




Commonwealth of Massachusetts
Executive Office of Health and Human Services
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MassHealth
Transmittal Letter CHC-101
December 2014

TO: Community Health Centers Participating in MassHealth
FROM: Kristin L. Thorn, Medicaid Director 
RE: *Community Health Center Manual* (2014 HCPCS and Vaccine Codes)

2014 HCPCS and Vaccine Codes

This letter transmits revisions to Subchapter 6 of the *Community Health Center Manual*. The Centers for Medicare & Medicaid Services (CMS) has revised the Healthcare Common Procedure Coding System (HCPCS) for 2014. MassHealth has updated Subchapter 6 to reflect these changes. In addition, MassHealth has updated the vaccine service codes listed in Section 604(C) of Subchapter 6.

Community health centers (CHCs) should use the American Medical Association Current Procedural Terminology (CPT) 2014 code book or the Healthcare Procedure Coding System (HCPCS) Level II code book to get service descriptions for the codes listed in Subchapter 6 of the *Community Health Center Manual*.

Please Note: 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 CHC 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 the *Community Health Center Manual*.

If you wish to obtain a fee schedule, you may download the Executive Office of Health and Human Services regulations, as applicable, at no cost at www.mass.gov/eohhs/gov/laws-regs/hhs/community-health-care-providers-ambulatory-care.html. The specific regulation titles are 114.3 CMR 18.00: Radiology, 101 CMR 320.00: Clinical Laboratory Services, 101 CMR 304.00: Rates for Community Health Centers, 114.3 CMR 16.00: Surgery and Anesthesia, and 101 CMR 317.00: Medicine.

Vaccine Service Codes Payable to CHCs

MassHealth has updated the vaccine service codes in Section 604(C) of Subchapter 6 of the *Community Health Center Manual*, including adding the following: 90636, 90664, 90666, 90667, 90668, 90670, 90673, 90686, 90688, and 90714 – each for adults 19 years of age and older. Each of these vaccines are available free of charge through the Massachusetts Immunization Program for children under 19 years of age.

Vaccines supplied by the Massachusetts Department of Public Health (DPH) free of charge are not payable by MassHealth. MassHealth separately pays CHCs for vaccines not supplied by DPH free of charge, only if the vaccine is listed in Section 604(C) of Subchapter 6 of the

Community Health Center Manual. The cost for administering the vaccine is included in the CHC visit rate (T1015) and is not separately payable.

If a CHC is appropriately billing an evaluation and management visit code under Section 604(B) of Subchapter 6 of the *Community Health Center Manual*, the CHC may separately bill for the administration of the vaccine in addition to the evaluation and management visit service code, provided that the vaccine administration is a medically necessary, separately identifiable service. Under these circumstances, the CHC may append modifier 25 to the applicable evaluation and management visit code under Section 604(B). The payable vaccine administration codes are also set forth in Section 604(B) of Subchapter 6 of the *Community Health Center Manual*, which may be used if the conditions are met. See MassHealth *All Provider Bulletin 236* for additional information.

Information about the availability of DPH-supplied vaccines can be found on the following DPH websites.

- www.mass.gov/dph
- www.mass.gov/eohhs/gov/departments/dph/programs/id/immunization/

For additional information and individual consideration (IC) requirements, see Section 604 of Subchapter 6 of the *Community Health Center Manual* and MassHealth regulations at 130 CMR 450.271.

Effective Date

The 2014 HCPCS and Vaccine Code updates are 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, e-mail 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 vi, 6-1 through 6-18

OBSOLETE MATERIAL

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

Community Health Center Manual

Page vi — transmitted by Transmittal Letter CHC-95

Pages 6-1 through 6-18 — transmitted by Transmittal Letter CHC-99

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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: *Administrative and Billing Regulations*. 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 version of the *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 version of the *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	70220	70355	70482	70546
70100	70240	70360	70486	70547
70110	70250	70370	70487	70548
70120	70260	70371	70488	70549
70130	70300	70373	70490	70551
70134	70310	70380	70491	70552
70140	70320	70390	70492	70553
70150	70328	70450	70540	70554
70160	70330	70460	70542	70555
70190	70332	70470	70543	71010
70200	70336	70480	70544	71015
70210	70350	70481	70545	71020

