



Transmittal Letter SUD-25

DATE: August 2025

TO: Substance Use Disorder Treatment Providers Participating in MassHealth

FROM: Lee Robinson, Chief of Behavioral Health

RE: *Substance Use Disorder Treatment Manual: Updates to Subchapter 6 Service Codes*

Summary

This letter transmits revisions to the service codes in the *Substance Use Disorder Treatment Manual*. The Centers for Medicare & Medicaid Services (CMS) has revised the Healthcare Common Procedure Coding System (HCPCS) codes for 2025. For dates of service on or after July 1, 2025, you must use the new codes in order to obtain reimbursement.

Rates

Rates for SUD treatment providers participating in MassHealth are set by regulation by the Executive Office of Health and Human Services and available at www.mass.gov/service-details/eohhs-regulations.

The applicable rate regulations for these codes are:

- [101 CMR 306.00](#): *Payment for Mental Health Services Provided in Community Health and Mental Health Center*
- [101 CMR 317.00](#): *Rates for Medicine Services*
- [101 CMR 346.00](#): *Rates for Certain Substance-related and Addictive Disorders Programs*
- [101 CMR 444.00](#): *Rates for Certain Substance Use Disorder Services, and*
- [101 CMR 446.00](#): *COVID-19 Payment Rates for Certain Community Health Care Providers.*

Updates to the Service Codes and Descriptions

Effective for dates of service beginning July 1, 2025, the following codes have been added or modified to the codes available in Subchapter 6 of the *Substance Use Disorder Treatment Manual*.

Added Codes

S1001
H2015 HF HD
H2016 HM HD

Modified Codes

G2067	G2074	G2079
G2068	G2076	H0019 HD
G2073	G2078	H0019 TH

MassHealth Website

This transmittal letter and attached pages are available on the MassHealth website at www.mass.gov/masshealth-transmittal-letters.

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Questions?

- Call MassHealth at (800) 841-2900, TDD/TTY: 711
- Email us at provider@masshealthquestions.com

New Material

The pages listed here contain new or revised language.

Substance Use Disorder Treatment Manual

Pages vi and 6-1 through 6-10

Obsolete Material

The pages listed here are no longer in effect.

Substance Use Disorder Treatment Manual

Pages vi and 6-1 through 6-10 — transmitted by Transmittal Letter SUD-24

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Subchapter 6: Substance Use Disorder Treatment

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601 Introduction

MassHealth pays for the services represented by the codes listed in Subchapter 6 in effect at the time of service, subject to all conditions and limitations in MassHealth regulations at 130 CMR 418.000: *Substance Use Disorder Treatment Services*, 101 CMR 444.00: *Rates for Certain Substance Use Disorder Services*, 101 CMR 346.00: *Rates for Certain Substance-Related and Addictive Disorders Programs*, and 130 CMR 450.000: *Administrative and Billing Regulations*.

For complete descriptions of the service codes listed in Subchapter 6, MassHealth providers must refer to the American Medical Association's latest Current Procedural Terminology (CPT) codebook and to the HCPCS Level II codebook or the Centers for Medicare & Medicaid Services website at www.cms.gov.

602 Service Codes and Descriptions

Inpatient Services

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

Service

<u>Code</u>	<u>Modifier</u>	<u>Service Description</u>
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 Programs*.

H0018		Behavioral health; short-term residential (nonhospital residential treatment program), without room and board, per diem (Transitional Support Services)
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Service

<u>Code</u>	<u>Modifier</u>	<u>Service Description</u>
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, <i>per diem</i> (pregnant/ parenting women's program) (Pregnant Enhancement Residential Rehabilitation and Co-occurring Enhanced Residential Rehabilitation)
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)
H0019	HH	Behavioral health; alcohol and/or drug abuse halfway house services, per diem (Residential Rehabilitation Co-occurring Enhanced for 16 beds)
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 (Postpartum enhancement for Residential Rehabilitation services and Co-occurring Enhanced Residential Rehabilitation Services)

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)

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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 Programs*.

<u>Service Code</u>	<u>Modifier</u>	<u>Service Description</u>
H2016	HM	Comprehensive community support program, per diem (Enrolled Client Day) (recovery support service by a recovery advocate trained in Recovery Coaching)
G2067		Medication assisted treatment, methadone; weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing, if performed (provision of the services by a Medicare-enrolled Opioid Treatment Program)
G2068		Medication assisted treatment, buprenorphine (oral); weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare-enrolled Opioid Treatment Program)
G2073		Medication assisted treatment, naltrexone; weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare-enrolled Opioid Treatment Program)
G2074		Medication assisted treatment, weekly bundle not including the drug, including substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare-enrolled Opioid Treatment Program)
G2076		Intake activities, including initial medical examination that is a complete, fully documented physical evaluation and initial assessment by a program physician or a primary care physician, or an authorized healthcare professional under the supervision of a program physician or qualified personnel that includes preparation of a treatment plan that includes the patient's short-term goals and the tasks the patient must perform to complete the short-term goals; the patient's requirements for education, vocational rehabilitation, and employment; and the medical, psycho- social, economic, legal, or other supportive services that a patient needs, conducted by qualified personnel (provision of the services by a Medicare-enrolled Opioid Treatment Program); list separately in addition to code for primary procedure
G2078		Take-home supply of methadone; up to 7 additional day supply (provision of the services by a Medicare enrolled Opioid Treatment Program); list separately in addition to code for primary procedure
G2079		Take-home supply of buprenorphine (oral); up to 7 additional day supply (provision of the services by a Medicare-enrolled Opioid Treatment Program); list separately in addition to code for primary procedure

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Service

Code Modifier Service Description

S1001 Deluxe item, patient aware (list in addition to basic item),(direct provision of services and medication at skilled nursing facility location by a Medicare-enrolled Opioid Treatment Program); (One unit maximum per week.)]

