

Opioid Replacement Therapy and Medication Assisted Treatment Payment Policy

Applies to the following Tufts Health Public Plans products:

- Tufts Health Direct – Health Connector
- Tufts Health Together – MassHealth MCO Plan and Accountable Care Partnership Plan
- Tufts Health RITogether – A RI Medicaid Plan
- Tufts Health Unify – OneCare Plan

The following payment policy applies to Tufts Health Plan contracting providers who render services for Tufts Health Public Plans products.

In addition to the specific information contained in this policy, providers must adhere to the information outlined in the [Professional Services and Facilities Payment Policy](#).

Note: Audit and disclaimer information is located at the end of this document.

POLICY

Tufts Health Plan covers 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. Tufts Health Plan also covers visits intended only for administration of the opioid replacement drug.

Tufts Health Together and Tufts Health Direct

Tufts Health Plan covers medically necessary medication assisted treatment (MAT) and opioid agonist treatment in accordance with MassHealth guidelines for Tufts Health Together members and Massachusetts Department of Insurance for Tufts Health Direct members.

Opioid Treatment Program Requirements (Tufts Health Unify)

Effective for dates of service on or after January 1, 2020 and in accordance with CMS § 410.67, opioid treatment programs (OTPs) may provide opioid use disorder services (OUDs) when they meet all of the following criteria:

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

Refer to the CMS [Opioid Treatment Program](#) for more information.

DEFINITION

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.

GENERAL BENEFIT INFORMATION

Services and subsequent payment are pursuant to the member's benefit plan document. Member eligibility and benefit specifics should be verified prior to initiating services by logging on to the secure Provider [website](#) or by contacting [Tufts Health Public Plans Provider Services](#).

Note: There is no member responsibility for covered services for Tufts Health Unify, Tufts Health Together or Tufts Health RITogether members.

Medications for addiction treatment are covered in accordance with the member's prescription drug benefit. Behavioral health (BH) services related to the treatment of an opiate addiction with medications for addiction treatment are covered pursuant to the member's benefit plan document.

REFERRAL/AUTHORIZATION /NOTIFICATION REQUIREMENTS

Certain procedures, items and/or services may require referral and/or prior authorization. While you may not be the provider responsible for obtaining prior authorization, as a condition of payment you must confirm that prior authorization has been obtained.

Tufts Health Together and Tufts Health Direct

Per MassHealth and Massachusetts Department of Insurance guidelines, Tufts Health Plan covers at least one opioid agonist treatment and at least one partial agonist treatment without prior authorization. Refer to the appropriate [formulary](#) for additional information:

- [Tufts Health Together Accountable Care Organization \(ACO\) PDF](#) | [Searchable List](#)
- [Tufts Health Together Managed Care Organization \(MCO\) PDF](#) | [Searchable List](#)
- [MassHealth ACP/MCO Uniform Preferred Drug List](#)
- [Tufts Health Direct](#)

Tufts Health RITogether and Tufts Health Unify

Refer to the [Tufts Health RITogether](#) and [Tufts Health Unify](#) pharmacy formularies for prior authorization information.

BILLING INSTRUCTIONS

Unless otherwise stated, Tufts Health Plan 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. For more information refer to the [Professional Services and Facilities Payment Policy](#).

Use of noncontracting labs may have the unintended consequence of subjecting the member to unnecessary services not ordered by the treating provider or other unreasonable financial exposure. In such circumstances, Tufts Health Plan may hold the ordering provider accountable for any inappropriate behavior on the part of the nonparticipating lab that has been selected.

Methadone Maintenance Program

Providers should bill methadone administration and counseling services separately using the following CPT/HCPCS codes. For additional information, refer to the [Opioid Treatment Services \(Methadone Maintenance\) Level of Care](#) medical necessity guidelines.

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	TF	Behavioral health counseling and therapy, per 15 minutes (opioid individual counseling, intermediate level of care, 4 units max per day)
H0005	HQ	Alcohol and/or drug services; group counseling by a clinician (group setting) (per 45 minutes, opioid group counseling, 1 unit max per day)
H0005	HF	Alcohol and/or drug services; group counseling by a clinician (per 90-minute unit) (1 unit max per day)
T1006	HR	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)

Tufts Health Direct and Tufts Health Together – MAT HCPCS/CPT codes

All claims that include drugs administered by a provider must include the National Drug Code (NDC). All Opioid Treatment Programs for Tufts Health Together members must follow the [MassHealth ACP/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	Alcohol and/or drug assessment (buprenorphine and naltrexone medication evaluation by physician and/or midlevel practitioner, per visit; max 1 unit annually)
H0020		Alcohol and/or drug services; methadone administration and/or service (dosing), per dose
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 Note: may not be combined with H0033-U2
H0033	U2	Oral medication administration, direct observation (buprenorphine and associated drug screens, dosing only visit); per visit Note: may not be combined with H0033
H0033	U3	Oral medication administration, direct observation (oral naltrexone dosing); per visit
T1015		Clinic visit/encounter, all-inclusive (community health centers only)
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) (prior authorization 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)
J0573*		Buprenorphine/naloxone, oral, 3.1-6 mg; max 1 unit (film or pill) per day; may be combined with 1 unit of J0572, J0574, and J0575, as medically necessary
J0574*		Buprenorphine/naloxone, oral, 6.1-10 mg; max 4 units (film or pill) per day; may be combined with J0572, J0573, and J0575, as medically necessary (Note: may be billed only for Tufts Health Direct members effective for dates of service on or after June 1, 2020)
J0575*		Buprenorphine/naloxone, oral, greater than 10 mg; max 2 units (film or pill) per day; may be combined with J0572, J0573, and J0574, as medically necessary (Note: may be billed only for Tufts Health Direct members effective for dates of service on or after June 1, 2020)
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)

Code	Modifier	Description
J3490*		Unclassified drugs (Naltrexone, oral); 50 mg tablet

*NDC required

Buprenorphine/Naloxone for Tufts Health Together Members

Effective for dates of service on or after June 1, 2020 and 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 for Tufts Health Together members. 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 1 unit J0572).

