



MassHealth
Transmittal Letter CHC-118
January 2022

TO: Community Health Centers Participating in MassHealth
FROM: Amanda Cassel Kraft, Assistant Secretary for MassHealth
RE: *Community Health Center Manual* (Addition of Codes and Services)

This letter transmits revisions to the list of service codes contained in Subchapter 6 of the *Community Health Center Manual*, as described below. The revisions transmitted through this letter are effective for dates of service beginning January 1, 2022.

This letter also provides definitions for new community health center services billable to MassHealth under Subchapter 6 of the *Community Health Center Manual*, as well as new or amended definitions of existing services effective for dates of service beginning January 1, 2022.

General Healthcare Common Procedure Coding System (HCPCS) Changes

Effective for dates of service beginning January 1, 2022, the following codes have been added to the list of HCPCS codes available in Subchapter 6 of the *Community Health Center Manual*.

G0511		Behavioral health integration (BHI) services
G0512		Collaborative care management (CoCM) services
T1040		Use for individual behavioral health visit
T1040	HQ	Use for group behavioral health visit
99605		Use for medication therapy management service(s) provided by a pharmacist, individual, face-to-face with patient, with assessment and intervention if provided; initial 15 minutes, new patient (CDTM or MTM services, limit of 2 units per calendar year, telehealth permitted as appropriate)
99606		Use for medication therapy management service(s) provided by a pharmacist, individual, face-to-face with patient, with assessment and intervention if provided; initial 15 minutes, established patient (CDTM or MTM, limit of 1 unit per visit and 6 units per calendar year, telehealth permitted as appropriate)
99607		Use for medication therapy management service(s) provided by a pharmacist, individual, face-to-face with patient, with assessment and intervention if provided; each additional 15 minutes (List separately in addition to code for primary service) (CDTM or MTM services, limit of 3 units per visit and 12 units per calendar year, telehealth permitted as appropriate)

The definitions of the visits and services billable through the codes noted above, or through the codes listed in 101 CMR 304.00: *Rates for Community Health Centers*, are more fully described below.

The new definitions of new and existing services are as follows.

Behavioral Health Integration (BHI). A service provided under the direction of a primary care clinician by a mental or behavioral health clinician with, at a minimum, masters-level training in mental or behavioral health for at least 20 minutes per month per patient, for the purpose of (i) providing an initial behavioral health assessment, including the use of applicable validated rating scales, and behavioral health monitoring; (ii) developing a behavioral health treatment plan; and (iii) facilitating and coordinating treatment. BHI services are delivered to patients who have a continuous relationship with an integrated primary care team consisting of the primary care clinician and the masters-level mental or behavioral health clinicians providing the service. BHI services billed as such may not also be billed as CoCM services.

Collaborative Care Management (CoCM). A service provided under the direction of a primary care clinician, and in consultation with a psychiatrist or an advanced practice registered nurse (APRN) with a graduate degree and advanced training in psychiatric care (a psychiatric clinical nurse specialist or a psychiatric mental health nurse practitioner), by a behavioral health care manager who is a mental or behavioral health clinician with, at a minimum, masters-level training in mental or behavioral health. CoCM services are provided for at least 70 minutes per patient in the first month of CoCM services to such patient, and at least 60 minutes per month for such patients after their first month receiving CoCM services. CoCM services are provided for the purpose of (i) providing an initial behavioral health assessment, including the use of applicable validated rating scales, and behavioral health monitoring; (ii) developing a behavioral health treatment plan; (iii) facilitating and coordinating treatment, including referrals; (iv) providing proactive and systematic follow-up by the behavioral health care manager; and (v) providing regular case review with the consulting psychiatric clinician. CoCM services are delivered to patients who have a continuous relationship with an integrated primary care team, consisting of the primary care clinician, the behavioral health care manager, and the consulting psychiatric clinician, that meets at least weekly to review the patient's treatment plan and status and make adjustments or referrals to specialty care, as needed. CoCM services billed as such may not also be billed as BHI services.

Collaborative Drug Therapy Management (CDTM). A service provided by a qualified CDTM pharmacist employed by a community health center in connection with a visit for the purpose of performing clinical services under the protocols established by the community health center under a collaborative practice agreement (CPA). A qualified CDTM pharmacist is one who meets the qualifications and criteria under 247 CMR 16.00 and is approved by the MassHealth community health center program. CDTM includes performing patient assessments, counseling, referrals, ordering laboratory tests, administering drugs, and selecting, initiating, monitoring, continuing, and adjusting drug regimens.

