




MassHealth  
Transmittal Letter CHC-106  
July 2016

**TO:** Community Health Centers Participating in MassHealth  
**FROM:** Daniel Tsai, Assistant Secretary for MassHealth   
**RE:** *Community Health Center Manual* 2016 Code Updates (HCPCS)

This letter transmits revisions to the service codes in the *Community Health Center Manual*. The Centers for Medicare & Medicaid Services (CMS) has revised the Healthcare Common Procedure Coding System (HCPCS) codes for 2016. Certain of these revisions are described below in more detail. The revised Subchapter 6 is effective for dates of service on or after January 1, 2016.

Participating Community Health Centers (CHCs) must refer to the American Medical Association's *Current Procedural Terminology (CPT) 2016* codebook or the Healthcare Procedure Coding System (HCPCS) Level II codebook for the service descriptions of 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*.

### MassHealth Website

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

This transmittal letter and attached pages are available on the MassHealth website at [www.mass.gov/masshealth](http://www.mass.gov/masshealth).

### 2016 Code Changes: Mental Health Services

MassHealth has adopted the Current Procedural Terminology (CPT) Service Codes listed below for mental health services performed by a mental health clinician or other qualified health care practitioner.

**2016 Code Changes: Mental Health Services (cont.)**

Added Codes – Effective January 1, 2016

90791	90836
90792	90837
90832	90853
90834	90882

Deleted from Codes – Effective July 1, 2016

90899

**2016 Code Changes: Drug Testing**

Drug screening codes G0431 and G0434 and quantitative drug test codes G6030 through G6057 have been deleted.

Providers should bill for drug screening using the following new codes for presumptive drug testing.

G0477	G0479
G0478	

In addition, providers should bill for quantitative related drug testing using the following new codes for definitive drug testing.

G0480	G0482
G0481	G0483

**Drug Screen/Quantitative Drug Test Edit**

In 2013, MassHealth established claim edits for quantitative drug-test codes billed on the same date of service as drug-screen service codes (*Independent Clinical Laboratory Provider Bulletin 9*). This policy has been updated to reflect the code changes made for quantitative drug test codes (effective January 1, 2016).

Primary Procedure Codes	Secondary Procedure Codes	EOB Code
G0477 G0478 G0479	80299      G0480	8304
	82570      G0481	
	82575      G0482	
	83992      G0483	

## Questions

If you have any questions about the information in this transmittal letter, please contact the MassHealth Customer Service Center at 1-800-841-2900, e-mail your inquiry to [providersupport@mahealth.net](mailto: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 and 6-1 through 6-18

### OBSOLETE MATERIAL

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

#### Community Health Center Manual

Pages vi and 6-1 through 6-14 — transmitted by Transmittal Letter CHC 104

Pages vi and 6-15 through 6-18 — transmitted by Transmittal Letter CHC 105

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>	<b>Subchapter Number and Title</b> 6. Service Codes and Descriptions	<b>Page</b> vi
	<b>Transmittal Letter</b> CHC-106	<b>Date</b> 01/01/16
Community Health Center Manual		

6. Service Codes and Descriptions

Introduction and Explanation of Abbreviations .....	6-1
Payable Radiology Service Codes .....	6-1
Payable Laboratory Service Codes .....	6-4
Payable Visit and Vaccine Service Codes.....	6-9
Payable Obstetrics Service Codes .....	6-12
Payable Surgery Service Codes.....	6-12
Payable Nurse-Midwife Service Codes.....	6-13
Payable Audiology Service Codes .....	6-13
Payable Early and Periodic Screening, Diagnosis and Treatment (EPSDT): Health Assessment Service Codes .....	6-13
Payable Early and Periodic Screening, Diagnosis and Treatment (EPSDT): Audiometric Hearing and Vision Test Service Codes .....	6-14
Payable Tobacco-Cessation Service Codes .....	6-14
Payable Medical Nutrition Therapy and Diabetes Self-Management Training Service Codes .....	6-14
Payable Behavioral Health Screening Tool Service Codes.....	6-15
Payable Postpartum Depression Screening Tools .....	6-16
Payable Acupuncture Service Codes.....	6-16
Modifiers.....	6-16
Mental Health Code Changes: Drug Testing.....	6-17
Drug Screen/Quantitative Drug Test Edit .....	6-18
Appendix A. Directory .....	A-1
Appendix C. Third-Party-Liability Codes.....	C-1
Appendix D. Supplemental Instructions for TPL Exceptions .....	D-1
Appendix E. Utilization Management Program.....	E-1
Appendix F. Admission Guidelines.....	F-1
Appendix U. DPH-Designated Serious Reportable Events That Are Not Provider Preventable Conditions .....	U-1
Appendix V. MassHealth Billing Instructions for Provider Preventable Conditions.....	V-1
Appendix W. EPSDT Services Medical and Dental Protocols and Periodicity Schedules.....	W-1
Appendix X. Family Assistance Copayments and Deductibles .....	X-1
Appendix Y. EVS Codes/Messages .....	Y-1
Appendix Z. EPSDT/PPHSD Screening Services Codes .....	Z-1

Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title 6. Service Codes and Descriptions	Page 6-1
Community Health Center Manual	Transmittal Letter CHC-106	Date 01/01/16

#### 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 *Current Procedural Terminology (CPT)* codebook and to the *HCPCS Level II* codebook (or the Centers for Medicare & Medicaid Services website at [www.cms.gov](http://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 for more information.
- (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) 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 except if the conditions of 130 CMR 405.430(D)(2) and (3) are met. See 130 CMR 405.428 through 405.430 for more information and other submission requirements.
- (F) HI-1: A completed Hysterectomy Information Form must be submitted. See 130 CMR 405.424 for more information.

#### 602 Payable Radiology Service Codes

This section lists radiology service codes that are payable under MassHealth.

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

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>	<b>Subchapter Number and Title</b> 6. Service Codes and Descriptions	<b>Page</b> 6-2
Community Health Center Manual	<b>Transmittal Letter</b> CHC-106	<b>Date</b> 01/01/16

602 Payable Radiology Service Codes (cont.)

71130	72220	73580	74261 (PA)	75736
71550	72240	73590	74262 (PA)	75741
71551	72255	73592	74270	75743
71555	72265	73600	74280	75746
72010	72270	73610	74283	75756
72020	72275	73615	74290	75774
72040	72285	73620	74300	75791
72050	72295	73630	74301	75801
72070	73000	73650	74330	75803
72072	73010	73660	74340	75805
72074	73020	73700	74355	75807
72080	73030	73701	74400	75809
72081	73040	73702	74410	75810
72082	73050	73718	74415	75820
72083	73060	73719	74420	75822
72084	73070	73720	74425	75825
72100	73080	73721	74430	75827
72110	73085	73722	74440	75831
72114	73090	73723	74445	75833
72120	73092	73725	74450	75840
72125	73100	74000	74455	75842
72126	73110	74010	74470	75860
72127	73115	74020	74485	75870
72128	73120	74022	74710	75872
72129	73130	74150	74712	75880
72130	73140	74160	74713	75885
72131	73200	74170	74740	75887
72132	73201	74174	74742	75889
72133	73202	74176	74775	75891
72141	73218	74177	75557	75893
72142	73219	74178	75559	75898
72146	73220	74181	75561	75901
72147	73221	74182	75563	75902
72148	73222	74183	75565	76000
72149	73223	74185	75572	76001
72156	73501	74190	75573	76010
72157	73502	74210	75574	76080
72158	73503	74220	75600	76098
72170	73521	74230	75605	76100
72190	73522	74235	75625	76101
72192	73523	74240	75630	76102
72193	73525	74245	75658	76120
72194	73551	74246	75705	76125
72195	73552	74247	75710	76376
72196	73560	74249	75716	76377
72197	73562	74250	75726	76380
72200	73564	74251	75731	76499 (IC)
72202	73565	74260	75733	76506

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>	<b>Subchapter Number and Title</b> 6. Service Codes and Descriptions	<b>Page</b> 6-3
Community Health Center Manual	<b>Transmittal Letter</b> CHC-106	<b>Date</b> 01/01/16

