



PROVIDER REIMBURSEMENT GUIDANCE											
Opioid Replacement Therapy and Medication Assisted Treatment											
Original Date Approved	Effective Date SCO/ICO	Effective Date MAPD*	Revision Date								
	04/01/2022	04/01/2022									
<p>Scope: Commonwealth Care Alliance (CCA) Product Lines</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Senior Care Options (MA)</td> <td><input checked="" type="checkbox"/> CCA Medicare Preferred – (PPO) RI*</td> </tr> <tr> <td><input checked="" type="checkbox"/> One Care (MA)</td> <td><input checked="" type="checkbox"/> CCA Medicare Value - (PPO) RI*</td> </tr> <tr> <td><input checked="" type="checkbox"/> CCA Medicare Preferred – (PPO) MA*</td> <td><input checked="" type="checkbox"/> Medicare Maximum – (HMO DNSP) RI*</td> </tr> <tr> <td><input checked="" type="checkbox"/> CCA Medicare Value - (PPO) MA*</td> <td></td> </tr> </table>				<input checked="" type="checkbox"/> Senior Care Options (MA)	<input checked="" type="checkbox"/> CCA Medicare Preferred – (PPO) RI*	<input checked="" type="checkbox"/> One Care (MA)	<input checked="" type="checkbox"/> CCA Medicare Value - (PPO) RI*	<input checked="" type="checkbox"/> CCA Medicare Preferred – (PPO) MA*	<input checked="" type="checkbox"/> Medicare Maximum – (HMO DNSP) RI*	<input checked="" type="checkbox"/> CCA Medicare Value - (PPO) MA*	
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Payment Policy Summary

Commonwealth Care Alliance® (CCA) reimburses for medically necessary opioid replacement therapy (ORT) services rendered in an individual, family, group, inpatient or outpatient office setting by an appropriately licensed and qualified provider, in accordance with the member’s benefits.

In accordance with CMS § 410.67, opioid treatment programs (OTPs) may provide opioid use disorder services (OUDs) when they meet the following criteria:

- Be enrolled in the Medicare program
- Have in effect a certification by the Substance Abuse and Mental Health Services Administration (SAMHSA) for the opioid treatment program
- Be accredited by an accrediting body approved by the SAMHSA
- Have in effect a provider agreement under 42 CFR 489.

Authorization Requirements

For more information on covered services and prior authorizations, please see the appropriate Provider Manual based on Member’s Benefit Plan

Definitions:

Opioid Replacement Therapy (ORT) is the medically supervised replacement of an opioid drug with a longer-acting, less euphoric opioid. ORT includes, but is not limited to, the administration of methadone. Please refer to our pharmacy medical necessity guidelines for specific information about this category of drugs.

Medication Assisted Treatment (MAT) is the use of medications with counseling and behavioral therapies to treat addiction to opioids.

Opioid agonist treatment involves the administration of opioid agonists to prevent withdrawal and reduce cravings for opioid drugs.

In addition to the administration of opioid replacement drugs, ORT and MAT services may also include regular counseling, medical screening, urine testing, education, and other appropriate services



Reimbursement Guidelines:

Services will be reimbursed in accordance with all state and federal guidelines and Mental Health Parity Laws and member benefits plan.

Medications for addiction treatment are covered in accordance with the member’s prescription drug benefit.

Billing and Coding Guidelines:

Unless otherwise stated, CCA follows AMA coding guidelines. Refer to current industry standard coding guidelines for a complete list of ICD, CPT/HCPCS, revenue codes, modifiers, and their usage.

Methadone Maintenance Program: Providers should bill methadone administration and counseling services separately using the following CPT/HCPCS codes.

Code	Modifier	Description
H0020		Alcohol and/or drug services; methadone administration and/or service (provision of the drug by a licensed program) (dose only visit)
H0004	H9, HD, TF*	Behavioral health counseling and therapy, per 15 minutes (opioid individual counseling, intermediate level of care, 4 units max per day)
H0005	H9, HG, HQ, TH*	Alcohol and/or drug services; group counseling by a clinician (group setting) (per 45 minutes, opioid group counseling, 1 unit max per day)
H0005		Alcohol and/or drug services; group counseling by a clinician (per 90-minute unit) (1 unit max per day)
T1006	HD, HG, HF, HR, TH*	Alcohol and/or substance abuse services, family/couple counseling (family/couple with client present) (opioid family/couples counseling, per 30 minutes, 2 units max per day)

** Modifiers should be added as appropriate*

Medication Assisted Therapy (MAT): All claims that include drugs administered by a provider must include the National Drug Code (NDC).

All Opioid Treatment Programs for **SCO and OneCare Members** must follow the MassHealth ACPP/MCO Uniform Preferred Drug List and the MassHealth Supplemental Rebate/Preferred Drug List.

Note: Claims with unlisted CPT procedures that require explanations or descriptions must be submitted on an industry-standard paper claim form. Claims with attachments are not accepted electronically.

