




Commonwealth of Massachusetts
Executive Office of Health and Human Services
Office of Medicaid
www.mass.gov/masshealth



MassHealth
Transmittal Letter CHC-99
December 2013

TO: Community Health Centers Participating in MassHealth
FROM: Kristin L. Thorn, Medicaid Director 
RE: *Community Health Center Manual* (Revisions to MassHealth Regulations-Affordable Care Act)

This letter transmits revised regulations and an updated Subchapter 6 of the *Community Health Center Manual*.

The revised regulations and Subchapter 6 implement changes in coverage for acupuncture and the diagnosis of infertility. These changes were prompted by requirements of the Affordable Care Act regarding coverage of Essential Health Benefits.

These regulations are effective January 1, 2014. The revised Subchapter 6 is effective for dates of service on or after January 1, 2014.

MassHealth Website

This transmittal letter and attached pages are available on the MassHealth website at www.mass.gov/masshealth.

Questions

If you have any questions about the information in this transmittal letter, please contact MassHealth Customer Service at 1-800-841-2900, email your inquiry to providersupport@mahealth.net, or fax your inquiry to 617-988-8974.

NEW MATERIAL

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

Community Health Center Manual

Pages 4-1, 4-2, 4-11, 4-12, and 4-27 through 4-30

Pages iv-a and 6-1 through 6-18

OBSOLETE MATERIAL

(The pages listed here are no longer in effect.)

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Page iv-a — transmitted by Transmittal Letter CHC-82

Pages 4-1, 4-2, 4-11, and 4-12 — transmitted by Transmittal Letter CHC-74

Pages 4-27 and 4-28 — transmitted by Transmittal Letter CHC-93

Pages 6-1 through 6-18 — transmitted by Transmittal Letter CHC-98

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405.401: Introduction

All community health centers participating in MassHealth must comply with the regulations governing MassHealth, including but not limited to 130 CMR 405.000 and 130 CMR 450.000.

405.402: Definitions

The following terms used in 130 CMR 405.000 have the meanings given in 130 CMR 405.402 unless the context clearly requires a different meaning. The reimbursability of services defined in 130 CMR 405.000 is not determined by these definitions, but by application of regulations elsewhere in 130 CMR 405.000 and in 130 CMR 450.000: *Administrative and Billing Regulations*.

340B Covered Entities — facilities and programs eligible to purchase discounted drugs through a program established by Section 340B of Public Health Law 102-585, the Veterans Health Act of 1992.

340B Drug-Pricing Program — a program established by Section 340B of Public Health Law 102-585, the Veterans Health Act of 1992, permitting certain grantees of federal agencies access to reduced cost drugs for their patients.

Acupuncture — the insertion of metal needles through the skin at certain points on the body, with or without the use of herbs, with or without the application of an electric current, and with or without the application of heat to the needles, skin, or both.

Family Practitioner — a licensed physician who is board-eligible or board-certified in family practice. A family practitioner provides continuous, accessible medical care with emphasis on the family unit that combines appreciation of both the biomedical and psychosocial dimensions of illness. The family practitioner assumes responsibility for and provides most of the member's health care, and coordinates the member's total health needs.

Freestanding Clinic — any institution licensed as a clinic by the Massachusetts Department of Public Health pursuant to M.G.L. c. 111, s. 51 that is not part of a hospital and that possesses its own legal identity, maintains its own patient records, and administers its own budget and personnel. Such institutions include community health centers and mental health centers.

Group Clinic Visit — a session conducted by a physician, physician assistant, nurse practitioner, or registered nurse to introduce preventive medicine approaches to personal health and safety and to present self-help and personal management information concerning family medicine, adult medicine, sex education, and chronic illness. Tobacco cessation group clinic visits may be provided by MassHealth-qualified tobacco cessation counseling providers as defined in 130 CMR 405.472.

Health Practitioner — an individual who can diagnose and treat medical problems whether by authority of his or her own license or by the delegated authority of a licensed medical professional.

HIV Pre-Test Counseling Visit — a face-to-face meeting at the CHC between the member and a physician, physician assistant, nurse practitioner, registered nurse, or counselor (working under the supervision of one of the aforementioned) for the purpose of providing counseling before HIV testing. Providers will offer information on risk factors and implications of both positive and negative test results, in accordance with established protocols of the Massachusetts Department of Public Health.

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HIV Post-Test Counseling Visit — a face-to-face meeting at the CHC between the member and a physician, physician assistant, nurse practitioner, registered nurse, or counselor (working under the supervision of one of the aforementioned) for the purpose of providing counseling after HIV testing. Such counseling will include information about the implications of positive and negative test results, risk-reduction techniques, partner notification, and referral to medical and support services, in accordance with established protocols of the Massachusetts Department of Public Health.

Home Visit — a face-to-face meeting between a member and a physician, physician assistant, nurse practitioner, or registered nurse in the member's residence for examination, diagnosis, or treatment.

Hospital Visit — a face-to-face meeting between a member and a physician, physician assistant, nurse practitioner, or registered nurse when the member has been admitted to a hospital by a physician on the CHC's staff.

Individual Medical Visit — a face-to-face meeting at the CHC between a member and a physician, physician assistant, nurse practitioner, or registered nurse for medical examination, diagnosis, or treatment.

Individual Mental Health Visit — a face-to-face meeting at the CHC between a member and a psychiatrist for mental health examination and diagnosis.

Institutionalized Individual — for purposes of 130 CMR 405.428 through 405.430, an individual who is:

- (1) involuntarily confined or detained, under a civil or criminal statute in a correctional or rehabilitative facility, including a psychiatric hospital or other facility for the care and treatment of mental illness; or
- (2) confined, under a voluntary commitment, in a psychiatric hospital or other facility for the care and treatment of mental illness.

Mentally Incompetent Individual — for purposes of 130 CMR 405.428 through 405.430, an individual who has been declared mentally incompetent by a federal, state, or local court of competent jurisdiction for any purpose, unless the individual has been declared competent for purposes that include the ability to consent to sterilization.

Nursing Facility Visit — a visit by a physician, physician assistant, nurse practitioner, or registered nurse to a member who has been admitted to a nursing facility, extended care facility, or convalescent or rest home.

