TO: Community Health Centers Participating in MassHealth
FROM: Wendy E. Warring, Commissioner
RE: Community Health Center Manual (Revisions to Service Codes and Descriptions)

This letter transmits revisions to the Community Health Center Manual service codes and descriptions. The revised Subchapter 6 is effective for dates of service on or after January 1, 2003. Subchapter 5, Billing Instructions, will be revised and sent under separate cover.

The Centers for Medicare and Medicaid Services (CMS) have revised the Healthcare Common Procedure Coding System (HCPCS) for 2002. New national service codes have been added, and MassHealth local codes have been removed from the Community Health Center Manual. Please note that you must use a modifier with some codes to accurately reflect the service provided. The attached Subchapter 6 contains codes with modifiers, where applicable.

I. Titmus Vision Test

Effective for dates of service on or after January 1, 2003, the MassHealth local service code for a titmus vision test (X9335) has been replaced with CPT code 99173, screening test of visual acuity, quantitative, bilateral.

II. Individual Medical Visits

Effective for dates of service on or after January 1, 2003, the MassHealth local service code for an individual medical visit in a CHC (X5902) has been replaced with HCPCS code T1015 (Clinic visit/encounter, all-inclusive). The MassHealth local service code for an individual medical visit with a nurse midwife for a prenatal or postpartum service (X5901) has been replaced with HCPCS code T1015 with modifier TH (obstetrical treatment/services, prenatal or postpartum). The MassHealth local code for group clinic visit (5904) has been replaced with HCPCS code T1015 with modifier HQ (clinic visit/all inclusive/group setting).

In addition, two MassHealth local service codes for HIV counseling visits (X5580 and X5581) have been replaced with a single CPT code 99402 (preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual; separate procedure; approx 30 minutes). Providers are no longer required to differentiate between pre-test and post-test counseling visits for billing purposes.

III. Billing Guidelines

Please find attached a crosswalk from the obsolete MassHealth local service codes and modifiers to the new national service codes and modifiers for the revised Subchapter 6.
IV. How to Obtain a Community Health Centers Fee Schedule with the New Service Codes

If you wish to obtain a fee schedule, you may purchase Division of Health Care Finance and Policy regulations from either the Massachusetts State Bookstore or from the Division of Health Care Finance and Policy (see addresses and telephone numbers below). You must contact them first to find out the price of the publication. The Division of Health Care Finance and Policy also has the regulations available on disk. The regulation title is 114.3 CMR 4.00: Rates for Community Health Centers.

Massachusetts State Bookstore                  Division of Health Care Finance and Policy  
State House, Room 116                          Two Boylston Street  
Boston, MA  02133                              Boston, MA  02116  
Telephone:  617-727-2834                      Telephone:  617-988-3100  
www.mass.gov/sec/spr                           www.mass.gov/dhcfp

V. Table of Contents

Table of Contents page vii is being updated to include Appendix W, which was added to all provider manuals in May 2001.

VI. Web Site Access and Questions

All of the information in this transmittal letter, as well as the revised regulations, is available on the Division’s Web site at www.mass.gov/dma.

If you have any questions, please call MassHealth Provider Services at 617-628-4141 or 1-800-325-5231.

NEW MATERIAL
(The pages listed here contain new or revised language.)

Community Health Center Manual

Pages vii, 6.3-1 through 6.3-6, 6.5-1, 6.5-2, 6.8-1, and 6.8-2

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

Community Health Center Manual

Pages vii — transmitted by Transmittal Letter CHC-61
Pages 6.3-1 and 6.3-2 — transmitted by Transmittal Letter CHC-64
Pages 6.3-3 through 6.3-6 — transmitted by Transmittal Letter CHC-60
Pages 6.5-1 and 6.5-2 — transmitted by Transmittal Letter CHC-65
Pages 6.8-1 and 6.8-2 — transmitted by Transmittal Letter CHC-57
| Appendix A. | DIRECTORY .......................................................................................................................... | A-1 |
| Appendix B. | ENROLLMENT CENTERS ...................................................................................................... | B-1 |
| Appendix C. | THIRD-PARTY-LIABILITY CODES ......................................................................................... | C-1 |
| Appendix D. | MENTAL HEALTH/SUBSTANCE ABUSE PROGRAM ............................................................... | D-1 |
| Appendix E. | UTILIZATION MANAGEMENT PROGRAM ............................................................................... | E-1 |
| Appendix F. | ADMISSION GUIDELINES .................................................................................................... | F-1 |
| Appendix W. | EPSDT SERVICES: MEDICAL PROTOCOL AND PERIODICITY SCHEDULE ................................ | W-1 |
| Appendix X. | FAMILY ASSISTANCE COPAYMENTS AND DEDUCTIBLES..................................................... | X-1 |
| Appendix Y. | REVS CODES/MESSAGES ................................................................................................... | Y-1 |
| Appendix Z. | EPSDT SERVICES LABORATORY CODES ............................................................................. | Z-1 |
603 Visit Service Codes and Descriptions

When claiming payment for visits, a CHC must bill according to the following service codes. A visit during which a member sees more than one professional for the same medical problem or general purpose must be claimed as only one visit. (See 130 CMR 405.421 for other requirements.)

