



MassHealth  
Transmittal Letter CHC-109  
April 2017

**TO:** Community Health Centers Participating in MassHealth  
**FROM:** Daniel Tsai, Assistant Secretary for MassHealth  
**RE:** *Community Health Center Manual* 2017 HCPCS Code Updates

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 2017. 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, 2017.

Participating Community Health Centers (CHCs) must refer to the American Medical Association's *Current Procedural Terminology (CPT) 2017* codebook or the Healthcare Procedure Coding System (HCPCS) Level II codebook for 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).

### 2017 Code Changes: Effective January 1, 2017

#### Added Laboratory Code

87483

Added Radiology Codes

76706  
 77065  
 77066  
 77067

Deleted Radiology Codes

75791	77055	G0202	G0279
77051	77056	G0204	
77052	77057	G0206	

**2017 Code Changes: Drug Testing**

Drug screening codes G0477 – G0479 have been deleted. Effective for dates of service beginning 1/1/2017, providers are instructed to bill drug screening using the following new codes for presumptive drug testing.

- 80305 – Drug test(s), presumptive, any number of drug classes; any number of devices or procedures, (e.g., immunoassay) capable of being read by direct optical observation only (e.g., dipsticks, cups, cards, cartridges) includes sample validation when performed, per date of service
- 80306 – Drug test(s), presumptive, any number of drug classes; any number of devices or procedures, (eg, immunoassay) read by instrument-assisted direct optical observation (eg, dipsticks, cups, cards, cartridges), includes sample validation when performed, per date of service
- 80307 –. Drug test(s), presumptive, any number of drug classes; any number of devices or procedures by instrumented chemistry analyzers (eg, utilizing immunoassay [eg, EIA, ELISA, EMIT, FPIA, IA, KIMS, RIA]), chromatography, (eg DART, DESI, GC-MS, GC-MS/MS, LC-MS, LC-MS/MS, LDTD, MALDI, TOF), includes sample validation when performed, per date of service

**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. Effective 1/1/2017, this edit has been updated to reflect code changes.

Primary Procedure Codes	Secondary Procedure Codes	EOB Code/Description
80305 80306 80307	80299 82570 82575 83992 G0480 G0481 G0482 G0483	8304 – Lab conflict w/ each other on the same day

## 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 6-9 and 6-10 — transmitted by Transmittal Letter CHC 108

Pages vi, 6-1 through 6-8, and 6-11 through 6-18 — transmitted by Transmittal Letter CHC 106

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6. Service Codes and Descriptions

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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.

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

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71100	72195	73552	74247	75710
71101	72196	73560	74249	75716
71110	72197	73562	74250	75726
71111	72200	73564	74251	75731
71120	72202	73565	74260	75733
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	75801
72050	72295	73630	74301	75803
72070	73000	73650	74330	75805
72072	73010	73660	74340	75807
72074	73020	73700	74355	75809
72080	73030	73701	74400	75810
72081	73040	73702	74410	75820
72082	73050	73718	74415	75822
72083	73060	73719	74420	75825
72084	73070	73720	74425	75827
72100	73080	73721	74430	75831
72110	73085	73722	74440	75833
72114	73090	73723	74445	75840
72120	73092	73725	74450	75842
72125	73100	74000	74455	75860
72126	73110	74010	74470	75870
72127	73115	74020	74485	75872
72128	73120	74022	74710	75880
72129	73130	74150	74712	75885
72130	73140	74160	74713	75887
72131	73200	74170	74740	75889
72132	73201	74174	74742	75891
72133	73202	74176	74775	75893
72141	73218	74177	75557	75898
72142	73219	74178	75559	75901
72146	73220	74181	75561	75902
72147	73221	74182	75563	76000
72148	73222	74183	75565	76001
72149	73223	74185	75572	76010
72156	73501	74190	75573	76080
72157	73502	74210	75574	76098
72158	73503	74220	75600	76100
72170	73521	74230	75605	76101
72190	73522	74235	75625	76102
72192	73523	74240	75630	76120
72193	73525	74245	75658	76125
72194	73551	74246	75705	76376