602 Payable Radiology Service Codes (cont.)

76510	76942	77387 (IC)	78258	78598
76511	76945	77399 (IC)	78261	78599 (IC)
76512	76946	77499 (IC)	78262	78600
76513	76948	77767	78264	78601
76514	76965	77768	78265	78605
76516	76970	77770	78266	78607
76519	76977	77771	78270	78608
76529	76999 (IC)	77772	78271	78609
76536	77001	77799 (IC)	78272	78610
76604	77002	78012	78278	78630
76641	77003	78013	78282	78635
76642	77011	78014	78290	78645
76700	77012	78015	78291	78647
76705	77013	78016	78299 (IC)	78650
76770	77014	78018	78300	78660
76775	77021	78020	78305	78699 (IC)
76776	77022	78070	78306	78700
76800	77051	78071	78315	78701
76801	77052	78072	78320	78707
76802	77053	78075	78350	78708
76805	77054	78099 (IC)	78399 (IC)	78709
76810	77055	78102	78414	78710
76811	77056	78103	78428	78725
76812	77057	78104	78445	78730
76813	77058 (PA)	78110	78451	78740
76814	77059 (PA)	78111	78452	78761
76815	77061 (IC)	78120	78453	78799 (IC)
76816	77062 (IC)	78121	78454	78800
76817	77063	78122	78456	78801
76818	77071	78130	78457	78802
76820	77072	78135	78458	78803
76821	77073	78140	78459	78804
76825	77074	78185	78466	78805
76826	77075	78190	78468	78806
76827	77076	78191	78469	78807
76828	77077	78195	78472	78808
76830	77078	78199 (IC)	78473	78811
76831	77080	78201	78481	78812
76856	77081	78202	78483	78813
76857	77085	78205	78491	78814
76870	77086	78206	78492	78815
76872	77293	78215	78494	78816
76873	77299 (IC)	78216	78496	78999 (IC)
76881	77306	78226	78499 (IC)	79999 (IC)
76882	77307	78227	78579	G0202
76885	77316	78230	78580	G0204
76886	77317	78231	78582	G0206
76937	77318	78232	78597	G0279

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>	<b>Subchapter Number and Title</b> 6. Service Codes and Descriptions	<b>Page</b> 6-4
Community Health Center Manual	<b>Transmittal Letter</b> CHC-106	<b>Date</b> 01/01/16

603 Payable Laboratory Service Codes

This section lists CPT codes and HCPCS Level II codes that are payable under MassHealth.

80047	80299	81272	82190	82507
80048	80400	81273	82232	82523
80050	80402	81276	82239	82525
80051	80406	81311	82240	82528
80053	80408	81314	82247	82530
80055	80410	81420 (PA)	82248	82533
80061	80412	81479 (IC)	82252	82540
80069	80414	81507 (PA)	82261	82542
80074	80415	81519 (PA)	82270	82550
80076	80416	82009	82271	82552
80081	80417	82010	82272	82553
80150	80418	82013	82274	82554
80155	80420	82016	82286	82565
80156	80422	82017	82300	82570
80157	80424	82024	82306	82575
80158	80426	82030	82308	82585
80159	80428	82040	82310	82595
80162	80430	82042	82330	82600
80163	80432	82043	82331	82607
80164	80434	82044	82340	82608
80165	80435	82045	82355	82610
80168	80436	82085	82360	82615
80169	80438	82088	82365	82626
80170	80439	82103	82370	82627
80171	80440	82104	82373	82633
80173	81000	82105	82374	82634
80175	81001	82106	82375	82638
80176	81002	82107	82376	82652
80177	81003	82108	82378	82656
80178	81005	82120	82379	82657
80180	81007	82127	82380	82658
80183	81015	82128	82382	82664
80184	81020	82131	82383	82668
80185	81025	82135	82384	82670
80186	81050	82136	82387	82671
80188	81099 (IC)	82139	82390	82672
80190	81162 (PA)	82140	82397	82677
80192	81170	82143	82415	82679
80194	81211 (PA)	82150	82435	82693
80195	81211-59 (PA)	82154	82436	82696
80197	81212 (PA)	82157	82438	82705
80198	81215 (PA)	82160	82441	82710
80199	81217 (PA)	82163	82465	82715
80200	81218	82164	82480	82725
80201	81219	82172	82482	82726
80202	81228 (PA)	82175	82485	82728
80203	81229 (PA)	82180	82495	82731



