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|  | ***Commonwealth of Massachusetts******Executive Office of Health and Human Services***Office of Medicaid[*www.mass.gov/masshealth*](http://www.mass.gov/masshealth) |

 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](file://///ehs-clu-bos-081/File%20Services/masshealthops/Vivian%20Borek/TL-CHC-Sub6-%20KenSpicer%205-3-16/Combine%20105-106/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.

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**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 |
| G0477G0478G0479  | 80299  | G0480 |  8304  |
| 82570 | G0481 |
| 82575  | G0482 |
| 83992 | G0483 |

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**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, 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

|  |  |  |
| --- | --- | --- |
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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 *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.

1. PA indicates that service-specific prior authorization is required. See 130 CMR 450.303 for more information.
2. IC indicates that the claim will receive individual consideration to determine payment. A descriptive report must accompany the claim. See 130 CMR 450.271.
3. 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.
4. 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.
5. 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.
6. 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.

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70100

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70134

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70190

70200

70210

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70310

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70371

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70450

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71010

71015

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71021

71022

71023

71030

71034

71035

71100

71101

71110

71111

71120

71130

71550

71551

71555

72010

72020

72040

72050

72070

72072

72074

72080

72081

72082

72083

72084

72100

72110

72114

72120

72125

72126

72127

72128

72129

72130

72131

72132

72133

72141

72142

72146

72147

72148

72149

72156

72157

72158

72170

72190

72192

72193

72194

72195

72196

72197

72200

72202

72220

72240

72255

72265

72270

72275

72285

72295

73000

73010

73020

73030

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73085

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73092

73100

73110

73115

73120

73130

73140

73200

73201

73202

73218

73219

73220

73221

73222

73223

73501

73502

73503

73521

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73600

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73701

73702

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73719

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73722

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74000

74010

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74150

74160

74170

74174

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74181

74182

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74185

74190

74210

74220

74230

74235

74240

74245

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74249

74250

74251

74260

74261 (PA)

74262 (PA)

74270

74280

74283

74290

74300

74301

74330

74340

74355

74400

74410

74415

74420

74425

74430

74440

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74455

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74485

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74742

74775

75557

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75561

75563

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75572

75573

75574

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75658

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75774

75791

75801

75803

75805

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75809

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75820

75822

75825

75827

75831

75833

75840

75842

75860

75870

75872

75880

75885

75887

75889

75891

75893

75898

75901

75902

76000

76001

76010

76080

76098

76100

76101

76102

76120

76125

76376

76377

76380

76499 (IC)

76506

76510

76511

76512

76513

76514

76516

76519

76529

76536

76604

76641

76642

76700

76705

76770

76775

76776

76800

76801

76802

76805

76810

76811

76812

76813

76814

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76831

76856

76857

76870

76872

76873

76881

76882

76885

76886

76937

76942

76945

76946

76948

76965

76970

76977

76999 (IC)

77001

77002

77003

77011

77012

77013

77014

77021

77022

77051

77052

77053

77054

77055

77056

77057

77058 (PA)

77059 (PA)

77061 (IC)

77062 (IC)

77063

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77293

77299 (IC)

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77307

77316

77317

77318

77387 (IC)

77399 (IC)

77499 (IC)

77767

77768

77770

77771

77772

77799 (IC)

78012

78013

78014

78015

78016

78018

78020

78070

78071

78072

78075

78099 (IC)

78102

78103

78104

78110

78111

78120

78121

78122

78130

78135

78140

78185

78190

78191

78195

78199 (IC)

78201

78202

78205

78206

78215

78216

78226

78227

78230

78231

78232

78258

78261

78262

78264

78265

78266

78270

78271

78272

78278

78282

78290

78291

78299 (IC)

78300

78305

78306

78315

78320

78350

78399 (IC)

78414

78428

78445

78451

78452

78453

78454

78456

78457

78458

78459

78466

78468

78469

78472

78473

78481

78483

78491

78492

78494

78496

78499 (IC)

78579

78580

78582

78597

78598

78599 (IC)

78600

78601

78605

78607

78608

78609

78610

78630

78635

78645

78647

78650

78660

78699 (IC)

78700

78701

78707

78708

78709

78710

78725

78730

78740

78761

78799 (IC)

78800

78801

78802

78803

78804

78805

78806

78807

78808

78811

78812

78813

78814

78815

78816

78999 (IC)

79999 (IC)

G0202

G0204

G0206

G0279

603 Payable Laboratory Service Codes

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

80047

80048

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80051

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80074

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80408

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80420

80422

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80428

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80435

80436

80438

80439

80440

81000

81001

81002

81003

81005

81007

81015

81020

81025

81050

81099 (IC)

