



Transmittal Letter CHC-122

DATE: July 2024

TO: Community Health Centers Participating in MassHealth

FROM: Monica Sawhney, Family, and Safety Net Programs

RE: *Community Health Center Manual: Updates to Subchapter 6 (2024 HCPCS Codes)*

Revisions to Service Codes and Descriptions

This letter transmits revisions to drug and service codes in the *Community Health Center Manual*. The Centers for Medicare & Medicaid Services (CMS) has revised the Healthcare Common Procedure Coding System (HCPCS) codes and Current Procedural Terminology (CPT) codes for 2024. It also includes updates for certain HCPCS and CPT codes, applicable for dates beginning in 2023, as described below. MassHealth has also updated Subchapter 6 to reflect changes to special requirements or limitations for applicable codes, such as prior authorization (PA) or individual consideration (IC), as further described below.

The rate regulation for Community Health Center Services is [101 CMR 304.00: Rates for Community Health Centers](#).

Summary of Changes

- Effective **January 1, 2023**, CPT Code 81513 (“Infectious disease, bacterial vaginosis, quantitative real-time amplification of RNA markers for *Atopobium vaginae*, *Gardnerella vaginalis*, and *Lactobacillus* species, utilizing vaginal-fluid specimens, algorithm reported as a positive or negative result for bacterial vaginosis”) is payable, as described in Transmittal Letter [LAB-55](#).
- Effective **February 1, 2023**, vaccine counseling is payable, as described in [All Provider Bulletin 362](#).
- Effective **April 1, 2023**, e-consults are payable, as described in [All Provider Bulletin 364](#).
- Effective **May 11, 2023**, HCPCS Codes G2023 and G2024 have become non-payable, as described in Transmittal Letter [LAB-55](#).
- Effective **July 1, 2023**, CPT code 77523 (“Proton treatment, intermediate”) is payable.
- Effective **July 7, 2023**, HCPCS Code T2023 is payable as part of the CARES Program, as described in [All Provider Bulletin 370](#).
- Effective **July 1, 2023**, CPT codes 96160, 96161, 99242, 99243, 99244, 99245, 99358, 99359, 99366, 99367, 99368, 99408, 99409, 99411, 99412, 99495, 99496, and HCPCS code G0009 are payable.
- Effective **October 1, 2023**, CPT code G2213 (Initiation of medication for the treatment of opioid use disorder in the emergency department setting, including assessment, referral to ongoing care,

and arranging access to supportive services) is payable as described in this transmittal letter. The G2213 add-on code can be billed for initiating buprenorphine in the emergency department (ED) for individuals who have signs or symptoms of untreated opioid use disorder. The G2213 add-on code must be billed in addition to evaluation and management in the ED setting of the patient's presenting condition.

- **Effective January 1, 2024**
 - Added CPT codes 96365 (Infusion into a vein for therapy, prevention, or diagnosis, 1 hour or less) and 96366 (Infusion into a vein for therapy, prevention, or diagnosis, each additional hour) as payable codes.
 - Added SL modifier to code 90677 (Pneumococcal conjugate vaccine, 20 valent (PCV20), for intramuscular use); changed age restriction from age 20 to no minimum.
 - Added PA to the following codes:
 - 81170, 81200, 81201, 81202, 81203, 81205, 81206, 81207, 81208, 81209, 81210, 81276, 81277, 81307, 81308, 81309, 81311, 81314, 81400, 81401, 81403, 81404, 81405, 81407, 81408, 81420, 81479, 81507, 81508, 81522, 81542, 81552, 88245
 - Added modifier FP (Service provided as part of family planning program).
- **Effective July 1, 2024**
 - Added CPT drug codes 90589, 90623, J0177, J0577, J0578, J0650, J0651, J0652, J0687, J0750, J0751, J0872, J0889, J1010, J1202, J1203, J1304, J1323, J1413, J1596, J2183, J2246, J2277, J2403, J2468, J2470, J2471, J2561, J2782, J2801, J2919, J3055, J3263, J3393, J3394, J3424, J3425, J7165, J7353, J7354, J7354, J8611, J8612, J9073, J9074, J9075, J9203, J9248, J9249, J9286, J9321, J9333, J9334, J9376, J9380, Q5121, Q5131
- **Effective August 1, 2024**
 - Remote Patient Monitoring (RPM) CPT codes 99091, 99453, 99454, 99457, and 99458 will be payable.

Remote Patient Monitoring

Beginning **August 1, 2024**, MassHealth will provide RPM coverage for members who meet certain clinical criteria. MassHealth defines RPM as the use of select medical devices that transmit digital personal health information in a synchronous or asynchronous manner from an at-risk patient to a treating provider at a distant location. The information is generated so the provider can respond to the patient and manage their condition.

MassHealth coverage of RPM does not apply to Continuous Glucose Monitoring (CGM) devices, Holter monitors, implantable pacemakers and defibrillators, or electroencephalograms, which are already covered by MassHealth.

RPM codes must be billed on professional claims only. Providers may not bill MassHealth a facility claim for RPM codes.