<table>
<thead>
<tr>
<th>Service Code-Modifier</th>
<th>Service Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>T1015</td>
<td>Clinic visit/encounter, all-inclusive (use for individual medical visit)</td>
</tr>
<tr>
<td>90899</td>
<td>Unlisted psychiatric service or procedure (use for individual mental health visit)</td>
</tr>
<tr>
<td>T1015-HQ</td>
<td>Clinic visit/encounter, all-inclusive — group setting (use for group clinic visit)</td>
</tr>
<tr>
<td>99402</td>
<td>Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approx 30 min (use for HIV counseling visits)</td>
</tr>
<tr>
<td>99050</td>
<td>Services requested after office hours in addition to basic service (Use for urgent care Monday through Friday from 5:00 P.M. to 6:59 A.M., and Saturday 7:00 A.M. to 4:00 P.M. This code may be billed in addition to the individual medical visit.)</td>
</tr>
<tr>
<td>99054</td>
<td>Services requested on Sundays and holidays in addition to basic services (use for urgent care Saturday 4:01 P.M. to Monday 6:59 A.M. This code may be billed in addition to the individual medical visit.)</td>
</tr>
<tr>
<td>X2003</td>
<td>Dental enhancement fee (This code can only be billed on claim form no. 11, once per date of service for each member receiving dental services on that date.)</td>
</tr>
<tr>
<td>X3333</td>
<td>Injectable and infusible drugs and devices supplied in the clinic (P.A.) (I.C.)</td>
</tr>
</tbody>
</table>

**Hospital Inpatient Services**

<table>
<thead>
<tr>
<th>Service Code</th>
<th>Service Description</th>
</tr>
</thead>
</table>
| 99221        | Initial hospital care, per day, for the evaluation and management of a patient, that requires these three key components:  
- a detailed or comprehensive history;  
- a detailed or comprehensive examination; and  
- medical decision making that is straightforward or of low complexity |
| 99222        | Initial hospital care, per day, for the evaluation and management of a patient, that requires these three key components:  
- a comprehensive history;  
- a comprehensive examination; and  
- medical decision making of moderate complexity |
| 99223        | Initial hospital care, per day, for the evaluation and management of a patient, that requires these three key components:  
- a comprehensive history;  
- a comprehensive examination; and  
- medical decision making of high complexity |
| 99431        | History and examination of the normal newborn infant, initiation of diagnostic and treatment programs and preparation of hospital records (This code should also be used for birthing-room deliveries.) |
### Community Health Center

<table>
<thead>
<tr>
<th>Service Code</th>
<th>Service Description</th>
</tr>
</thead>
</table>
| **99231**    | Subsequent hospital care, per day, for the evaluation and management of a patient, that requires at least two of these three key components:  
  - a problem-focused interval history;  
  - a problem-focused examination;  
  - medical decision making that is straightforward or of low complexity |
| **99232**    | Subsequent hospital care, per day, for the evaluation and management of a patient, that requires at least two of these three key components:  
  - an expanded problem-focused interval history;  
  - an expanded problem-focused examination;  
  - medical decision making of moderate complexity |
| **99233**    | Subsequent hospital care, per day, for the evaluation and management of a patient, that requires at least two of these three key components:  
  - a detailed interval history;  
  - a detailed examination;  
  - medical decision making of high complexity |
| **99433**    | Subsequent hospital care, for the evaluation and management of a normal newborn, per day |

### Hospital Observation Services

#### Initial Observation Care (New or Established Patient)

<table>
<thead>
<tr>
<th>Service Code</th>
<th>Service Description</th>
</tr>
</thead>
</table>
| **99218**    | Initial observation care, per day, for the evaluation and management of a patient, that requires these three key components:  
  - a detailed or comprehensive history;  
  - a detailed or comprehensive examination; and  
  - medical decision making that is straightforward or of low complexity |
| **99219**    | Initial observation care, per day, for the evaluation and management of a patient, that requires these three key components:  
  - a comprehensive history;  
  - a comprehensive examination; and  
  - medical decision making of moderate complexity |
| **99220**    | Initial observation care, per day, for the evaluation and management of a patient, that requires these three key components:  
  - a comprehensive history;  
  - a comprehensive examination; and  
  - medical decision making of high complexity |
### Nursing Facility Services

**99301** Evaluation and management of a new or established patient involving an annual nursing facility assessment, that requires these three key components:
- a detailed interval history;
- a comprehensive examination; and
- medical decision making that is straightforward or of low complexity

