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

MassHealth

Transmittal Letter CHC-114

July 2020

 **TO:** Community Health Centers Participating in MassHealth

 **FROM:** Amanda Cassel Kraft, Acting Medicaid Director [Signature of Amanda Cassel Kraft]

 **RE:** *Community Health Centers Manual* (2020 HCPCS Code Updates: Telephonic, Home Visit, and Diagnostic Codes)

**Updates to Subchapter 6**

This letter transmits a revision to Subchapter 6 in the *Community Health Centers Manual.* The Centers for Medicare & Medicaid Services (CMS) has revised the Healthcare Common Procedures Coding System (HCPCS) for 2020. MassHealth has updated Subchapter 6 to incorporate coding updates for telephonic and home visit codes, as well as clinical laboratory services administering diagnostic tests for the 2019 novel Coronavirus Disease (COVID-19).

MassHealth providers must refer to the American Medical Association’s 2020 *Current Procedural Terminology* (CPT) codebook or the *Healthcare Common Procedure Coding System (HCPCS) Level II* codebook for service descriptions of the codes listed in Subchapter 6 of the *Community Health Centers Manual.*

If you wish to obtain a fee schedule, you may download the Executive Office of Health and Human Services regulations at no cost at [www.mass.gov/service-details/eohhs-regulations](https://www.mass.gov/service-details/eohhs-regulations). The regulation title for Community Health Centers is 101 CMR 304.00, for Clinical Laboratory Services is 101 CMR 320.00; for Medicine is 101 CMR 317.00; and for Surgery and Anesthesia is 101 CMR 316.00.

1. **Certain Telephonic, and Home Visit Codes**

In accordance with All Provider Bulletins 289 and 291, effective April 1, 2020, for dates of service beginning March 12, 2020, Community Health Center providers may bill for the following telephonic, and home visit, codes:

Telephonic Codes

99441, 99442, 99443, 98966, 98967, 98968

Home Visits:

99500, 99501, 99502, 99503, 99504, 99505, 99506, 99507, 99509, 99511, and 99512

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1. **COVID-19 Remote Patient Monitoring Bundle Services**

Effective for dates of service on or after March 12, 2020, MassHealth will pay Community Health Centers for COVID-19 remote patient monitoring bundle services rendered in accordance with the standards and limitations set forth in All Provider Bulletin 294. Providers should bill CPT code 99423 with modifier U9 when rendering COVID-19 remote patient monitoring bundle services. Please refer to [All Provider Bulletin 294](https://www.mass.gov/doc/all-provider-bulletin-294-masshealth-coverage-flexibilities-for-services-related-to-coronavirus/download) for additional information and limitations on the uses of code 99423 with modifier U9.

1. **Diagnostic Laboratory Services for the 2019 novel Coronavirus Disease (COVID-19)**

Community Health Center providers may bill for the following diagnostic codes for the dates of service shown below:

G2023 and G2024. Effective for dates of service on or after March 1,2020.

G2023 CG and G2024 CG. Effective for dates of service on or after May 22, 2020.

87635 and U0002. Beginning April 1, 2020, effective for dates of service on or after March 12, 2020.

U0003 and U0004. Effective for dates of service on or after March 18,2020.

86328 (IC) and 86769 (IC). Effective for dates of service on or after April 10, 2020

**MassHealth Website**

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

To sign up to receive email alerts when MassHealth issues new transmittal letters and provider bulletins, send a blank email to join-masshealth-provider-pubs@listserv.state.ma.us. No text in the body or subject line is needed.

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**Questions**

If you have any questions about this transmittal letter, please contact the MassHealth Customer Service Center at (800) 841-2900, email 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 6-1 to 6-22

OBSOLETE MATERIAL

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

Community Health Center Manual

Pages 6-1 to 6-22 — transmitted by Transmittal Letter CHC-113

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| **Commonwealth of Massachusetts****MassHealth****Provider Manual Series** | **Subchapter Number and Title**6. Service Codes and Descriptions | **Page**6-2 |
| Community Health Center Manual | **Transmittal Letter**CHC-114 | **Date**07/01/2020 |

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 *Community Health Center Services* 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.

**Note:** Rates paid by MassHealth for covered codes under this Subchapter 6 for drugs, vaccines, and immune globulins administered in a provider’s office are as specified in 101 CMR 317.00: *Medicine*. Subject to any other applicable provision in 101 CMR 317.00, the payment rates for these MassHealth-covered codes for drugs, vaccines and immune globulins administered in the provider’s office, are equal to the fees listed in the Quarterly Average Sales Price (ASP) Medicare Part B Drug Pricing File (see 101 CMR 317.03(1)(c)2 and 317.04(1)(a)). For applicable codes for drugs, vaccines, and immune globulins administered in a provider’s office that are listed in Section 604 below with “IC”, payment set by IC will apply until such time as the code is listed and a rate set in the Quarterly ASP Medicare Part B Drug Pricing File, consistent with 101 CMR 317.04(1)(a).