Coverage Criteria

MassHealth provides coverage for RPM when the following criteria are met.

1. Eligible conditions

The member must have one of the following conditions.

- Asthma
- Chronic Obstructive Pulmonary Disease (COPD)
- Congestive Heart Failure (CHF)
- Diabetes Type I or II
- Hypertension
- Perinatal state (defined as the period encompassing pregnancy, labor, and delivery, through 12 months following delivery, inclusive of all pregnancy outcomes)

2. Patient Criteria

- a) For eligible conditions other than the perinatal state, the member's condition(s) must demonstrate instability or risk for deterioration as evidenced by either
 - a history of more than two hospitalizations or ED visits for the same qualifying condition (or for related conditions) over the past 24 months, or
 - presence of factors suggesting the member is at risk for ED or hospitalization (for example, recent discharge from inpatient stay or extended stay in a setting such as a Skilled Nursing Facility, documented poor adherence to ordered medication, or a documented history of care access challenges such as consistently missed appointments), as determined by the ordering provider.

- b) For the perinatal state, the provider recommending RPM should identify one or more risk factors that warrant the use of RPM. The following is a non-exhaustive list of risk factors for gestational hypertension and preeclampsia.
 - Nulliparity
 - Multifetal gestation
 - Preeclampsia in a previous pregnancy
 - Chronic hypertension
 - Pregestational diabetes
 - Gestational diabetes
 - Thrombophilia
 - Systemic lupus erythematosus
 - Pregnancy body mass index greater than or equal to 30
 - Antiphospholipid antibody syndrome
 - Kidney disease
 - Assisted reproductive technology
 - Obstructive sleep apnea

Comprehensive assessment of risk should be based on clinical judgment and may include consideration of social and demographic factors.

3. Provider requirements

- All RPM codes may be billed by the following provider types: physician, nurse practitioner (NP), certified nurse specialist (CNS), physician assistant (PA), certified nurse mid-wife (CNM).

- For new patients or patients not seen by the practitioner within one year, the practitioner must first conduct a face-to-face or telehealth visit with the patient to initiate RPM.
- Providers billing RPM services must have policies and systems in place to ensure timely and appropriate responses to emergent, urgent, and routine member needs related to use of remote-patient monitoring (such as monitoring data outside of expected parameters).
- Providers should ensure that they work with other providers as necessary for care coordination.

4. Technology Criteria

- Devices used for RPM may include, but are not limited to, devices that monitor blood pressure, oxygenation, and weight. Coverage of RPM does not apply to Continuous Glucose Monitoring (CGM) devices, Holter monitors, implantable pacemakers and defibrillators, or electroencephalograms, which already are covered by MassHealth.
- Devices must be capable of automatic reporting compatible with Medicare requirements (for example, the device automatically transmits biomonitoring data to- the provider) without the member needing to manually report the data.
- Some providers may use RPM through a vendor who assists with management of RPM devices. However, billing must be done by the MassHealth-enrolled provider.
- To bill for CPT code 99454, the member must get the device from the provider, not through the durable medical equipment supplier or pharmacy. Providers can only bill for the device once it has been given to an eligible member.

5. Security criteria

- All services must meet the minimum federal and state requirements for protecting patient privacy and security, including but not limited to 45 CFR, Parts 160 and 164 (HIPAA Security Rules). All existing confidentiality requirements that apply to written medical records will apply to services delivered by RPM, including the actual transmission of health care data and any other electronic information/records.
- All devices must be FDA-approved as a medical device.

The rate regulation titles for Community Health Center services are

- [101 CMR 316.00](#): *Rates for Surgery and Anesthesia*
- [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*.

Additional Changes

- MassHealth has updated the descriptions for T1015, T1015 HQ, T1040 and T1040 HQ to clarify that such codes are all-inclusive.
- A drug section has been created to list injectables and drug codes from the MassHealth Drug List payable to CHCs.

Billing Reminder for Drugs Supplied in Community Health Centers

Check the MassHealth Drug List at mhdل.pharmacy.services.conduent.com/MHDL to see if a drug is covered and if it requires prior authorization.

Claims for drugs not listed in Subchapter 6 of the Community Health Centers Manual should be billed using an unlisted code. A wholesale drug distributor or drug manufacturer must send an invoice with the acquisition cost of the drug when billing an unlisted code and, or for drugs requiring IC. MassHealth

reimburses a CHC for unlisted drugs and drugs requiring IC at the drug's acquisition cost. Additionally, you must indicate strength, dose, units administered, and National Drug Code (NDC) number for every drug. Please specify which drug is billed when more than one drug is listed on an invoice.

MassHealth Website

This transmittal letter and attached pages are available on the MassHealth website at www.mass.gov/masshealth-transmittal-letters.

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

Questions?

- Call MassHealth at (800) 841-2900, TDD/TTY: 711
- Email us at provider@masshealthquestions.com

New Material

The pages listed here contain new or revised language.

