




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



MassHealth  
Transmittal Letter SUD-22  
June 2022

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

**FROM:** Amanda Cassel Kraft, Assistant Secretary for MassHealth 

**RE::** *Substance Use Disorder Treatment Manual* (Codes Revisions)

### **Updates to Subchapter 6**

This letter transmits revisions to the service codes contained in Subchapter 6 of the *Substance Use Disorder Treatment Manual*, as described below.

1. Effective for dates of service beginning January 1, 2020, this letter transmits revisions to service codes in Subchapter 6 of the *Substance Use Disorder Treatment Manual*, based on revisions made by the Centers for Medicare & Medicaid Services (CMS) to the following Healthcare Common Procedure Coding System (HCPCS) codes.

Modify

H0005  
H0011  
H0019  
T1006 HD

Add

H0005 HF  
H0005 HG  
H0005 HQ  
H0005 TH  
T1006 HG  
T1006 HR  
T1006 TH

2. Effective for dates of service beginning March 12, 2020, in accordance with [All Provider Bulletins 289 and 291](#), this letter transmits revisions to behavioral health service codes in Subchapter 6 of the *Substance Use Disorder Treatment Manual*, allowing substance use disorder (SUD) treatment providers to bill for the following telephonic codes.

Add  
98966  
98967  
98968  
99441  
99442  
99443

Please refer to [All Provider Bulletins 289 and 291](https://www.mass.gov/doc/all-provider-bulletin-289-masshealth-coverage-and-reimbursementpolicy-for-services-related-to/download) for additional information and limitations on the uses of these codes. You can find the bulletins at <https://www.mass.gov/doc/all-provider-bulletin-289-masshealth-coverage-and-reimbursementpolicy-for-services-related-to/download> and <https://www.mass.gov/doc/all-provider-bulletin-291-masshealth-coverage-and-reimbursementpolicy-for-services-related-0/download>.

3. Effective for dates of Services beginning May 29, 2020, this letter transmits revisions to service codes in Subchapter 6 of the *Substance Use Disorder Treatment Manual*, allowing SUD treatment providers to bill the following individualized treatment services codes.

Add  
H2036 HK  
H2036 HF

4. Effective for dates of service beginning as detailed below, this letter transmits revisions to service codes in Subchapter 6 of the *Substance Use Disorder Treatment Manual*, allowing SUD treatment provider to bill the following COVID-19 vaccination codes.

<b>Code</b>	<b>Description of Code</b>	<b>Effective for Dates of Service on or After</b>
91300 SL	Pfizer-Biontech Covid-19 Vaccine (SARSCOV2 VAC 30MCG/0.3ML IM)	12/11/2020
0001A	Pfizer-Biontech Covid-19 Vaccine Administration – First Dose (ADM SARSCOV2 30MCG/0.3ML 1ST)	12/11/2020
0002A	Pfizer-Biontech Covid-19 Vaccine Administration – Second Dose (ADM SARSCOV2 30MCG/0.3ML 2ND)	12/11/2020
0003A	Pfizer-BioNTech Covid-19 Vaccine Administration – Third Dose	08/12/2021
0004A	Pfizer-BioNTech Covid-19 Vaccine Administration – Booster	09/22/2021
91307 SL	Pfizer-BioNTech Covid-19 Pediatric Vaccine	10/29/2021
0071A	Pfizer-BioNTech Covid-19 Pediatric Vaccine - Administration - First dose	10/29/2021
0072A	Pfizer-BioNTech Covid-19 Pediatric Vaccine - Administration - Second dose	10/29/2021
91301 SL	Moderna Covid-19 Vaccine (SARSCOV2 VAC 100MCG/0.5ML IM)	12/18/2020
0011A	Moderna Covid-19 Vaccine Administration – First Dose (ADM SARSCOV2 100MCG/0.5ML 1ST)	12/18/2020
0012A	Moderna Covid-19 Vaccine Administration – Second Dose (ADM SARSCOV2 100MCG/0.5ML 2ND)	12/18/2020
0013A	Moderna Covid-19 Vaccine Administration – Third Dose	08/12/2021
91306 SL	Moderna Covid-19 Vaccine (Low Dose)	10/20/2021
0064A	Moderna Covid-19 Vaccine (Low Dose) Administration – Booster	10/20/2021
91303 SL	Janssen Covid-19 Vaccine Administration (ADM SARSCOV2 VAC AD26 .5ML)	02/27/2021
0031A	Janssen Covid-19 Vaccine (SARSCOV2 VAC AD26 .5ML IM)	02/27/2021
0034A	Janssen Covid-19 Vaccine Administration - Booster (SARSCOV2 VAC AD26 .5ML IM)	10/20/2021

The modifier “SL” indicates state-supplied vaccine or antibodies. This modifier is to be applied to codes 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 codes for administration of the vaccine. MassHealth will pay \$0 for vaccines billed with the modifier SL, and the rates as established for the administration of the vaccine.

Rates for SUD treatment providers participating in MassHealth are expected to be set by regulation by the Executive Office of Health and Human Services (EOHHS) and are available at [www.mass.gov/service-details/eohhs-regulations](http://www.mass.gov/service-details/eohhs-regulations). The applicable rate regulation for the code changes related to COVID-19 vaccines described herein is 101 CMR 446.00: *COVID-19 Payment Rates for Certain Community Health Care Providers*.

Please also refer to All Provider Bulletins 304, 307, 312, 313, 322, 328, 330, and 333 for additional information and limitations on the uses of these codes at [MassHealth Provider Bulletins](#).

5. Effective for dates of service beginning January 1, 2021, this letter transmits revisions to service codes in Subchapter 6 of the *Substance Use Disorder Treatment Manual*, based on revisions to align with a case rate for recovery coach services to the following codes.

