly requires a different meaning. The reimbursability of services defined in 130 CMR 418.400 is not determined by these definitions, but by the application of regulations elsewhere in 130 CMR 418.000 and in 130 CMR 450.000: *Administrative and Billing Regulations*.

Acupuncture Detoxification — the insertion of metal needles through the skin at certain points on the body, with or without the use of herbs, with or without the application of an electric current, and with or without the application of heat to the needles, skin, or both, for individuals experiencing the dysfunctional effects of the use of alcohol and/or other drugs, whose primary need is detoxification to manage withdrawal symptoms, and thereafter, support services for the maintenance of sobriety.

Acute Inpatient Substance Use Disorder Treatment Services — short-term medical detoxification and stabilization treatment provided by an inpatient unit or facility, either freestanding or hospital-based, licensed as an acute care inpatient substance abuse detoxification treatment services by the Massachusetts Department of Public Health under its regulations at 105 CMR 164.000: *Licensure of Substance Abuse Treatment Programs*.. These services are delivered in a three-tiered system defined under 105 CMR 164.133 (A)(1): *Determination of Level of Care* and must conform with all applicable sections of 105 CMR 164.000..

Case Consultation — a preplanned meeting of at least one-half hour's duration between the substance use disorder treatment provider and other providers of treatment concerning a member who receives substance use disorder treatment that meets at least one of the following purposes:.

- (1) identifying and planning for additional services;
- (2) coordinating a treatment plan with other providers involved in the member's care;
- (3) reviewing the member's progress; or
- (4) revising the treatment plan as required.

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Couple Counseling — rehabilitative counseling provided to a couple whose primary complaint is disruption of their relationship or family due to substance use disorder.

Enhanced Acute Inpatient Substance Use Disorder Treatment Services — a program to detoxify pregnant women from alcohol or drugs that addresses the needs of pregnancy and that includes other medical and support components to ensure quality of both substance use disorder treatment and obstetrical care.

Family Counseling — rehabilitative counseling of more than one member of a family at the same time in the same session, where the primary complaint is disruption of the family due to substance use disorder.

Group Counseling — rehabilitative counseling of a group of individuals, most of whom are not related by blood, marriage, or legal guardianship, having a primary complaint that is associated with substance use disorder.

Individual Counseling — rehabilitative counseling provided to an individual whose primary complaint is substance use disorder.

Motivational and Supportive Services — counseling as a component of acupuncture detoxification that:

- (1) encourages members to remain in acupuncture detoxification treatment;
- (2) assists members to obtain necessary medical and social services;
- (3) includes AIDS (acquired immune deficiency syndrome) risk assessment and education services; and
- (4) motivates members to participate in ongoing outpatient substance use disorder treatment.

Nurse Practitioner — an individual licensed by the Massachusetts Board of Registration in Nursing in accordance with M.G.L. c. 112, s. 80B, and knowledgeable in the field of substance addiction.

Opioid Treatment Services Center — a program that provides opioid treatment services. Opioid Treatment Services Centers must be federally certified by the Substance Abuse Mental Health Services Administration as an Opioid Treatment Program and must be licensed as Opioid Treatment Programs by the Department of Public Health under its regulations at 105 CMR 164.000: *Licensure of Substance Abuse Treatment Programs*. Opioid Treatment Services Centers must conform to the federal opioid treatment standards set forth in 42 CFR 8.12.

Opioid Treatment Services — supervised assessment and treatment of an individual, using FDA approved medications (including methadone, buprenorphine/naloxone, and naltrexone) along with a comprehensive range of medical and rehabilitative services, when clinically necessary, to alleviate the adverse medical, psychological or physical effects incident to opiate addiction. This term encompasses detoxification treatment and maintenance treatment.

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Physician Assistant — an individual who is registered by the Board of Registration of Physician Assistants in accordance with M.G.L. c. 112, s. 9F, and knowledgeable in the field of substance addiction.