Community Health Center Manual

Pages vi and 6-1 through 6-32

Obsolete Material

The pages listed here are no longer in effect.

Community Health Center Manual

Pages 6-1 through 6-28 — transmitted by Transmittal Letter 120
Page vi — transmitted by Transmittal Letter 112

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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 [130 CMR 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 old, 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.

- **PA** indicates that service-specific prior authorization is required. See 130 CMR 450.303 for more information.
- **IC** indicates that the claim will receive individual consideration to determine payment. A descriptive report must accompany the claim. See 130 CMR 450.271.
- **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.
- **CS-18** or **CS-21** indicate 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.
- **CS-18*** or **CS-21*** indicate 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.
- **HI-1** indicates 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 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.

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73620	74283	75743	76510
73630	74290	75746	76511
73650	74300	75756	76512
73660	74301	75774	76513
73700 PA ¹	74330	75801	76514
73701 PA ¹	74340	75803	76516
73702 PA ¹	74355	75805	76519
73718 PA ¹	74400	75807	76529
73719 PA ¹	74410	75809	76536
73720 PA ¹	74415	75810	76604
73721 PA ¹	74420	75820	76641
73722 PA ¹	74425	75822	76642
73723 PA ¹	74430	75825	76700
73725 PA ¹	74440	75827	76705
74018	74445	75831	76706
74019	74450	75833	76770
74021	74455	75840	76775
74022	74470	75842	76776
74150 PA ¹	74485	75860	76800
74160 PA ¹	74712 PA ¹	75870	76801
74170 PA ¹	74713 PA ¹	75872	76802
74174 PA ¹	74740	75880	76805
74176 PA ¹	74742	75885	76810
74177 PA ¹	74775	75887	76811
74178 PA ¹	75557 PA ¹	75889	76812
74181 PA ¹	75559 PA ¹	75891	76813
74182 PA ¹	75561 PA ¹	75893	76814
74183 PA ¹	75563 PA ¹	75898	76815
74185 PA ¹	75565 PA ¹	75901	76816
74190	75572 PA ¹	75902	76817
74210	75573 PA ¹	76000	76818
74220	75574 PA ¹	76010	76820
74221	75600	76080	76821
74230	75605	76098	76825
74235	75625	76100	76826
74240	75630	76101	76827
74246	75705	76102	76828
74248	75710	76120	76830
74250	75716	76125	76831
74251	75726	76376 PA ¹	76856
74261 PA ¹	75731	76377 PA ¹	76857
74262 PA ¹	75733	76380 PA ¹	76870
74270	75736	76499 IC	76872
74280	75741	76506	76873

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76881	77077	78185	78459 PA ¹
76882	77078 PA ¹	78191	78466 PA ¹
76883	77080	78195	78468
76885	77081	78199 IC	78469 PA ¹
76886	77085	78201	78472 PA ¹
76937	77086	78202	78473 PA ¹
76942	77293	78215	78481 PA ¹
76945	77299 IC	78216	78483 PA ¹
76946	77306	78226	78491 PA ¹
76948	77307	78227	78492 PA ¹
76965	77316	78230	78494 PA ¹
76977	77317	78231	78496 PA ¹
76978	77318	78232	78499 IC
76979	77387 IC	78258	78579
76981	77399 IC	78261	78580
76982	77499 IC	78262	78582
76983	77523	78264	78597
76999 IC	77767	78265	78598
77001	77768	78266	78599 IC
77002	77770	78278	78600
77003	77771	78282	78601
77011	77772	78290	78605
77012	77799 IC	78291	78607
77013	78012	78299 IC	78608 PA ¹
77014	78013	78300	78609 PA ¹
77021 PA ¹	78014	78305	78610
77022 PA ¹	78015	78306	78630
77046 PA ¹	78016	78315	78635
77047 PA ¹	78018	78350	78645
77048 PA ¹	78020	78399 IC	78647
77049 PA ¹	78070	78414	78650
77053	78071	78428 PA ¹	78660
77054	78072	78430	78699 IC
77061 IC	78075	78431	78700
77062 IC	78099 IC	78432	78701
77063	78102	78433	78707
77065	78103	78434	78708
77066	78104	78445	78709
77067	78110	78451 PA ¹	78710
77071	78111	78452 PA ¹	78725
77072	78120	78453 PA ¹	78730
77073	78121	78454 PA ¹	78740
77074	78122	78456	78761
77075	78130	78457	78799 IC
77076	78140	78458	78800

