



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

All Provider Bulletin 392

DATE: June 2024

TO: All Providers Participating in MassHealth

FROM: Mike Levine, Assistant Secretary for MassHealth 

RE: **Annual Behavioral Health Wellness Examinations**

Overview

This bulletin sets forth policies concerning the provision and billing of an annual behavioral health wellness examination for MassHealth members, as detailed in M.G.L. Chapter 118E, Section 10Q.

Behavioral Health Wellness Examinations with No Member Cost-Sharing

Effective July 1, 2024, MassHealth will cover an annual behavioral health wellness examination provided by a primary care provider or a licensed mental health professional with no member cost-sharing. The wellness examination includes a screening or assessment to identify any behavioral or mental health needs and the appropriate resources for treatment.

For an overview of the components of this annual examination, providers may refer to Appendix A of the [Division of Insurance Bulletin 2024-02](#).

Billing for the Annual Behavioral Health Wellness Exam

The annual behavioral health wellness examination may be provided by a primary care provider as part of an annual preventive visit, or a licensed mental health professional who is contracted for the service, and can occur in all settings of care. Providers must use the following codes for billing.

- Procedure code 90791 – Psychiatric diagnostic evaluation (an integrated biopsychosocial assessment, including history, mental status, and recommendations).
- Primary diagnosis code Z13.30 – Encounter for screening examination for mental health and behavioral disorders, unspecified.

The diagnosis code Z13.30 must be the primary diagnosis code. The provider of the annual behavioral health wellness exam is encouraged to add any additional, applicable diagnosis codes if a condition is discovered during the screening.

Please also note the following.

- Providers must not use modifier 33 for claims billed to MassHealth or any MassHealth plan. Modifier 33 is a commercial modifier used in claims billed to commercial payers and is not recognized by the Centers for Medicare & Medicaid Services (CMS).
- No preexisting clinical criteria or behavioral health diagnosis is required.
- When billing procedure code 90791 with a primary diagnosis of Z13.30 to indicate an annual behavioral health wellness exam, providers do not need to conduct a CANS assessment for members younger than 21 years of age.
- Providers may bill for annual behavioral health wellness exam only once per member per year.

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Questions

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