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71021	72170	73510	74230	75572
71022	72190	73520	74235	75573
71023	72192	73525	74240	75574
71030	72193	73530	74245	75600
71034	72194	73540	74246	75605
71035	72195	73550	74247	75625
71100	72196	73560	74249	75630
71101	72197	73562	74250	75658
71110	72200	73564	74251	75705
71111	72202	73565	74260	75710
71120	72220	73580	74261 (PA)	75716
71130	72240	73590	74262 (PA)	75726
71550	72255	73592	74270	75731
71551	72265	73600	74280	75733
71555	72270	73610	74283	75736
72010	72275	73615	74290	75741
72020	72285	73620	74291	75743
72040	72291	73630	74300	75746
72050	72292	73650	74301	75756
72052	72295	73660	74305	75774
72069	73000	73700	74320	75791
72070	73010	73701	74327	75801
72072	73020	73702	74330	75803
72074	73030	73718	74340	75805
72080	73040	73719	74355	75807
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

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75946	76826	77077	78231	78598
76000	76827	77078	78232	78599 (IC)
76001	76828	77080	78258	78600
76010	76830	77081	78261	78601
76080	76831	77082	78262	78605
76098	76856	77293	78264	78607
76100	76857	77299 (IC)	78270	78608
76101	76870	77399 (IC)	78271	78609
76102	76872	77421	78272	78610
76120	76873	77499 (IC)	78278	78630
76125	76881	77799 (IC)	78282	78635
76376	76882	78012	78290	78645
76377	76885	78013	78291	78647
76380	76886	78014	78299 (IC)	78650
76499 (IC)	76937	78015	78300	78660
76506	76942	78016	78305	78699 (IC)
76510	76945	78018	78306	78700
76511	76946	78020	78315	78701
76512	76948	78070	78320	78707
76513	76950	78071	78350	78708
76514	76965	78072	78399 (IC)	78709
76516	76970	78075	78414	78710
76519	76977	78099 (IC)	78428	78725
76529	76999 (IC)	78102	78445	78730
76536	77001	78103	78451	78740
76604	77002	78104	78452	78761
76645	77003	78110	78453	78799 (IC)
76700	77011	78111	78454	78800
76705	77012	78120	78456	78801
76770	77013	78121	78457	78802
76775	77014	78122	78458	78803
76776	77021	78130	78459	78804
76800	77022	78135	78466	78805
76801	77051	78140	78468	78806
76802	77052	78185	78469	78807
76805	77053	78190	78472	78808
76810	77054	78191	78473	78811
76811	77055	78195	78481	78812
76812	77056	78199 (IC)	78483	78813
76813	77057	78201	78491	78814
76814	77058 (PA)	78202	78492	78815
76815	77059 (PA)	78205	78494	78816
76816	77071	78206	78496	78999 (IC)
76817	77072	78215	78499 (IC)	79999 (IC)
76818	77073	78216	78579	G0202
76820	77074	78226	78580	G0204
76821	77075	78227	78582	G0206
76825	77076	78230	78597	

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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 version of the *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	80192	81020	82160	82397
80048	80194	81025	82163	82415
80050	80195	81050	82164	82435
80051	80196	81099 (IC)	82172	82436
80053	80197	81479 (IC)	82175	82438
80055	80198	81504	82180	82441
80061	80199	82000	82190	82465
80069	80200	82003	82205	82480
80074	80201	82009	82232	82482
80076	80202	82010	82239	82485
80102	80203	82013	82240	82486
80103	80299	82016	82247	82487
80150	80400	82017	82248	82488
80152	80402	82024	82252	82489
80154	80406	82030	82261	82491
80155	80408	82040	82270	82492
80156	80410	82042	82271	82495
80157	80412	82043	82272	82507
80158	80414	82044	82274	82520
80159	80415	82045	82286	82523
80160	80416	82055	82300	82525
80162	80417	82085	82306	82528
80164	80418	82088	82308	82530
80166	80420	82101	82310	82533
80168	80422	82103	82330	82540
80169	80424	82104	82331	82541
80170	80426	82105	82340	82542
80171	80428	82106	82355	82543
80172	80430	82107	82360	82544
80173	80432	82108	82365	82550
80174	80434	82120	82370	82552
80175	80435	82127	82373	82553
80176	80436	82128	82374	82554
80177	80438	82131	82375	82565
80178	80439	82135	82376	82570
80180	80440	82136	82378	82575
80182	81000	82139	82379	82585
80183	81001	82140	82380	82595
80184	81002	82143	82382	82600
80185	81003	82145	82383	82607
80186	81005	82150	82384	82608
80188	81007	82154	82387	82610
80190	81015	82157	82390	82615