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78801	78806	78813 PA ¹	78832
78802	78807	78814 PA ¹	78835
78803	78808	78815 PA ¹	78999 IC
78804	78811 PA ¹	78816 PA ¹	79999 IC
78805	78812 PA ¹	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 PA	81254 PA
80051	80190	80430	81200 PA	81255 PA
80053	80192	80432	81201 PA	81256 PA
80055	80194	80434	81202 PA	81257 PA
80061	80195	80435	81203 PA	81258 PA
80069	80197	80436	81205 PA	81260 PA
80074	80198	80438	81206 PA	81269 PA
80076	80199	80439	81207 PA	81272
80081	80200	80440	81208 PA	81273
80145	80201	81000	81209 PA	81275 PA
80150	80202	81001	81210 PA	81276 PA
80155	80203	81002	81212 PA	81277 PA
80156	80230	81003	81215 PA	81287 PA
80157	80235	81005	81216 PA	81288 PA
80158	80280	81007	81217 PA	81292 PA
80159	80285	81015	81218	81293 PA
80162	80299	81020	81219	81294 PA
80163	80305	81025	81220	81295 PA
80164	80306	81050	81221	81296 PA
80165	80307	81099 IC	81228 PA	81297 PA
80168	80400	81107 PA	81229 PA	81298 PA
80169	80402	81108 PA	81238 PA	81299 PA
80170	80406	81109 PA	81240 PA	81300 PA
80171	80408	81110 PA	81241 PA	81301 PA
80173	80410	81111 PA	81242 PA	81302 PA
80175	80412	81112 PA	81243 PA	81303 PA
80176	80414	81120 PA	81244 PA	81304 PA
80177	80415	81121 PA	81245 PA	81307 PA
80178	80416	81161 PA	81246 PA	81308 PA
80180	80417	81162 PA	81248 PA	81309 PA
80183	80418	81163 PA	81249 PA	81310 PA
80184	80420	81164 PA	81250 PA	81311 PA
80185	80422	81165 PA	81251 PA	81314 PA

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81315 PA	82030	82286	82553	82776
81316 PA	82040	82300	82554	82777
81317 PA	82042	82306	82565	82784
81318 PA	82043	82308	82570	82785
81319 PA	82044	82310	82575	82787
81321 PA	82045	82330	82585	82800
81322 PA	82085	82331	82595	82803
81323 PA	82088	82340	82600	82805
81324 PA	82103	82355	82607	82810
81325 PA	82104	82360	82608	82820
81326 PA	82105	82365	82610	82930
81330 PA	82106	82370	82615	82938
81331 PA	82107	82373	82626	82941
81332 PA	82108	82374	82627	82943
81361	82120	82375	82633	82945
81362	82127	82376	82634	82946
81363	82128	82378	82638	82947
81364	82131	82379	82642	82948
81400 PA	82135	82380	82652	82950
81401 PA	82136	82382	82656	82951
81403 PA	82139	82383	82657	82952
81404 PA	82140	82384	82658	82953
81405 PA	82143	82387	82664	82955
81407 PA	82150	82390	82668	82960
81408 PA	82154	82397	82670	82963
81420 PA	82157	82415	82671	82965
81479 PA, IC	82160	82435	82672	82975
81507 PA, IC	82163	82436	82677	82977
81508 PA	82164	82438	82679	82978
81509	82166	82441	82693	82979
81510	82172	82465	82696	82985
81511	82175	82480	82705	83001
81512	82180	82482	82710	83002
81513	82190	82485	82715	83003
81517	82232	82495	82725	83006
81519 PA	82239	82507	82726	83008
81522 PA	82240	82523	82728	83009
81542 PA	82247	82525	82731	83010
81552 PA	82248	82528	82735	83012
82009	82252	82530	82746	83013
82010	82261	82533	82747	83014
82013	82270	82540	82757	83015
82016	82271	82542	82759	83018
82017	82272	82550	82760	83020
82024	82274	82552	82775	83021

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83026	83663	83993	84210	84480
83030	83664	84030	84220	84481
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

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85045	85384	86005	86318	86593
85046	85385	86008	86320	86602
85048	85390	86021	86325	86603
85049	85396	86022	86327	86606
85055	85397	86023	86328	86609
85060	85400	86038	86329	86611
85097	85410	86039	86331	86612
85130	85415	86041	86332	86615
85170	85420	86042	86334	86617
85175	85421	86043	86335	86618
85210	85441	86060	86336	86619
85220	85445	86063	86337	86622
85230	85460	86140	86340	86625
85240	85461	86141	86341	86628
85244	85475	86146	86343	86631
85245	85520	86147	86344	86632
85246	85525	86148	86352	86635
85247	85530	86152	86353	86638
85250	85536	86153	86355	86641
85260	85540	86155	86356	86644
85270	85547	86156	86357	86645
85280	85549	86157	86359	86648
85290	85555	86160	86360	86651
85291	85557	86161	86361	86652
85292	85576	86162	86366	86653
85293	85597	86171	86367	86654
85300	85598	86200	86376	86658
85301	85610	86215	86382	86663
85302	85611	86225	86384	86664
85303	85612	86226	86386	86665
85305	85613	86235	86403	86666
85306	85635	86243	86406	86668
85307	85651	86255	86408	86671
85335	85652	86256	86409	86674
85337	85660	86277	86413	86677
85345	85670	86280	86430	86682
85347	85675	86294	86431	86684
85348	85705	86300	86480	86687
85360	85730	86301	86481	86688
85362	85732	86304	86485	86689
85366	85810	86308	86486	86692
85370	85999 IC	86309	86490	86694
85378	86000	86310	86510	86695
85379	86001	86316	86590	86696
85380	86003	86317	86592	86698