Group Behavioral Health Visit. A session conducted between two or more patients and an independently licensed mental or behavioral health clinician, a licensed mental or behavioral health clinician with supervision as required under such practitioners' licensure requirements, or an unlicensed clinician who completed a masters from an accredited educational institution and such degree allows eligibility for licensure as a behavioral health practitioner qualified to deliver outpatient behavioral health services, including clinical social work, mental health counseling, psychology, rehabilitative counseling or counseling education, and who is under appropriate supervision, and who must be actively moving toward licensure, within the community health center setting, conducted in-person or via a clinically appropriate telehealth modality in

accordance with formal written guidance issued by MassHealth or EOHHS, for the purposes of examination, diagnosis or treatment for each patient in the session, and lasting a minimum of 30 minutes.

Individual Behavioral Health Visit. A meeting between a patient and an independently licensed mental or behavioral health clinician, a licensed mental or behavioral health clinician with supervision as required under such practitioners' licensure requirements, or an unlicensed clinician who completed a masters from an accredited educational institution and such degree allows eligibility for licensure as a behavioral health practitioner qualified to deliver outpatient behavioral health services, including clinical social work, mental health counseling, psychology, rehabilitative counseling or counseling education, and who is under appropriate supervision, and who must be actively moving toward licensure, within the community health center setting, conducted face-to-face or via a clinically appropriate telehealth modality in accordance with formal written guidance issued by MassHealth or EOHHS, for purposes of psychological assessment, diagnosis or treatment, and lasting a minimum of 30 minutes.

Individual Dental Visit. A meeting between a patient and a clinician licensed to provide dental services payable under 101 CMR 314.00: *Rates for Dental Services* within the community health center setting, conducted face-to-face or via a clinically appropriate telehealth modality in accordance with formal written guidance issued by MassHealth or EOHHS, for purposes of providing such dental services and for which the CHC dental add-on, as described under 101 CMR 304.04(2)(b)1., is applied.

Individual Medical Visit. A meeting between a patient and a physician other than a psychiatrist, a physician assistant, a nurse practitioner, or a registered nurse within the community health center setting, conducted face-to-face or via a clinically appropriate telehealth modality in accordance with formal written guidance issued by MassHealth or EOHHS, for purposes of examination, diagnosis, or treatment.

Individual Mental Health Visit. A meeting between a patient and either a psychiatrist or an advanced practice registered nurse (APRN) with a graduate degree and advanced training in psychiatric care (a psychiatric clinical nurse specialist or a psychiatric mental health nurse practitioner) within the community health center setting, conducted face-to-face or via a clinically appropriate telehealth modality in accordance with formal written guidance issued by MassHealth or EOHHS, for purposes of examination, diagnosis, or treatment.

Medication Therapy Management (MTM). A service provided by a licensed clinical pharmacist employed by a community health center in connection with a visit for the purpose of optimizing drug therapy with the intent of improving therapeutic outcomes for patients. MTM includes patient assessment, comprehensive medication review, formulation of a medication treatment plan, monitoring safety and efficacy of medications, and improving drug adherence. Any changes in medications recommended through MTM must be made directly by or in collaboration with the primary care clinician.

Nurse-midwife Medical Visit. A meeting between a patient and a nurse-midwife for prenatal and postpartum services, conducted at a community health center or via a clinically appropriate telehealth modality in accordance with formal written guidance issued by MassHealth or EOHHS. If a community health center chooses to be reimbursed by the enhanced global

delivery rate set forth in 101 CMR 316.00: *Rates for Surgery and Anesthesia Services*, a nurse-midwife medical visit is not reimbursable.

Rates for community health centers (CHCs) participating in MassHealth are set by regulation by the Executive Office of Health and Human Services and available at www.mass.gov/service-details/eohhs-regulations. The applicable rate regulation for the general HCPCS changes described above is: 101 CMR 304.00: *Rates for Community Health Centers*.

MassHealth Website

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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 (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 through 6-24

OBSOLETE MATERIAL

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

Community Health Center Manual

Pages 6-1 through 6-24 — transmitted by transmittal letter CHC-115

Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title 6. Service Codes and Descriptions	Page 6-1
Community Health Center Manual	Transmittal Letter CHC-118	Date 01/01/22

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).

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.

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: *Rates for Medicine Services*. 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).