602 Payable Radiology Service Codes

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

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70450 PA1

70460 PA1

70470 PA1

70480 PA1

70481 PA1

70482 PA1

70486 PA1

70487 PA1

70488 PA1

70490 PA1

70491 PA1

70492 PA1

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72125 PA1

72126 PA1

72127 PA1

72128 PA1

72129 PA1

72130 PA1

72131 PA1

72132 PA1

72133 PA1

72141 PA1

72142 PA1

72146 PA1

72147 PA1

72148 PA1

72149 PA1

72156 PA1

72157 PA1

72158 PA1

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72192 PA1

72193 PA1

72194 PA1

72195 PA1

72196 PA1

72197 PA1

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73200 PA1

73201 PA1

73202 PA1

73218 PA1

73219 PA1

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73725 PA1

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74150 PA1

74160 PA1

74170 PA1

74174 PA1

74176 PA1

74177 PA1

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74181 PA1

74182 PA1

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74712 PA1

74713 PA1

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75561 PA1

75563 PA1

75565 PA1

75572 PA1

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76125

76376 PA1

76377 PA1

76380 PA1

76499 IC

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77046 PA1

77047 PA1

77048 PA1

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77387 IC

77399 IC

77499 IC

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77799 IC

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78451 PA1

78452 PA1

78453 PA1

78454 PA1

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78459 PA1

78466 PA1

78468

78469 PA1

78472 PA1

78473 PA1

78481 PA1

78483 PA1

78491 PA1

78492 PA1

78494 PA1

78496 PA1

78499 IC

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78599 IC

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78608 PA1

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78699 IC

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78799 IC

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78801

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78811 PA1

78812 PA1

78813 PA1

78814 PA1

78815 PA1

78816 PA1

78999 IC

79999 IC

603 Payable Laboratory Service Codes

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

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81001

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81015

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81099 IC

81107 PA

81108 PA

81109 PA

81110 PA

81111 PA

81112 PA

81120 PA

81121 PA

81161 PA, IC

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81400 PA, IC

81401 PA, IC

81403 PA, IC

81404 PA, IC

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81407 PA, IC

81408 PA, IC

81420 PA, IC

81479 PA, IC

81507 PA, IC

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89240 IC

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U0004

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

Code Modifier Special Requirement or Limitation

A4261 Cervical cap for contraceptive use (IC)

A4266 Diaphragm for contraceptive use (includes applicator and cream or jelly)

A4267 Contraceptive supply, condom, male, each

A4268 Contraceptive supply, condom, female, each

A4269 Contraceptive supply, spermicide (e.g., foam, gel), each (per package/tube)

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.

J1050 Injection, medroxyprogesterone acetate, 1 mg (IC)

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)

J3490 FP Use for medications and injectables related to family planning services, with the exception of (a) Rho(D) human immune globulin; and (b) contraceptive injectables such as Depo-Provera, items for which MassHealth will pay the provider’s cost.) (IC)

J7296 Levonorgestrel-releasing intrauterine contraceptive system, (Kyleena), 19.5 mg

J7297 Levonorgestrel-releasing intrauterine contraceptive system, 52 mg, 3 year duration (IC)

J7298 Levonorgestrel-releasing intrauterine contraceptive system, 52 mg, 5 year duration (IC)

J7300 Intrauterine copper contraceptive (use for Paragard) (IC)

J7301 Levonorgestrel-releasing intrauterine contraceptive system (Skyla), 13.5 mg (IC)

J7303 Contraceptive supply, hormone-containing vaginal ring, each (IC)

J7304 Contraceptive supply, hormone-containing patch, each (IC)

J7307 Etonogestrel (contraceptive) implant system, including implant and supplies (must be billed with either 11981 or 11983) (IC)

S4989 Contraceptive intrauterine device (e.g., Progestacert IUD), including implants and supplies (IC)

S4993 Contraceptive pills for birth control

G0469 Use for individual mental health visit, new patient (This code can be billed via telehealth)

G0470 Use for individual mental health visit, established patient. (This code can be billed via telehealth)

T1015 Use for individual medical visit.

T1015 HQ Use for group clinic visit.

90791 Use for psychiatric diagnostic evaluation. (This code can be billed via telehealth)

90832 Use for psychotherapy, 30 minutes with patient and/or family member. (This code can be billed via telehealth)

90834 Use for psychotherapy, 45 minutes with patient and/or family member. (This code can be billed via telehealth)

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). (This code can be billed via telehealth)

90837 Use for psychotherapy, 60 minutes with patient and/or family. (This code can be billed via telehealth)

90853 Use for group psychotherapy (other than of a multiple-family group) (per person not to exceed 10 clients). (This code can be billed via telehealth)

90882 Environmental intervention for medical management purposes on a psychiatric patient’s behalf with agencies, employers, or institutions. (This code can be billed via telehealth)

96130 Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour

96132 Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour

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.