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)
H2015	HF HD	Comprehensive community support services, per 15 minutes (Recovery Support Navigator for pregnant and postpartum members)
H2016	HM HD	Comprehensive community support program, per diem (Enrolled Client Day) (recovery support service by a recovery advocate trained in Recovery Coaching for pregnant and postpartum members)

To view the rates for these services, please refer to 101 CMR 320.00: *Rates for 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

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Outpatient Services

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

<u>Service Code</u>	<u>Modifier</u>	<u>Service Description</u>
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)
H0004		Behavioral health counseling and therapy, per 15 minutes (individual counseling) (four units maximum per day)
H0004	HD	Behavioral health counseling and therapy, per 15 minutes (pregnant/parenting women's program) (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	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	HG	Alcohol and/or drug services; group counseling by a clinician (methadone/opioid counseling) (per 90-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)
H2016	HM	Comprehensive community support program, per diem (Enrolled Client Day) (recovery support service by a recovery advocate trained in Recovery Coaching)
T1006		Alcohol and/or substance abuse services; family/couple counseling (per 30-minute unit) (one unit maximum per day)
T1006	HD	Alcohol and/or substance abuse services; family/couple counseling (pregnant/parenting women's program) (per 30-minute unit) (one unit maximum per day)
T1006	HF	Alcohol and/or substance abuse services; family/couple counseling (per 60-minute unit) (one unit maximum per day)
T1006	TH	Alcohol and/or substance abuse services; family/couple counseling (pregnant/parenting women's program) (per 60-minute unit) (one unit maximum per day)

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

<u>Service Code</u>	<u>Modifier</u>	<u>Service Description</u>
H2015	HF	Comprehensive community support services, per 15 minutes (Recovery Support Navigator)
H2015	HF HD	Comprehensive community support services, per 15 minutes (Recovery Support Navigator for pregnant and postpartum members)
H2016	HM HD	Comprehensive community support program, per diem (Enrolled Client Day) (recovery support service by a recovery advocate trained in Recovery Coaching for pregnant and postpartum members)

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

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) (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) (three units maximum per day) (to be used in conjunction with 97810)
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 of 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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Service

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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)
96372		Therapeutic prophylactic or diagnostic injection (specify substance or drug); subcutaneous or intramuscular (naltrexone)

Covid-19 Vaccine Codes

To view the rates for these services, please refer to 101 CMR 446.00: *Public Health Emergency Payment Rates for Certain Community Health Care Providers*.

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 2nd)
0003A		Pfizer-BioNTech Covid-19 Vaccine Administration – Third Dose
0004A		Pfizer-BioNTech Covid-19 Vaccine Administration – Booster
91307	SL	Pfizer-BioNTech Covid-19 Pediatric Vaccine

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Service

<u>Code</u>	<u>Modifier</u>	<u>Service Description</u>
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 0.5ML IM)
0031A		Janssen Covid-19 Vaccine Administration (ADM SARSCOV2 VAC AD26 0.5ML)
0034A		Janssen Covid-19 Vaccine Administration – Booster (ADM SARSCOV2 VAC AD26 0.5ML)

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 Programs*.

H0011	HD	Alcohol and/or drug services; acute detoxification (medically monitored inpatient detoxification services), (pregnant/parenting women’s program)
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Structured Outpatient Addiction Program (SOAP)

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

Service

<u>Code</u>	<u>Service Description</u>
H0015	Alcohol and/or drug services; intensive outpatient (treatment program that operates at least 3 hours/day and at least 3 days/week and is based on an individualized treatment plan), including assessment, counseling; crisis intervention, and activity therapies or education (Structured Outpatient Addiction Program, 3.5 hours, not to exceed 2 units a day)

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Enhanced Structured Outpatient Addiction Program (E-SOAP)

To view the rates for these services, please refer to 101 CMR 444.000: *Rates for Certain Substance Use Disorder Services*.

Service

Code Modifier Service Description

H0015	TF	Alcohol and/or drug services; intensive outpatient (treatment program that operates at least 3 hours/day and at least 3 days/week and is based on an individualized treatment plan), including assessment, counseling; crisis intervention, and activity therapies or education (Enhanced Structured Outpatient Addiction Program, 3.5 hours, not to exceed 2 units a day).
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603 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

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)

604 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. 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 and the NDC when billing MassHealth for these drugs.

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605 Telephonic Service Codes and Descriptions

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

Service

Code

Service Description

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.
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.

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