Primary or Elective Care — medical care required by individuals or families that is appropriate for the maintenance of health and the prevention of illness. This care includes but is not limited to physical examination, diagnosis and management of illness, ongoing health maintenance, accident prevention, and referral when necessary. This care does not require the specialized resources of a hospital emergency department.

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405.416: Quality Assessment Program

(A) A CHC must have in effect a program for internal quality assessment that is based on written policies, standards, and procedures, and that includes the following:

- (1) a review of the CHC's performance including, but not limited to, adequacy of recordkeeping, referral procedures and follow-up, medication review, quality of patient care, and identification of deficient areas of performance;
- (2) recommendations for correcting any deficiencies identified in the review; and
- (3) a review of any such corrective action.

(B) These reviews must be conducted at least twice a year by a committee composed of the professional services director, representatives of each professional discipline on the CHC's staff, consumers, and, if possible, health professionals not employed at the CHC. Activities of the committee must be documented in minutes or a report and made available to the MassHealth agency upon request.

405.417: Maximum Allowable Fees

The Executive Office of Health and Human Services (EOHHS) determines the maximum allowable fees for CHC services in accordance with 101 CMR 304.00: *Rates for Community Health Centers*.

405.418: Nonreimbursable Services

(A) MassHealth does not pay a CHC for performing, administering, or dispensing experimental, unproven, or otherwise medically unnecessary procedures or treatments, specifically including, but not limited to, sex-reassignment surgery, thyroid cartilage reduction and any other related surgeries and treatments including pre- and post-sex-reassignment surgery hormone therapy. Notwithstanding the preceding sentence, MassHealth continues to pay for post-sex-reassignment surgery hormone therapy for which it had been paying immediately prior to May 15, 1993.

(B) MassHealth does not pay a CHC for the treatment of male or female infertility (including, but not limited to, laboratory tests, drugs, and procedures associated with such treatment); however, MassHealth does pay a CHC for the diagnosis of male or female infertility.

(130 CMR 405.419 and 405.420 Reserved)

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405.421: Visits: Service Limitations

The following restrictions and limitations apply to visits as defined in 130 CMR 405.402.

(A) Individual Medical Visit. An individual medical visit may not be used for mental health services or for HIV pre- or post-test counseling visits.

(B) Individual Mental Health Visit. An individual mental health visit conducted by a person other than a psychiatrist (for example, a psychologist, nurse, physician assistant, social worker, or counselor) is not reimbursable. An individual mental health visit must be for the sole purpose of examination and diagnosis, and must not include mental health treatment.

(C) Group Clinic Visit. All instructional group sessions for members must be carried out by a physician, nurse practitioner, registered nurse, or physician assistant. A group visit conducted by other kinds of professionals (for example, social workers, counselors, or nutritionists) is not reimbursable as a group clinic visit. These limitations do not apply to group clinic visits for tobacco cessation.

(D) HIV Pre- and Post-Test Counseling Visits. The CHC may be reimbursed for a maximum of two HIV pre-test counseling and two HIV post-test counseling visits per member per test. A maximum of four pre-test counseling visits and four post-test counseling visits per calendar year per member are reimbursable.

(E) Home Visit. A home visit must be used to deliver episodic care in the member's home when a health practitioner has determined that it is not advisable for the member to visit the CHC. The medical record must document the reasons for a home visit. A house-bound member with chronic medical and nursing care needs must be referred to a Medicare-certified home health agency.

(F) Treatments or Procedures. The CHC may bill for a visit, a treatment, or a procedure, but may not bill for more than one of these services provided to the same member on the same date when the services are performed in the same location. This limitation does not apply to tobacco cessation counseling services provided by a physician or other qualified staff member under the supervision of a physician on the same day as a visit. Examples of treatments or procedures are a vasectomy or an amniocentesis.

(G) Urgent Care. The MassHealth agency pays an enhanced fee for urgent care when such care is provided at the CHC Monday through Friday from 5:00 P.M. to 6:59 A.M., and from Saturday at 7:00 A.M. through Monday at 6:59 A.M.

405.422: Obstetric Services: Introduction

(A) MassHealth offers two methods of payment for obstetric services: the fee-for-service method and the global-fee method. Fee for service requires submission of claims for services as they are performed and is available for covered obstetric services. The global-fee method is available only when the conditions in 130 CMR 405.423 are met.

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biological, psychological, and social causes of tobacco dependence; and
 (iii) a review of evidence-based treatment strategies and the advantages and disadvantages of each strategy;

(b) collaborative development of a treatment plan that uses evidence-based strategies to assist the member to attempt to quit, to continue to abstain from tobacco, and to prevent relapse, including:

(i) identification of personal risk factors for relapse and incorporation into the treatment plan;

(ii) strategies and coping skills to reduce relapse risk; and

(iii) a plan for continued aftercare following initial treatment; and

(c) information and advice on the benefits of nicotine replacement therapy or other proven pharmaceutical or behavioral adjuncts to quitting smoking, including:

(i) the correct use, efficacy, adverse events, contraindications, known side effects, and exclusions for all tobacco dependence medications; and

(ii) the possible adverse reactions and complications related to the use of pharmacotherapy for tobacco dependence.

(C) Provider Qualifications for Tobacco Cessation Counseling Services.

(1) Qualified Personnel.

(a) Physicians, registered nurses, nurse practitioners, nurse midwives, and physician assistants may provide tobacco cessation counseling services without additional experience or training in tobacco cessation counseling services.

(b) All other providers of tobacco cessation counseling services must be under the supervision of a physician, and must complete a course of training in tobacco cessation counseling by a degree-granting institution of higher education with a minimum of eight hours of instruction.

(2) Supervision of Tobacco Cessation Counseling Services. A physician must supervise all nonphysician providers of tobacco cessation counseling services.

(D) Tobacco Cessation Services: Claims Submission. A CHC may submit claims for tobacco cessation counseling services that are provided by physicians, nurse practitioners, registered nurses, nurse midwives, physician assistants, and MassHealth-qualified tobacco cessation counselors according to 130 CMR 405.472(B) and (C). See Subchapter 6 of the *Community Health Center Manual* for service codes.

