



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



MassHealth  
Transmittal Letter CHC-120  
March 2023

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

**FROM:** Mike Levine, Assistant Secretary for MassHealth *Mike Levine*

**RE:** Community Health Center Manual (Updates to Subchapter 6)

### **Updates to Subchapter 6**

This letter transmits revisions to the list of service codes contained in Subchapter 6 of the *Community Health Center Manual*, as described below.

### **HCPCS Updates**

The Centers for Medicare & Medicaid Services (CMS) has revised the Healthcare Common Procedure Coding System (HCPCS) codes for 2023. This letter transmits the updated codes.

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

#### Deleted Codes

90461

Effective for dates of service beginning *January 1, 2023*, the following changes to the HCPCS codes available in Subchapter 6 of the *Community Health Center Manual* have been made.

#### New Codes

76883

90674

#### Updated Code

90651 – The updated code description increases the age range of members for whom this code is billable, from members aged 19 to 26 to members aged 19 to 45.

MassHealth

## COVID-19 Vaccine Codes

The following codes have been added as noted in *All Provider Bulletins 349, 354, and 357*, published, respectively, in August, September, and December of 2022.

91312 SL	0124A
91315 SL	0154A
91317 SL	0173A
91313 SL	0134A
91314 SL	0144A
91316 SL	0164A
Q0221SL	

Rates for community health centers participating in MassHealth are set by regulation by the Executive Office of Health and Human Services and are available at [www.mass.gov/service-details/eohhs-regulations](http://www.mass.gov/service-details/eohhs-regulations). The applicable rate regulations for the general HCPCS changes described above are: 101 CMR 317.00: *Rates for Medicine Services*; 101 CMR 318.00: *Rates for Radiology Services*; and 101 CMR 320.00: *Rates for Clinical Laboratory Services*.

## 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).

[Sign up](#) to receive email alerts when MassHealth issues new transmittal letters and provider bulletins.

## Questions

If you have any questions about the information in this transmittal letter, please contact the MassHealth Customer Service Center at (800) 841-2900, TDD/TTY: 711; email your inquiry to [providersupport@mahealth.net](mailto:providersupport@mahealth.net); or fax your inquiry to (617) 988-8974.

## NEW MATERIAL

(The pages listed here contain new or revised language.)

### Community Health Center Manual

Pages 6-1 through 6-28

## OBSOLETE MATERIAL

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

### Community Health Center Manual

Pages 6-1 through 6-26 — transmitted by Transmittal Letter CHC-119

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>	<b>Subchapter Number and Title</b> 6. Service Codes and Descriptions	<b>Page</b> 6-1
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## 601 Introduction and Explanation of Abbreviations

MassHealth pays for the services represented by the codes listed in Subchapter 6 in effect at the time of service, subject to all conditions and limitations in MassHealth regulations at 130 CMR 405.000 *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.

- (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).

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## 602 Payable Radiology Service Codes

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

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

<sup>1</sup>PA 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.

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602 Payable Radiology Service Codes (cont.)

73620	74283	75741	76506
73630	74290	75743	76510
73650	74300	75746	76511
73660	74301	75756	76512
73700 PA <sup>1</sup>	74330	75774	76513
73701 PA <sup>1</sup>	74340	75801	76514
73702 PA <sup>1</sup>	74355	75803	76516
73718 PA <sup>1</sup>	74400	75805	76519
73719 PA <sup>1</sup>	74410	75807	76529
73720 PA <sup>1</sup>	74415	75809	76536
73721 PA <sup>1</sup>	74420	75810	76604
73722 PA <sup>1</sup>	74425	75820	76641
73723 PA <sup>1</sup>	74430	75822	76642
73725 PA <sup>1</sup>	74440	75825	76700
74018	74445	75827	76705
74019	74450	75831	76706
74021	74455	75833	76770
74022	74470	75840	76775
74150 PA <sup>1</sup>	74485	75842	76776
74160 PA <sup>1</sup>	74710	75860	76800
74170 PA <sup>1</sup>	74712 PA <sup>1</sup>	75870	76801
74174 PA <sup>1</sup>	74713 PA <sup>1</sup>	75872	76802
74176 PA <sup>1</sup>	74740	75880	76805
74177 PA <sup>1</sup>	74742	75885	76810
74178 PA <sup>1</sup>	74775	75887	76811
74181 PA <sup>1</sup>	75557 PA <sup>1</sup>	75889	76812
74182 PA <sup>1</sup>	75559 PA <sup>1</sup>	75891	76813
74183 PA <sup>1</sup>	75561 PA <sup>1</sup>	75893	76814
74185 PA <sup>1</sup>	75563 PA <sup>1</sup>	75898	76815
74190	75565 PA <sup>1</sup>	75901	76816
74210	75572 PA <sup>1</sup>	75902	76817
74220	75573 PA <sup>1</sup>	76000	76818
74221	75574 PA <sup>1</sup>	76010	76820
74230	75600	76080	76821
74235	75605	76098	76825
74240	75625	76100	76826
74246	75630	76101	76827
74248	75705	76102	76828
74250	75710	76120	76830
74251	75716	76125	76831
74261 PA <sup>1</sup>	75726	76376 PA <sup>1</sup>	76856
74262 PA <sup>1</sup>	75731	76377 PA <sup>1</sup>	76857
74270	75733	76380 PA <sup>1</sup>	76870
74280	75736	76499 IC	76872