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-118	Date 01/01/22

602 Payable Radiology Service Codes

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

70030	70540 PA ¹	72114	73040
70100	70542 PA ¹	72120	73050
70110	70543 PA ¹	72125 PA ¹	73060
70120	70544 PA ¹	72126 PA ¹	73070
70130	70545 PA ¹	72127 PA ¹	73080
70134	70546 PA ¹	72128 PA ¹	73085
70140	70547 PA ¹	72129 PA ¹	73090
70150	70548 PA ¹	72130 PA ¹	73092
70160	70549 PA ¹	72131 PA ¹	73100
70190	70551 PA ¹	72132 PA ¹	73110
70200	70552 PA ¹	72133 PA ¹	73115
70210	70553 PA ¹	72141 PA ¹	73120
70220	70554 PA ¹	72142 PA ¹	73130
70240	70555 PA ¹	72146 PA ¹	73140
70250	71045	72147 PA ¹	73200 PA ¹
70260	71046	72148 PA ¹	73201 PA ¹
70300	71047	72149 PA ¹	73202 PA ¹
70310	71048	72156 PA ¹	73218 PA ¹
70320	71100	72157 PA ¹	73219 PA ¹
70328	71101	72158 PA ¹	73220 PA ¹
70330	71110	72170	73221 PA ¹
70332	71111	72190	73222 PA ¹
70336 PA ¹	71120	72192 PA ¹	73223 PA ¹
70350	71271	72193 PA ¹	73501
70355	71130	72194 PA ¹	73502
70360	71550 PA ¹	72195 PA ¹	73503
70370	71551 PA ¹	72196 PA ¹	73521
70371	71555 PA ¹	72197 PA ¹	73522
70380	72010	72200	73523
70390	72020	72202	73525
70450 PA ¹	72040	72220	73551
70460 PA ¹	72050	72240	73552
70470 PA ¹	72070	72255	73560
70480 PA ¹	72072	72265	73562
70481 PA ¹	72074	72270	73564
70482 PA ¹	72080	72275	73565
70486 PA ¹	72081	72285	73580
70487 PA ¹	72082	72295	73590
70488 PA ¹	72083	73000	73592
70490 PA ¹	72084	73010	73600
70491 PA ¹	72100	73020	73610
70492 PA ¹	72110	73030	73615

¹PA is required for dates of service on or after March 1, 2020. If a code comprises both a professional component and a technical component, PA is required for the technical component only, and the TC modifier must be included on the PA request.

Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title 6. Service Codes and Descriptions	Page 6-3
Community Health Center Manual	Transmittal Letter CHC-118	Date 01/01/22

602 Payable Radiology Service Codes (cont.)

7362073630	74270	75733	76380 PA ¹
73650	74280	75736	76499 IC
73660	74283	75741	76506
73700 PA ¹	74290	75743	76510
73701 PA ¹	74300	75746	76511
73702 PA ¹	74301	75756	76512
73718 PA ¹	74330	75774	76513
73719 PA ¹	74340	75801	76514
73720 PA ¹	74355	75803	76516
73721 PA ¹	74400	75805	76519
73722 PA ¹	74410	75807	76529
73723 PA ¹	74415	75809	76536
73725 PA ¹	74420	75810	76604
74018	74425	75820	76641
74019	74430	75822	76642
74021	74440	75825	76700
74022	74445	75827	76705
74150 PA ¹	74450	75831	76706
74160 PA ¹	74455	75833	76770
74170 PA ¹	74470	75840	76775
74174 PA ¹	74485	75842	76776
74176 PA ¹	74710	75860	76800
74177 PA ¹	74712 PA ¹	75870	76801
74178 PA ¹	74713 PA ¹	75872	76802
74181 PA ¹	74740	75880	76805
74182 PA ¹	74742	75885	76810
74183 PA ¹	74775	75887	76811
74185 PA ¹	75557 PA ¹	75889	76812
74190	75559 PA ¹	75891	76813
74210	75561 PA ¹	75893	76814
74220	75563 PA ¹	75898	76815
74230	75565 PA ¹	75901	76816
74235	75572 PA ¹	75902	76817
74240	75573 PA ¹	76000	76818
74241	75574 PA ¹	76010	76820
74245	75600	76080	76821
74246	75605	76098	76825
74247	75625	76100	76826
74249	75630	76101	76827
74250	75705	76102	76828
74251	75710	76120	76830
74260	75716	76125	76831
74261 PA ¹	75726	76376 PA ¹	76856
74262 PA ¹	75731	76377 PA ¹	76857

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Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title 6. Service Codes and Descriptions	Page 6-4
Community Health Center Manual	Transmittal Letter CHC-118	Date 01/01/22