405.473: Fluoride Varnish Services

(A) Eligible Members. Members must be younger than 21 years old to be eligible for the application of fluoride varnish.

(B) Qualified Personnel. Physicians, nurse practitioners, registered nurses, licensed practical nurses, physician assistants, and medical assistants may apply fluoride varnish subject to the limitation of state law. To qualify to apply fluoride varnish, the individual must complete a MassHealth-approved training on the application of fluoride varnish, maintain proof of completion of the training, and provide such proof to the MassHealth agency upon request.

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(C) Billing for a Medical Visit and Fluoride Varnish Treatment or Procedure. A CHC may bill for fluoride varnish services provided by a physician or a qualified staff member as listed in 130 CMR 405.473(B) under the supervision of a physician. The CHC may bill for a medical visit in addition to the fluoride varnish application only if fluoride varnish was not the sole service, treatment, or procedure provided during the visit. The dental enhancement fee may not be billed for a fluoride varnish application separately or in addition to a medical visit.

(D) Claims Submission. A CHC may submit claims for fluoride varnish services that are provided by physicians, nurse practitioners, registered nurses, licensed practical nurses, physician assistants, and medical assistants according to 130 CMR 405.473(C). See Subchapter 6 of the *Community Health Center Manual* for service codes.

405.474: Acupuncture Services

(A) Introduction. MassHealth members are eligible to receive acupuncture services in CHCs for the treatment of pain as described in 130 CMR 405.474(C). Please see 130 CMR 433.454(C): *Acupuncture as an Anesthetic* for use of acupuncture as an anesthetic, and 130 CMR 418.406(C): *Substance Abuse Outpatient Counseling Programs* for use of acupuncture for detoxification.

(B) General. 130 CMR 405.474 applies specifically to physicians and other licensed practitioners of acupuncture in a CHC. In general however, subject to the limitations of state law, the requirements elsewhere in 130 CMR 405.000 that apply to a CHC, also apply to licensed practitioners of acupuncture, such as service limitations, recordkeeping, report requirements, and prior-authorization requirements.

(C) Acupuncture for the Treatment of Pain. MassHealth provides a total of 20 sessions of acupuncture for the treatment of pain per member per year without prior authorization. If the member's condition, treatment, or diagnosis changes, the member may be able to receive more sessions of medically-necessary acupuncture treatment with prior authorization.

(D) Provider Qualifications for Acupuncture.

(1) Qualified Providers.

(a) Physicians

(b) Other providers who are licensed in acupuncture by the Massachusetts Board of Registration in Medicine under 243 CMR 5.00: *The Practice of Acupuncture*.

(2) Acupuncture Providers in CHCs. CHCs must ensure that acupuncture providers for whom the CHC will submit claims possess the appropriate training, credentials, and licensure.

(E) Conditions of Payment. The MassHealth agency pays the CHC for services of an acupuncturist (in accordance with 130 CMR 405.474(F)) when the:

(1) services are limited to the scope of practice authorized by state law or regulation (including but not limited to 243 CMR 5.00: *The Practice of Acupuncture*);

(2) the acupuncturist has a current license or certificate of registration from the Massachusetts Board of Registration in Medicine; and

(3) services are provided pursuant to a supervisory arrangement with a physician.

(F) Acupuncture Claims Submissions.

(1) Community health centers (CHCs) may submit claims for acupuncture services when they are provided to MassHealth members by physicians or when a licensed provider under the supervision of a physician provides those services directly to MassHealth members. See

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Subchapter 6 of the *Community Health Center Manual* for service code descriptions and billing requirements.

(2) For MassHealth members receiving services under any of the acupuncture codes on the same date of service as an office visit, the CHC may bill for either an office visit or the acupuncture code, but may not bill for both an office visit and the acupuncture code for the same member on the same date when the office visit and the acupuncture services are performed in the same location. This limitation does not apply to a significant, separately identifiable office visit provided by the same CHC on the same day of the acupuncture service.

(130 CMR 405.475 through 405.495 Reserved)

405.496: Utilization Management Program

The MassHealth agency pays for procedures and hospital stays that are subject to the Utilization Management Program only if the applicable requirements of the program as described in 130 CMR 450.207 through 450.209 are satisfied. Appendix E of the *Community Health Center Manual* describes the information that must be provided as part of the review process.

REGULATORY AUTHORITY

130 CMR 405.000: M.G.L. c. 118E, §§ 7 and 12.

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601 Introduction and Explanation of Abbreviations

MassHealth pays for the services represented by the codes listed in Subchapter 6 in effect at the time of service, subject to all conditions and limitations in MassHealth regulations at 130 CMR 405.000 and 450.000. A community health center may request prior authorization (PA) for any medically necessary service reimbursable under the federal Medicaid Act in accordance with 130 CMR 450.144, 42 U.S.C. 1396d(a), and 42 U.S.C. 1396d(r)(5) for a MassHealth Standard or CommonHealth member younger than 21 years of age even if it is not designated as covered or payable in Subchapter 6 of the *Community Health Center Manual*.

For complete descriptions of the service codes listed in Subchapter 6, MassHealth providers must refer to the American Medical Association's latest *Current Procedural Terminology (CPT)* code book and to the HCPCS Level II code book (or the Centers for Medicare & Medicaid Services website at www.cms.gov).

The following abbreviations are used in Subchapter 6.

- (A) PA indicates that service-specific prior authorization is required (see 130 CMR 450.303).
- (B) IC indicates that the claim will receive individual consideration to determine payment. A descriptive report must accompany the claim (see 130 CMR 450.271).
- (C) SP indicates that the procedure is commonly performed as part of a total service and does not usually warrant a separate fee. The procedure must be performed separately to receive the separate fee.
- (D) CS-18 or CS-21 indicates that a completed Sterilization Consent Form (CS-18 for members aged 18 through 20; CS-21 form for members aged 21 and older) must be submitted. See 130 CMR 405.428 through 405.430 for more information.
- (E) HI-1: A completed Hysterectomy Information Form must be submitted.

