Commonwealth of Massachusetts

MassHealth

Provider Manual Series

Substance Use Disorder Treatment

Manual

Subchapter Number and Title

6. Service Codes and Descriptions

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Transmittal Letter

SUD-18

Date

06/08/16

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\* Buprenophine/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.)

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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)

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.