<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>	<b>Subchapter Number and Title</b> 6. Service Codes and Descriptions	<b>Page</b> 6-5
Community Health Center Manual	<b>Transmittal Letter</b> CHC-106	<b>Date</b> 01/01/16

603 Payable Laboratory Service Codes (cont.)

82735	83018	83663	84075	84255
82746	83020	83664	84078	84260
82747	83021	83670	84080	84270
82757	83026	83690	84081	84275
82759	83030	83695	84085	84285
82760	83033	83698	84087	84295
82775	83036	83700	84100	84300
82776	83037	83701	84105	84302
82777	83045	83704	84106	84305
82784	83050	83718	84110	84307
82785	83051	83719	84112	84311
82787	83060	83721	84119	84315
82800	83065	83727	84120	84375
82803	83068	83735	84127	84376
82805	83069	83775	84132	84377
82810	83070	83785	84133	84378
82820	83080	83789	84134	84379
82930	83088	83825	84135	84392
82938	83090	83835	84138	84402
82941	83150	83857	84140	84403
82943	83491	83861	84143	84425
82945	83497	83864	84144	84430
82946	83498	83866	84146	84432
82947	83499	83872	84150	84436
82948	83500	83873	84152	84437
82950	83505	83874	84153	84439
82951	83516	83876	84154	84442
82952	83518	83880	84155	84443
82953	83519	83883	84156	84445
82955	83520	83885	84157	84446
82960	83525	83915	84160	84449
82963	83527	83916	84163	84450
82965	83528	83918	84165	84460
82975	83540	83919	84166	84466
82977	83550	83921	84181	84478
82978	83570	83930	84182	84479
82979	83582	83935	84202	84480
82985	83586	83937	84203	84481
83001	83593	83945	84206	84482
83002	83605	83950	84207	84484
83003	83615	83951	84210	84485
83006	83625	83970	84220	84488
83008	83630	83986	84228	84490
83009	83631	83992	84233	84510
83010	83632	83993	84234	84512
83012	83633	84030	84235	84520
83013	83655	84035	84238	84525
83014	83661	84060	84244	84540
83015	83662	84066	84252	84545

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>	<b>Subchapter Number and Title</b> 6. Service Codes and Descriptions	<b>Page</b> 6-6
Community Health Center Manual	<b>Transmittal Letter</b> CHC-106	<b>Date</b> 01/01/16

603 Payable Laboratory Service Codes (cont.)

84550	85250	85557	86235	86481
84560	85260	85576	86243	86485
84577	85270	85597	86255	86486
84578	85280	85598	86256	86490
84580	85290	85610	86277	86510
84583	85291	85611	86280	86590
84585	85292	85612	86294	86592
84586	85293	85613	86300	86593
84588	85300	85635	86301	86602
84590	85301	85651	86304	86603
84591	85302	85652	86308	86606
84597	85303	85660	86309	86609
84620	85305	85670	86310	86611
84630	85306	85675	86316	86612
84681	85307	85705	86317	86615
84702	85335	85730	86318	86617
84703	85337	85732	86320	86618
84704	85345	85732	86320	86618
84704	85347	85810	86325	86619
84999 (IC)	85348	85999 (IC)	86327	86622
85002	85348	86000	86329	86625
85004	85360	86001	86331	86628
85007	85362	86003	86332	86631
85008	85366	86005	86334	86632
85009	85370	86021	86335	86635
85013	85378	86022	86336	86638
85014	85379	86023	86337	86641
85018	85380	86038	86340	86644
85025	85384	86039	86341	86645
85027	85385	86060	86343	86648
85032	85390	86063	86344	86651
85041	85396	86140	86352	86652
85044	85397	86141	86353	86653
85045	85400	86146	86355	86654
85046	85410	86147	86356	86658
85048	85415	86148	86357	86663
85049	85420	86152	86359	86664
85055	85421	86153	86360	86665
85060	85441	86155	86361	86666
85097	85445	86156	86367	86668
85130	85460	86157	86376	86671
85170	85461	86160	86378	86674
85175	85475	86161	86382	86677
85210	85520	86162	86384	86682
85220	85525	86171	86386	86684
85230	85530	86185	86403	86687
85240	85536	86200	86406	86688
85244	85540	86215	86430	86689
85245	85547	86225	86431	86692
85246	85549	86226	86480	86694
85247	85555			

