



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



MassHealth
Transmittal Letter SUD-21
February 2019

TO: Substance Use Disorder Treatment Centers Participating in MassHealth
FROM: Daniel Tsai, Assistant Secretary for MassHealth
RE: *Substance Use Disorder Treatment Manual* (Revised Regulations and 2019 HCPCS Updates)

This letter transmits revisions to the substance use disorder program regulations in Subchapter 4 of the *Substance Use Disorder Treatment Manual* and to the service codes in Subchapter 6 of the manual.

The regulations now include definitions for the following terms:

- Medication Visit
- Recovery Coach (RC)
- Recovery Support Navigator.

The regulations also remove limits on acupuncture detoxification.

The Centers for Medicare & Medicaid Services (CMS) has revised the Healthcare Common Procedure Coding System (HCPCS) codes for 2019. For dates of service on or after February 8, 2019, you must use the new codes in order to obtain reimbursement.

If you wish to obtain a fee schedule, you may download the Executive Office of Health and Human Services regulations at no cost at www.mass.gov/service-details/eohhs-regulations. The regulation title for substance use disorder services is 130 CMR 418.000: *Substance Use Disorder Services*.

MassHealth Website

This transmittal letter and attached pages are available on the MassHealth website at 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. No text in the body or subject line is needed.

Questions

If you have any questions about 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 4-1 through 4-10 and 6-1 through 6-8

OBSOLETE MATERIAL

(The pages listed here are no longer in effect.)

Substance Use Disorder Treatment Manual

Pages 4-1 through 4-10 — transmitted by Transmittal Letter SUD-19

Pages 6-1 through 6-6 — transmitted by Transmittal Letter SUD-20.

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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 130 CMR 418.000, and 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 provider by the Massachusetts Department of Public Health under 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: *Licensure of Substance Abuse Treatment Programs*.

American Society of Addiction Medicine (ASAM) – a professional society in the field of addiction medicine that sets standards, guidelines, and performance measures for the delivery of addiction treatment which includes a continuum of five basic levels of care from Level 0.5 (early intervention) to Level 4.0 (medically managed intensive inpatient treatment).

Case Consultation – a preplanned meeting of at least ½ hour 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.

Medication Visit— a member visit specifically for the prescription, review, and monitoring of psychotropic medication by a psychiatrist, or psychiatric clinical nurse specialist, or administration of prescribed intramuscular medication by a physician or a nurse.

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, § 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 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.

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Opioid Treatment Services – supervised assessment and treatment of an individual, using FDA approved medications (including methadone, buprenorphine, 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. Opioid Treatment Services encompasses detoxification treatment and maintenance treatment.

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

Recovery Coach (RC) - an individual currently in recovery who has lived experience with addiction and/or co-occurring mental health disorders and has been trained to help their peers with a similar experience to gain hope, explore recovery, and achieve life goals. An RC shares recovery story and personal experiences in an effort to establish an equitable relationship and support members in obtaining and maintaining recovery.

Recovery Support Navigator – a paraprofessional or peer specialist who receives specialized training in the essentials of substance use disorder (SUD) and evidence-based techniques such as motivational interviewing, and who supports members in accessing and navigating the SUD treatment system through activities that can include care coordination, case management, and motivational support.

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

Residential Rehabilitation Services (RRS) – active treatment and reassessment services provided in a 24-hour community-based setting to adults, adults with their families, or adolescents with a substance use disorder.

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.

Transitional Support Services (TSS) – active treatment and reassessment services provided on a short-term basis in a 24-hour community-based setting to individuals with a substance use disorder.

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*.

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(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(E).

(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: *Behavioral Health Services*.

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 pursuant to 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 (*i.e.*, have a certificate of approval), as a provider of acute inpatient substance abuse treatment services by the Massachusetts Department of Public Health pursuant to 105 CMR 164.000: *Licensure of Substance Abuse Treatment Programs*.

(3) Residential Rehabilitation Services (RRS). A provider who furnishes residential rehabilitation services must be licensed to provide RRS by the Department of Public Health pursuant to 105 CMR 164.000: *Licensure of Substance Abuse Treatment Programs*.

(4) Transitional Support Services (TSS). A provider who furnishes transitional support services must be licensed to provide TSS by the Department of Public Health pursuant to 105 CMR 164.000: *Licensure of Substance Abuse Treatment Programs*.

(5) Substance Use Disorder Outpatient Counseling Services. A provider who furnishes substance use disorder outpatient counseling services must be licensed by the Massachusetts Department of Public Health to provide such services under 105 CMR 164.000: *Licensure of Substance Abuse Treatment Programs*. These services include counseling services.

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(6) Acupuncture Detoxification. A provider of acupuncture detoxification must be licensed by the Massachusetts Board of Registration in Medicine and the program in which the acupuncture detoxification is provided must be licensed by the Department of Public Health in accordance with 105 CMR 164.000: *Licensure of Substance Abuse Treatment Programs*.