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86701	86804	86978	87188	87337
86702	86805	86999 IC	87190	87338
86703	86806	87003	87197	87339
86704	86807	87015	87205	87340
86705	86808	87040	87206	87341
86706	86812	87045	87207	87350
86707	86813	87046	87209	87380
86708	86816	87070	87210	87385
86709	86817	87071	87220	87389
86710	86821	87073	87230	87390
86711	86825	87075	87250	87391
86713	86826	87076	87252	87400
86717	86828	87077	87253	87420
86720	86829	87081	87254	87425
86723	86830	87084	87255	87426
86727	86831	87086	87260	87427
86732	86832	87088	87265	87428
86734	86833	87101	87267	87430
86735	86834	87102	87269	87449
86738	86835	87103	87270	87451
86741	86849 IC	87106	87271	87471
86744	86850	87107	87272	87472
86747	86860	87109	87273	87475
86750	86870	87110	87274	87476
86753	86880	87116	87275	87480
86756	86885	87118	87276	87481
86757	86886	87140	87278	87482
86759	86900	87143	87279	87483
86762	86901	87147	87280	87485
86765	86902	87149	87281	87486
86768	86904	87152	87283	87487
86769	86905	87158	87285	87490
86771	86906	87164	87290	87491
86774	86920	87166	87299	87492
86777	86921	87168	87300	87495
86778	86922	87169	87301	87496
86780	86923	87172	87305	87497
86784	86940	87176	87320	87498
86787	86941	87177	87324	87500
86788	86970	87181	87327	87501
86789	86971	87184	87328	87502
86790	86972	87185	87329	87503
86793	86975	87186	87332	87505
86800	86976	87187	87335	87506
86803	86977		87336	87507

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87510	87625	88106	88261	88369
87511	87631	88108	88262	88371
87512	87632	88112	88263	88372
87516	87633	88120	88264	88380
87517	87634	88121	88267	88381
87520	87635	88130	88269	88387
87521	87636	88140	88271	88388
87522	87637	88141	88272	88399 IC
87423	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
87536	87800	88165	88305	89230
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 PA	88365	93268
87623	87999 PA, IC	88248	88367	93278
87624	88104	88249	88368	93584

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603 Payable Laboratory Service Codes (cont.)

93585	93588	96372	G0481	P9604
93586	93724	G0027	G0482	U0002
93587	93799 IC	G0480	G0483	

604 Payable Visit, Vaccine Service, and Drug 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.
S4989		Contraceptive intrauterine device (e.g., Progestacert IUD), including implants and supplies (IC)
S4993		Contraceptive pills for birth control
G0009		For Administration of pneumococcal vaccine
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 all-inclusive individual medical visit
T1015	HQ	Use for all-inclusive group clinic visit
T2023		Use for targeted case management; per month
T1040		Use for all-inclusive individual behavioral health visit
T1040	HQ	Use for all-inclusive 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)

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Service

<u>Code</u>	<u>Modifier</u>	<u>Special Requirement or Limitation</u>
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 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.
96160		Covered for the administration of patient-focused health risk assessment instruments with scoring and documentation, per standardized instrument.
96161		Covered for the administration of caregiver-focused health risk assessment instruments for the benefit of the patient, with scoring and documentation, per standardized instrument.
96365		Infusion into a vein for therapy, prevention, or diagnosis, 1 hour or less.
96366		Infusion into a vein for therapy, prevention, or diagnosis, each additional 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

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604 Payable Visit, Vaccine Service, and Drug Codes (cont.)

Service

<u>Code</u>	<u>Modifier</u>	<u>Special Requirement or Limitation</u>
		the individual medical visit.
99091		Standalone collection and interpretation of remote data. It includes half-hour of RPM clinical time between a patient and a physician per month, and also requires a minimum of one instance of communication, which may be a call, video visit or perhaps email exchange.
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
99453		Covered for initial set-up and education of patients for Remote Patient Monitoring (RPM)
99454		Use for supplying and monitoring patients with remote patient monitoring devices.
99457		Covered for remote physiologic monitoring treatment management services
99458		Covered for provider remote monitoring patients, collecting data and engaging with patients during a 30-day period.
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	99224	99243	99310	99341
98967	99225	99244	99324	99342
98968	99226	99245	99325	99343
99218	99231	99304	99326	99345 IC
99219	99232	99305	99327	99347
99220	99233	99306	99334	99348
99221	99238	99307	99335	99349
99222	99239	99308	99336	99350 IC
99223	99242	99309	99337	99358

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99359	99412	99448	99496	99506
99366	99423	99449	99500	99507
99367	99441	99451	99501	99509
99368	99442	99452	99502	99511
99408	99443	99460	99503	99512
99409	99446	99462	99504	
99411	99447	99495	99505	