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>	<b>Subchapter Number and Title</b> 6. Service Codes and Descriptions	<b>Page</b> 6-7
Community Health Center Manual	<b>Transmittal Letter</b> CHC-106	<b>Date</b> 01/01/16

603 Payable Laboratory Service Codes (cont.)

86695	86806	87045	87250	87425
86696	86807	87046	87252	87427
86698	86808	87070	87253	87430
86701	86812	87071	87254	87449
86702	86813	87073	87255	87450
86703	86816	87075	87260	87451
86704	86817	87076	87265	87470
86705	86821	87077	87267	87471
86706	86822	87081	87269	87472
86707	86825	87084	87270	87475
86708	86826	87086	87271	87476
86709	86828	87088	87272	87477
86710	86829	87101	87273	87480
86711	86830	87102	87274	87481
86713	86831	87103	87275	87482
86717	86832	87106	87276	87485
86720	86833	87107	87277	87486
86723	86834	87109	87278	87487
86727	86835	87110	87279	87490
86729	86849 (IC)	87116	87280	87491
86732	86850	87118	87281	87492
86735	86860	87140	87283	87495
86738	86870	87143	87285	87496
86741	86880	87147	87290	87497
86744	86885	87149	87299	87498
86747	86886	87152	87300	87500
86750	86900	87158	87301	87501
86753	86901	87164	87305	87502
86756	86902	87166	87320	87503
86757	86904	87168	87324	87505
86759	86905	87169	87327	87506
86762	86906	87172	87328	87507
86765	86920	87176	87329	87510
86768	86921	87177	87332	87511
86771	86922	87181	87335	87512
86774	86923	87184	87336	87515
86777	86940	87185	87337	87516
86778	86941	87186	87338	87517
86780	86970	87187	87339	87520
86784	86971	87188	87340	87521
86787	86972	87190	87341	87522
86788	86975	87197	87350	87525
86789	86976	87205	87380	87526
86790	86977	87206	87385	87527
86793	86978	87207	87389	87528
86800	86999 (IC)	87209	87390	87529
86803	87003	87210	87391	87530
86804	87015	87220	87400	87531
86805	87040	87230	87420	87532

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>	<b>Subchapter Number and Title</b> 6. Service Codes and Descriptions	<b>Page</b> 6-8
Community Health Center Manual	<b>Transmittal Letter</b> CHC-106	<b>Date</b> 01/01/16

603 Payable Laboratory Service Codes (cont.)

87533	87801	88164	88299 (IC)	89060
87534	87802	88165	88300	89125
87535	87803	88166	88302	89160
87536	87804	86167	88304	89190
87537	87806	88172	88305	89220 (IC)
87538	87807	88173	88307	89230 (IC)
87539	87808	88174	88309	89240 (IC)
87540	87809	88175	88311	89300
87541	87810	88177	88312	89310
87542	87850	88182	88313	89320
87550	87880	88184	88314	93000
87551	87899	88185	88319	93005
87552	87900	88187	88342	93010
87555	87901	88188	88346	93015
87556	87902	88189	88348	93016
87557	87903	88199 (IC)	88350	93017
87560	87904	88230	88355	93018
87561	87905	88233	88356	93024
87562	87906	88235	88358	93040
87580	87910	88235	88358	93040
87581	87912	88237	88360	93041
87582	87999 (PA)(IC)	88239	88361	93042
87590	88104	88240	88362	93224
87591	88106	88241	88363	93225
87592	88108	88245	88364	93226
87623	88112	88248	88365	93227
87624	88120	88249	88367	93228
87625	88121	88261	88368	93229 (IC)
87631	88130	88262	88369	93268
87632	88140	88263	88371	93278
87633	88141	88264	88372	93724
87640	88142	88267	88380 (IC)	93799 (IC)
87641	88143	88269	88381	G0027
87650	88147	88271	88387	G0477
87651	88148	88272	88388	G0478
87652	88150	88273	88399 (IC)	G0479
87653	88152	88274	88720	G0480
87660	88153	88275	88740	G0481
87661	88154	88280	88741	G0482
87797	88155	88283	89049	G0483
87798	88160	88285	89050	P9604
87799	88161	88289	89051	
87800	88162	88291	89055	