81162 (PA)

81170

81211 (PA)

81211-59 (PA)

81212 (PA)

81215 (PA)

81217 (PA)

81218

81219

81228 (PA)

81229 (PA)

81272

81273

81276

81311

81314

81420 (PA)

81479 (IC)

81507 (PA)

81519 (PA)

82009

82010

82013

82016

82017

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82261

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84999 (IC)

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85999 (IC)

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86005

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86665

86666

86668

86671

86674

86677

86682

86684

86687

86688

86689

86692

86694

86695

86696

86698

86701

86702

86703

86704

86705

86706

86707

86708

86709

86710

86711

86713

86717

86720

86723

86727

86729

86732

86735

86738

86741

86744

86747

86750

86753

86756

86757

86759

86762

86765

86768

86771

86774

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86788

86789

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86793

86800

86803

86804

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88380 (IC)

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88399 (IC)

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89190

89220 (IC)

89230 (IC)

89240 (IC)

89300

89310

89320

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93005

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93016

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93229 (IC)

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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.)

1. The following visit and associated service codes have special requirements or limitations.

Service

Code Modifier Special Requirement or Limitation

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.

1. This section lists evaluation and management visit service codes that are payable under MassHealth.

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99343

99345 (IC)

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99348

99349

99350 (IC)

99460

99462

604 Payable Visit and Vaccine Service Codes (cont.)

1. 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.

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(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 >19; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age. (IC)

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

90636 Covered for adults >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 than19 years of age. (IC)

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

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

1. Payable Visit and Vaccine Service Codes (cont.)

Service

Code Special Requirement or Limitation

90662 Covered for adults >19; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age. (IC)

90664 Covered for adults >19; available free of charge through the Massachusetts Immunization Program for children younger than 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 younger than 19 years of age. (IC)

90668 Covered for adults >19; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age. (IC)

90670 Covered for adults >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 >19; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age. (IC)

90686 Covered for adults >19; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age. (IC)

90688 Covered for adults >19; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age. (IC)

90707 Covered for adults >19; available free of charge through the Massachusetts Immunization Program for children younger than 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 younger than 19 years of age.

90715 Covered for adults > 19; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age.

90716 Covered for adults >19; available free of charge through the Massachusetts Immunization Program for children younger than19 years of age.

90732 Covered for adults >19; available free of charge through the Massachusetts Immunization Program for children younger than19 years of age.

90733 Covered for adults >19; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age.

90734 Covered for adults >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 >19; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age.

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.

1. Fee-for-Service Deliveries

59409

59410

59414

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59525 (HI-1 form required)

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1. Global Deliveries

59400

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59618

606 Payable Surgery Service Codes

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

44955

49255

49320

54057

54150

54160

55250 (CS-18 or CS-21 required) (SP)

55450 (CS-18 or CS-21 required) (SP)

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56440

57240

57250

57260

57520

57522

57700

58120

58140

58146

58150 (HI-1 form required; PA for Gender Dysphoria- Related Services Only)

58180 (HI-1 form required; PA for Gender Dysphoria- Related Services Only)

58353

58541 (HI-1 form required; PA for Gender Dysphoria- Related Services Only)

58542 (HI-1 form required; PA for Gender Dysphoria- Related Services Only)

58543 (HI-1 form required; PA for Gender Dysphoria- Related Services Only)

58544 (HI-1 form required; PA for Gender Dysphoria- Related Services Only)

58555

58558

58560

58561

58600 (CS-18 or CS-21 required)

58605 (CS-18 or CS-21 required) (SP)

58611 (CS-18 or CS-21 required)

58615 (CS-18 or CS-21 required)

58660

58661 (CS-18\* or CS-21\* required; PA for Gender Dysphoria-Related Services Only)

58670 (CS-18 or CS-21 required)

58671 (CS-18 or CS-21 required)

58700

58720 (CS-18\* or CS-21\* required; PA for Gender Dysphoria-Related Services Only)

58940

59000

59012

59015

59025

59870

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

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

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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.

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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.

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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

Code Modifier Special Requirement or Limitation

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

G0109

G0270

G0271

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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](http://www.mass.gov/eohhs/docs/masshealth/providermanual/appx-w-all.pdf) 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

Code Modifier Special Requirement or Limitation

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.*

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.

Modifier Description

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.

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

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 **only** with service code 81211).

62 Two surgeons

66 Surgical team

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

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 |
| G0477G0478G0479  | 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.

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