602 Payable Radiology Service Codes

This section lists radiology service codes that are payable under MassHealth. For complete descriptions of the service codes listed, refer to the American Medical Association's latest *Current Procedural Terminology (CPT)* code book and to the HCPCS Level II code book (or the Centers for Medicare & Medicaid Services website at www.cms.gov).

70030	70310	70480	70549	71110
70100	70320	70481	70551	71111
70110	70328	70482	70552	71120
70120	70330	70486	70553	71130
70130	70332	70487	70554	71550
70134	70336	70488	70555	71551
70140	70350	70490	71010	71555
70150	70355	70491	71015	72010
70160	70360	70492	71020	72020
70190	70370	70540	71021	72040
70200	70371	70542	71022	72050
70210	70373	70543	71023	72052
70220	70380	70544	71030	72069
70240	70390	70545	71034	72070
70250	70450	70546	71035	72072
70260	70460	70547	71100	72074
70300	70470	70548	71101	72080

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72090	73050	73720	74400	75809
72100	73060	73721	74410	75810
72110	73070	73722	74415	75820
72114	73080	73723	74420	75822
72120	73085	73725	74425	75825
72125	73090	74000	74430	75827
72126	73092	74010	74440	75831
72127	73100	74020	74445	75833
72128	73110	74022	74450	75840
72129	73115	74150	74455	75842
72130	73120	74160	74470	75860
72131	73130	74170	74475	75870
72132	73140	74174	74480	75872
72133	73200	74176	74485	75880
72141	73201	74177	74710	75885
72142	73202	74178	74740	75887
72146	73218	74181	74742	75889
72147	73219	74182	74775	75891
72148	73220	74183	75557	75893
72149	73221	74185	75559	75898
72156	73222	74190	75561	75901
72157	73223	74210	75563	75902
72158	73500	74220	75565	75945
72170	73510	74230	75572	75946
72190	73520	74235	75573	76000
72192	73525	74240	75574	76001
72193	73530	74245	75600	76010
72194	73540	74246	75605	76080
72195	73550	74247	75625	76098
72196	73560	74249	75630	76100
72197	73562	74250	75658	76101
72200	73564	74251	75705	76102
72202	73565	74260	75710	76120
72220	73580	74261 (PA)	75716	76125
72240	73590	74262 (PA)	75726	76376
72255	73592	74270	75731	76377
72265	73600	74280	75733	76380
72270	73610	74283	75736	76499 (IC)
72275	73615	74290	75741	76506
72285	73620	74291	75743	76510
72291	73630	74300	75746	76511
72292	73650	74301	75756	76512
72295	73660	74305	75774	76513
73000	73700	74320	75791	76514
73010	73701	74327	75801	76516
73020	73702	74330	75803	76519
73030	73718	74340	75805	76529
73040	73719	74355	75807	76536

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76604	76965	78072	78305	78635
76645	76970	78075	78306	78645
76700	76977	78099 (IC)	78315	78647
76705	76999 (IC)	78102	78320	78650
76770	77001	78103	78350	78660
76775	77002	78104	78399 (IC)	78699 (IC)
76776	77003	78110	78414 (IC)	78700
76800	77011	78111	78428	78701
76801	77012	78120	78445	78707
76802	77013	78121	78451	78708
76805	77014	78122	78452	78709
76810	77021	78130	78453	78710
76811	77022	78135	78454	78725
76812	77051	78140	78456	78730
76813	77052	78185	78457	78740
76814	77053	78190	78458	78761
76815	77054	78191	78459	78799 (IC)
76816	77055	78195	78466	78800
76817	77056	78199 (IC)	78468	78801
76818	77057	78201	78469	78802
76820	77058 (PA)	78202	78472	78803
76821	77059 (PA)	78205	78473	78804
76825	77071	78206	78481	78805
76826	77072	78215	78483	78806
76827	77073	78216	78491	78807
76828	77074	78226	78492	78808
76830	77075	78227	78494	78811
76831	77076	78230	78496	78812
76856	77077	78231	78499 (IC)	78813
76857	77078	78232	78579	78814
76870	77080	78258	78580	78815
76872	77081	78261	78582	78816
76873	77082	78262	78597	78999 (IC)
76881	77421	78264	78598	G0202
76882	78012	78270	78599 (IC)	G0204
76885	78013	78271	78600	G0206
76886	78014	78272	78601	
76937	78015	78278	78605	
76942	78016	78282 (IC)	78607	
76945	78018	78290	78608	
76946	78020	78291	78609	
76948	78070	78299 (IC)	78610	
76950	78071	78300	78630	

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603 Payable Laboratory Service Codes

This section lists laboratory service codes that are payable under MassHealth. For complete descriptions of the service codes listed, refer to the American Medical Association's latest *Current Procedural Terminology (CPT)* code book and to the HCPCS Level II code book (or the Centers for Medicare & Medicaid Services website at www.cms.gov).

80047	80299	81511	82175	82441
80048	80400	81512	82180	82465
80050	80402	81599	82190	82480
80051	80406	82000	82205	82482
80053	80408	82003	82232	82485
80055	80410	82009	82239	82486
80061	80412	82010	82240	82487
80069	80414	82013	82247	82488
80074	80415	82016	82248	82489
80076	80416	82017	82252	82491
80102	80417	82024	82261	82492
80103	80418	82030	82270	82495
80150	80420	82040	82271	82507
80152	80422	82042	82272	82520
80154	80424	82043	82274	82523
80156	80426	82044	82286	82525
80157	80428	82045	82300	82528
80158	80430	82055	82306	82530
80160	80432	82085	82308	82533
80162	80434	82088	82310	82540
80164	80435	82101	82330	82541
80166	80436	82103	82331	82542
80168	80438	82104	82340	82543
80170	80439	82105	82355	82544
80172	80440	82106	82360	82550
80173	81000	82107	82365	82552
80174	81001	82108	82370	82553
80176	81002	82120	82373	82554
80178	81003	82127	82374	82565
80182	81005	82128	82375	82570
80184	81007	82131	82376	82575
80185	81015	82135	82378	82585
80186	81020	82136	82379	82595
80188	81025	82139	82380	82600
80190	81050	82140	82382	82607
80192	81099 (IC)	82143	82383	82608
80194	81161	82145	82384	82610
80195	81479 (IC)	82150	82387	82615
80196	81500	82154	82390	82626
80197	81503	82157	82397	82627
80198	81506	82160	82415	82633
80200	81508	82163	82435	82634
80201	81509	82164	82436	82638
80202	81510	82172	82438	82646

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603 Payable Laboratory Service Codes (cont.)