99402 Use for HIV counseling visits.

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

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99345 IC

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99350 IC

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(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.

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

Service

Code Special Requirement or Limitation

90476 Adenovirus vaccine, type 4, live, for oral use (IC)

90477 Adenovirus vaccine, type 7, live, for oral use (IC)

90581 Anthrax vaccine, for subcutaneous or intramuscular use (IC)

90585 Bacillus Calmette-Guerin vaccine (BCG) for tuberculosis, live, for percutaneous use

90620 Meningococcal recombinant protein and outer membrane vesicle vaccine, serogroup B (MenB-4C), 2 dose schedule, for intramuscular use. (IC)

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

90625 Cholera vaccine, live, adult dosage, 1 dose schedule, for oral use. (IC)

90630 Covered for members >19; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age. (IC)

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

90633 Covered for members >19; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age. (IC)

90636 Covered for members >19; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age. (IC)

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)

90656 Covered for members >19; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age.

90658 Covered for members >19; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age. (IC)

90660 Covered for members >19; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age. (IC)

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

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

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

90666 Covered for members >19; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age. (IC)

90667 Covered for members >19; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age. (IC)

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

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

90676 Covered for members >19; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age. (IC)

90682 Covered for members >19; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age. (IC)

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

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

90690 Covered for members >19; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age. (IC)

90696 Covered for members >19; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age. (IC)

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

90710 Covered for members >19; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age. (IC)

90713 Covered for members >19; available free of charge through the Massachusetts Immunization Program for children under 19 years of age. (IC)

90714 Covered for members >19; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age. (IC)

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

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

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

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

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

90736 PA is required for members < age 50. (IC)

90738 Japanese encephalitis virus vaccine, inactivated, for intramuscular use (IC)

90739 Covered for members >19 (IC)

90746 Covered for members >19; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age.

90749 Unlisted vaccine/toxoid (IC)

90750 PA is required for members < age 50. (IC)

90756 Covered for members >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.

Fee-for-Service Deliveries

59409

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59414

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59525 (HI-1 form required)

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Global Deliveries

59400

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59618

606 Payable Surgery Service Codes

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

11976 (SP)

11981

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11983

19100

44955

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49084

49255

49320

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54057

54150

54160

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

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57461

57500

57505

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57513

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57522

57700

57800 (SP)

58100 (SP)

58120

58140

58146

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

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

58300

58301

58340

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 (SP)

58558

58560

58561

58562

58565 (CS-18 or CS-21 required)

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, Diagnostic 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.

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610 Payable Early and Periodic Screening, Diagnostic 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.

Service

Code Special Requirement or Limitation

G0108 Diabetes outpatient self-management training services, individual, per 30 minutes.

G0109 Diabetes outpatient self-management training services, group session (2 or more, per 30 minutes).

G0270 Medical nutrition therapy; reassessment and subsequent intervention(s) following second referral in same year for change in diagnosis, medical condition or treatment regimen (including additional hours, needed for renal disease), individual, face-to-face with patient, each 15 minutes.

Service

Code Special Requirement or Limitation

G0271 Medical nutrition therapy; reassessment and subsequent intervention(s) following second referral in same year for change in diagnosis, medical condition or treatment regimen (including additional hours, needed for renal disease), group (2 or more individuals), each 30 minutes.

97802 Medical nutrition therapy; initial assessment and intervention, individual, face-to-face with the patient, each 15 minutes.

97803 Medical nutrition therapy; reassessment and intervention, individual, face-to-face with the patient, each 15 minutes.

97804 Medical nutrition therapy; group (2 or more individuals), each 30 minutes

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.)

96110 UD Covered for members birth to 6 months for the administration and scoring of the Edinburgh Postnatal Depression Scale. UD must be used together with one of the above modifiers, U1–U8.

*\* “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

**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.

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/service-details/postpartum-depression-resources-for-healthcare-providers](http://www.mass.gov/service-details/postpartum-depression-resources-for-healthcare-providers)

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 a 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

62 Two surgeons

66 Surgical team

78 Unplanned return to the operating/procedure room by the same physician or other qualified health care professional following initial procedure for a related procedure during the postoperative period

79 Unrelated procedure or service by the same physician or other qualified health care professional during the postoperative period

80 Assistant surgeon

82 Assistant surgeon (when qualified resident surgeon not available)

91 Repeat clinical diagnostic laboratory test

99 Multiple modifiers

LT Left side (used to identify procedures performed on the left side of the body)

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

For more information on the use of these modifiers, see Appendix V of your provider manual.

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