



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



MassHealth  
Transmittal Letter CHC-108  
November 2016

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

This letter transmits an update to the 2016 HCPCS codes in the *Community Health Center Manual*.

The following text has been added to Subchapter 6, Section 604, which lists visit and vaccine service codes that are payable under MassHealth.

<u>Service Code</u>	<u>Special Requirement or Limitation</u>
99213	Use for medication management visit.

Providers must use this new code to obtain reimbursement for services provided on or after January 1, 2016. Providers should follow the billing instructions in the provider manual when resubmitting denied claims.

### **MassHealth Website**

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

### **Questions**

If you have any questions about 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 6-9 and 6-10

### **OBSOLETE MATERIAL**

(The page listed here is no longer in effect.)

#### **Community Health Center Manual**

Pages 6-9 and 6-10 — transmitted by Transmittal Letter CHC-106

<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-108	<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.

<u>Service Code</u>	<u>Modifier</u>	<u>Special Requirement or Limitation</u>
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 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.
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.
99213		Use for medication management 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-108	<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	90471	90473
90461	90472	90474

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

<u>Service Code</u>	<u>Special Requirement or Limitation</u>
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 dose 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 younger than 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)