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Administrative Bulletin 26-15

101 CMR 304.00: *Rates for Community Health Centers*

Effective June 30, 2026

Code Updates for Certain Services Rendered by Community Health Centers

Summary

In accordance with 101 CMR 304.01(5), the Executive Office of Health and Human Services (EOHHS) is making code updates for certain services rendered by community health centers. Specifically, EOHHS is updating codes for individual medical visits rendered by community health centers to dually eligible Medicare and MassHealth members. Additionally, EOHHS is updating codes for chronic care management (CCM) services, behavioral health integration (BHI) services, and psychiatric collaborative care model (CoCM) services rendered by community health centers.

Coding Updates for Behavioral Health Integration and Care Management

Effective for dates of service on or after October 1, 2025, the Centers for Medicare & Medicaid Services (CMS) ended the use of HCPCS code G0511, which is the MassHealth code for community health centers billing for CCM services and BHI services in accordance with 101 CMR 304.04(2)(a).

Effective for dates of service on or after January 1, 2026, CMS ended the use of HCPCS code G0512, which is the MassHealth code for community health centers billing for psychiatric CoCM services in accordance with 101 CMR 304.04(2)(a).

Therefore, notwithstanding 101 CMR 304.04(2)(a), EOHHS is issuing the following code updates, based on these changes from CMS.

Table 1: Code Updates

Service	Obsolete Code	New HCPCS or CPT Code	New Add-on Codes	Effective Date of Service
CCM	G0511	99487, 99490, 99491	99437, 99439	October 1, 2025
BHI	G0511	99484	G0568, G0569, G0570	October 1, 2025
Psychiatric CoCM	G0512	99492, 99493	99494	January 1, 2026

These codes are payable according to the rates established for them under 101 CMR 317: *Rates for Medicine Services*. Payments for these codes will not be counted as part of the alternative payment methodology (APM) when calculating the quarterly prospective payment system (PPS) reconciliation wrap APM payment, in accordance with 101 CMR 304.02(c).

Coding Updates for Individual Medical Visits for Dually-Eligible Members

Effective for claims billed on or after July 1, 2026, EOHHS is adopting Medicare codes G0466, G0467, and G0468 for community health center individual medical visits rendered to dually eligible Medicare and MassHealth members. To be payable, the G0466, G0467, and G0468 codes must be accompanied by a corresponding HCPCS code, as follows.

Table 2: Medical Visit Codes and Corresponding HCPCS Codes

Dually eligible Member Individual Medical Visit Code	Corresponding HCPCS Code
G0466	99202, 99203, 99204, 99205, 99211, 99406, or 99407
G0467	99211, 99212, 99213, 99214, 99215, 99406, or 99407
G0468	G0402, G0438, G0439, or 99211

These G-codes, with accompanying HCPCS codes, will be paid at the rate for individual medical visits otherwise billable by community health centers using code T1015 under 101 CMR 304.02(a). The HCPCS codes are signifiers of the underlying service rendered and will not be separately payable when billed with a G-code. The corresponding HCPCS codes may be updated from time to time by EOHHS via transmittal letter or other written issuance, as determined necessary by EOHHS.

The services billed using a G-code, with accompanying HCPCS code, as described in this bulletin, are equivalent to the services billable using the T1015. Payments for these G-codes will be counted as part of the APM when calculating the quarterly PPS reconciliation wrap APM payment, in accordance with 101 CMR 304.02(c).

All services rendered and billable using a G-code, with accompanying HCPCS code, as described in this bulletin, must be billed to Medicare in the first instance. G-codes with accompanying HCPCS code are only payable by MassHealth when billed for a member who is a dually-eligible Medicare and MassHealth member. These codes are not payable by MassHealth if billed for a member enrolled in MassHealth only.