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>	<b>Subchapter Number and Title</b> 6. Service Codes and Descriptions	<b>Page</b> 6-9
Community Health Center Manual	<b>Transmittal Letter</b> CHC-106	<b>Date</b> 01/01/16

604 Payable Visit and Vaccine Service Codes

This section lists visit and vaccine service codes that are payable under MassHealth.

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>
99188		Covered for children younger than 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.
90791		Use for psychiatric diagnostic evaluation.
90792		Use for psychiatric diagnostic evaluation with medical services.
90832		Use for psychotherapy, 30 minutes with patient and/or family member.
90834		Use for psychotherapy, 45 minutes with patient and/or family member.
90836		Use for psychotherapy, 45 minutes with patient and/or family member when performed with an evaluation and management services (list separately in addition to the code for primary procedure).
90837		Use for psychotherapy, 60 minutes with patient and /or family.
90853		Use for group psychotherapy (other than of a multiple-family group) (per person not to exceed 10 clients).
90882		Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers, or institutions.
99050		Use for urgent care Monday through Friday from 5:00 PM to 6:59 AM, and Saturday 7:00 AM to Monday 6:59 AM. 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.

99218	99226	99306	99327	99345 (IC)
99219	99231	99307	99334	99347
99220	99232	99308	99335	99348
99221	99233	99309	99336	99349
99222	99238	99310	99337	99350 (IC)
99223	99239	99324	99341	99460
99224	99304	99325	99342	99462
99225	99305	99326	99343	

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>	<b>Subchapter Number and Title</b> 6. Service Codes and Descriptions	<b>Page</b> 6-10
Community Health Center Manual	<b>Transmittal Letter</b> CHC-106	<b>Date</b> 01/01/16

604 Payable Visit and Vaccine Service Codes (cont.)

(C) This section lists evaluation and management visit service codes that are payable under MassHealth. 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

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

Service  
Code

Special Requirement or Limitation

90260 Meningococcal recombinant protein and outer membrane vesicle vaccine, serogroup B (men), 2 dose schedule for intramuscular use.

90621 Meningococcal recombinant lipoprotein vaccine, serogroup B (MenB), 3 dose schedule, for intramuscular use.

90625 Cholera vaccine, live, adult dosage, 1 does schedule for oral use.

90630 Covered for adults  $\geq 19$ ; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age. (IC)

90632 Covered for adults  $\geq 19$ ; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age.

90636 Covered for adults  $\geq 19$ ; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age. (IC)

90649 Covered for members aged 19 to 26; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age.

90650 Covered for members aged 19 to 26; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age.

90651 Covered for members aged 19 to 26; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age. (IC)

90654 Covered for adults  $\geq 19$ ; available free of charge through the Massachusetts Immunization Program for children younger than 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  $\geq 19$ ; 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 younger than 19 years of age.

90660 Covered for adults  $\geq 19$ ; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age.

90661 Covered for adults  $\geq 19$ ; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age. (IC)

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>	<b>Subchapter Number and Title</b> 6. Service Codes and Descriptions	<b>Page</b> 6-11
Community Health Center Manual	<b>Transmittal Letter</b> CHC-106	<b>Date</b> 01/01/16