<sup>1</sup>PA 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.

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602 Payable Radiology Service Codes (cont.)

76873	77076	78185	78459 PA <sup>1</sup>
76881	77077	78191	78466 PA <sup>1</sup>
76882	77078 PA <sup>1</sup>	78195	78468
76883	77080	78199 IC	78469 PA <sup>1</sup>
76885	77081	78201	78472 PA <sup>1</sup>
76886	77085	78202	78473 PA <sup>1</sup>
76937	77086	78215	78481 PA <sup>1</sup>
76942	77293	78216	78483 PA <sup>1</sup>
76945	77299 IC	78226	78491 PA <sup>1</sup>
76946	77306	78227	78492 PA <sup>1</sup>
76948	77307	78230	78494 PA <sup>1</sup>
76965	77316	78231	78496 PA <sup>1</sup>
76977	77317	78232	78499 IC
76978	77318	78258	78579
76979	77387 IC	78261	78580
76981	77399 IC	78262	78582
76982	77499 IC	78264	78597
76983	77767	78265	78598
76999 IC	77768	78266	78599 IC
77001	77770	78278	78600
77002	77771	78282	78601
77003	77772	78290	78605
77011	77799 IC	78291	78607
77012	78012	78299 IC	78608 PA <sup>1</sup>
77013	78013	78300	78609 PA <sup>1</sup>
77014	78014	78305	78610
77021 PA <sup>1</sup>	78015	78306	78630
77022 PA <sup>1</sup>	78016	78315	78635
77046 PA <sup>1</sup>	78018	78350	78645
77047 PA <sup>1</sup>	78020	78399 IC	78647
77048 PA <sup>1</sup>	78070	78414	78650
77049 PA <sup>1</sup>	78071	78428 PA <sup>1</sup>	78660
77053	78072	78430	78699 IC
77054	78075	78431	78700
77061 IC	78099 IC	78432	78701
77062 IC	78102	78433	78707
77063	78103	78434	78708
77065	78104	78445	78709
77066	78110	78451 PA <sup>1</sup>	78710
77067	78111	78452 PA <sup>1</sup>	78725
77071	78120	78453 PA <sup>1</sup>	78730
77072	78121	78454 PA <sup>1</sup>	78740
77073	78122	78456	78761
77074	78130	78457	78799 IC
77075	78140	78458	78800

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602 Payable Radiology Service Codes (cont.)

78801	78806	78813 PA <sup>1</sup>	78832
78802	78807	78814 PA <sup>1</sup>	78835
78803	78808	78815 PA <sup>1</sup>	78999 IC
78804	78811 PA <sup>1</sup>	78816 PA <sup>1</sup>	79999 IC
78805	78812 PA <sup>1</sup>	78831	

603 Payable Laboratory Service Codes

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

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

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603 Payable Laboratory Service Codes (cont.)

81314	82040	82306	82565	82784
81315 PA	82042	82308	82570	82785
81316 PA	82043	82310	82575	82787
81317 PA	82044	82330	82585	82800
81318 PA	82045	82331	82595	82803
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



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603 Payable Laboratory Service Codes (cont.)

83033	83670	84035	84228	84482
83036	83690	84060	84233	84484
83037	83695	84066	84234	84485
83045	83698	84075	84235	84488
83050	83700	84078	84238	84490
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

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603 Payable Laboratory Service Codes (cont.)