602 Payable Radiology Service Codes (cont.)

76870	77075	78140	78466 PA ¹
76872	77076	78185	78468
76873	77077	78191	78469 PA ¹
76881	77078 PA ¹	78195	78472 PA ¹
76882	77080	78199 IC	78473 PA ¹
76885	77081	78201	78481 PA ¹
76886	77085	78202	78483 PA ¹
76937	77086	78205	78491 PA ¹
76942	77293	78206	78492 PA ¹
76945	77299 IC	78215	78494 PA ¹
76946	77306	78216	78496 PA ¹
76948	77307	78226	78499 IC
76965	77316	78227	78579
76977	77317	78230	78580
76978	77318	78231	78582
76979	77387 IC	78232	78597
76981	77399 IC	78258	78598
76982	77499 IC	78261	78599 IC
76983	77767	78262	78600
76999 IC	77768	78264	78601
77001	77770	78265	78605
77002	77771	78266	78607
77003	77772	78278	78608 PA ¹
77011	77799 IC	78282	78609 PA ¹
77012	78012	78290	78610
77013	78013	78291	78630
77014	78014	78299 IC	78635
77021 PA ¹	78015	78300	78645
77022 PA ¹	78016	78305	78647
77046 PA ¹	78018	78306	78650
77047 PA ¹	78020	78315	78660
77048 PA ¹	78070	78320	78699 IC
77049 PA ¹	78071	78350	78700
77053	78072	78399 IC	78701
77054	78075	78414	78707
77061 IC	78099 IC	78428 PA ¹	78708
77062 IC	78102	78445	78709
77063	78103	78451 PA ¹	78710
77065	78104	78452 PA ¹	78725
77066	78110	78453 PA ¹	78730
77067	78111	78454 PA ¹	78740
77071	78120	78456	78761
77072	78121	78457	78799 IC
77073	78122	78458	78800
77074	78130	78459 PA ¹	78801

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Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title 6. Service Codes and Descriptions	Page 6-5
Community Health Center Manual	Transmittal Letter CHC-118	Date 01/01/22

602 Payable Radiology Service Codes (cont.)

78802	78806	78812 PA ¹	78816 PA ¹
78803	78807	78813 PA ¹	78999 IC
78804	78808	78814 PA ¹	79999 IC
78805	78811 PA ¹	78815 PA ¹	

603 Payable Laboratory Service Codes

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

80047	80187	80428	81200	81256 PA
80048	80188	80430	81201	81257 PA
80050	80190	80432	81202	81258 PA
80051	80192	80434	81203	81260 PA
80053	80194	80435	81205	81269 PA
80055	80195	80436	81206	81275 PA
80061	80197	80438	81207	81272
80069	80198	80439	81208	81273
80074	80199	80440	81209	81275PA
80076	80200	81000	81210	81276
80081	80201	81001	81212 PA	81277
80145	80202	81002	81215 PA	81287 PA
80150	80203	81003	81216 PA	81288 PA
80155	80230	81005	81217 PA	81292 PA
80156	80235	81007	81218	81293 PA
80157	80280	81015	81219	81294 PA
80158	80285	81020	81220	81295 PA
80159	80299	81025	81221	81296 PA
80162	80305	81050	81228 PA	81297 PA
80163	80306	81099 IC	81229 PA	81298 PA
80164	80307	81107 PA	81238 PA	81299 PA
80165	80400	81108 PA	81240 PA	81300 PA
80168	80402	81109 PA	81241 PA	81301 PA
80169	80406	81110 PA	81242 PA	81302 PA
80170	80408	81111 PA	81243 PA	81303 PA
80171	80410	81112 PA	81244 PA	81304 PA
80173	80412	81120 PA	81245 PA	81307
80175	80414	81121 PA	81246 PA	81308
80176	80415	81161 PA, IC	81248 PA	81309
80177	80416	81162 PA	81249 PA	81310 PA
80178	80417	81163 PA	81250 PA	81311
80180	80418	81164 PA	81251 PA	81314
80183	80420	81165 PA	81252 PA	81315 PA
80184	80422	81166 PA	81253 PA	81316 PA
80185	80424	81167 PA	81254 PA	81317 PA
80186	80426	81170	81255 PA	81318 PA

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Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title 6. Service Codes and Descriptions	Page 6-6
Community Health Center Manual	Transmittal Letter CHC-118	Date 01/01/22

603 Payable Laboratory Service Codes (cont.)

81319 PA	82085	82340	82600	82805
81321 PA	82088	82355	82607	82810
81322 PA	82103	82360	82608	82820
81323 PA	82104	82365	82610	82930
81324 PA	82105	82370	82615	82938
81325 PA	82106	82373	82626	82941
81326 PA	82107	82374	82627	82943
81330 PA	82108	82375	82633	82945
81331 PA	82120	82376	82634	82946
81332 PA	82127	82378	82638	82947
81361	82128	82379	82642	82948
81362	82131	82380	82652	82950
81363	82135	82382	82656	82951
81364	82136	82383	82657	82952
81400 PA, IC	82139	82384	82658	82953
81401 PA, IC	82140	82387	82664	82955
81403 PA, IC	82143	82390	82668	82960
81404 PA, IC	82150	82397	82670	82963
81405 PA, IC	82154	82415	82671	82965
81407 PA, IC	82157	82435	82672	82975
81408 PA, IC	82160	82436	82677	82977
81420 PA, IC	82163	82438	82679	82978
81479 PA, IC	82164	82441	82693	82979
81507 PA, IC	82172	82465	82696	82985
81508 PA, IC	82175	82480	82705	83001
81509 IC	82180	82482	82710	83002
81510 IC	82190	82485	82715	83003
81511 IC	82232	82495	82725	83006
81512 IC	82239	82507	82726	83008
81519 PA	82240	82523	82728	83009
81522	82247	82525	82731	83010
81542	82248	82528	82735	83012
81552	82252	82530	82746	83013
82009	82261	82533	82747	83014
82010	82270	82540	82757	83015
82013	82271	82542	82759	83018
82016	82272	82550	82760	83020
82017	82274	82552	82775	83021
82024	82286	82553	82776	83026
82030	82300	82554	82777	83030
82040	82306	82565	82784	83033
82042	82308	82570	82785	83036
82043	82310	82575	82787	83037
82044	82330	82585	82800	83045
82045	82331	82595	82803	83050

Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title 6. Service Codes and Descriptions	Page 6-7
Community Health Center Manual	Transmittal Letter CHC-118	Date 01/01/22

603 Payable Laboratory Service Codes (cont.)

83051	83701	84080	84244	84510
83060	83704	84081	84252	84512
83065	83718	84085	84255	84520
83068	83719	84087	84260	84525
83069	83721	84100	84270	84540
83070	83722	84105	84275	84545
83080	83727	84106	84285	84550
83088	83735	84110	84295	84560
83090	83775	84112	84300	84577
83150	83785	84119	84302	84578
83491	83789	84120	84305	84580
83497	83825	84127	84307	84583
83498	83835	84132	84311	84585
83500	83857	84133	84315	84586
83505	83861	84134	84375	84588
83516	83864	84135	84376	84590
83518	83866	84138	84377	84591
83519	83872	84140	84378	84597
83520	83873	84143	84379	84620
83525	83874	84144	84392	84630
83527	83876	84146	84402	84681
83528	83880	84150	84403	84702
83540	83883	84152	84425	84703
83550	83885	84153	84430	84704
83570	83915	84154	84432	84999 IC
83582	83916	84155	84436	85002
83586	83918	84156	84437	85004
83593	83919	84157	84439	85007
83605	83921	84160	84442	85008
83615	83930	84163	84443	85009
83625	83935	84165	84445	85013
83630	83937	84166	84446	85014
83631	83945	84181	84449	85018
83632	83950	84182	84450	85025
83633	83951	84202	84460	85027
83655	83970	84203	84466	85032
83661	83986	84206	84478	85041
83662	83992	84207	84479	85044
83663	83993	84210	84480	85045
83664	84030	84220	84481	85046
83670	84035	84228	84482	85048
83690	84060	84233	84484	85049
83695	84066	84234	84485	85055
83698	84075	84235	84488	85060
83700	84078	84238	84490	85097

Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title 6. Service Codes and Descriptions	Page 6-8
Community Health Center Manual	Transmittal Letter CHC-118	Date 01/01/22

603 Payable Laboratory Service Codes (cont.)

85130	85415	86060	86336	86622
85170	85420	86063	86337	86625
85175	85421	86140	86340	86628
85210	85441	86141	86341	86631
85220	85445	86146	86343	86632
85230	85460	86147	86344	86635
85240	85461	86148	86352	86638
85244	85475	86152	86353	86641
85245	85520	86153	86355	86644
85246	85525	86155	86356	86645
85247	85530	86156	86357	86648
85250	85536	86157	86359	86651
85260	85540	86160	86360	86652
85270	85547	86161	86361	86653
85280	85549	86162	86367	86654
85290	85555	86171	86376	86658
85291	85557	86200	86382	86663
85292	85576	86215	86384	86664
85293	85597	86225	86386	86665
85300	85598	86226	86403	86666
85301	85610	86235	86406	86668
85302	85611	86243	86408	86671
85303	85612	86255	86409	86674
85305	85613	86256	86413	86677
85306	85635	86277	86430	86682
85307	85651	86280	86431	86684
85335	85652	86294	86480	86687
85337	85660	86300	86481	86688
85345	85670	86301	86485	86689
85347	85675	86304	86486	86692
85348	85705	86308	86490	86694
85360	85730	86309	86510	86695
85362	85732	86310	86590	86696
85366	85810	86316	86592	86698
85370	85999 IC	86317	86593	86701
85378	86000	86318	86602	86702
85379	86001	86320	86603	86703
85380	86003	86325	86606	86704
85384	86005	86327	86609	86705
85385	86008	86328 IC	86611	86706
85390	86021	86329	86612	86707
85396	86022	86331	86615	86708
85397	86023	86332	86617	86709
85400	86038	86334	86618	86710
85410	86039	86335	86619	86711

Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title 6. Service Codes and Descriptions	Page 6-9
Community Health Center Manual	Transmittal Letter CHC-118	Date 01/01/22

603 Payable Laboratory Service Codes (cont.)

86713	86826	87075	87252	87400
86717	86828	87076	87253	87420
86720	86829	87077	87254	87425
86723	86830	87081	87255	87426
86727	86831	87084	87260	87427
86732	86832	87086	87265	87430
86734	86833	87088	87267	87449
86735	86834	87101	87269	87450
86738	86835	87102	87270	87451
86741	86849 IC	87103	87271	87471
86744	86850	87106	87272	87472
86747	86860	87107	87273	87475
86750	86870	87109	87274	87476
86753	86880	87110	87275	87480
86756	86885	87116	87276	87481
86757	86886	87118	87278	87482
86759	86900	87140	87279	87483
86762	86901	87143	87280	87485
86765	86902	87147	87281	87486
86768	86904	87149	87283	87487
86769 IC	86905	87152	87285	87490
86771	86906	87158	87290	87491
86774	86920	87164	87299	87492
86777	86921	87166	87300	87495
86778	86922	87168	87301	87496
86780	86923	87169	87305	87497
86784	86940	87172	87320	87498
86787	86941	87176	87324	87500
86788	86970	87177	87327	87501
86789	86971	87181	87328	87502
86790	86972	87184	87329	87503
86793	86975	87185	87332	87505
86800	86976	87186	87335	87506
86803	86977	87187	87336	87507
86804	86978	87188	87337	87510
86805	86999 IC	87190	87338	87511
86806	87003	87197	87339	87512
86807	87015	87205	87340	87516
86808	87040	87206	87341	87517
86812	87045	87207	87350	87520
86813	87046	87209	87380	87521
86816	87070	87210	87385	87522
86817	87071	87220	87389	87525
86821	87073	87230	87390	87526
86825		87250	87391	87527

Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title 6. Service Codes and Descriptions	Page 6-10
Community Health Center Manual	Transmittal Letter CHC-118	Date 01/01/22

603 Payable Laboratory Service Codes (cont.)

87528	87652	88150	88283	89050
87529	87653	88152	88285	89051
87530	87660	88153	88289	89055
87531	87661	88155	88291	89060
87532	87662	88160	88299 IC	89125
87533	87797	88161	88300	89160
87534	87798	88162	88302	89190
87535	87799	88164	88304	89220 IC
87536	87800	88165	88305	89230 IC
87537	87801	88166	88307	89240 IC
87538	87802	86167	88309	89300
87539	87803	88172	88311	89310
87540	87804	88173	88312	89320
87541	87806	88174	88313	93000
87542	87807	88175	88314	93005
87550	87808	88177	88319	93010
87551	87809	88182	88341	93015
87552	87810	88184	88342	93016
87555	87811	88185	88344	93017
87556	87850	88187	88346	93018
87557	87880	88188	88348	93024
87560	87899	88189	88350	93040
87561	87900	88199 IC	88355	93041
87562	87901	88230	88356	93042
87563	87902	88233	88358	93224
87580	87903	88235	88360	93225
87581	87904	88237	88361	93226
87582	87905	88239	88362	93227
87590	87906	88240	88363	93228
87591	87910	88241	88364	93229 IC
87592	87912	88245	88365	93268
87623	87999 PA, IC	88248	88367	93278
87624	88104	88249	88368	93724
87625	88106	88261	88369	93799 IC
87631	88108	88262	88371	96372
87632	88112	88263	88372	G0027
87633	88120	88264	88380 IC	G0480
87634	88121	88267	88381	G0481
87635	88130	88269	88387	G0482
87636	88140	88271	88388	G0483
87637	88141	88272	88399 IC	G2023
87640	88142	88273	88720	G2023 CG
87641	88143	88274	88740	G2024
87650	88147	88275	88741	G2024 CG
87651	88148	88280	89049	P9604

Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title 6. Service Codes and Descriptions	Page 6-11
Community Health Center Manual	Transmittal Letter CHC-118	Date 01/01/22

603 Payable Laboratory Service Codes (cont.)

U0002 U0003 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.