604 Payable Visit and Vaccine Service Codes (cont.)

Service  
Code

Special Requirement or Limitation

90662	Covered for adults $\geq 19$ ; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age. (IC)
90664	Covered for adults $\geq 19$ ; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age. (IC)
90666	Covered for adults $\geq 19$ ; available free of charge through the Massachusetts Immunization Program for children under 19 years of age. (IC)
90667	Covered for adults $\geq 19$ ; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age. (IC)
90668	Covered for adults $\geq 19$ ; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age. (IC)
90670	Covered for adults $\geq 19$ ; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age. (IC)
90672	Covered for members aged 19 to 49; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age. (IC)
90673	Covered for adults $\geq 19$ ; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age. (IC)
90686	Covered for adults $\geq 19$ ; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age. (IC)
90688	Covered for adults $\geq 19$ ; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age. (IC)
90707	Covered for adults $\geq 19$ ; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age.
90713	Covered for adults $\geq 19$ ; available free of charge through the Massachusetts Immunization Program for children under 19 years of age.
90714	Covered for adults $\geq 19$ ; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age.
90715	Covered for adults $\geq 19$ ; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age.
90716	Covered for adults $\geq 19$ ; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age.
90732	Covered for adults $\geq 19$ ; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age.
90733	Covered for adults $\geq 19$ ; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age.
90734	Covered for adults $\geq 19$ ; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age. (IC)
90736	(IC); PA is required for members < age 50.
90746	Covered for adults $\geq 19$ ; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age.

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>	<b>Subchapter Number and Title</b> 6. Service Codes and Descriptions	<b>Page</b> 6-12
Community Health Center Manual	<b>Transmittal Letter</b> CHC-106	<b>Date</b> 01/01/16

605 Payable Obstetrics Service Codes

This section lists obstetrics service codes that are payable under MassHealth.

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.

44955	58542 (HI-1 form required; PA	59000
49255	for Gender Dysphoria-	59012
49320	Related Services Only)	59015
54057	58543 (HI-1 form required; PA	59025
54150	for Gender Dysphoria-	59870
54160	Related Services Only)	
55250 (CS-18 or CS-21 required)	58544 (HI-1 form required; PA	
(SP)	for Gender Dysphoria-	
55450 (CS-18 or CS-21 required)	Related Services Only)	
(SP)	58555	
56420	58558	
56440	58560	
57240	58561	
57250	58600 (CS-18 or CS-21 required)	
57260	58605 (CS-18 or CS-21 required)	
57520	(SP)	
57522	58611 (CS-18 or CS-21 required)	
57700	58615 (CS-18 or CS-21 required)	
58120	58660	
58140	58661 (CS-18* or CS-21*	
58146	required; PA for Gender	
58150 (HI-1 form required; PA	Dysphoria-Related	
for Gender Dysphoria-	Services Only)	
Related Services Only)	58670 (CS-18 or CS-21 required)	
58180 (HI-1 form required; PA	58671 (CS-18 or CS-21 required)	
for Gender Dysphoria-	58700	
Related Services Only)	58720 (CS-18* or CS-21*	
58353	required; PA for Gender	
58541 (HI-1 form required; PA	Dysphoria-Related	
for Gender Dysphoria-	Services Only)	
Related Services Only)	58940	



<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>	<b>Subchapter Number and Title</b> 6. Service Codes and Descriptions	<b>Page</b> 6-13
Community Health Center Manual	<b>Transmittal Letter</b> CHC-106	<b>Date</b> 01/01/16

607 Payable Nurse-Midwife Service Codes

This section lists nurse-midwife service codes that are payable under MassHealth.

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.

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 health assessment service codes that are payable under MassHealth.

See 130 CMR 450.140 through 450.149 for other requirements.

99381  
99382  
99383  
99384  
99385  
99391  
99392  
99393  
99394  
99395

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>	<b>Subchapter Number and Title</b> 6. Service Codes and Descriptions	<b>Page</b> 6-14
Community Health Center Manual	<b>Transmittal Letter</b> CHC-106	<b>Date</b> 01/01/16

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

This section lists audiometric hearing and vision test service codes that are payable under MassHealth.

92551  
92552  
92587  
99173

611 Payable Tobacco-Cessation Service Codes

This section lists tobacco-cessation service codes that are payable under MassHealth.

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.

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.