85048	85390	86021	86329	86612
85049	85396	86022	86331	86615
85055	85397	86023	86332	86617
85060	85400	86038	86334	86618
85097	85410	86039	86335	86619
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

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86707	86813	87046	87210	87385
86708	86816	87070	87220	87389
86709	86817	87071	87230	87390
86710	86821	87073	87250	87391
86711	86825	87075	87252	87400
86713	86826	87076	87253	87420
86717	86828	87077	87254	87425
86720	86829	87081	87255	87426
86723	86830	87084	87260	87427
86727	86831	87086	87265	87428
86732	86832	87088	87267	87430
86734	86833	87101	87269	87449
86735	86834	87102	87270	87451
86738	86835	87103	87271	87471
86741	86849 IC	87106	87272	87472
86744	86850	87107	87273	87475
86747	86860	87109	87274	87476
86750	86870	87110	87275	87480
86753	86880	87116	87276	87481
86756	86885	87118	87278	87482
86757	86886	87140	87279	87483
86759	86900	87143	87280	87485
86762	86901	87147	87281	87486
86765	86902	87149	87283	87487
86768	86904	87152	87285	87490
86769 IC	86905	87158	87290	87491
86771	86906	87164	87299	87492
86774	86920	87166	87300	87495
86777	86921	87168	87301	87496
86778	86922	87169	87305	87497
86780	86923	87172	87320	87498
86784	86940	87176	87324	87500
86787	86941	87177	87327	87501
86788	86970	87181	87328	87502
86789	86971	87184	87329	87503
86790	86972	87185	87332	87505
86793	86975	87186	87335	87506
86800	86976	87187	87336	87507
86803	86977	87188	87337	87510
86804	86978	87190	87338	87511
86805	86999 IC	87197	87339	87512
86806	87003	87205	87340	87516
86807	87015	87206	87341	87517
86808	87040	87207	87350	87520
86812	87045	87209	87380	87521

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603 Payable Laboratory Service Codes (cont.)

87522	87640	88142	88273	88720
87525	87641	88143	88274	88740
87526	87650	88147	88275	88741
87527	87651	88148	88280	89049
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

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G2023 CG	G2024 CG	U0002	U0004
G2024	P9604	U0003	

604 Payable Visit and Vaccine Service Codes

This section lists visit and vaccine service codes that are payable under MassHealth.

When claiming payment for visits or vaccines, a CHC must bill according to the following service codes. A visit during which a member sees more than one professional for the same medical problem or general purpose must be claimed as only one visit. (See 130 CMR 405.421 for other requirements.) The cost of the administration of the vaccine is included in the CHC visit rate and is not separately payable.

(A) The following visit and associated service codes have special requirements or limitations.

Service

<u>Code</u>	<u>Modifier</u>	<u>Special Requirement or Limitation</u>
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)
J7294		Segesterone acetate and ethinyl estradiol 0.15 mg, 0.013 per 24 hours; yearly vaginal system, each
J7295		Ethinyl estradiol and etonogestrel 0.015 mg, 0.12 mg per 24 hours; monthly vaginal ring, each
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)

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604 Payable Visit and Vaccine Service Codes (cont.)

Service

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

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604 Payable Visit and Vaccine Service Codes (cont.)

Service

Code      Modifier      Special Requirement or Limitation

		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
96372		Therapeutic, prophylactic, and diagnostic substance by subcutaneous or intramuscular injections and infusions
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	99223	99239	99324	99341
98967	99224	99304	99325	99342
98968	99225	99305	99326	99343
99218	99226	99306	99327	99345 IC
99219	99231	99307	99334	99347
99220	99232	99308	99335	99348
99221	99233	99309	99336	99349
99222	99238	99310	99337	99350 IC

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99423	99460	99502	99506	99512
99441	99462	99503	99507	
99442	99500	99504	99509	
99443	99501	99505	99511	

(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 330](#) for additional information.

90460	90472	90474
90471	90473	

(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
90611	Smallpox and monkeypox vaccine, attenuated vaccinia virus, live, non-replicating, preservative free, 0.5 mL dosage, suspension, for subcutaneous 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)
90622	Vaccinia (smallpox) virus vaccine, live, lyophilized, 0.3 mL dosage, for percutaneous use
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 45; 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)



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604 Payable Visit and Vaccine Service Codes (cont.)