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76377	76881	77316	78230	78580
76380	76882	77317	78231	78582
76499 (IC)	76885	77318	78232	78597
76506	76886	77387 (IC)	78258	78598
76510	76937	77399 (IC)	78261	78599 (IC)
76511	76942	77499 (IC)	78262	78600
76512	76945	77767	78264	78601
76513	76946	77768	78265	78605
76514	76948	77770	78266	78607
76516	76965	77771	78270	78608
76519	76970	77772	78271	78609
76529	76977	77799 (IC)	78272	78610
76536	76999 (IC)	78012	78278	78630
76604	77001	78013	78282	78635
76641	77002	78014	78290	78645
76642	77003	78015	78291	78647
76700	77011	78016	78299 (IC)	78650
76705	77012	78018	78300	78660
76706	77013	78020	78305	78699 (IC)
76770	77014	78070	78306	78700
76775	77021	78071	78315	78701
76776	77022	78072	78320	78707
76800	77053	78075	78350	78708
76801	77054	78099 (IC)	78399 (IC)	78709
76802	77058 (PA)	78102	78414	78710
76805	77059 (PA)	78103	78428	78725
76810	77061 (IC)	78104	78445	78730
76811	77062 (IC)	78110	78451	78740
76812	77063	78111	78452	78761
76813	77065	78120	78453	78799 (IC)
76814	77066	78121	78454	78800
76815	77067	78122	78456	78801
76816	77071	78130	78457	78802
76817	77072	78135	78458	78803
76818	77073	78140	78459	78804
76820	77074	78185	78466	78805
76821	77075	78190	78468	78806
76825	77076	78191	78469	78807
76826	77077	78195	78472	78808
76827	77078	78199 (IC)	78473	78811
76828	77080	78201	78481	78812
76830	77081	78202	78483	78813
76831	77085	78205	78491	78814
76856	77086	78206	78492	78815
76857	77293	78215	78494	78816
76870	77299 (IC)	78216	78496	78999 (IC)
76872	77306	78226	78499 (IC)	79999 (IC)
76873	77307	78227	78579	

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603 Payable Laboratory Service Codes

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

80047	80299	81219	82172	82482
80048	80305	81228 (PA)	82175	82485
80050	80306	81229 (PA)	82180	82495
80051	80307	81272	82190	82507
80053	80400	81273	82232	82523
80055	80402	81276	82239	82525
80061	80406	81311	82240	82528
80069	80408	81314	82247	82530
80074	80410	81420 (PA)	82248	82533
80076	80412	81479 (IC)	82252	82540
80081	80414	81507 (PA)	82261	82542
80150	80415	81519 (PA)	82270	82550
80155	80416	82009	82271	82552
80156	80417	82010	82272	82553
80157	80418	82013	82274	82554
80158	80420	82016	82286	82565
80159	80422	82017	82300	82570
80162	80424	82024	82306	82575
80163	80426	82030	82308	82585
80164	80428	82040	82310	82595
80165	80430	82042	82330	82600
80168	80432	82043	82331	82607
80169	80434	82044	82340	82608
80170	80435	82045	82355	82610
80171	80436	82085	82360	82615
80173	80438	82088	82365	82626
80175	80439	82103	82370	82627
80176	80440	82104	82373	82633
80177	81000	82105	82374	82634
80178	81001	82106	82375	82638
80180	81002	82107	82376	82652
80183	81003	82108	82378	82656
80184	81005	82120	82379	82657
80185	81007	82127	82380	82658
80186	81015	82128	82382	82664
80188	81020	82131	82383	82668
80190	81025	82135	82384	82670
80192	81050	82136	82387	82671
80194	81099 (IC)	82139	82390	82672
80195	81162 (PA)	82140	82397	82677
80197	81170	82143	82415	82679
80198	81211 (PA)	82150	82435	82693
80199	81211-59 (PA)	82154	82436	82696
80200	81212 (PA)	82157	82438	82705
80201	81215 (PA)	82160	82441	82710
80202	81217 (PA)	82163	82465	82715
80203	81218	82164	82480	82725



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82726	83013	83655	84035	84238
82728	83014	83661	84060	84244
82731	83015	83662	84066	84252
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

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84525	85245	85547	86215	86430
84540	85246	85549	86225	86431
84545	85247	85555	86226	86480
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	85675	86317	86615
84702	85335	85705	86318	86617
84703	85337	85730	86318	86617
84704	85345	85732	86320	86618
84999 (IC)	85347	85810	86325	86619
85002	85348	85999 (IC)	86327	86622
85004	85360	86000	86329	86625
85007	85362	86001	86331	86628
85008	85366	86003	86332	86631
85009	85370	86005	86334	86632
85013	85378	86021	86335	86635
85014	85379	86022	86336	86638
85018	85380	86023	86337	86641
85025	85384	86038	86340	86644
85027	85385	86039	86341	86645
85032	85390	86060	86343	86648
85041	85396	86063	86344	86651
85044	85397	86140	86352	86652
85045	85400	86141	86353	86653
85046	85410	86146	86355	86654
85048	85415	86147	86356	86658
85049	85420	86148	86357	86663
85055	85421	86152	86359	86664
85060	85441	86153	86360	86665
85097	85445	86155	86361	86666
85130	85460	86156	86367	86668
85170	85461	86157	86376	86671
85175	85475	86160	86378	86674
85210	85520	86161	86382	86677
85220	85525	86162	86384	86682
85230	85530	86171	86386	86684
85240	85536	86185	86403	86687
85244	85540	86200	86406	86688

