Harvard Pilgrim Health Care | TUFTS Health Plan

Point32Health companies

Payment Policy:

Opioid Use Disorder (OUD) Services and Medication Assisted Treatment (MAT)

Applies to:

Commercial Products

☐ Harvard Pilgrim Health Care Commercial products
☐ Tufts Health Plan Commercial products

Public Plans Products

☒ Tufts Health Direct – A Massachusetts Qualified Health Plan (QHP) (a commercial product)
☒ Tufts Health Together – MassHealth MCO Plan and Accountable Care Partnership Plans
☒ Tufts Health RITogether – A Rhode Island Medicaid Plan
☒ Tufts Health One Care – A dual-eligible product

Senior Products

☐ Tufts Health Plan Senior Care Options (SCO) (a dual-eligible product)
☐ Tufts Medicare Preferred HMO/PPO (Medicare Advantage products)

Policy

Tufts Health Plan covers medically necessary opioid use disorder treatment services rendered in an individual, family, group, inpatient or outpatient office setting by appropriately licensed and qualified providers, in accordance with the member's benefits. Tufts Health Plan also covers visits intended only for administration of the opioid replacement drug.

Tufts Health Direct and Tufts Health Together

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

Opioid Treatment Program Requirements (Tufts Health One Care)

In accordance with CMS, opioid treatment programs (OTPs) may provide opioid use disorder services (OUDs) when they meet **all** 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. 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 portal or by contacting Provider Services.

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/Prior 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 pharmacy formularies for additional 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.

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 outlined in the Opioid Treatment Services (Methadone Maintenance) Level of Care medical necessity guidelines.

MAT Procedure Codes (Tufts Health Direct and Tufts Health Together)
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 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.

Codes denoted with an asterisk (*) require an NDC number to be billed on the claim.

Code	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)
99202-99205	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
99221-99223	Initial hospital inpatient or observation care, per day
99238-99239	Hospital inpatient or observation discharge day management
99281-99285	Initial/normal ED charges

Code	Description
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*	Buprenophine/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)
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)
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

Buprenorphine/Naloxone (Tufts Health Together)

- Submit combinations of J0572 and J0573 that equal the clinically appropriate dose for the member.
- 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).

Codes denoted with an asterisk (*) require an NDC number to be billed on the claim.

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

Opioid Use Disorder Treatment Codes (Tufts Health One Care)

- Submit claims using POS 58 (non-residential opioid treatment facility) when billing for Opioid Treatment Program services, in accordance with CMS.[1]

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

[1] 100-04, Chapter 39: Opioid Treatment Programs.

Code	Description
	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

Refer to the Telehealth/Telemedicine Payment Policy for additional billing guidance.

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

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.

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.

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

- Inpatient and Intermediate/Diversionary Behavioral Health/Substance Use Disorder (BH/SUD) Facility
- Outpatient Behavioral Health & Substance Use Disorder Payment Policy
- MassHealth Supplemental Rebate/Preferred Drug List

Document History

- June 2026: Annual policy review; administrative updates
- May 2025: Annual policy review; updated Additional Resources; administrative edits
- January 2024: Administrative updates
- July 2022: Clarified Tufts Health Unify OTP claims should be billed using POS 58
- June 2022: Annual policy review; administrative updates
- 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

Background and Disclaimer Information

This policy applies to the products of Harvard Pilgrim Health Care and Tufts Health Plan and their affiliates, as identified in the check boxes on the first page for services performed by contracted providers.

Payment is based on member benefits and eligibility on the date of service, medical necessity review, where applicable, and the provider's network participation agreement with the Plan. 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.

Point32Health reserves the right to amend a payment policy at its discretion. CPT and HCPCS codes are updated as applicable; please adhere to the most recent CPT and HCPCS coding guidelines.

We reserve the right to conduct audits on any provider and/or facility to ensure accuracy and 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, Harvard Pilgrim Health Care and Tufts Health Plan will expect the provider/facility to refund all payments related to noncompliance.