Service  
Code

Special Requirement or Limitation

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)

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<u>Service Code</u>	<u>Special Requirement or Limitation</u>
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	Covered for members >19; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age. (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)
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.
90671	Pneumococcal conjugate vaccine, 15 valent (PCV15), for intramuscular use
90674	Influenza virus Vaccine, quadrivalent (ccIV4), 0.5 mL dosage, for intramuscular use
90677	Pneumococcal conjugate vaccine, 20 valent (PCV20), for intramuscular use
J0248	Injection, Remdesivir, 1 mg
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
91305 SL	Pfizer-BioNTech Covid-19 Vaccine Pre-Diluted (Gray Cap)
0051A	Pfizer-BioNTech Covid-19 Vaccine Pre-Diluted (Gray Cap) Administration – First Dose
0052A	Pfizer-BioNTech Covid-19 Vaccine Pre-Diluted (Gray Cap) Administration – Second Dose
0053A	Pfizer-BioNTech Covid-19 Vaccine Pre-Diluted (Gray Cap) Administration – Third Dose
0054A	Pfizer-BioNTech Covid-19 Vaccine Pre-Diluted (Gray Cap) 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
0073A	Pfizer-BioNTech Covid-19 Pediatric Vaccine (Orange Cap) Administration – Third Dose

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<u>Service Code</u>	<u>Special Requirement or Limitation</u>
0074A	Pfizer-BioNTech COVID-19 Pediatric Vaccine (Orange Cap) - Administration – Booster (ADM SARSCV2 10MCG TRS-SUCR B)
91308 SL	Pfizer-BioNTech COVID-19 Pediatric Vaccine (Aged 6 months through 4 years) (Maroon Cap) (SARSCOV2 VAC 3MCG TRS-SUCR)
0081A	Pfizer-BioNTech COVID-19 Pediatric Vaccine (Aged 6 months through 4 years) (Maroon Cap) - Administration - First dose (ADM SARSCOV2 3MCG TRS-SUCR 1)
0082A	Pfizer-BioNTech COVID-19 Pediatric Vaccine (Aged 6 months through 4 years) (Maroon Cap) - Administration - Second dose (ADM SARSCOV2 3MCG TRS-SUCR 2)
0083A	Pfizer-BioNTech COVID-19 Pediatric Vaccine (Aged 6 months through 4 years) (Maroon Cap) - Administration - Third dose (ADM SARSCOV2 3MCG TRS-SUCR 3)
91312 SL	Pfizer-BioNTech COVID-19 Vaccine, Bivalent Product (Aged 12 years and older) (Gray Cap) (SARSCOV2 VAC BVL 30MCG/0.3M)
0124 A	Pfizer-BioNTech COVID-19 Vaccine, Bivalent (Gray Cap) Administration – Booster Dose (ADM SARSCV2 BVL 30MCG/.3ML B)
91315 SL	Pfizer-BioNTech COVID-19 Vaccine, Bivalent Product (Aged 5 years through 11 years) (Orange Cap) (SARSCOV2 VAC BVL 10MCG/0.2ML)
0154A	Pfizer-BioNTech COVID-19 Vaccine, Bivalent Product (Aged 5 years through 11 years) (Orange Cap) Administration – Booster Dose (ADM SARSCV2 BVL 10MCG/.2ML B)
91317 SL	Pfizer-BioNTech COVID-19 Vaccine, Bivalent Product (Aged 6 months through 4 years) (Maroon Cap) (SARSCOV2 VAC BVL 3MCG/0.2ML)
0173A	Pfizer-BioNTech Covid-19 Pediatric Vaccine (Aged 6 months through 4 years) (Maroon Cap) Administration - Third dose (ADM SARSCV2 BVL 3MCG/0.2ML 3)
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
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)
91306 SL	Moderna Covid-19 Vaccine (Low Dose)
0064A	Moderna Covid-19 Vaccine (Low Dose) Administration – Booster
91309 SL	Moderna Covid-19 Vaccine (Blue Cap) 50 MCG/0.5ML – Booster
0091A	Moderna COVID-19 Pediatric Vaccine (Aged 6 years through 11 years) - Administration - First dose (ADM SARSCOV2 50 MCG/.5 ML1ST)
0092A	Moderna COVID-19 Pediatric Vaccine (Aged 6 years through 11 years) Administration - Second dose (ADM SARSCOV2 50 MCG/.5 ML2ND)
0093A	Moderna COVID-19 Pediatric Vaccine (Aged 6 years through 11 years) Administration - Third dose (ADM SARSCOV2 50 MCG/.5 ML3RD)
0094A	Moderna Covid-19 Vaccine (Blue Cap) 50MCG/0.5ML Administration – Booster
91311 SL	Moderna COVID-19 Pediatric Vaccine (Aged 6 months through 5 years) (SARSCOV2 VAC 25MCG/0.25ML IM)