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82626	82820	83069	83721	84081
82627	82930	83070	83727	84085
82633	82938	83071	83735	84087
82634	82941	83080	83775	84100
82638	82943	83088	83785	84105
82646	82945	83090	83788	84106
82649	82946	83150	83789	84110
82651	82947	83491	83805	84112
82652	82948	83497	83825	84119
82654	82950	83498	83835	84120
82656	82951	83499	83840	84126
82657	82952	83500	83857	84127
82658	82953	83505	83858	84132
82664	82955	83516	83861	84133
82666	82960	83518	83864	84134
82668	82963	83519	83866	84135
82670	82965	83520	83872	84138
82671	82975	83525	83873	84140
82672	82977	83527	83874	84143
82677	82978	83528	83876	84144
82679	82979	83540	83880	84146
82690	82980	83550	83883	84150
82693	82985	83570	83885	84152
82696	83001	83582	83887	84153
82705	83002	83586	83915	84154
82710	83003	83593	83916	84155
82715	83008	83605	83918	84156
82725	83009	83615	83919	84157
82726	83010	83625	83921	84160
82728	83012	83630	83925	84163
82731	83013	83631	83930	84165
82735	83014	83632	83935	84166
82742	83015	83633	83937	84181
82746	83018	83634	83945	84182
82747	83020	83655	83950	84202
82757	83021	83661	83951	84203
82759	83026	83662	83970	84206
82760	83030	83663	83986	84207
82775	83033	83664	83992	84210
82776	83036	83670	83993	84220
82777	83037	83690	84022	84228
82784	83045	83695	84030	84233
82785	83050	83698	84035	84234
82787	83051	83700	84060	84235
82800	83055	83701	84066	84238
82803	83060	83704	84075	84244
82805	83065	83718	84078	84252
82810	83068	83719	84080	84255

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84260	84550	85247	85555	86225
84270	84560	85250	85557	86226
84275	84577	85260	85576	86235
84285	84578	85270	85597	86243
84295	84580	85280	85598	86255
84300	84583	85290	85610	86256
84302	84585	85291	85611	86277
84305	84586	85292	85612	86280
84307	84588	85293	85613	86294
84311	84590	85300	85635	86300
84315	84591	85301	85651	86301
84375	84597	85302	85652	86304
84376	84600	85303	85652	86304
84377	84620	85305	85660	86308
84378	84630	85306	85670	86309
84379	84681	85307	85675	86310
84392	84702	85335	85705	86316
84402	84703	85337	85730	86317
84403	84704	85345	85732	86318
84425	84999 (IC)	85347	85810	86320
84430	85002	85348	85999 (IC)	86325
84432	85004	85360	86000	86327
84436	85007	85362	86001	86329
84437	85008	85366	86003	86331
84439	85009	85370	86005	86332
84442	85013	85378	86021	86334
84443	85014	85379	86022	86335
84445	85018	85380	86023	86336
84446	85025	85384	86038	86337
84449	85027	85385	86039	86340
84450	85032	85390	86060	86341
84460	85041	85396	86063	86343
84466	85044	85397	86140	86344
84478	85045	85400	86141	86352
84479	85046	85410	86146	86353
84480	85048	85415	86147	86355
84481	85049	85420	86148	86356
84482	85055	85421	86152	86357
84484	85060	85441	86153 (IC)	86359
84485	85097	85445	86155	86360
84488	85130	85460	86156	86361
84490	85170	85461	86157	86367
84510	85175	85475	86160	86376
84512	85210	85520	86161	86378
84520	85220	85525	86162	86382
84525	85230	85530	86171	86384
84540	85240	85536	86185	86386
84545	85244	85540	86200	86403
	85245	85547	86215	86406
	85246	85549		

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86430	86688	86793	86977	87197
86431	86689	86800	86978	87205
86480	86692	86803	86999 (IC)	87206
86481	86694	86804	87001	87207
86485	86695	86805	87003	87209
86486	86696	86806	87015	87210
86490	86698	86807	87040	87220
86510	86701	86808	87045	87230
86590	86702	86812	87046	87250
86592	86703	86813	87070	87252
86593	86704	86816	87071	87253
86602	86705	86817	87073	87254
86603	86706	86821	87075	87255
86606	86707	86822	87076	87260
86609	86708	86825	87077	87265
86611	86709	86826	87081	87267
86612	86710	86828	87084	87269
86615	86711	86829	87086	87270
86617	86713	86830	87088	87271
86618	86717	86831	87101	87272
86619	86720	86832	87102	87273
86622	86723	86833	87103	87274
86625	86727	86834	87106	87275
86628	86729	86835	87107	87276
86631	86732	86849 (IC)	87109	87277
86632	86735	86850	87110	87278
86635	86738	86860	87116	87279
86638	86741	86870	87118	87280
86641	86744	86880	87140	87281
86644	86747	86885	87143	87283
86645	86750	86886	87147	87285
86648	86753	86900	87149	87290
86651	86756	86901	87152	87299
86652	86757	86902	87158	87300
86653	86759	86904	87164	87301
86654	86762	86905	87166	87305
86658	86765	86906	87168	87320
86663	86768	86920	87169	87324
86664	86771	86921	87172	87327
86665	86774	86922	87176	87328
86666	86777	86923	87177	87329
86668	86778	86940	87181	87332
86671	86780	86941	87184	87335
86674	86784	86970	87185	87336
86677	86787	86971	87186	87337
86682	86788	86972	87187	87338
86684	86789	86975	87188	87339
86687	86790	86976	87190	87340