82649	82947	83497	83835	84126
82651	82948	83498	83840	84127
82652	82950	83499	83857	84132
82654	82951	83500	83858	84133
82656	82952	83505	83861	84134
82657	82953	83516	83864	84135
82658	82955	83518	83866	84138
82664	82960	83519	83872	84140
82666	82963	83520	83873	84143
82668	82965	83525	83874	84144
82670	82975	83527	83876	84146
82671	82977	83528	83880	84150
82672	82978	83540	83883	84152
82677	82979	83550	83885	84153
82679	82980	83570	83887	84154
82690	82985	83582	83915	84155
82693	83001	83586	83916	84156
82696	83002	83593	83918	84157
82705	83003	83605	83919	84160
82710	83008	83615	83921	84163
82715	83009	83625	83925	84165
82725	83010	83630	83930	84166
82726	83012	83631	83935	84181
82728	83013	83632	83937	84182
82731	83014	83633	83945	84202
82735	83015	83634	83950	84203
82742	83018	83655	83951	84206
82746	83020	83661	83970	84207
82747	83021	83662	83986	84210
82757	83026	83663	83992	84220
82759	83030	83664	83993	84228
82760	83033	83670	84022	84233
82775	83036	83690	84030	84234
82776	83037	83695	84035	84235
82777	83045	83698	84060	84238
82784	83050	83700	84066	84244
82785	83051	83701	84075	84252
82787	83055	83704	84078	84255
82800	83060	83718	84080	84260
82803	83065	83719	84081	84270
82805	83068	83721	84085	84275
82810	83069	83727	84087	84285
82820	83070	83735	84100	84295
82930	83071	83775	84105	84300
82938	83080	83785	84106	84302
82941	83088	83788	84110	84305
82943	83090	83789	84112	84307
82945	83150	83805	84119	84311
82946	83491	83825	84120	84315

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603 Payable Laboratory Service Codes (cont.)

84375	84600	85305	85670	86310
84376	84620	85306	85675	86316
84377	84630	85307	85705	86317
84378	84681	85335	85730	86318
84379	84702	85337	85732	86320
84392	84703	85345	85810	86325
84402	84704	85347	85999 (IC)	86327
84403	84999 (IC)	85348	86000	86329
84425	85002	85360	86001	86331
84430	85004	85362	86003	86332
84432	85007	85366	86005	86334
84436	85008	85370	86021	86335
84437	85009	85378	86022	86336
84439	85013	85379	86023	86337
84442	85014	85380	86038	86340
84443	85018	85384	86039	86341
84445	85025	85385	86060	86343
84446	85027	85390	86063	86344
84449	85027	85396	86140	86352
84450	85032	85397	86141	86353
84460	85041	85400	86146	86355
84466	85044	85410	86147	86356
84478	85045	85415	86148	86357
84479	85046	85420	86148	86357
84480	85048	85421	86152	86359
84481	85049	85421	86153	86360
84482	85055	85441	86155	86361
84484	85060	85445	86156	86367
84485	85097	85460	86157	86376
84488	85130	85461	86157	86376
84490	85170	85475	86160	86378
84510	85175	85520	86161	86382
84512	85210	85525	86162	86384
84520	85220	85530	86171	86386
84525	85230	85536	86185	86403
84540	85240	85540	86200	86406
84545	85244	85547	86215	86430
84550	85245	85549	86225	86431
84560	85246	85555	86226	86480
84577	85247	85557	86235	86481
84578	85250	85576	86243	86485
84580	85260	85597	86255	86486
84583	85270	85598	86256	86490
84585	85280	85610	86277	86510
84586	85290	85611	86280	86590
84588	85291	85612	86294	86592
84590	85292	85613	86300	86593
84591	85293	85635	86301	86602
84597	85300	85651	86304	86603
	85301	85652	86308	86606
	85302	85660	86309	86609
	85303			

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603 Payable Laboratory Service Codes (cont.)

86611	86710	86829	87088	87272
86612	86711	86830	87101	87273
86615	86713	86831	87102	87274
86617	86717	86832	87103	87275
86618	86720	86833	87106	87276
86619	86723	86834	87107	87277
86622	86727	86835	87109	87278
86625	86729	86849 (IC)	87110	87279
86628	86732	86850	87116	87280
86631	86735	86860	87118	87281
86632	86738	86870	87140	87283
86635	86741	86880	87143	87285
86638	86744	86885	87147	87290
86641	86747	86886	87149	87299
86644	86750	86900	87152	87300
86645	86753	86901	87158	87301
86648	86756	86902	87164	87305
86651	86757	86904	87166	87320
86652	86759	86905	87168	87324
86653	86762	86906	87169	87327
86654	86765	86920	87172	87328
86658	86768	86921	87176	87329
86663	86771	86922	87177	87332
86664	86774	86923	87181	87335
86665	86777	86940	87184	87336
86666	86778	86941	87185	87337
86668	86780	86970	87186	87338
86671	86784	86971	87187	87339
86674	86787	86972	87188	87340
86677	86788	86975	87190	87341
86682	86789	86976	87197	87350
86684	86790	86977	87205	87380
86687	86793	86978	87206	87385
86688	86800	86999 (IC)	87207	87389
86689	86803	87001	87209	87390
86692	86804	87003	87210	87391
86694	86805	87015	87220	87400
86695	86806	87040	87230	87420
86696	86807	87045	87250	87425
86698	86808	87046	87252	87427
86701	86812	87070	87253	87430
86702	86813	87071	87254	87449
86703	86816	87073	87255	87450
86704	86817	87075	87260	87451
86705	86821	87076	87265	87470
86706	86822	87077	87267	87471
86707	86825	87081	87269	87472
86708	86826	87084	87270	87475
86709	86828	87086	87271	87476

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603 Payable Laboratory Service Codes (cont.)