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604 Payable Visit and Vaccine Service Codes (cont.)

<u>Service Code</u>	<u>Special Requirement or Limitation</u>
0111A	Moderna COVID-19 Pediatric Vaccine (Aged 6 months through 5 years) - Administration - First dose (ADM SARSCOV2 25MCG/0.25ML1ST)
0112A	Moderna COVID-19 Pediatric Vaccine (Aged 6 months through 5 years) Administration - Second dose (ADM SARSCOV2 25MCG/0.25ML2ND)
0113A	Moderna COVID-19 Pediatric Vaccine (Aged 6 months through 5 years) Administration - Third dose (ADM SARSCOV2 25MCG/0.25ML3RD)
91313 SL	Moderna COVID-19 Vaccine, Bivalent Product (Aged 18 years and older) (Dark Blue Cap with gray border) (SARSCOV2 VAC BVL 50MCG/0.5ML)
0134A	Moderna COVID-19 Vaccine, Bivalent (Aged 18 years and older) (Dark Blue Cap with gray border) Administration – Booster Dose (ADM SARSCV2 BVL 50MCG/.5ML B)
91314 SL	Moderna COVID-19 Vaccine, Bivalent Product (Aged 6 years through 11 years) (Dark Blue Cap with gray border) (SARSCOV2 VAC BVL 25MCG/0.25ML)
0144A	Moderna COVID-19 Vaccine, Bivalent (Aged 6 years through 11 years) (Dark Blue Cap with gray border) Administration – Booster Dose (ADM SARSCV2 BVL 25MCG/.25ML B)
91316 SL	Moderna COVID-19 Vaccine, Bivalent Product (Aged 6 months through 5 years) (Dark Pink Cap and a label with a yellow box) (SARSCOV2 VAC BVL 10MCG/0.2ML)
0164A	Moderna COVID-19 Vaccine, Bivalent (Aged 6 months through 5 years) (Dark Pink Cap and label with a yellow box) Administration – Booster Dose (ADM SRSCV2 BVL 10MCG/0.2ML B)
Q0220 SL	Injection, tixagevimab and cilgavimab, for the preexposure prophylaxis only, for certain adults and pediatric individuals (12 years of age and older weighing at least 40 kg with no known sars-cov-2 exposure, who either have moderate to severely compromised immune systems or for whom vaccination with any available Covid-19 vaccine is not recommended due to a history of severe adverse reaction to a Covid-19 vaccine(s) and/or Covid-19 vaccine component(s), 300 mg
M0220	Injection, tixagevimab and cilgavimab, for the preexposure prophylaxis only for certain adults and pediatric individuals (12 years of age and older weighing at least 40kg) with no known sars-cov-2 exposure, who either have moderate to severely compromised immune systems or for whom vaccination with any available Covid-19 vaccine is not recommended due to a history of severe adverse reaction to a Covid-19 vaccine(s)/or Covid-19 vaccine component(s), includes injection and post administration monitoring
M0221	Injection, tixagevimab and cilgavimab, for the preexposure prophylaxis only, for certain adults and pediatric individuals (12 years of age and older weighing at least 40kg) with no known sars-cov-2 exposure, who either have moderate to severely compromised immune systems or for whom vaccination with any available Covid-19 vaccine is not recommended due to a history of severe adverse reaction to a Covid-19 vaccine(s) and/or Covid-19 vaccine component(s), includes injection and post administration monitoring in the home or residence; this includes a beneficiary's home that has been made provider-based to the hospital during the Covid-19 public health emergency
Q0221 SL	Injection, tixagevimab and cilgavimab, for the pre-exposure prophylaxis only, for certain

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604 Payable Visit and Vaccine Service Codes (cont.)

