

Provider Alert

Billing Instructions Massachusetts/MassHealth (Medicaid) Coverage for Medication Assisted Treatment (MAT) Effective July 1, 2019

MassHealth Opioid Treatment Program (OTP) Providers,

Optum has adopted the procedure codes, rates, and per unit instructions provided in the Massachusetts/MassHealth (Medicaid) Coverage for Medication Assisted Treatment legislation effective July 1, 2019.

OTP providers must be licensed as an OTP with appropriate credentials to administer and dispense medications as part of MAT services. OTP Providers must be contracted to provide the newly approved services and the associated billing codes must be on your fee schedule in order to bill Optum for these services.

Eligible MassHealth OTP providers may refer to this guide to assist in billing the newly expanded services for Medicaid members. The services will be billed separately and on a "per visit" (not bundled) basis. All codes will be billed to Optum.

Code	Unit	Description
H0020	Per Dose	Alcohol and/or drug services; methadone administration and/or services (dosing)
H0001-U1	Per Visit	Alcohol and/or drug assessment (buprenorphine and naltrexone medication evaluation
		by physician and/or midlevel practitioner, one unit maximum annually
H0033	Per Visit	Oral medication administration, with extended direct observation up to 2.5 hours
		(buprenorphine and associated drug screens, to be billed once during induction); may
		not be combined with H0033-U2
H0033-U2	Per Visit	Oral medication administration, direct observation (buprenorphine and associated
		drug screens, dosing only visit); may not be combined with H0033
H0033-U3	Per Visit	Oral medication administration, direct observation (oral naltrexone dosing)
96372	Per Visit	Therapeutic prophylactic or diagnostic injection (specify substance or drug);
		subcutaneous or intramuscular (Naltrexone)
J0571*	1 mg	Buprenorphine, oral, 1 mg (maximum 32 mg per day) (prior authorization required)
J0572*	Less than	Buprenorphine/naloxone, oral, less than or equal to 3 mg (maximum of one unit (film
	or equal	or pill) per day; may be combined with J0573, J0574, and J0575, as medically
	to 3 mg	necessary)
J0573*	3.1 mg to	Buprenorphine/naloxone, oral, greater than 3 mg, but less than or equal 3.1 to 6 mg
	6 mg	(maximum of one unit (film or pill) per day; may be combined with J0572, J0574, and

		J0575, as medically necessary)
J0574*	Less than or equal	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
	to 10 mg	J0575, as medically necessary)
	but	
	greater	
	than 6 mg	
J0575*	Greater	Buprenorphine/naloxone, oral, greater than 10 mg (maximum of 2 units (film or pill)
	than 10	per day; may be combined with J0572, J0573, and J0574, as medically necessary)
	mg	
J2315*	Per 1 mg	Injection, naltrexone, depot form, 1 mg (maximum of 380 mg. per month)
J3490*	Per 50 mg tablet	Unclassified drugs (Naltrexone, oral)
80305	Per Visit	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	Per Visit	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	Per Visit	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
*Note: For	J codes the Na	tional Drug Code (NDC) must be included on claim form.

If you have questions, please contact Network Management at 1-877-614-0484.