87477	87556	88106	88264	88740
87480	87557	88108	88267	88741
87481	87560	88112	88269	89049
87482	87561	88120	88271	89050
87485	87562	88121	88272	89051
87486	87580	88130	88273	89055
87487	87581	88140	88274	89060
87490	87582	88141	88275	89125
87491	87590	88142	88280	89160
87492	87591	88143	88283	89190
87495	87592	88147	88285	89220
87496	87620	88148	88289	89230
87497	87621	88150	88291	89240 (IC)
87498	87622	88152	88299 (IC)	89300
87500	87631	88153	88300	89310
87501	87632	88154	88302	89320
87502	87633	88155	88304	93000
87503	87640	88160	88305	93005
87510	87641	88161	88307	93010
87511	87650	88162	88309	93015
87512	87651	88164	88311	93016
87515	87652	88165	88312	93017
87516	87653	88166	88313	93018
87517	87660	86167	88314	93024
87520	87797	88172	88319	93040
87521	87798	88173	88342	93041
87522	87799	88174	88346	93042
87525	87800	88175	88347	93224
87526	87801	88177	88348	93225
87527	87802	88182	88349	93226
87528	87803	88184	88355	93227
87529	87804	88185	88356	93228
87530	87807	88187	88358	93229 (IC)
87531	87808	88188	88360	93268
87532	87809	88189	88361	93270
87533	87810	88199 (IC)	88362	93271
87534	87850	88230	88363	93272
87535	87880	88233	88365	93278
87536	87899	88235	88367	93303
87537	87900	88237	88368	93304
87538	87901	88239	88371	93306
87539	87902	88240	88372	93307
87540	87903	88241	88375	93308
87541	87904	88245	88380	93312
87542	87905	88248	88381	93313
87550	87906	88249	88387	93314
87551	87910	88261	88388	93315
87552	87912	88262	88399 (IC)	93316
87555	87999 (IC)	88263	88720	93317
	88104			

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603 Payable Laboratory Service Codes (cont.)

93318	93786	93893	93975	95956
93320	93788	93922	93976	G0027
93321	93790	93923	93978	G0431
93325	93797	93924	93979	G0434
93350	93798	93925	93980	P9604
93351	93799 (IC)	93926	93981	
93352	93880	93930	93990	
93724	93882	93931	93998 (IC)	
93740	93886	93965	95950	
93745 (IC)	93888	93970	95951	
93784	93890	93971	95953	

604 Payable Visit and Vaccine Service Codes

This section lists visit and vaccine service codes that are payable under MassHealth. For complete descriptions of the service codes listed, refer to the American Medical Association's latest *Current Procedural Terminology (CPT)* code book and to the HCPCS Level II code book (or the Centers for Medicare & Medicaid Services website at www.cms.gov).

When claiming payment for visits or vaccines, 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.)

(A) The following visit and associated service codes have special requirements or limitations.

Service

<u>Code</u>	<u>Modifier</u>	<u>Special Requirement or Limitation</u>
D1206		Covered for children under age 21. The CHC may bill for a medical visit in addition to the fluoride varnish application only if fluoride varnish was not the sole service, treatment, or procedure provided during the visit.
D9450		Use only for dental enhancement fee. This code may only be billed once per date of service for each member receiving dental services on that date. The dental enhancement fee may not be billed for a fluoride varnish application separately or in addition to a medical visit.
J3490		Use for injectable and infusible drugs and devices supplied in the clinic. Do not use for medications and injectables related to family planning services. (IC)
T1015		Use for individual medical visit.
T1015	HQ	Use for group clinic visit.

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604 Payable Visit and Vaccine Service Codes (cont.)

Service

<u>Code</u>	<u>Modifier</u>	<u>Special Requirement or Limitation</u>
90899		Use for individual mental health visit. (IC)
99050		Use for urgent care Monday through Friday from 5:00 P.M. to 6:59 A.M., and Saturday 7:00 A.M. to Monday 6:59 A.M. This code may be billed in addition to the individual medical visit.
99402		Use for HIV counseling visits.

(B) This section lists evaluation and management visit service codes that are payable under MassHealth. For complete descriptions of the service codes listed, refer to the American Medical Association's latest *Current Procedural Terminology (CPT)* code book and to the HCPCS Level II code book (or the Centers for Medicare & Medicaid Services website at www.cms.gov).

99218	99226	99308	99335	99348
99219	99231	99309	99336	99349
99220	99232	99310	99337	99350 (IC)
99221	99233	99324	99341	99460
99222	99304	99325	99342	99462
99223	99305	99326	99343	
99224	99306	99327	99345 (IC)	
99225	99307	99334	99347	

The following vaccine administration service codes are payable in addition to the evaluation and management visit service codes in this Section 604(B), provided that the vaccine administration is a medically necessary, separately identifiable service. Under these circumstances, the CHC may append modifier 25 to the evaluation and management visit service code. See MassHealth *All Provider Bulletin 236* for additional information.

90460
90461
90471
90472
90473
90474

(C) The following vaccine service codes have special requirements or limitations.

90632	Covered for adults ≥ 19 ; available free of charge through the Massachusetts Immunization Program for children under 19 years of age.
90649	Covered for members aged 19 to 26; available free of charge through the Massachusetts Immunization Program for children under 19 years of age.
90650	Covered for members aged 19 to 26; available free of charge through the Massachusetts Immunization Program for children under 19 years of age.
90653	Covered for adults ≥ 19 ; available free of charge through the Massachusetts Immunization Program for children under 19 years of age.
90654	Covered for adults ≥ 19 ; available free of charge through the Massachusetts Immunization Program for children under 19 years of age. (IC)