(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, transitional support services, residential rehabilitation 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 105 CMR 164.000: *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;
 - (c) recovery support navigators; and
 - (d) recovery coaches.
- (2) services provided by acute inpatient substance use disorders treatment services providers for the treatment of substance use disorders;
- (3) services provided by residential rehabilitation services providers must be consistent with ASAM Level 3.1: Clinically managed low intensity residential services, and 105 CMR 164.423: *Program Components* except for 105 CMR 164.423(B): *Transitional Support Services*. Additionally, services provided by residential rehabilitation services providers must be consistent with, as appropriate:
 - (a) For adults – 105 CMR 164.420: *Residential Rehabilitation for Adults*;
 - (b) For adults with their families – 105 CMR 164.430: *Residential Rehabilitation for Adults with Their Families*; or
 - (c) For adolescents – 105 CMR 164.440: *Residential Rehabilitation for Adolescents*.
- (4) services provided by transitional support services providers must be consistent with ASAM Level 3.1: Clinically managed low intensity residential services, and 105 CMR 164.423: *Program Components* including 105 CMR 164.423(B): *Transitional Support Services*.

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- (5) 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;
 - (d) medication visit;
 - (e) recovery support navigators; and
 - (f) recovery coaches.
- (6) 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 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;

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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.

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 164.304: *Additional Service Requirements for Opioid Maintenance*.
- (2) Payment for opioid partial agonist medication, whether a single-agent or in combination with naloxone, is limited to one dose per member per day. Payment for a take-home supply is limited to one month;
- (3) Payment for administering injectable opioid antagonist medication is limited to one dose per member per month; and
- (4) Payment for drug screens for members receiving opioid antagonist medication is limited to the amounts and frequency set forth in 105 CMR 164.304(B): *Drug Screening*.

(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) Residential Rehabilitative Services. The MassHealth agency will pay for the first 90 days of residential rehabilitation services per episode of care. Room and board is not a component of

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service and will not be reimbursed by the MassHealth agency.

(D) Substance Use Disorder Outpatient Case Consultation.

(1) 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.

(2) 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.

(3) The MassHealth agency will not pay for court testimony.

(4) 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.

(c) 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.

(E) Special Services for Pregnant Members.

(1) Eligibility Period. A substance use disorder treatment plan for a pregnant member may provide for no more than ten 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.

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(2) Case Management. 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) The intensive outpatient program must be provided in conjunction with case management services as described in 130 CMR 418.405(A)(6)(d).

(b) 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) Case management services as described in 130 CMR 418.405(A)(6)(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));

(b) 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 130 CMR 450.000: *Administrative and Billing Regulations* and 105 CMR 164.000.

REGULATORY AUTHORITY

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

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601 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.)

Service

Code Modifier Service Description

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)

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		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 (adult residential rehabilitation services)
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 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)
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)

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601 Service Codes and Descriptions (cont.)

(To view the rates for these services, please refer to 101 CMR 413.00: Payments for Youth Intermediate Term Stabilization Services.)

Service

<u>Code</u>	<u>Modifier</u>	<u>Service Description</u>
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)
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)
H0038	HF	Self-help/peer service, per 15 minutes (substance abuse program) (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)

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601 Service Codes and Descriptions (cont.)

Service

Code Modifier Service Description

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) (*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)

(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 (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

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601 Service Codes and Descriptions (cont.)

Outpatient Services

(To view the rates for these services, please refer to 101 CMR 346: Rates for Certain Substance-Related and Addictive Disorders.)

Service

<u>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)
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)
H0038	HF	Self-help/peer service, per 15 minutes (substance abuse program) (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*.)

99201 Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A problem focused history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Typically, 10 minutes are spent face-to-face with the patient and/or family.

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601 Service Codes and Descriptions (cont.)

Service

Code Modifier Service Description

- 99202 Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 20 minutes are spent face-to-face with the patient and/or family.
- 99203 Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A detailed history; A detailed examination; Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Typically, 30 minutes are spent face-to-face with the patient and/or family.
- 99204 Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 45 minutes are spent face-to-face with the patient and/or family.
- 99205 Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 60 minutes are spent face-to-face with the patient and/or family.
- 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. Typically, 5 minutes are spent performing or supervising these services.

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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 at least 2 of these 3 key components: A problem focused history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Typically, 10 minutes are spent face-to-face with the patient and/or family.
- 99213 Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: An expanded problem focused history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 15 minutes are spent face-to-face with the patient and/or family.
- 99214 Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A detailed history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 25 minutes are spent face-to-face with the patient and/or family.
- 99215 Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 40 minutes are spent face-to-face with the patient and/or family.

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601 Service Codes and Descriptions (cont.)

Service

Code Modifier Service Description

Enhanced Inpatient Detoxification Services for Pregnant Members

(To view the rates for these services, please refer to 101 CMR 346: Rates for Certain Substance-Related and Addictive Disorders.)

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

(To view the rates for these services, please refer to 101 CMR 346: 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) (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)

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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>
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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.

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.