Delete  
H0038 HF

Add  
H2016 HM

6. Effective for dates of service beginning October 5, 2021, this letter transmits revisions to service codes in Subchapter 6 of the *Substance Use Disorder Treatment Manual* for the following medication administration codes.

Delete  
J0574  
J0575

Modify  
J0572  
J0573

Add  
H0047

Please refer to Administrative Bulletin 21-25: 101 CMR 444.00: Rates for Certain Substance Use Disorder Services: Codes Updates (effective October 4, 2021), found at <https://www.mass.gov/doc/administrative-bulletin-21-25-101-cmr-44400-rates-for-certain-substance-use-disorder-services-code-updates-effective-october-5-2021-0/download>.

7. Effective for dates of service beginning November 1, 2021, this letter transmits revisions to service codes in Subchapter 6 of the *Substance Use Disorder Treatment Manual*, updating code descriptions for following prolonged evaluation and management codes.

Delete  
99201

Modify  
99202  
99203  
99204  
99205  
99211  
99212  
99213  
99214  
99215

Add  
99417

## Rates

1. Rates for SUD treatment providers using the revised services codes to align with the CMS HCPCS changes and participating in MassHealth are set by regulation by EOHHS and available at [www.mass.gov/service-details/eohhs-regulations](http://www.mass.gov/service-details/eohhs-regulations). Applicable rate regulation for these codes include 101 CMR 346: *Rates for Certain Substance-Related and Addictive Disorders Programs*.
2. Rates for SUD providers using telehealth codes and participating in MassHealth are set by regulation by EOHHS and available at [www.mass.gov/service-details/eohhs-regulations](http://www.mass.gov/service-details/eohhs-regulations). Applicable rate regulation for these codes include 101 CMR 317.00: *Medicine*.
3. Rates for SUD treatment providers using individualized treatment and stabilization codes and participating in MassHealth are set by regulation by EOHHS and available at [www.mass.gov/service-details/eohhs-regulations](http://www.mass.gov/service-details/eohhs-regulations). The applicable rate regulation for these codes is 101 CMR 444: *Rates for Certain Substance Use Disorder Services*.

4. Rates for SUD treatment providers using vaccine codes and participating in MassHealth are set by regulation by EOHHS and are available at [www.mass.gov/service-details/eohhs-regulations](http://www.mass.gov/service-details/eohhs-regulations). The applicable rate regulation for these

vaccination codes is 101 CMR 446.00: *COVID-19 Payment Rates for Certain Community Health Care Providers*.

SUD treatment providers may bill and receive payment from MassHealth for the administration of the COVID-19 vaccines to MassHealth members, provided that the SUD treatment providers

- ensure that the rendering provider is authorized to administer COVID-19 vaccine under state law and fully complies with any requirements set forth by the [Department of Public Health](#) and any relevant boards;
- are registered with MDPH's Massachusetts Immunization Information System (MIIS); and
- are enrolled in the Massachusetts COVID-19 Vaccination Program via the MIIS to receive COVID-19 vaccines.

5. Rates for SUD treatment providers using the revised service codes for recovery coaching case rates and participating in MassHealth are set by regulation by EOHHS and available at [www.mass.gov/service-details/eohhs-regulations](http://www.mass.gov/service-details/eohhs-regulations). Applicable rate regulation for these codes include 101 CMR 346: *Rates for Certain Substance-Related and Addictive Disorders Programs*.

6. Rates for SUD treatment providers using acupuncture services codes and participating in MassHealth are set by regulation by EOHHS and are available at [www.mass.gov/service-details/eohhs-regulations](http://www.mass.gov/service-details/eohhs-regulations). The applicable rate regulation for acupuncture service codes is 101 CMR 317.00: *Medicine*.

7. Rates for SUD treatment providers using certain medication administration codes and participating in MassHealth are set by regulation by EOHHS and are available at [www.mass.gov/service-details/eohhs-regulations](http://www.mass.gov/service-details/eohhs-regulations). The applicable rate regulation for the above medication administration codes is 101 CMR 444: *Rates for Certain Substance Use Disorder Services*.

8. Rates for SUD treatment providers using prolonged evaluation and management services codes and participating in MassHealth are set by regulation by EOHHS and are available at [www.mass.gov/service-details/eohhs-regulations](http://www.mass.gov/service-details/eohhs-regulations). The applicable rate regulation for prolonged evaluation and management services code is 101 CMR 317.00: *Medicine*.

## **MassHealth Website**

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

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

## **Questions**

If you have 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](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 6-1 through 6-10

## **OBSOLETE MATERIAL**

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

### **Substance Use Disorder Treatment Manual**

Pages 6-1 through 6-8 — transmitted by Transmittal Letter SUD-21

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>	<b>Subchapter Number and Title</b> 6. Service Codes and Descriptions	<b>Page</b> 6-1
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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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601 Service Codes and Descriptions (cont.)

Service

Code   Modifier   Service Description

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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601 Service Codes and Descriptions (cont.)

Service

Code   Modifier   Service Description

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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601 Service Codes and Descriptions (cont.)

Service

Code   Modifier   Service Description

**(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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601 Service Codes and Descriptions (cont.)

Service

Code   Modifier   Service Description

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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601 Service Codes and Descriptions (cont.)

Service

Code   Modifier   Service Description

- 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<sup>ND</sup>)
- 0003A            Pfizer-BioNTech Covid-19 Vaccine Administration – Third Dose
- 0004A            Pfizer-BioNTech Covid-19 Vaccine Administration – Booster

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601 Service Codes and Descriptions (cont.)

Service

Code   Modifier   Service Description

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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601 Service Codes and Descriptions (cont.)

Service

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

- 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.