



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

All Provider Bulletin 408

DATE: September 2025

TO: All Providers Participating in MassHealth

FROM: Mike Levine, Undersecretary for MassHealth

RE: **Annual Behavioral Health Wellness Examinations**

Overview

This bulletin sets forth revised policies concerning the provision and billing of an annual behavioral health wellness examination for MassHealth fee-for-service, primary care clinician (PCC) plan, and primary care accountable care organization (PCACO) members, as detailed in M.G.L. Chapter 118E, § 10Q. This bulletin substantially restates and supersedes the previously published All Provider Bulletin 392.

Behavioral Health Wellness Examinations with No Member Cost-Sharing

Through All Provider Bulletin 392, effective July 1, 2024, MassHealth began covering annual behavioral health wellness examinations provided by primary care providers or licensed mental health professionals with no member cost-sharing.

Effective September 23, 2025, this bulletin updates the guidance and requirements for billing annual behavioral wellness examinations to MassHealth. Providers impacted by this requirement include the following.

- Acute outpatient hospitals
- Community health centers (CHCs)
- Group practice organizations
- Hospital-licensed health centers
- Primary Care Practitioners (PCPs), which, for the purposes of this bulletin include:
 - Certified nurse practitioners
 - Physicians
 - Physician assistants (as employed by a group practice organization)
 - Clinical nurse specialists (as employed by a group practice organization)
- Psychologists
- Licensed independent clinical social workers (LICSWs)
- Licensed marriage and family therapists

- Licensed mental health counselors

The annual behavioral health 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 behavioral health wellness examination, providers should refer to Appendix A of the [Division of Insurance Bulletin 2024-02](#), which is incorporated here by reference and applicable to providers rendering the annual behavioral health wellness examination as a MassHealth service.

Billing for the Annual Behavioral Health Wellness Examination by Providers other than Community Health Centers

The annual behavioral health wellness examination may be provided by a primary care provider (PCP) as either a standalone service or as part of an annual preventive visit, or performed by a licensed mental health professional who is contracted for the service, and can occur in all settings of care.

A. The following is billing guidance for licensed mental health professionals, PCPs rendering the behavioral health wellness exam as a standalone service, and hospital outpatient billing through a facility claim:

- Providers, with the exception of community health centers, should use the following codes for billing the behavioral health wellness examination.
 - Procedure code 90791 – Psychiatric diagnostic evaluation (an integrated biopsychosocial assessment, including history, mental status, and recommendations).
 - Diagnosis code Z13.30 – Encounter for screening examination for mental health and behavioral disorders, unspecified.
- The diagnosis code Z13.30 may be used in any diagnostic code position. It is not required to be listed as the primary diagnosis code. The provider of the annual behavioral health wellness examination should add any additional applicable diagnosis codes if a condition is discovered during the screening.

B. The following is billing guidance for when the behavioral health wellness examination is provided by a PCP that is not billing through a community health center or through a facility claim, as part of an office visit or annual preventive visit on the same date of service.

- These PCPs must bill for these services using the appropriate procedure code plus modifier combination listed in the table below.
- 90791 may not be billed on the same day as an office visit or annual preventive visit when performed by the same PCP for the same member.

Service Code	Modifier
99202	U4
99203	U4
99204	U4
99205	U4
99211	U4
99212	U4
99213	U4
99214	U4
99215	U4
99381	U4
99382	U4
99383	U4
99384	U4
99385	U4
99386	U4
99387	U4
99391	U4
99392	U4
99393	U4
99394	U4
99395	U4
99396	U4
99397	U4

Billing for the Annual Behavioral Health Wellness Examination by providers in Community Health Center Settings

When the annual behavioral health wellness examination is performed by a community health center, the following billing requirements apply.

A. The following is billing guidance for the behavioral health wellness examination when performed by a licensed mental health professional.

- When rendered by licensed clinical social workers, licensed mental health counselors, licensed marriage and family therapists, or psychologists, the CHC should bill procedure code T1040 in conjunction with diagnosis code Z13.30.
- When rendered by psychiatrists or advance practice registered nurses specializing in psychiatry, the CHC should bill procedure code G0469 or G0470 in conjunction with diagnosis code Z13.30.

This guidance applies when a licensed mental health professional at a CHC performs the annual behavioral health wellness examination, whether rendered as a standalone service or on the same day as a primary care visit.

An unlicensed mental health professional is not qualified to render an annual behavioral health wellness examination.

B. The following is billing guidance for the behavioral health wellness examination when rendered by a primary care practitioner who is *not* a licensed mental health professional:

- When provided as a standalone service rendered independently of other CHC services by a practitioner qualified to provide an individual medical visit, as such term is defined in 101 CMR 304.00: *Rates for Community Health Centers*, the CHC should bill procedure code T1015 in conjunction with diagnosis code Z13.30.
- When provided as part of a primary care visit, the CHC should bill procedure code T1015 in conjunction with procedure code 90791 and diagnosis code Z13.30. diagnosis code Z13.30 must be included in the claim in order to receive payment for procedure code 90791.

Additional Requirements Applicable to All Providers

Providers should also note and abide by the following when billing for annual behavioral health wellness examinations.

- Providers must not use modifier 33 for claims billed to MBHP, 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.
- 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 examination, providers do not need to conduct a Child and Adolescent Needs and Strengths (CANS) assessment for members younger than 21 years of age.
- MassHealth will pay for only one annual behavioral health wellness examination per member per year.

MassHealth Website

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Questions

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