(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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<u>Service Code</u>	<u>Special Requirement or Limitation</u>
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 (ccIIV4), 0.5 mL dosage, for intramuscular use
90677 SL	Pneumococcal conjugate vaccine, 20 valent (PCV20), for intramuscular use with no age restriction
91312 SL	Pfizer-BioNTech COVID-19 Vaccine, Bivalent Product (Aged 12 years and older) (Gray Cap) (SARSCOV2 VAC BVL 30MCG/0.3M)
0124A	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)
91318 SL	Pfizer-BioNTech COVID-19 Vaccine 2023-2024 Formula (Yellow Cap) (SARSCOV2 VAC 3MCG TRS-SUC)
91319 SL	Pfizer-BioNTech COVID-19 Vaccine 2023-2024 Formula (Blue Cap) (SARSCV2 VAC 10MCG TRS-SUC I)
91320 SL	COMIRNATY (COVID-19 Vaccine, mRNA) 2023-2024 Formula (SARSCV2 VAC 30MCG TRS-SUC IM)

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<u>Service Code</u>	<u>Special Requirement or Limitation</u>
91321 SL	Moderna COVID-19 Vaccine 2023-2024 Formula (SARSCOV2 VAC 25 MCG/.25ML IM)
91322 SL	SPIKEVAX 2023-2024 Formula (SARSCOV2 VAC 50 MCG/0.5ML IM)
0044A	Novavax Covid-19 Vaccine, Adjuvanted Administration – Booster (Novavax Covid-19 Vaccine, Adjuvanted Administration – Booster)
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)
G0310	Immunization counseling by a physician or other qualified health care professional when the vaccine(s) is not administered on the same date of service, 5-15 mins time.
G0311	Immunization counseling by a physician or other qualified health care professional when the vaccine(s) is not administered on the same date of service, 16-30 mins time.
G0312	Immunization counseling by a physician or other qualified health care professional when the vaccine(s) is not administered on the same date of service for ages under 21, 5-15 mins time. (This code is used for Medicaid billing purposes.)
G0313	Immunization counseling by a physician or other qualified health care professional when the vaccine(s) is not administered on the same date of service for ages under 21, 16-30 mins time.
G0314	Immunization counseling by a physician or other qualified health care professional for COVID-19, ages under 21, 16-30 mins time.
G0315	Immunization counseling by a physician or other qualified health care professional for COVID-19, ages under 21, 5-15 mins time.
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

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604 Payable Visit, Vaccine Service, and Drug Codes (cont.)

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- 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 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 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

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604 Payable Visit, Vaccine Service, and Drug Codes (cont.)

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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
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

(E) The following drug codes have special requirements or limitations.

0404T PA; IC	A9585	G0312	J0171
A4261 IC	A9586 IC	G0313	J0172 PA
A4266	A9587 IC	G0314	J0173
A4267	A9588 IC	G0315	J0174 PA; IC
A4268	A9590 IC	G0399 IC	J0177
A4269	A9593 IC	G0480	J0178
A4641 IC	A9594 IC	G0455 IC	J0179
A4648 IC	A9595 IC	G0481	J0185 PA
A9500 IC	A9596 IC	G0482	J0202 PA
A9502 IC	A9606 PA; IC	G0483	J0206
A9503 IC	A9800 IC	G2066 IC	J0208 PA
A9505 IC	G0027	G2213	J0215 PA
A9512 IC	G0105	J0121 PA	J0217 PA; IC
A9537 IC	G0108	J0122 PA	J0218 PA
A9552 IC	G0109	J0129 PA	J0219 PA
A9575	G0121	J0131	J0221 PA
A9576	G0270	J0134	J0222 PA
A9577	G0271	J0135 PA	J0223 PA
A9578	G0279	J0136	J0224 PA
A9579	G0310	J0137	J0225 PA
A9581	G0311	J0153	J0248

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604 Payable Visit, Vaccine Service, and Drug Codes (cont.)