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- 90655 Only for privately purchased vaccine; vaccine must not otherwise be available free of charge through the Massachusetts Immunization Program.
- 90656 Covered for adults ≥ 19 ; available free of charge through the Massachusetts Immunization Program for children under 19 years of age.
- 90657 Only for privately purchased vaccine; vaccine must not otherwise be available free of charge through the Massachusetts Immunization Program.
- 90658 Covered for adults ≥ 19 ; available free of charge through the Massachusetts Immunization Program for children under 19 years of age.
- 90660 Covered for adults ≥ 19 ; available free of charge through the Massachusetts Immunization Program for children under 19 years of age.
- 90661 Covered for adults ≥ 19 ; available free of charge through the Massachusetts Immunization Program for children under 19 years of age. (IC)
- 90662 Covered for adults ≥ 19 ; available free of charge through the Massachusetts Immunization Program for children under 19 years of age. (IC)
- 90672 Covered for members aged 19 to 49; available free of charge through the Massachusetts Immunization Program for children under 19 years of age. (IC)
- 90707 Covered for adults ≥ 19 ; available free of charge through the Massachusetts Immunization Program for children under 19 years of age.
- 90713 Covered for adults ≥ 19 ; available free of charge through the Massachusetts Immunization Program for children under 19 years of age.
- 90715 Covered for adults ≥ 19 ; available free of charge through the Massachusetts Immunization Program for children under 19 years of age.
- 90716 Covered for adults ≥ 19 ; available free of charge through the Massachusetts Immunization Program for children under 19 years of age.
- 90732 Covered for adults ≥ 19 ; available free of charge through the Massachusetts Immunization Program for children under 19 years of age.
- 90733 Covered for adults ≥ 19 ; available free of charge through the Massachusetts Immunization Program for children under 19 years of age.
- 90734 Covered for adults ≥ 19 ; available free of charge through the Massachusetts Immunization Program for children under 19 years of age. (IC)
- 90736 (IC); PA is required for members < age 60.
- 90739 Covered for adults ≥ 19 ; available free of charge through the Massachusetts Immunization Program for children under 19 years of age.
- 90746 Covered for adults ≥ 19 ; available free of charge through the Massachusetts Immunization Program for children under 19 years of age.

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605 Payable Obstetrics Service Codes

This section lists obstetrics service codes that are payable under MassHealth. For complete descriptions of the service codes listed, refer to the American Medical Association's latest *Current Procedural Terminology (CPT)* code book (or the Centers for Medicare & Medicaid Services website at www.cms.gov).

See 130 CMR 405.422 through 405.426 for other requirements.

(A) Fee-for-Service Deliveries

59409	59515	59614
59410	59525 (HI-1 form required)	59620
59414	59612	59622
59514		

(B) Global Deliveries

59400	59510	59610	59618
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606 Payable Surgery Service Codes

This section lists surgery service codes that are payable under MassHealth. For complete descriptions of the service codes listed, refer to the American Medical Association's latest *Current Procedural Terminology (CPT)* code book (or the Centers for Medicare & Medicaid Services website at www.cms.gov).

44955	57522	58605
49255	57700	(CS-18 or CS-21 required) (SP)
49320	58120	58611 (CS-18 or CS-21 required)
54057	58140	58615 (CS-18 or CS-21 required)
54150	58146	58660
54160	58150 (HI-1 form required)	58661 (CS-18 or CS-21 required)
55250	58180 (HI-1 form required)	58670 (CS-18 or CS-21 required)
(CS-18 or CS-21 required) (SP)	58353	58671 (CS-18 or CS-21 required)
55450	58541 (HI-1 form required)	58700
(CS-18 or CS-21 required) (SP)	58543 (HI-1 form required)	58720
56420	58544 (HI-1 form required)	58940
56440	58555	59000
57240	58558	59012
57250	58560	59015
57260	58561	59025
57520	58600 (CS-18 or CS-21 required)	59870

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607 Payable Nurse-Midwife Service Codes

This section lists nurse-midwife service codes that are payable under MassHealth. For complete descriptions of the service codes listed, refer to the American Medical Association's latest *Current Procedural Terminology (CPT)* code book and to the HCPCS Level II code book (or the Centers for Medicare & Medicaid Services website at www.cms.gov).

See 130 CMR 405.427 for requirements. When billing for delivery services performed by a nurse midwife, the provider must use a modifier.

Service

<u>Code</u>	<u>Modifier</u>	<u>Special Requirement or Limitation</u>
T1015	TH	Use for a medical visit with a nurse midwife for a prenatal or postpartum service.
59400		
59409		
59410		
59414		
59610		
59612		
59614		

608 Payable Audiology Service Codes

This section lists audiology service codes that are payable under MassHealth. For complete descriptions of the service codes listed, refer to the American Medical Association's latest *Current Procedural Terminology (CPT)* code book (or the Centers for Medicare & Medicaid Services website at www.cms.gov).

See 130 CMR 405.461 through 405.463 for other requirements.

92551
92552
92553
92567

609 Payable Early and Periodic Screening, Diagnosis and Treatment (EPSDT): Health Assessment Service Codes

This section lists Early and Periodic Screening, Diagnosis and Treatment (EPSDT): Health Assessment service codes that are payable under MassHealth. For complete descriptions of the service codes listed, refer to the American Medical Association's latest *Current Procedural Terminology (CPT)* code book (or the Centers for Medicare & Medicaid Services website at www.cms.gov).

See 130 CMR 450.140 through 450.149 for other requirements.

99381	99383	99385	99392	99394
99382	99384	99391	99393	99395

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610 Payable Early and Periodic Screening, Diagnosis and Treatment (EPSDT): Audiometric Hearing and Vision Test Service Codes

This section lists Early and Periodic Screening, Diagnosis and Treatment (EPSDT): Audiometric Hearing and Vision Test service codes that are payable under MassHealth. For complete descriptions of the service codes listed, refer to the American Medical Association's latest *Current Procedural Terminology (CPT)* code book (or the Centers for Medicare & Medicaid Services website at www.cms.gov).

92551
92552
92587
99173

611 Payable Tobacco Cessation Service Codes

This section lists tobacco cessation service codes that are payable under MassHealth. For complete descriptions of the service codes listed, refer to the American Medical Association's latest *Current Procedural Terminology (CPT)* code book (or the Centers for Medicare & Medicaid Services website at www.cms.gov).