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86689	86803	87003	87210	87391
86692	86804	87015	87220	87400
86694	86805	87040	87230	87420
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	87483
86720	86833	87107	87277	87485
86723	86834	87109	87278	87486
86727	86835	87110	87279	87487
86729	86849 (IC)	87116	87280	87490
86732	86850	87118	87281	87491
86735	86860	87140	87283	87492
86738	86870	87143	87285	87495
86741	86880	87147	87290	87496
86744	86885	87149	87299	87497
86747	86886	87152	87300	87498
86750	86900	87158	87301	87500
86753	86901	87164	87305	87501
86756	86902	87166	87320	87502
86757	86904	87168	87324	87503
86759	86905	87169	87327	87505
86762	86906	87172	87328	87506
86765	86920	87176	87329	87507
86768	86921	87177	87332	87510
86771	86922	87181	87335	87511
86774	86923	87184	87336	87512
86777	86940	87185	87337	87515
86778	86941	87186	87338	87516
86780	86970	87187	87339	87517
86784	86971	87188	87340	87520
86787	86972	87190	87341	87521
86788	86975	87197	87350	87522
86789	86976	87205	87380	87525
86790	86977	87206	87385	87526
86793	86978	87207	87389	87527
86800	86999 (IC)	87209	87390	87528

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603 Payable Laboratory Service Codes (cont.)

87529	87797	88155	88285	89051
87530	87798	88160	88289	89055
87531	87799	88161	88291	89060
87532	87800	88162	88299 (IC)	89125
87533	87801	88164	88300	89160
87534	87802	88165	88302	89190
87535	87803	88166	88304	89220 (IC)
87536	87804	86167	88305	89230 (IC)
87537	87806	88172	88307	89240 (IC)
87538	87807	88173	88309	89300
87539	87808	88174	88311	89310
87540	87809	88175	88312	89320
87541	87810	88177	88313	93000
87542	87850	88182	88314	93005
87550	87880	88184	88319	93010
87551	87899	88185	88342	93015
87552	87900	88187	88346	93016
87555	87901	88188	88348	93017
87556	87902	88189	88350	93018
87557	87903	88199 (IC)	88355	93024
87560	87904	88230	88356	93040
87561	87905	88233	88358	93041
87562	87906	88235	88360	93042
87580	87910	88237	88361	93224
87581	87912	88237	88361	93224
87582	87999 (PA)(IC)	88239	88362	93225
87590	88104	88240	88363	93226
87591	88106	88241	88364	93227
87592	88108	88245	88365	93228
87623	88112	88248	88367	93229 (IC)
87624	88120	88249	88368	93268
87625	88121	88261	88369	93278
87631	88130	88262	88371	93724
87632	88140	88263	88372	93799 (IC)
87633	88141	88264	88380 (IC)	G0027
87640	88142	88267	88381	G0480
87641	88143	88269	88387	G0481
87650	88147	88271	88388	G0482
87651	88148	88272	88399 (IC)	G0483
87652	88150	88273	88720	P9604
87653	88152	88274	88740	
87660	88153	88275	88741	
87661	88154	88280	89049	
		88283	89050	

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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.) The cost of the administration of the vaccine is included in the CHC visit rate and is not separately payable.

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

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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.

Service Code

Special Requirement or Limitation

90620	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)

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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 younger than 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.

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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 for Gender Dysphoria-Related Services Only)	59000
49255			59012
49320			59015
54057	58543	(HI-1 form required; PA for Gender Dysphoria-Related Services Only)	59025
54150			59870
54160			
55250	(CS-18 or CS-21 required) (SP) 58544	(HI-1 form required; PA for Gender Dysphoria-Related Services Only)	
55450	(CS-18 or CS-21 required) (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* required; PA for Gender Dysphoria-Related Services Only)	
58146			
58150	(HI-1 form required; PA for Gender Dysphoria-Related Services Only) 58670	(CS-18 or CS-21 required)	
58180	(HI-1 form required; PA for Gender Dysphoria-Related Services Only) 58671	(CS-18 or CS-21 required)	
	58700		
	58720	(CS-18* or CS-21* required; PA for Gender Dysphoria-Related Services Only)	
58353			
58541	(HI-1 form required; PA for Gender Dysphoria-Related Services Only) 58940		



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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. The cost of the administration of the vaccine is included in the EPSDT visit rate and is not separately payable.

See 130 CMR 450.140 through 450.149 for other requirements.

99381  
99382  
99383  
99384  
99385  
99391  
99392  
99393  
99394  
99395

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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

<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	

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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](#) 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.

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614 Payable Postpartum Depression Screening Tools

**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

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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.

<u>Modifier</u>	<u>Description</u>
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)* codebook.

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