Service  
Code

Special Requirement or Limitation

adults and pediatric individuals (12 years of age and older weighing at least 40kg) with no known sars-cov-2 exposure, who either have moderate to severely compromised immune systems or for whom vaccination with any available covid-19 vaccine is not recommended due to a history of severe adverse reaction to a covid-19 vaccine(s) and/or covid-19 vaccine component(s), 600 mg

Q0222 SL Injection, bebtelovimab, 175 mg

M0222 Intravenous injection, bebtelovimab, includes injection and post administration monitoring

M0223 Intravenous injection, bebtelovimab, includes injection and post administration monitoring in the home or residence; this includes a beneficiary's home that has been made provider-based to the hospital during the Covid-19 public health emergency

Q0239 SL Injection, bamlanivimab, 700 mg

M0239 Intravenous infusion, bamlanivimab-xxx, includes infusion and post administration monitoring

Q0240 SL Injection, casirivimab and imdevimab, 600 mg

M0240 Intravenous infusion or subcutaneous injection, casirivimab and imdevimab includes infusion or injection, and post administration monitoring, subsequent repeat doses

M0241 Intravenous infusion or subcutaneous injection, casirivimab and imdevimab includes infusion or injection, and post administration monitoring in the home or residence; this includes a beneficiary's home that has been made provider-based to the hospital during the Covid-19 public health emergency, subsequent repeat doses

Q0243 SL Injection, casirivimab and imdevimab, 2400 mg

M0243 Intravenous infusion, casirivimab and imdevimab includes infusion and post administration monitoring

Q0244 SL Injection, casirivimab and imdevimab, 1200 mg

M0244 Intravenous infusion, casirivimab and imdevimab includes infusion and post administration monitoring in the home or residence

Q0245 SL Injection, bamlanivimab and etesevimab, 2100 mg

M0245 Injection, bamlanivimab and etesevimab, includes infusion and post administration monitoring

M0246 Injection, bamlanivimab and etesevimab, includes infusion and post administration monitoring in the home or residence

Q0247 SL Injection, sotrovimab, 500 mg

M0247 Intravenous infusion, sotrovimab, includes infusion and post administration monitoring

M0248 Intravenous infusion, sotrovimab, includes infusion and post administration monitoring in the home or residence; this includes a beneficiary's home that has been made provider-based to the hospital during the Covid-19 public health emergency

Q0249 SL Injection, tocilizumab, for hospitalized adults and pediatric patients (2 years of age and older) with Covid-19 who are receiving systemic corticosteroids and require supplemental oxygen, non-invasive or invasive mechanical ventilation, or extracorporeal membrane oxygenation (ECMO) only, 1 mg

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#### 604 Payable Visit and Vaccine Service Codes (cont.)

<u>Service Code</u>	<u>Special Requirement or Limitation</u>
M0249	Intravenous infusion, tocilizumab, for hospitalized adults and pediatric patients (2 years of age and older) with Covid-19 who are receiving systemic corticosteroids and require supplemental oxygen, non-invasive or invasive mechanical ventilation, or extracorporeal membrane oxygenation (ECMO) only, includes infusion and post administration monitoring, first dose
M0250	Intravenous infusion, tocilizumab, for hospitalized adults and pediatric patients (2 years of age and older) with Covid-19 who are receiving systemic corticosteroids and require supplemental oxygen, non-invasive or invasive mechanical ventilation, or extracorporeal membrane oxygenation (ECMO) only, includes infusion and post administration monitoring, second dose

#### 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

##### Global Deliveries

59400	59610
59510	59618

#### 606 Payable Surgery Service Codes

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

11976 (SP)	49320
11981	54050
11982	54057
11983	54150
19100	54160
44955	55250 (CS-18 or CS-21 required) (SP)
49082	56420
49083	56440
49084	56501
49255	56515

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606 Payable Surgery Service Codes ( cont.)