<u>Service Code</u>	<u>Modifier</u>	<u>Special Requirement or Limitation</u>
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)

Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title 6. Service Codes and Descriptions	Page 6-12
Community Health Center Manual	Transmittal Letter CHC-118	Date 01/01/22

604 Payable Visit and Vaccine Service Codes (cont.)

Service

<u>Code</u>	<u>Modifier</u>	<u>Special Requirement or Limitation</u>
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)
G0511		Behavioral health integration (BHI) services
G0512		Collaborative care management (CoCM) services
T1015		Use for individual medical visit.
T1015	HQ	Use for group clinic visit.
T1040		Use for individual behavioral health visit
T1040	HQ	Use for group behavioral health 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)
90832	EP	Use for psychotherapy, 30 minutes with patient and/or family member. (This code can be billed via telehealth) (preventive behavioral health session)
90834		Use for psychotherapy, 45 minutes with patient and/or family member. (This code can be billed via telehealth)
90834	EP	Use for psychotherapy, 45 minutes with patient and/or family member. (This code can be billed via telehealth) (preventive behavioral health session)
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 12 clients). (This code can be billed via telehealth)
90853	EP	Use for group psychotherapy (other than of a multiple-family group) (per person not to exceed 12 clients). (This code can be billed via telehealth) (preventive behavioral health session)
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

Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title 6. Service Codes and Descriptions	Page 6-13
Community Health Center Manual	Transmittal Letter CHC-118	Date 01/01/22

604 Payable Visit and Vaccine Service Codes (cont.)

Service

<u>Code</u>	<u>Modifier</u>	<u>Special Requirement or Limitation</u>
		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.
99605		Use for medication therapy management service(s) provided by a pharmacist, individual, face-to-face with patient, with assessment and intervention if provided; initial 15 minutes, new patient (CDTM or MTM services, limit of 2 units per calendar year, telehealth permitted as appropriate)
99606		Use for medication therapy management service(s) provided by a pharmacist, individual, face-to-face with patient, with assessment and intervention if provided; initial 15 minutes, established patient (CDTM or MTM) services, limit of 1 unit per visit and 6 units per calendar year, telehealth permitted as appropriate)
99607		Use for medication therapy management service(s) provided by a pharmacist, individual, face-to-face with patient, with assessment and intervention if provided; each additional 15 minutes (List separately in addition to code for primary service) (CDTM or MTM services, limit of 3 units per visit and 12 units per calendar year, telehealth permitted as appropriate)

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

98966	99231	99324	99347	99502
98967	99232	99325	99348	99503
98968	99233	99326	99349	99504
99218	99238	99327	99350 IC	99505
99219	99239	99334	99423	99506
99220	99304	99335	99441	99507
99221	99305	99336	99442	99509
99222	99306	99337	99443	99511
99223	99307	99341	99460	99512
99224	99308	99342	99462	
99225	99309	99343	99500	
99226	99310	99345 IC	99501	

Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title 6. Service Codes and Descriptions	Page 6-14
Community Health Center Manual	Transmittal Letter CHC-118	Date 01/01/22

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

<u>Code</u>	<u>Special Requirement or Limitation</u>
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 than 19 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)

Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title 6. Service Codes and Descriptions	Page 6-15
Community Health Center Manual	Transmittal Letter CHC-118	Date 01/01/22

604 Payable Visit and Vaccine Service Codes (cont.)

<u>Service Code</u>	<u>Special Requirement or Limitation</u>
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 than 19 years of age. (IC)
90717	IC
90732	Covered for members >19; available free of charge through the Massachusetts Immunization Program for children younger than 19 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)

Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title 6. Service Codes and Descriptions	Page 6-16
Community Health Center Manual	Transmittal Letter CHC-118	Date 01/01/22

604 Payable Visit and Vaccine Service Codes (cont.)

Service
Code

Special Requirement or Limitation

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.
91300 SL	Pfizer-BioNTech Covid-19 Vaccine (SARSCOV2 VAC 30MCG/0.3ML IM)
0001A	Pfizer-BioNTech Covid-19 Vaccine Administration – First Dose (ADM SARSCOV2 30MCG/0.3ML 1ST)
0002A	Pfizer-BioNTech Covid-19 Vaccine Administration – Second Dose (ADM SARSCOV2 30MCG/0.3ML 2ND)
0003A	Pfizer-BioNTech Covid-19 Vaccine Administration – Third Dose
0004A	Pfizer-BioNTech Covid-19 Vaccine Administration – Booster
91307 SL	Pfizer-BioNTech Covid-19 Pediatric Vaccine
0071A	Pfizer-BioNTech Covid-19 Pediatric Vaccine - Administration - First dose
0072A	Pfizer-BioNTech Covid-19 Pediatric Vaccine - Administration - Second dose
91301 SL	Moderna Covid-19 Vaccine (SARSCOV2 VAC 100MCG/0.5ML IM)
0011A	Moderna Covid-19 Vaccine Administration – First Dose (ADM SARSCOV2 100MCG/0.5ML 1ST)
0012A	Moderna Covid-19 Vaccine Administration – Second Dose (ADM SARSCOV2 100MCG/0.5ML 2ND)
0013A	Moderna Covid-19 Vaccine Administration – Third Dose
91306 SL	Moderna Covid-19 Vaccine (Low Dose)
0064A	Moderna Covid-19 Vaccine (Low Dose) Administration – Booster
91303 SL	Janssen Covid-19 Vaccine (SARSCOV2 VAC AD26 .5ML IM)
0031A	Janssen Covid-19 Vaccine Administration (ADM SARSCOV2 VAC AD26 .5ML)
0034A	Janssen Covid-19 Vaccine Administration – Booster (ADM SARSCOV2 VAC AD26 .5ML)