**99302** Evaluation and management of a new or established patient involving a nursing facility assessment, that requires these three key components:
- a detailed interval history;
- a comprehensive examination; and
- medical decision making of moderate to high complexity

**99303** Evaluation and management of a new or established patient involving a nursing facility assessment at the time of initial admission or readmission to the facility, that requires these three key components:
- a comprehensive history;
- a comprehensive examination; and
- medical decision making of high complexity

### Subsequent Nursing Facility Care

**99311** Subsequent nursing facility care, per day, for the evaluation and management of a new or established patient, that requires at least two of these three key components:
- a problem-focused interval history;
- a problem-focused examination;
- medical decision making that is straightforward or of low complexity

**99312** Subsequent nursing facility care, per day, for the evaluation and management of a new or established patient, that requires at least two of these three key components:
- an expanded problem-focused interval history;
- an expanded problem-focused examination;
- medical decision making of moderate complexity

**99313** Subsequent nursing facility care, per day, for the evaluation and management of a new or established patient, that requires at least two of these three key components:
- a detailed interval history;
- a detailed examination;
- medical decision making of moderate to high complexity
<table>
<thead>
<tr>
<th>Service Code</th>
<th>Service Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Domiciliary, Rest Home (e.g., Boarding Home), or Custodial Care Services</strong></td>
<td></td>
</tr>
<tr>
<td><strong>New Patient</strong></td>
<td></td>
</tr>
</tbody>
</table>
| 99321 | Domiciliary or rest home visit for the evaluation and management of a new patient, that requires these three key components:  
- a problem-focused history;  
- a problem-focused examination; and  
- medical decision making that is straightforward or of low complexity |
| 99322 | Domiciliary or rest home visit for the evaluation and management of a patient, that requires these three key components:  
- an expanded problem-focused history;  
- an expanded problem-focused examination; and  
- medical decision making of moderate complexity |
| 99323 | Domiciliary or rest home visit for the evaluation and management of a patient, that requires these three key components:  
- a detailed history;  
- a detailed examination; and  
- medical decision making of high complexity |
| **Established Patient** |
| 99331 | Domiciliary or rest home visit for the evaluation and management of an established patient, that requires at least two of these three key components:  
- a problem-focused interval history;  
- a problem-focused examination;  
- medical decision making that is straightforward or of low complexity |
| 99332 | Domiciliary or rest home visit for the evaluation and management of an established patient, that requires at least two of these three key components:  
- an expanded problem-focused interval history;  
- an expanded problem-focused examination;  
- medical decision making of moderate complexity |
| 99333 | Domiciliary or rest home visit for the evaluation and management of an established patient, that requires at least two of these three key components:  
- a detailed interval history;  
- a detailed examination;  
- medical decision making of high complexity |
<table>
<thead>
<tr>
<th>Service Code</th>
<th>Service Description</th>
</tr>
</thead>
</table>
| 99341        | Home visit for the evaluation and management of a new patient, that requires these three key components:  
|              | - a problem-focused history;  
|              | - a problem-focused examination; and  
|              | - straightforward medical decision making |
| 99342        | Home visit for the evaluation and management of a new patient, that requires these three key components:  
|              | - an expanded problem-focused history;  
|              | - an expanded problem-focused examination; and  
|              | - medical decision making of low complexity |
| 99343        | Home visit for the evaluation and management of a new patient, that requires these three key components:  
|              | - a detailed history;  
|              | - a detailed examination; and  
|              | - medical decision making of moderate complexity |
| 99345        | Home visit for the evaluation and management of a new patient, that requires these three key components:  
|              | - a comprehensive history;  
|              | - a comprehensive examination; and  
|              | - medical decision making of high complexity |
| 99347        | Home visit for the evaluation and management of an established patient, that requires at least two of these three key components:  
|              | - a problem-focused interval history;  
|              | - a problem-focused examination;  
|              | - straightforward medical decision making |
| 99348        | Home visit for the evaluation and management of an established patient, that requires at least two of these three key components:  
|              | - an expanded problem-focused interval history;  
|              | - an expanded problem-focused examination;  
<p>|              | - medical decision making of low complexity |</p>
<table>
<thead>
<tr>
<th>Service Code</th>
<th>Service Description</th>
</tr>
</thead>
</table>
| 99349        | Home visit for the evaluation and management of an established patient, that requires at least two of these three key components:  
- a detailed interval history;  
- a detailed examination;  
- medical decision making of moderate complexity |
| 99350        | Home visit for the evaluation and management of an established patient, that requires at least two of these three key components:  
- a comprehensive interval history;  
- a comprehensive examination;  
- medical decision making of moderate to high complexity |
Nurse-Midwife Service Codes and Descriptions

See 130 CMR 430.427 for requirements. When billing for delivery services performed by a nurse midwife, the provider must use a modifier.