Registered Nurse — an individual licensed by the Massachusetts Board of Registration in Nursing in accordance with M.G.L. c. 112, s. 74, and knowledgeable in the field of substance addiction.

Substance Use Disorder Outpatient Counseling Service — an outpatient counseling service that is a rehabilitative treatment service for individuals and their families experiencing the effects of the use of substances.

#### 418.403: Eligible Members

- (A) (1) MassHealth Members. The MassHealth agency pays for substance use disorder treatment services only when provided to eligible MassHealth members, subject to the restrictions and limitations described in MassHealth regulations. Covered services for each MassHealth coverage type are set forth in 130 CMR 450.105: *Coverage Types*.
- (2) Members who receive services through the Emergency Aid to the Elderly, Disabled and Children Program. Covered services for recipients of the Emergency Aid to the Elderly, Disabled and Children Program, are set forth in 130 CMR 450.106: *Emergency Aid to the Elderly, Disabled and Children Program*.
- (3) Pregnant Members — For information on the eligibility period for pregnant members, see 130 CMR 418.406(D).
- (B) For information on verifying member eligibility and coverage type, see 130 CMR 450.107: *Eligible Members and the MassHealth Card*.
- (C) For limitations on mental health and substance use disorder services provided to members enrolled with the MassHealth behavioral health contractor, see 130 CMR 450.124.

#### 418.404: Provider Eligibility

Payment for services described in 130 CMR 418.000 will be made only to providers of substance use disorder treatment services who are participating in MassHealth on the date of service. The eligibility requirements for providers of substance use disorder treatment services are as follows.

- (A) In State. The following requirements apply when the provider is located in Massachusetts.
- (1) Opioid Treatment Services. A provider who furnishes opioid treatment services must be licensed by the Massachusetts Department of Public Health under its regulations at 105 CMR 164.000: *Licensure of Substance Abuse Treatment Programs*.
- (2) Acute Inpatient Substance Use Disorder Treatment Services. A provider who furnishes acute inpatient substance use disorder treatment services must be licensed or approved, or both, as a provider of acute inpatient substance abuse treatment services by the Massachusetts Department of Public Health pursuant to its regulations at 105 CMR 164.000: *Licensure of Substance Abuse Treatment Programs*.
- (3) Substance Use Disorder Outpatient Counseling Services. A provider who furnishes substance use disorder outpatient counseling services must be licensed by the Massachusetts

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Department of Public Health to provide such services under its regulations at 105 CMR 164.000: *Licensure of Substance Abuse Treatment Programs*. These services include counseling services.

(4) Acupuncture Detoxification. A provider who furnishes acupuncture detoxification must be licensed by the Massachusetts Board of Registration in Medicine.

(B) Out-of-state. To participate in MassHealth, an out-of-state substance use disorder treatment program must obtain a MassHealth provider number and meet the following criteria:

- (1) the program must be licensed to provide opioid treatment services, acute inpatient substance use disorder treatment services, or substance use disorder outpatient counseling services by the appropriate state agency under whose jurisdiction it operates;
- (2) a program that provides opioid treatment services must be certified as a federal opioid treatment program;
- (3) the program must participate in its own state's Medicaid Program or its equivalent;
- (4) the program must have a rate of reimbursement established by the appropriate rate setting regulatory body of its state; and
- (5) the program must be one that members in a particular locality use for medical services as a general practice.

#### 418.405: Scope of Services

(A) The MassHealth agency pays only for the following services furnished by substance use disorder treatment programs, in accordance with the regulations of the Massachusetts Department of Public Health at 105 CMR 164.00: *Licensure of Substance Abuse Treatment Programs*.