Code	Modifier	Description
H0001		Alcohol and/or drug assessment (substance use disorder programs only)
H0001	U1, H9	Alcohol and/or drug assessment (buprenorphine and naltrexone medication evaluation by physician and/or midlevel practitioner, per visit; max 1 unit annually)
H0033		Oral medication administration, with extended direct observation up to 2.5 hours (buprenorphine and associated drug screens, to be billed once during induction); per visit <i>Note: may not be combined with H0033-U2</i>
H0033	U2	Oral medication administration, direct observation (buprenorphine and associated drug screens, dosing only visit); per visit <i>Note: may not be combined with H0033</i>
H0033	U3	Oral medication administration, direct observation (oral naltrexone dosing); per visit
96372		Therapeutic prophylactic or diagnostic injection (specify substance or drug); subcutaneous or intramuscular (Naltrexone); per visit
99199		Other medicine services and procedures (tracking and monitoring of naloxone dispensing at discharge)
99201-99205		Outpatient visit for the evaluation and management of a new patient
99211-99215		Office or other outpatient visit for the evaluation and management of an established patient
99281-99285		Initial/normal ED charges
99217-99220		Initial observation (new or established patient)
J0571*		Buprenorphine, oral, 1 mg (max 32 mg per day)
J0572*		Buprenorphine/naloxone, oral, less than or equal to 3 mg (maximum of one unit (film or pill) per day)
J0573*		Buprenorphine/naloxone, oral, 3.1-6 mg; max 1 unit (film or pill) per day
J0574*		Buprenorphine/naloxone, oral, 6.1-10 mg; max 4 units (film or pill) per day
J0575*		Buprenorphine/naloxone, oral, greater than 10 mg; max 2 units (film or pill) per day
S0109		Methadone, oral, 5 mg
J1230*		Injection, methadone HCL; up to 10 mg
J2315*		Injection, naltrexone, depot form, 1 mg (max 380 mg per month)
J3490*		Unclassified drugs (Naltrexone, oral); 50 mg tablet

*NDC required

Buprenorphine/Naloxone: In accordance with MassHealth Managed Care Entity Bulletin 28, HCPCS codes J0574 and J0575 will no longer be accepted for oral administration of buprenorphine/naloxone. Instead, providers should submit combinations of J0572 and J0573 that equal the clinically appropriate dose for the member. Providers should use J0573 to approach the appropriate dose in multiples of 3.1-6mg in addition to one unit of J0572 to achieve the exact dose (e.g., 24 mg dose = 4 units J0573, 22mg = 4 units J0573, 20 mg dose = 3 units J0573 and 1unit J0572).

Code	Description
H0047	Alcohol and/or other drug abuse services, not otherwise specified; oral medication preparation and administration (buprenorphine and associated drug screens)
J0572*	Buprenorphine/naloxone, oral, less than or equal to 3 mg; max 1 unit (film or pill) per day
J0573*	Buprenorphine/naloxone, oral, 3.1-6 mg; max 1 unit (film or pill) per day

*NDC required

Opioid Use Disorder Treatment Codes:

Code	Description
G2067	MAT, methadone; weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing, if performed
G2068	MAT, buprenorphine (oral); weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing, if performed
G2069	MAT, buprenorphine (injectable); weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing, if performed
G2070	MAT, buprenorphine (implant insertion); weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing, if performed
G2071	MAT, buprenorphine (implant removal); weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing, if performed
G2072	MAT, buprenorphine (implant insertion and removal); weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing, if performed
G2073	MAT, naltrexone; weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing, if performed
G2074	MAT, weekly bundle not including the drug, including substance use counseling, individual and group therapy, and toxicology testing, if performed

G2075	MAT, medication not otherwise specified; weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing, if performed
G2076	Intake activities, including initial medical examination; list separately in addition to code for primary procedure
G2077	Periodic assessment; list separately in addition to code for primary procedure
G2078	Take-home supply of methadone; up to 7 additional day supply; list separately in addition to code for primary procedure
G2079	Take-home supply of buprenorphine (oral); up to 7 additional day supply; List separately in addition to code for primary procedure
G2080	Each additional 30 minutes of counseling or group or individual therapy in a week of MAT; list separately in addition to code for primary procedure
G2215	Take-home supply of nasal Naloxone
G2216	Take-home supply of injectable Naloxone

Telehealth Services for Opioid Treatments

Code	Description
G2086	Office-based treatment for opioid use disorder, including development of the treatment plan, care coordination, individual therapy and group therapy and counseling; at least 70 minutes in the first calendar month.
G2087	Office-based treatment for opioid use disorder, including care coordination, individual therapy and group therapy and counseling; at least 60 minutes in a subsequent calendar month
G2088	Office-based treatment for opioid use disorder, including care coordination, individual therapy and group therapy and counseling; each additional 30 minutes beyond the first 120 minutes; list separately in addition to code for primary procedure

**Please refer to Telehealth/Telemedicine Payment Policy for additional detail.*

Audit and Disclaimer Information

As every claim is unique, the use of this policy is neither a guarantee of payment nor a final prediction of how specific claim(s) will be adjudicated. Claims payment is subject to member eligibility and benefits on the date of service, coordination of benefits, referral/authorization, and utilization management guidelines when applicable and adherence to plan policies and procedures and claims editing logic. CCA has the right to conduct audits on any provider and/or facility to ensure compliance with the guidelines stated in this payment policy. If such an audit determines that your office/facility did not comply with this payment policy, CCA has the right to expect your office/facility to refund all payments related to non-compliance.

References

[Massachusetts Executive Office of Health and Human Services \(EOHHS\)](#)

[Rhode Island Executive Office of Health and Human Services \(EOHHS\)](#)

[American Medical Association, Current Procedural Terminology \(CPT®\)](#)

[Centers for Medicare and Medicaid Services](#)

Payment Policies:

[Massachusetts](#) / [Rhode Island](#)

Provider Manuals:

[Massachusetts](#) / [Rhode Island](#)

Prior Authorization Forms:

[Massachusetts](#) / [Rhode Island](#)

Policy Timeline Details

1. Drafted January 2022
2. Approved: February 2022
3. Implemented: April 2022