<table>
<thead>
<tr>
<th>Service Code-Modifier</th>
<th>Service Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>T1015-TH</td>
<td>Clinic visit/encounter, all-inclusive – obstetrical treatment/services, prenatal or postpartum (use for a medical visit with a nurse midwife for a prenatal or postpartum service)</td>
</tr>
<tr>
<td>59400</td>
<td>Routine obstetric care, including antepartum care, vaginal delivery (with or without episiotomy, and/or forceps) and postpartum care</td>
</tr>
<tr>
<td>59409</td>
<td>Vaginal delivery only (with or without episiotomy and/or forceps)</td>
</tr>
<tr>
<td>59410</td>
<td>Vaginal delivery only (with or without episiotomy and/or forceps); including postpartum care (Hysterectomy Information (HI-1) form required)</td>
</tr>
<tr>
<td>59414</td>
<td>Delivery of placenta (separate procedure)</td>
</tr>
<tr>
<td>59610</td>
<td>Routine obstetric care including antepartum care, vaginal delivery (with or without episiotomy, and/or forceps) and postpartum care, after previous cesarean delivery</td>
</tr>
<tr>
<td>59612</td>
<td>Vaginal delivery only, after previous cesarean delivery (with or without episiotomy and/or forceps)</td>
</tr>
<tr>
<td>59614</td>
<td>including postpartum care</td>
</tr>
</tbody>
</table>
| Commonwealth of Massachusetts  
| Medical Assistance Program  
| Provider Manual Series  
| COMMUNITY HEALTH CENTER  
| MANUAL  
| **SUBCHAPTER NUMBER AND TITLE**  
| 6 SERVICE CODES AND DESCRIPTIONS  
| **PAGE**  
| 6.5-2  
| **TRANSMITTAL LETTER**  
| CHC-66  
| **DATE**  
| 01/01/03  

This page is reserved.
### Early and Periodic Screening, Diagnosis and Treatment (EPSDT): Audiometric Hearing and Vision Tests Service Codes and Descriptions

<table>
<thead>
<tr>
<th>Service Code</th>
<th>Service Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>92551</td>
<td>Screening test, pure tone, air only</td>
</tr>
<tr>
<td>92552</td>
<td>Pure tone audiometry (threshold); air only</td>
</tr>
<tr>
<td>99173</td>
<td>Screening test of visual acuity, quantitative, bilateral. (Use for titmus vision test.)</td>
</tr>
</tbody>
</table>
This page is reserved.
## Community Health Center
### Service Code Crosswalk

<table>
<thead>
<tr>
<th>Obsolete Code</th>
<th>Obsolete Code Description</th>
<th>New Code – Modifier</th>
<th>New Code Description</th>
<th>Modifier Descr</th>
</tr>
</thead>
<tbody>
<tr>
<td>X5901</td>
<td>Medical visit w/ nurse midwife for a prenatal or postpartum service</td>
<td>T1015 – TH</td>
<td>Clinic visit/encounter, all-inclusive</td>
<td>Obstetrical treatment/services, prenatal or postpartum</td>
</tr>
<tr>
<td>X5902</td>
<td>Individual medical visit</td>
<td>T1015</td>
<td>Clinic visit/encounter, all-inclusive</td>
<td></td>
</tr>
<tr>
<td>X5903</td>
<td>Individual mental health visit</td>
<td>90899</td>
<td>Unlisted psychiatric service or procedure</td>
<td></td>
</tr>
<tr>
<td>X5904</td>
<td>Group clinic visit</td>
<td>T1015 – HQ</td>
<td>Clinic visit/encounter, all-inclusive</td>
<td>Group setting</td>
</tr>
<tr>
<td>X5580</td>
<td>HIV pre-counseling visit</td>
<td>99402</td>
<td>Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 30 minutes</td>
<td></td>
</tr>
<tr>
<td>X5581</td>
<td>HIV post-counseling visit</td>
<td>99402</td>
<td>Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 30 minutes</td>
<td></td>
</tr>
<tr>
<td>X5582</td>
<td>Urgent care Mon - Fri 5:00 P.M.-6:59 A.M.; Sat 7:00 A.M.-4:00 P.M.</td>
<td>99050</td>
<td>Services requested after office hours in addition to basic services</td>
<td></td>
</tr>
<tr>
<td>X5583</td>
<td>Urgent care 4:01P.M. Sat-6:59 A.M. Mon</td>
<td>99054</td>
<td>Services requested on Sundays and holidays in addition to basic services</td>
<td></td>
</tr>
<tr>
<td>X9335</td>
<td>Titmus vision test</td>
<td>99173</td>
<td>Screening test of visual acuity, quantitative, bilateral</td>
<td></td>
</tr>
</tbody>
</table>