Code	Description
H0047	Alcohol and/or other drug abuse services, not otherwise specified; oral medication preparation and administration (buprenorphine and associated drug screens); may not be combined with H0033; may be billed once per each day a member receives medication
J0572*	Buprenorphine/naloxone, oral, less than or equal to 3 mg; max 1 unit (film or pill) per day; may be combined with J0573 as medically necessary
J0573*	Buprenorphine/naloxone, oral, 3.1-6 mg; max 1 unit (film or pill) per day; may be combined with 1 unit of J0572 as medically necessary

*NDC required

Opioid Use Disorder Treatment Codes

Effective for dates of service on or after January 1, 2020, the following codes may be billed

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

Telehealth Services for Opioid Treatments

Effective for dates of service on or after January 1, 2020, the following codes may be billed:

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

Self-Administered Esketamine

Effective for dates of service on or after January 1, 2020, the following codes may be billed:

Code	Description
G2082	Office or other outpatient visit for the E&M of an established patient that requires the supervision of a physician or other qualified health care professional and provision of up to 56 mg of esketamine nasal self-administration, includes 2 hours post-administration observation
G2083	Office or other outpatient visit for the E&M of an established patient that requires the supervision of a physician or other qualified health care professional and provision of greater than 56 mg esketamine nasal self-administration, includes 2 hours post-administration observation

COMPENSATION/REIMBURSEMENT INFORMATION

Providers are compensated according to the applicable network contracted rates, regardless of the address where the service is rendered. For additional information, refer to the [Professional Services and Facilities Payment Policy](#).

Tufts Health Together and Tufts Health Direct

Providers are compensated for MAT and opioid agonist treatment according to MassHealth and Massachusetts Department of Insurance applicable guidelines regardless of the address where the service is rendered.

State and Federal Mental Health Parity Law

Under the mental health parity laws, benefits for mental/behavioral health services and substance use disorder services must be comparable to benefits for medical/surgical services. This means that copays, coinsurance and deductibles for mental/behavioral health and substance use disorder services must be at the same level as those for medical/surgical services. Also, Tufts Health Plan's review and authorization of mental/behavioral health or substance use disorder services must be handled in a way that is comparable to the review and authorization of medical/surgical services.

ADDITIONAL RESOURCES

- [Drug Screening Payment Policy](#)
- [Outpatient Behavioral Health \(Mental Health & Substance Use Disorder\) Professional Payment Policy](#)
- [MassHealth Supplemental Rebate/Preferred Drug List](#)

- [MassHealth MCE Bulletin 12](#)
- [MassHealth MCE Bulletin 13](#)
- [MassHealth MCE Bulletin 28](#)
- [Massachusetts DOI Bulletin 2019-07](#)

DOCUMENT HISTORY

- June 2020: Updated billable codes for buprenorphine/naloxone for Tufts Health Together members per MassHealth MCE Bulletin 28, effective for dates of service on or after June 1, 2020
- January 2020: Added certification requirements for OTPs; added OUD treatment and self-administered esketamine codes, effective for dates of service on or after January 1, 2020 for Tufts Health Unify members
- December 2019: Added billing instructions for Methadone Maintenance Programs; added benefit information for Tufts Health Direct per the Massachusetts Department of Insurance Bulletin 2019-07
- July 2019: Renamed policy and added benefit information and codes per the MassHealth Managed Care Entity Bulletins 12 and 13 as of July 1, 2019
- March 2018: Template updates
- October 2017: Updated to include RITogether; added link to Drug Screening Payment Policy
- February 2017: Template updates

AUDIT AND DISCLAIMER INFORMATION

Tufts Health Plan reserves 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 a provider/facility did not comply with this payment policy, Tufts Health Plan will expect the provider/facility to refund all payments related to noncompliance. For more information about Tufts Health Plan's [audit policies](#), refer to the Provider website.

This policy provides information on Tufts Health Plan claims adjudication processes. As every claim is unique, this policy is neither a guarantee of payment, nor a final indication 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 requirements (when applicable), adherence to plan policies and procedures, and claims editing logic. An authorization is not a guarantee of payment. Claims for services subject to authorization may be reviewed for accuracy and compliance with payment policies.

This policy applies to the Tufts Health Plan products, as identified in the checkboxes on the first page, and to CareLinkSM for providers in Massachusetts and Rhode Island service areas. Providers in the New Hampshire service area are subject to Cigna's provider agreements with respect to CareLink members. This policy does not apply to the Private Health Care Systems (PHCS) network (also known as Multiplan). Tufts Health Plan reserves the right to amend a payment policy at its discretion.