- (1) the following services provided by freestanding opioid treatment service centers:
  - (a) the administration and dispensing of FDA-approved medications for the treatment of opioid use disorders; and
  - (b) individual, group, and family/couple counseling;
- (2) services provided by acute inpatient substance use disorders treatment services providers for the treatment of substance use disorders;
- (3) the following substance use disorder outpatient counseling services:
  - (a) individual, group, and family/couple counseling;
  - (b) case consultation; and
  - (c) acupuncture detoxification, which includes acupuncture treatments and motivational and supportive services; and
- (4) the following special substance use disorder treatment services for pregnant members:
  - (a) intensive outpatient program services;
  - (b) day treatment;
  - (c) enhanced acute inpatient substance use disorder treatment services. Enhanced acute inpatient substance use disorder services are provided at acute inpatient substance use disorder treatment programs to qualified members and involve clinically appropriate medical protocols that include both medical and support components to ensure the quality of substance use disorder treatment and obstetrical care. Providers of enhanced acute inpatient substance use disorder treatment services for pregnant members must have on staff and on-site an obstetric/gynecological registered nurse who



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will develop and implement a substance use disorder treatment plan. Pregnant members may receive the following enhanced acute inpatient substance use disorder treatment services:

1. clinically appropriate medical protocols for withdrawal from alcohol and other drugs;
2. clinical counseling and rehabilitation with a goal of long-term recovery;
3. obstetric assessment and management, including both arrangements for prenatal examinations during the detoxification and emergency obstetric and medical backup; and
4. an aftercare treatment plan, including post-detoxification referrals.

(d) Case management. Case management services must be provided with the intensive outpatient program and day treatment program described in this section. Case management services coordinate the substance use disorder treatment for pregnant members with the other medical and community services that are critical to the needs of the member. Case management services must include:

1. substance use disorder treatment plans and the coordination of treatment service delivery;
2. the coordination of prenatal and postpartum care, including the provision of intensive follow-up, which includes assistance in the following:
  - a. obtaining a prenatal care provider; and
  - b. scheduling initial appointments and following up to ensure that ongoing prenatal care is obtained;
3. coordination with community agencies to enhance access to support services for the member during and after treatment. The arrangements must include the following services, as appropriate:
  - a. coordination with the Women, Infants, and Children (WIC) organization;
  - b. family planning services;
  - c. services to assist with domestic violence issues;
  - d. trauma services;
  - e. parenting support services;
  - f. coordination with the Massachusetts Department of Children and Family Services, involving its case plan where applicable;
  - g. coordination with other state agencies, including the local Department of Transitional Assistance office; and
  - h. other services as needed, including child care, housing, mental health counseling, transportation, legal aid, and HIV-related services, including counseling and testing; and
4. aftercare treatment planning, including continuing substance use disorder treatment as needed, continuing health care for mother and infant, coordination with self-help groups, and coordination with continuing prenatal care.

(B) The MassHealth agency pays for all medically necessary substance use disorder treatment services for EPSDT-eligible members in accordance with 130 CMR 450.140: *Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Services: Introduction*, without regard to service limitations described in 130 CMR 418.406, and with prior authorization.

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418.406: Service Limitations

(A) Opioid Treatment Services.

- (1) Payment for oral opioid agonist medication is limited to one dose per member per day. Payment for providing a take-home supply is limited to the amounts and frequency set forth in 105 CMR 164.000: *Licensure of Substance Abuse Treatment Programs*.
- (2) Payment for opioid partial agonist medication is limited to one dose per member per day. Payment for a take-home supply is limited to one month;
- (3) Payment for administering opioid antagonist medication is limited to one dose per member per month.
- (4) Payment for counseling services is limited to four sessions (individual, group, or family/couple) per member per week.

(B) Acute Inpatient Substance Use Disorder Treatment Services. The MassHealth agency will pay for acute inpatient substance use disorder treatment services delivered in conformance with all applicable sections of 105 CMR 164.000: *Licensure of Substance Abuse Treatment Programs*.

(C) Substance Use Disorder Outpatient Counseling Services.