56605	58353
57061	58541 (HI-1 form required; PA for Gender Dysphoria-Related Services Only)
57100	58542 (HI-1 form required; PA for Gender Dysphoria-Related Services Only)
57240	58543 (HI-1 form required; PA for Gender Dysphoria-Related Services Only)
57250	58544 (HI-1 form required; PA for Gender Dysphoria-Related Services Only)
57260	58555 (SP)
57420	58558
57421	58560
57425	58561
57452	58562
57454	58565 (CS-18 or CS-21 required)
57455	58600 (CS-18 or CS-21 required)
57456	58605 (CS-18 or CS-21 required) (SP)
57460	58611 (CS-18 or CS-21 required)
57461	58615 (CS-18 or CS-21 required)
57500	58660
57505	58661 (CS-18* or CS-21* required; PA for Gender Dysphoria-Related Services Only)
57510	58670 (CS-18 or CS-21 required)
57511	58671 (CS-18 or CS-21 required)
57513	58700
57520	58720 (CS-18* or CS-21* required; PA for Gender Dysphoria-Related Services Only)
57522	58940
57700	59000
57800 (SP)	59012
58100 (SP)	59015
58120	59025
58140	59870
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	

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#### 607 Payable Nurse-Midwife Service Codes

This section lists nurse-midwife service codes that are payable under MassHealth.

See 130 CMR 405.427 for requirements. When billing for delivery services performed by a nurse midwife, the provider must use a modifier.

##### Service

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		
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	99383	99385	99392	99394
99382	99384	99391	99393	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
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#### 611 Payable Tobacco Cessation Service Codes

This section lists tobacco-cessation service codes that are payable under MassHealth.

##### Service

<u>Code</u>	<u>Modifier</u>	<u>Special Requirement or Limitation</u>
99407		At least 30 minutes; eligible providers are physicians employed by community health centers.
99407	HN	At least 30 minutes; eligible providers are physician assistants employed by community health centers.
99407	HQ	For an individual in a group setting, 60-90 minutes; eligible providers are physicians employed by community health centers.
99407	SA	At least 30 minutes; eligible providers are nurse practitioners employed by community health centers.
99407	SB	At least 30 minutes; eligible providers are nurse midwives employed by community health centers.
99407	TD	At least 30 minutes; eligible providers are registered nurses employed by community health centers.
99407	TF	Intake assessment for an individual, at least 45 minutes; eligible providers are physicians employed by community health centers.
99407	U1	At least 30 minutes; eligible providers are tobacco cessation counselors employed by community health centers.
99407	U2	Intake assessment for an individual, at least 45 minutes; eligible providers are nurse practitioner, nurse midwife, physician assistant, registered nurse, and tobacco cessation counselor.
99407	U3	For an individual in a group setting, 60-90 minutes; eligible providers are nurse practitioners, nurse midwives, physician assistants, registered nurses, and tobacco cessation counselors.

#### 612 Payable Medical Nutrition Therapy and Diabetes Self-Management Training Service Codes

This section lists medical nutrition therapy and diabetes self-management training service codes that are payable under MassHealth.

##### Service

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

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## 612 Payable Medical Nutrition Therapy and Diabetes Self-Management Training Service Codes (cont.)

### Service Code

### Special Requirement or Limitation

	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 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

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

Service

<u>Code</u>	<u>Modifier</u>	<u>Special Requirement or Limitation</u>
		health need identified* (Eligible providers are nurse midwives 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 with member's caregiver. UD must be used together with either U1 or U2.
96127	U1	Covered for members 4 to 21 years old for the administration and scoring of a standardized behavioral health screening tool selected from the list referenced in Appendix W of your MassHealth provider manual; with no behavioral health need identified.
96127	U2	Covered for members 4 to 21 years old for the administration and scoring of a standardized behavioral health screening tool selected from the list referenced in Appendix W of your MassHealth provider manual; with behavioral health need identified.

\* "Behavioral health need identified" means the provider administering the screening tool, in their professional judgment, identifies a child with a potential need for behavioral health services.

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#### 614 Payable Postpartum Depression Screening Tools

*Service Code S3005* is used for the performance measurement and evaluation of patient self-assessment and depression. *Code S3005* must be accompanied by one of the modifiers below to indicate whether a behavioral health need was identified.

<u>Modifier</u>	<u>Description</u>
U1	Perinatal Care Provider – Positive Screen: completed prenatal or postpartum depression screening and behavioral health need identified.
U2	Perinatal Care Provider – Negative Screen: completed prenatal or postpartum depression screening with no behavioral health need identified.
UD	Perinatal Care Provider – Depression Screen: completed prenatal or postpartum

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
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#### 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

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<u>Modifier</u>	<u>Description</u>
	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
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, 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.

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