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	59525 (HI-1 form required)
59410	59612
59414	59614
59514	59620
59515	59622

Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title 6. Service Codes and Descriptions	Page 6-17
Community Health Center Manual	Transmittal Letter CHC-118	Date 01/01/22

605 Payable Obstetrics Service Codes (cont.)

Global Deliveries

59400	59610
59510	59618

606 Payable Surgery Service Codes

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

11976 (SP)	57510
11981	57511
11982	57513
11983	57520
19100	57522
44955	57700
49082	57800 (SP)
49083	58100 (SP)
49084	58120
49255	58140
49320	58146
54050	58150 (HI-1 form required; PA for Gender Dysphoria-Related Services Only)
54057	
54150	58180 (HI-1 form required; PA or Gender Dysphoria-Related Services Only)
54160	
55250 (CS-18 or CS-21 required) (SP)	58300
56420	58301
56440	58340
56501	58353
56515	58541 (HI-1 form required; PA for Gender Dysphoria-Related Services Only)
56605	
57061	58542 (HI-1 form required; PA for Gender Dysphoria-Related Services Only)
57100	
57240	58543 (HI-1 form required; PA for Gender Dysphoria-Related Services Only)
57250	
57260	58544 (HI-1 form required; PA for Gender Dysphoria-Related Services Only)
57420	
57421	58555 (SP)
57425	58558
57452	58560
57454	58561
57455	58562
57456	58565 (CS-18 or CS-21 required)
57460	58600 (CS-18 or CS-21 required)
57461	58605 (CS-18 or CS-21 required) (SP)
57500	58611 (CS-18 or CS-21 required)
57505	58615 (CS-18 or CS-21 required)

Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title 6. Service Codes and Descriptions	Page 6-18
Community Health Center Manual	Transmittal Letter CHC-118	Date 01/01/22

606 Payable Surgery Service Codes (cont.)

58660	58720 (CS-18* or CS-21* required; PA for Gender Dysphoria-Related Services Only)
58661 (CS-18* or CS-21* required; PA for Gender Dysphoria-Related Services Only)	58940
58670 (CS-18 or CS-21 required)	59000
58671 (CS-18 or CS-21 required)	59012
58700	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

<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
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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.

99381	99382	99383	99384	99385
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Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title 6. Service Codes and Descriptions	Page 6-19
Community Health Center Manual	Transmittal Letter CHC-118	Date 01/01/22

609 Payable Early and Periodic Screening, Diagnostic and Treatment (EPSDT): Health Assessment Service Codes (cont.)

99391 99392 99393 99394 99395

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

<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.

Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title 6. Service Codes and Descriptions	Page 6-20
Community Health Center Manual	Transmittal Letter CHC-118	Date 01/01/22

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.
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](#) 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

Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title 6. Service Codes and Descriptions	Page 6-21
Community Health Center Manual	Transmittal Letter CHC-118	Date 01/01/22

613 Payable Behavioral Health Screening Tool Service Codes (cont.)

Service

<u>Code</u>	<u>Modifier</u>	<u>Special Requirement or Limitation</u>
		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.

Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title 6. Service Codes and Descriptions	Page 6-22
Community Health Center Manual	Transmittal Letter CHC-118	Date 01/01/22

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.

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

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 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

Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title 6. Service Codes and Descriptions	Page 6-23
Community Health Center Manual	Transmittal Letter CHC-118	Date 01/01/22

616 Modifiers (cont.)

<u>Modifier</u>	<u>Description</u>
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
EP	Modifier for preventive behavioral health session (only used with 90832, 90834, and 90853)
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)
SL	State supplied vaccine or antibodies (This modifier must be applied to codes 91300, 91301, 91303, 91306, and 91307 to identify COVID-19 vaccines or antibodies provided at no cost, whether by the Massachusetts Department of Public Health; another federal, state, or local agency; or a vaccine manufacturer. If the providers receive the vaccine from one of these sources at no cost, providers must bill the code for the vaccine itself, with modifier SL, and the associated code for administration of the vaccine. Further, this modifier must be applied to codes 90460, 90461, 90471, and 90473 only to identify administration of vaccines provided at no cost by the Massachusetts Department of Public Health for individuals aged 18 years and younger, including those administered under the Vaccine for Children Program (VFC).)
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) Professional* codebook.

Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title 6. Service Codes and Descriptions	Page 6-24
Community Health Center Manual	Transmittal Letter CHC-118	Date 01/01/22

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