- (1) Counseling. Payment for counseling services is limited to a maximum of 24 sessions (individual, group, or family/couple) per member per calendar year.
- (2) Case Consultation.
  - (a) The MassHealth agency will pay a provider only for case consultation that lasts at least 30 minutes. Payment is limited to a maximum of one hour per session, once every three months.
  - (b) The MassHealth agency will pay for case consultation only when telephone contact, written communication, and other nonreimbursable forms of communication clearly will not suffice. Such circumstances must be documented in the member's record. Such circumstances are limited to situations in which the member (or family members) is actively involved in treatment or management programs with both the substance use disorder treatment provider and the other provider and where a lack of face-to-face communication would impede a coordinated treatment program.
  - (c) The MassHealth agency will not pay for court testimony.
- (3) Acupuncture Detoxification.
  - (a) The MassHealth agency will pay for outpatient acupuncture detoxification services, which may include acupuncture treatments and motivational and supportive services. A provider may not bill separately for these components.
  - (b) Acupuncture treatments must be performed in a substance use disorder outpatient facility licensed by the Massachusetts Department of Public Health.

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(c) Payment for acupuncture detoxification sessions is limited to a maximum of six treatments per member per week for the first two weeks and a maximum of three treatments per member per week thereafter. Each session must last at least 45 minutes and no more than 60 minutes.

(d) All members seeking acupuncture detoxification services must be screened to ensure that acupuncture treatment is not medically contraindicated. If the screening determines that acupuncture treatment is medically contraindicated, the provider should assist the member in obtaining an alternative form of treatment. The screening may be performed by a physician assistant, a nurse practitioner, or a registered nurse. The member is appropriate for acupuncture detoxification services if the screening determines that the member:

1. has no history of seizures, delirium tremens, or other life-threatening withdrawal symptoms; and
2. is oriented to time, place, and person.

(D) Special Services for Pregnant Members.

(1) Eligibility Period. A substance use disorder treatment plan for a pregnant member may provide for no more than 10 consecutive months of service from the initiation of treatment. Services under this program may be initiated as soon as the pregnancy is clinically verified or at any month during the pregnancy. Eligibility for special services for pregnant members continues until the last day of the calendar month in which the 60-day postpartum period ends. A member may enter or reenter treatment up to the 30th day of the postpartum period. At the conclusion of this eligibility period, a member is eligible for all other substance use disorder treatment services described in 130 CMR 418.000 and in accordance with the service limitations stated in 130 CMR 418.406.

(2) Case Management.

- (a) Providers may bill for no more than 47 case management hours in total, and no more than three case management hours per week, during the period of eligibility for special services for pregnant members.
- (b) Case management may be claimed as a separate service only when provided with the intensive outpatient program. Payment for case management is included in the rate for day treatment services for pregnant members and may not be claimed separately when provided with day treatment

(3) Intensive Outpatient Program.

- (a) Payment for individual counseling services is limited to a maximum of 47 hours per eligibility period per member;
- (b) Payment for group counseling is limited to a maximum of 282 hours per eligibility period per member;
- (c) Payment for family counseling is limited to a maximum of 26 hours per eligibility period per member;

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(d) The intensive outpatient program must be provided in conjunction with case management services as described in 130 CMR 418.405(A)(4)(d).

(e) The MassHealth agency will not pay for the following services while the member is receiving intensive outpatient program services:

1. opioid treatment services counseling;
2. day treatment;
3. acute inpatient substance use disorder treatment or enhanced acute inpatient substance use disorder treatment; or
4. outpatient counseling.

(4) Day Treatment Program.

(a) Payment for individual counseling is limited to 47 hours per eligibility period per member;

(b) Payment for family/couple counseling is limited to 26 hours per eligibility period per member;

(c) Payment for day treatment is limited to 235 days;

(d) Case management services as described in 130 CMR 418.405(A)(4)(d) must be provided as a component of day treatment and are included in the day treatment rate (*see* 130 CMR 418.406(D)(2)(b));

(e) The MassHealth agency will not pay for the following services while the member is receiving day treatment services:

1. opioid treatment services counseling;
2. outpatient counseling;
3. acute inpatient substance use disorder treatment or enhanced acute inpatient substance use disorder treatment; or
4. intensive outpatient group counseling.