G0108	G0270	97802	97804
G0109	G0271	97803	

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>	<b>Subchapter Number and Title</b> 6. Service Codes and Descriptions	<b>Page</b> 6-15
Community Health Center Manual	<b>Transmittal Letter</b> CHC-106	<b>Date</b> 01/01/16

### 613 Payable Behavioral Health Screening Tool Service Codes

This section lists behavioral health screening tool service codes that are payable under MassHealth.

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 96110** must be accompanied by one of the modifiers listed below to indicate whether a behavioral health need was identified.\*

#### 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.)
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.

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>	<b>Subchapter Number and Title</b> 6. Service Codes and Descriptions	<b>Page</b> 6-16
Community Health Center Manual	<b>Transmittal Letter</b> CHC-106	<b>Date</b> 01/01/16

614 Payable Postpartum Depression Screening Tools (effective for dates of service on or after May 16, 2016)

**Service Code S3005** is used for the performance measurement and evaluation of patient self-assessment and depression. **Code S3005** must be accompanied by one of the modifiers below to indicate whether a behavioral health need was identified.

<u>Modifier</u>	<u>Description</u>
U1	Perinatal Care Provider – Positive Screen: completed prenatal or postpartum depression screening and behavioral health need identified.
U2	Perinatal Care Provider – Negative Screen: completed prenatal or postpartum depression screening with no behavioral health need identified.
U3	Pediatric Provider – Positive Screen: completed postpartum depression screening during well-child or infant episodic visit and behavioral health need identified.
U4	Pediatric Provider – Negative Screen: completed postpartum depression screening during well-child or infant episodic visit with no behavioral health need identified.

Please refer to the Massachusetts Department of Public Health’s (DPH) postpartum depression (PPD) screening tool grid for any revisions to the list of MassHealth-approved screening tools:  
[www.mass.gov/eohhs/gov/departments/dph/programs/family-health/postpartum-depression/postpartum-depression-tools.html](http://www.mass.gov/eohhs/gov/departments/dph/programs/family-health/postpartum-depression/postpartum-depression-tools.html).

615 Payable Acupuncture Service Codes

This section lists acupuncture service codes that are payable under MassHealth.

97810  
97811  
97813  
97814

616 Modifiers

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

<u>Modifier</u>	<u>Description</u>
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
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 (may be used <b>only</b> with service code 81211).
62	Two surgeons
66	Surgical team

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>	<b>Subchapter Number and Title</b> 6. Service Codes and Descriptions	<b>Page</b> 6-17
Community Health Center Manual	<b>Transmittal Letter</b> CHC-106	<b>Date</b> 01/01/16

616 Modifiers (cont.)

- 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)
- QW CLIA waived test
- RT Right side (used to identify procedures performed on the right side of the body)
- TC Technical Component
- XE Separate Encounter: a service that is distinct because it occurred during a separate encounter
- XP Separate Practitioner: a service that is distinct because it was performed by a different practitioner
- XS Separate Structure: a service that is distinct because it was performed on a separate organ/structure
- XU Unusual Non-Overlapping Service: the use of a service that is distinct because it does not overlap usual components of the main service

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

617 Mental Health Code Changes: Drug Testing

Providers should bill for drug screening using the following new codes for presumptive drug testing.

- G0477            G0479  
G0478

In addition, providers should bill for quantitative related drug testing using the following new codes for definitive drug testing.

- G0480            G0482  
G0481            G0483

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>	<b>Subchapter Number and Title</b> 6. Service Codes and Descriptions	<b>Page</b> 6-18
Community Health Center Manual	<b>Transmittal Letter</b> CHC-106	<b>Date</b> 01/01/16

618 Drug Screen/Quantitative Drug Test Edit

In 2013, MassHealth established claim edits for quantitative drug-test codes billed on the same date of service as drug-screen service codes (*Independent Clinical Laboratory Provider Bulletin 9*). This policy has been updated to reflect the code changes made for quantitative drug test codes, effective January 1, 2016.

Primary Procedure Codes	Secondary Procedure Codes	EOB Code
G0477 G0478 G0479	80299                      G0480	8304
	82570                      G0481	
	82575                      G0482	
	83992                      G0483	

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)* codebook.