J0257	J0588 PA	J0739 PA	J1030
J0282	J0592 PA	J0740	J1040
J0283	J0593 PA; IC	J0741	J1050
J0285	J0594	J0742 PA	J1071 PA
J0287	J0596 PA	J0743	J1094
J0289	J0598 PA	J0750	J1096 IC
J0290	J0599 PA; IC	J0751	J1097 IC
J0291 PA	J0604 IC	J0770	J1100
J0295	J0636	J0775 PA	J1105
J0348	J0637	J0780	J1160
J0349 PA; IC	J0638 PA	J0791 PA	J1170 PA >8 units
J0364 IC	J0640 PA	J0801 PA; IC	J1190
J0391 PA; IC	J0641 PA	J0802	J1200
J0400 IC	J0642 PA	J0834	J1201 IC
J0401	J0650	J0840	J1202
J0402 PA; IC	J0651	J0850	J1203
J0342	J0652	J0872	J1212 PA
J0456	J0665	J0873 IC	J1240
J0457	J0670	J0874 IC	J1260 IC
J0461	J0687	J0875 PA	J1290 PA
J0470	J0688 IC	J0877	J1300 PA
J0475	J0689	J0878	J1301 PA
J0476	J0690	J0879	J1302 PA
J0485 PA	J0692	J0881 PA	J1303 PA
J0490 PA	J0693 IC	J0882 PA	J1304
J0491 PA	J0694	J0883 IC	J1305 PA
J0517 PA	J0695 PA	J0884 IC	J1306 PA
J0558	J0696	J0885 PA	J1320 IC
J0561	J0697	J0887	J1322 PA
J0565 PA	J0699 PA	J0889	J1323
J0570 PA	J0701	J0890 PA	J1411 PA; IC
J0571 PA; IC	J0702	J0891	J1412 PA; IC
J0572 PA >10.7 units; IC	J0703	J0892	J1413
J0573 PA >5.4 units; IC	J0706	J0893	J1426 PA; IC
J0574 PA >3.2 units; IC	J0712 PA	J0894	J1427 PA; IC
J0575 PA >4 units; IC	J0713	J0895	J1428 PA; IC
J0576 PA; IC	J0714 PA	J0896 PA	J1429 IC
J0577	J0715 IC	J0897 PA	J1437 PA
J0578	J0716 IC	J0898	J1438 PA; IC
J0584 PA	J0717 PA	J0899	J1439 PA
J0585 PA	J0720	J1000	J1440 PA
J0586 PA	J0736	J1010	J1442 PA
J0587 PA	J0737	J1020	J1444 IC

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J1445 IC	J1645	J1944 PA< 6 years	J2350 PA
J1447 PA	J1650	J1950 PA	J2353
J1448 PA	J1652	J1951 PA	J2354
J1449	J1655	J1952 PA	J2355 IC
J1453	J1670	J1954	J2356 PA
J1454 PA >2 units	J1700 IC	J1955	J2357 PA
J1455 IC	J1710 IC	J1956	J2358 PA <6 years
J1456	J1720 PA	J1961 PA	J2359 IC
J1458PA	J1740 PA	J1990	J2401
J1459 PA	J1743 PA	J2020 PA	J2402
J1460 PA	J1744 PA; IC	J2021 PA	J2403
J1551 PA	J1745 PA	J2060	J2404 IC
J1554 PA	J1746 PA	J2150	J2405
J1555 PA	J1747 PA	J2170 PA; IC	J2406 PA
J1556 PA	J1750	J2175 PA	J2407 PA
J1557 PA	J1756	J2182 PA	J2425
J1559 PA	J1786 PA	J2183	J2426 PA >819 units
J1560 PA	J1790	J2184	J2427 PA <6 years
J1561 PA	J1800	J2185	J2430
J1562 PA; IC	J1805	J2186] PA	J2440
J1566 PA	J1806	J2212 PA; IC	J2460 IC
J1568 PA	J1811	J2246	J2468
J1569 PA	J1812 PA	J2247	J2469 PA >250 units
J1570	J1813	J2248	J2470
J1571	J1814 PA	J2249 PA	J2471
J1572	J1815 PA	J2250	J2502 PA; IC
J1573 IC	J1817 PA	J2251	J2503 IC
J1574	J1823 PA; IC	J2265 IC	J2505 IC
J1575 PA	J1826 IC	J2270 PA >12 units	J2506
J1576 PA	J1830 PA; IC	J2272	J2507 PA
J1580	J1836	J2274 PA >12 units	J2508 PA; IC
J1596	J1840 IC	J2277	J2510
J1599 PA; IC	J1850 IC	J2278 PA	J2515
J1602 PA	J1885 PA >4 units	J2281	J2540
J1610	J1890 IC	J2300	J2543
J1611	J1920	J2305	J2545
J1626	J1921	J2310 PA; IC	J2550
J1627 PA >10 units	J1930	J2311	J2560
J1628 PA; IC	J1931 PA	J2315	J2561
J1630	J1932	J2323	J2562
J1642	J1939 IC	J2326 PA; IC	J2675
J1643	J1941 PA	J2327 PA	J2679 IC
J1644	J1943 PA< 6 years	J2329 PA	J2724 PA

