



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



MassHealth
Transmittal Letter SUD-20
September 2018

TO: Substance Use Disorder Treatment Centers Participating in MassHealth
FROM: Daniel Tsai, Assistant Secretary for MassHealth
RE: *Substance Use Disorder Treatment Manual* (Changes to service codes and descriptions)

This letter transmits revisions to the service codes and descriptions listed in Subchapter 6 of the *Substance Use Disorder Treatment Manual*. These codes and descriptions are effective for dates of service on or after December 29, 2017.

MassHealth Website

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Questions

If you have any questions about the information in this transmittal letter, 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.

NEW MATERIAL

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

Substance Use Disorder Treatment Manual

Pages vi and 6-1 through 6-6

OBSOLETE MATERIAL

(The pages listed here are no longer in effect.)

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Pages vi and 6-1 through 6-3 — transmitted by Transmittal Letter SUD-18

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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)

24-Hour Community-Based Services

H0018		Behavioral health; short-term residential (nonhospital residential treatment program), without room and board, per diem (transitional support services)
H0019		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 pregnant enhancement)
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 (family residential treatment for 11 families)
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 (family residential treatment for 12 families)
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 (family residential treatment for 13 families)
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 (family residential treatment for 14 families)
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 (family residential treatment for 15 families)
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 (family residential treatment for 16 or more families)

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601 Service Codes and Descriptions (cont.)

Service

Code Modifier Service Description

H0019	HV	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 child enhancement)
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 (residential rehabilitation services postpartum enhancement)
H2034		Alcohol and/or drug abuse halfway houses services, per diem (residential rehabilitation services)

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, 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)
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)
J3490*		Unclassified drugs (Naltrexone, oral)

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601 Service Codes and Descriptions (cont.)

Service

Code Modifier Service Description

80305		Drug tests(s), presumptive, any number of drug classes, any number of devices or procedures (eg, immunoassay); capable of being read by direct optical observation only (eg, 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, (eg, immunoassay) read by instrument assisted direct optical observation (eg, 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 (eg, utilizing immunoassay [eg, EIA, ELISA, EMIT, FPIA, IA, KIMS, RIA]), chromatography (eg, GC, HPLC), and mass spectrometry either with or without chromatography, (eg, 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

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)

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601 Service Codes and Descriptions (cont.)

Service

Code Modifier Service Description

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)

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, J2315, 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.

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604 Billing Multiple Units of Buprenorphine and Buprenorphine/Naloxone

Pursuant to the limits set forth in Section 601, opioid treatment service 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.

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