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87341	87526	87800	88174	88342
87350	87527	87801	88175	88343 (IC)
87380	87528	87802	88177	88346
87385	87529	87803	88182	88347
87389	87530	87804	88184	88348
87390	87531	87807	88185	88349
87391	87532	87808	88187	88355
87400	87533	87809	88188	88356
87420	87534	87810	88189	88358
87425	87535	87850	88199 (IC)	88360
87427	87536	87880	88230	88361
87430	87537	87899	88233	88362
87449	87538	87900	88235	88363
87450	87539	87901	88237	88365
87451	87540	87902	88239	88367
87470	87541	87903	88240	88368
87471	87542	87904	88241	88371
87472	87550	87905	88245	88372
87475	87551	87906	88248	88380 (IC)
87476	87552	87910	88249	88381
87477	87555	87912	88261	88387
87480	87556	87999 (PA)(IC)	88262	88388
87481	87557	88104	88263	88399 (IC)
87482	87560	88106	88264	88720
87485	87561	88108	88267	88740
87486	87562	88112	88269	88741
87487	87580	88120	88271	89049
87490	87581	88121	88272	89050
87491	87582	88130	88273	89051
87492	87590	88140	88274	89055
87495	87591	88141	88275	89060
87496	87592	88142	88280	89125
87497	87620	88143	88283	89160
87498	87621	88147	88285	89190
87500	87622	88148	88289	89220 (IC)
87501	87631	88150	88291	89230 (IC)
87502	87632	88152	88299 (IC)	89240 (IC)
87503	87633	88153	88300	89300
87510	87640	88154	88302	89310
87511	87641	88155	88304	89320
87512	87650	88160	88305	93000
87515	87651	88161	88307	93005
87516	87652	88162	88309	93010
87517	87653	88164	88311	93015
87520	87660	88165	88312	93016
87521	87661	88166	88313	93017
87522	87797	86167	88314	93018
87525	87798	88172	88319	93024
	87799	88173		

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603 Payable Laboratory Service Codes (cont.)

93040	93225	93229 (IC)	93799 (IC)	P9604
93041	93226	93268	G0027	
93042	93227	93278	G0431	
93224	93228	93724	G0434	

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 version of the *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

Code Modifier Special Requirement or Limitation

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.

Service

Code Modifier Special Requirement or Limitation

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 version of the *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).

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604 Payable Visit and Vaccine Service Codes (cont.)

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.
90636	Covered for adults ≥ 19 ; available free of charge through the Massachusetts Immunization Program for children under 19 years of age. (IC)
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.
90654	Covered for adults ≥ 19 ; available free of charge through the Massachusetts Immunization Program for children under 19 years of age. (IC)
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.

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604 Payable Visit and Vaccine Service Codes (cont.)

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)
90664	Covered for adults ≥ 19 ; available free of charge through the Massachusetts Immunization Program for children under 19 years of age. (IC)
90666	Covered for adults ≥ 19 ; available free of charge through the Massachusetts Immunization Program for children under 19 years of age. (IC)
90667	Covered for adults ≥ 19 ; available free of charge through the Massachusetts Immunization Program for children under 19 years of age. (IC)
90668	Covered for adults ≥ 19 ; available free of charge through the Massachusetts Immunization Program for children under 19 years of age. (IC)
90670	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)
90673	Covered for adults ≥ 19 ; available free of charge through the Massachusetts Immunization Program for children under 19 years of age. (IC)
90686	Covered for adults ≥ 19 ; available free of charge through the Massachusetts Immunization Program for children under 19 years of age. (IC)
90688	Covered for adults ≥ 19 ; 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.
90714	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.

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604 Payable Visit and Vaccine Service Codes (cont.)

- 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 50.
- 90746 Covered for adults ≥ 19 ; available free of charge through the Massachusetts Immunization Program for children under 19 years of age.

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 version of the *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 version of the *Current Procedural Terminology (CPT)* code book (or the Centers for Medicare & Medicaid Services website at www.cms.gov).

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

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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 version of the *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

Code Modifier Special Requirement or Limitation

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 version of the *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 version of the *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 99392

99382 99393

99383 99394

99384 99395

99385

99391

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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 version of the *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 version of the *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 version of the *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 version of the *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

<u>Code</u>	<u>Modifier</u>	<u>Special Requirement or Limitation</u>
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 version of the *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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