Service

<u>Code</u>	<u>Modifier</u>	<u>Special Requirement or Limitation</u>
99407		at least 30 minutes; eligible providers are physicians employed by community health centers.
99407	HN	at least 30 minutes; eligible providers are physician assistants employed by community health centers.
99407	HQ	for an individual in a group setting, 60-90 minutes; eligible providers are physicians employed by community health centers.
99407	SA	at least 30 minutes; eligible providers are nurse practitioners employed by community health centers.
99407	SB	at least 30 minutes; eligible providers are nurse midwives employed by community health centers.
99407	TD	at least 30 minutes; eligible providers are registered nurses employed by community health centers.
99407	TF	intake assessment for an individual, at least 45 minutes; eligible providers are physicians employed by community health centers.
99407	U1	at least 30 minutes; eligible providers are tobacco cessation counselors employed by community health centers.
99407	U2	intake assessment for an individual, at least 45 minutes; eligible providers are nurse practitioner, nurse midwife, physician assistant, registered nurse, and tobacco cessation counselor.
99407	U3	for an individual in a group setting, 60-90 minutes; eligible providers are nurse practitioners, nurse midwives, physician assistants, registered nurses, and tobacco cessation counselors.

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612 Payable Medical Nutrition Therapy and Diabetes Self-Management Training Service Codes

This section lists medical nutrition therapy and diabetes self-management training service codes that are payable under MassHealth. For complete descriptions of the service codes listed, refer to the American Medical Association's latest *Current Procedural Terminology (CPT)* code book and to the HCPCS Level II code book (or the Centers for Medicare & Medicaid Services website at www.cms.gov).

G0108
G0109
G0270
G0271
97802
97803
97804

613 Payable Behavioral Health Screening Tool Service Codes

This section lists behavioral health screening tool service codes that are payable under MassHealth. For complete descriptions of the service codes listed, refer to the American Medical Association's latest *Current Procedural Terminology (CPT)* code book (or the Centers for Medicare & Medicaid Services website at www.cms.gov).

The administration and scoring of standardized behavioral-health screening tools selected from the approved menu of tools found in [Appendix W](#) of your MassHealth provider manual is covered for members (except MassHealth Limited) from birth to 21 years of age.

Service

Code Modifier Special Requirement or Limitation

96110	U1	Covered for members birth to 21 for the administration and scoring of a standardized behavioral health screening tool from the approved menu of tools found in Appendix W of your MassHealth provider manual; with no behavioral health need identified* (Eligible providers are physicians employed by community health centers.)
96110	U2	Covered for members birth to 21 for the administration and scoring of a standardized behavioral health screening tool from the approved menu of tools found in Appendix W of your MassHealth provider manual; and behavioral health need identified* (Eligible providers are physicians employed by community health centers.)
96110	U3	Covered for members birth to 21 for the administration and scoring of a standardized behavioral health screening tool from the approved menu of tools found in Appendix W of your MassHealth provider manual; with no behavioral health need identified* (Eligible providers are nurse midwives employed by community health centers.)
96110	U4	Covered for members birth to 21 for the administration and scoring of a standardized behavioral health screening tool from the approved menu of tools found in Appendix W of your MassHealth provider manual; and behavioral health need identified* (Eligible providers are nurse midwives employed by community health centers.)
96110	U5	Covered for members birth to 21 for the administration and scoring of a standardized behavioral health screening tool from the approved menu of tools found in Appendix W of your MassHealth provider manual; with no behavioral health need identified* (Eligible providers are nurse practitioners employed by community health centers.)

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613 Payable Behavioral Health Screening Tool Service Codes (cont.)

Service

Code Modifier Special Requirement or Limitation

96110	U6	Covered for members birth to 21 for the administration and scoring of a standardized behavioral health screening tool from the approved menu of tools found in Appendix W of your MassHealth provider manual; and behavioral health need identified* (Eligible providers are nurse practitioners employed by community health centers.)
96110	U7	Covered for members birth to 21 for the administration and scoring of a standardized behavioral health screening tool from the approved menu of tools found in Appendix W of your MassHealth provider manual; with no behavioral health need identified* (Eligible providers are physician assistants employed by community health centers.)
96110	U8	Covered for members birth to 21 for the administration and scoring of a standardized behavioral health screening tool from the approved menu of tools found in Appendix W of your MassHealth provider manual; and behavioral health need identified* (Eligible providers are physician assistants employed by community health centers.)

* “Behavioral health need identified” means the provider administering the screening tool, in his or her professional judgment, identifies a child with a potential behavioral health services need.

614 Payable Acupuncture Service Codes

This section lists acupuncture service codes that are payable under MassHealth. For complete descriptions of the service codes listed, refer to the American Medical Association’s latest *Current Procedural Terminology (CPT)* code book (or the Centers for Medicare & Medicaid Services website at www.cms.gov).

97810
97811
97813
97814

615 Modifiers

The following service code modifiers are allowed for billing under MassHealth.

Modifier Description

24	Unrelated evaluation and management service by the same physician during postoperative period.
25	Significant, separately identifiable evaluation and management service by the same physician or other qualified health care professional on the same day of the procedure or other service.
26	Professional Component
50	Bilateral procedure
51	Multiple procedures
54	Surgical care only

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615 Modifiers (cont.)

Modifier Description

57	Decision for Surgery
58	Staged or related procedure or service by the same physician or other qualified health care professional during the postoperative period.
59	Distinct procedural service.
62	Two surgeons
66	Surgical team
78	Unplanned return to the operating/procedure room by the same physician or other qualified health care professional following initial procedure for a related procedure during the postoperative period.
79	Unrelated procedure or service by the same physician or other qualified health care professional during the postoperative period.
80	Assistant surgeon
82	Assistant surgeon (when qualified resident surgeon not available)
91	Repeat clinical diagnostic laboratory test.
99	Multiple modifiers
LT	Left side (used to identify procedures performed on the left side of the body).
RT	Right side (used to identify procedures performed on the right side of the body).
TC	Technical Component

The following modifiers are for Provider Preventable Conditions that are National Coverage Determinations

Modifier Description

PA	Surgical or other invasive procedure on wrong body part
PB	Surgical or other invasive procedure on wrong patient
PC	Wrong surgery or other invasive procedure on patient

For more information on the use of these modifiers, see Appendix V of your provider manual.

This publication contains codes that are copyrighted by the American Medical Association. Certain terms used in the service descriptions for HCPCS codes are defined in the *Current Procedural Terminology (CPT)* code book.

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