(5) Enhanced Acute Inpatient Substance Use Disorder Treatment Services. While the member is receiving enhanced acute inpatient substance use disorder treatment services, the MassHealth agency will not pay for any other substance use disorder treatment services. These services are reimbursable only if they are delivered in conformance with all applicable sections of 105 CMR 164.000: *Licensure of Substance Abuse Treatment Programs.*

418.407: In-state Providers: Maximum Allowable Fees

The Massachusetts Executive Office of Health and Human Services determines the maximum allowable fees for substance use disorder treatment services. Payment is always subject to the conditions, exclusions, and limitations set forth in 130 CMR 418.000. Reimbursement for a service shall be the lower of the following:

- (A) the maximum allowable fee listed in the applicable fee schedule; or
- (B) the program's usual and customary fee.

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418.408: Out-of-State Providers: Maximum Allowable Fees

Payment to a substance use disorder treatment program located out of state shall be in accordance with the applicable rate schedule of its state's Medicaid Program or its equivalent and is always subject to the applicable conditions, exclusions, and limitations set forth in 130 CMR 418.000.

418.409: Recordkeeping Requirements

The provider must maintain for each member a complete record of all physical examinations, laboratory tests, and treatments including drug and counseling therapies, whether provided directly or by referral. The record must contain a progress note for each counseling session, including treatment modality and duration. Each entry must be signed by the member's primary therapist and must include the therapist's professional discipline and the date of the counseling session. The provider must maintain on its premises either the original record or an alternative electronic format of the original record for each member in accordance with 105 CMR 164.000: *Licensure of Substance Abuse Treatment Programs*. Such records must meet federal and state recordkeeping requirements as set forth in the MassHealth agency's administrative and billing regulations at 130 CMR 450.000: *Administrative and Billing Regulations* and in the Massachusetts Department of Public Health's regulations at 105 CMR 164.000.

REGULATORY AUTHORITY

130 CMR 418.000: M.G.L. c. 118E.

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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 Use Disorder 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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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)

**Opioid Treatment 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)
- H0001    U1      Alcohol and/or drug assessment (buprenorphine and naltrexone medication evaluation, initial visit only)
- H0033      Oral medication administration, direct observation (buprenorphine, first dosage only)
- H0033    U2      Oral medication administration, direct observation (buprenorphine, dosing only visit)
- 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) (\*NDC required)
- J0572\*      Buprenorphine/naloxone, oral, less than or equal to 3 mg (maximum of one unit (film or pill) per day; may be combined with J0573, J0574, and J0575, as medically necessary) (\*NDC required)
- J0573\*      Buprenorphine/naloxone, oral, greater than 3 mg, but less than or equal 3.1 to 6 mg (maximum of one unit (film or pill) per day; may be combined with J0572, J0574, and J0575, as medically necessary) (\*NDC required)
- J0574\*      Buprenorphine/naloxone, oral, greater than 6 mg, but less than or equal to 10 mg. (maximum of 4 units (film or pill) per day; may be combined with J0572, J0573, and J0575, as medically necessary) (\*NDC required)
- J0575\*      Buprenorphine/naloxone, oral, greater than 10 mg (maximum of 2 units (film or pill) per day; may be combined with J0572, J0573, and J0574, as medically necessary) (\*NDC required)
- J2315\*      Injection, naltrexone, depot form, 1 mg (maximum of 380 mg. per month) (\*NDC required)

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601 Service Codes and Descriptions (cont.)

Service

Code   Modifier   Service Description

**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 per day)
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)
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)

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601 Service Codes and Descriptions (cont.)

Service

Code   Modifier   Service Description

**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)

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.

Modifier            Modifier Description

UD	Drug purchased through the 340B drug pricing program (for use if appropriate with service codes J0571, J0572, J0573, J0574, J0575, 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, J0573, J0574, J0575, and J2315; 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, J0574, J0575) as needed to reach the medically necessary dosage.