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J2760	J3121 PA	J3489	J7324 PA
J2770 PA	J3145 PA	J3490 IC	J7325 PA
J2777	J3230	J3490 FP; IC	J7326 PA
J2778	J3240	J3590 IC	J7327 PA
J2779	J3241 PA	J3591 PA; IC	J7328 PA
J2781 PA; IC	J3243 PA	J7030	J7329 PA
J2782	J3244 PA	J7040	J7331 PA
J2783	J3245 PA	J7050	J7332 PA
J2785	J3250	J7060	J7336 PA
J2786 PA	J3262 PA	J7070	J7340 PA
J2788	J3263	J7120	J7342
J2790	J3285 PA	J7131 IC	J7345
J2791	J3299	J7165	J7351 PA
J2792	J3300	J7168 IC	J7352 PA; IC
J2793 PA; IC	J3301	J7170	J7353
J2794 PA <6 years	J3302 IC	J7177	J7354
J2795	J3304 PA	J7203 IC	J7401 IC
J2796 PA	J3315 PA	J7205	J7402 PA
J2797 PA >166.5 units; IC	J3357 PA	J7212 IC	J7500
J2798 PA; IC	J3360	J7213	J7501
J2799 PA; IC	J3370	J7294 IC	J7502
J2801	J3371	J7295 IC	J7503
J2820	J3372	J7296 IC	J7504
J2840 PA; IC	J3380 PA	J7297 IC	J7507
J2860 PA	J3385 PA	J7298 IC	J7508
J2910 IC	J3393	J7300 IC	J7509
J2916	J3394	J7301 IC	J7510
J2919	J3396	J7303 IC	J7511
J2920	J3397 PA; IC	J7304 IC	J7512
J2930	J3398 PA; IC	J7307 IC	J7513 PA; IC
J2940 PA; IC	J3401 PA; IC	J7309 IC	J7515
J2998 PA	J3410	J7310 IC	J7517
J3000	J3411	J7311	J7518 PA
J3010	J3424	J7312	J7520
J3030 PA; IC	J3425	J7313	J7527 PA
J3031 PA; IC	J3430	J7314 PA	J7599 PA
J3032 IC	J3465	J7315 IC	J7608
J3055	J3470 PA	J7316 PA	J7614 PA
J3060 PA	J3471	J7318 PA	J7620
J3090 PA	J3472 IC	J7320 PA	J7626
J3095 PA	J3473	J7321 PA	J7633 IC
J3110 PA; IC	J3475	J7322 PA	J7639
J3111 PA	J3486	J7323 PA	J7644

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J7665 IC	J9049	J9199 PA; IC	J9267
J7669 IC	J9050	J9200	J9268
J7676 IC	J9051 IC	J9201	J9269 PA
J7677	J9052 IC	J9202 PA	J9271 PA
J7682 PA	J9055	J9203	J9272
J7686 PA	J9056	J9204 PA	J9273 PA
J7699 PA; IC	J9057 PA; IC	J9205 PA	J9274 PA
J7799 PA; IC	J9058	J9206	J9280
J7999 PA	J9059	J9207	J9281
J8499 IC	J9060	J9208	J9286
J8562 IC	J9061	J9209	J9293
J8611	J9063 PA	J9210 PA; IC	J9294
J8612	J9064 PA ; IC	J9211	J9295 PA
J8655 PA >1 unit	J9065	J9212	J9296
J8670 PA >180 units	J9070	J9213 IC	J9297
J8999 PA; IC	J9071	J9214	J9298 PA
J9000	J9072 IC	J9215 PA; IC	J9299 PA
J9015 PA; IC	J9073	J9216	J9301 PA
J9017	J9074	J9217 PA	J9302 PA
J9019 PA	J9075	J9218 PA	J9303
J9020 PA; IC	J9098 IC	J9219 PA	J9304 PA
J9021 IC	J9100	J9223	J9305
J9022 PA	J9118	J9225 PA	J9306 PA
J9023 PA	J9119 PA	J9226 PA	J9307
J9025	J9120	J9227 PA	J9308 PA
J9027	J9130	J9228 PA	J9309 PA
J9029 PA ; IC	J9144 PA; IC	J9229 PA	J9311 PA
J9030	J9145 PA	J9230	J9312 PA
J9032 PA	J9150	J9245	J9313 PA
J9033	J9153 PA	J9246	J9314
J9034	J9155 PA	J9247	J9315 PA
J9035 PA	J9171	J9248	J9316 PA
J9036	J9172 IC	J9249	J9317 PA; IC
J9037	J9173 PA	J9250	J9318 PA: IC
J9039 PA	J9176 PA	J9255 IC	J9319 PA
J9040	J9177 PA	J9258 IC	J9320
J9041	J9178	J9259	J9321
J9042 PA	J9179 PA	J9260	J9322
J9043 PA	J9181 PA	J9261 PA	J9323
J9045	J9185	J9262 PA	J9324 IC
J9046	J9190	J9263	J9325 PA
J9047 PA	J9196	J9264	J9328
J9048	J9198 PA	J9266	J9330

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J9331 PA	Q0220	Q4132	Q5122
J9332 PA	Q0249	Q4133 PA	Q5123 PA
J9333	Q2009 IC	Q4151 IC; PA	Q5124
J9334	Q2017 IC	Q4159 PA	Q5125 PA
J9340	Q2028 PA; IC (covered	Q4161	Q5126 PA
J9345 PA; IC	with diagnosis of	Q4162 IC	Q5127
J9347 PA	lipodystrophy	Q4163 IC	Q5128
J9348 PA	associated with, or	Q4164	Q5129 PA
J9349 PA	secondary to, HIV	Q4165 IC	Q5130
J9350 PA	only)	Q4196	Q5131
J9351	Q2035	Q4186	Q5132 PA; IC
J9352	Q2036 IC	Q4187	Q9950
J9353 PA	Q2037 IC	Q4199	Q9991
J9354 PA	Q2038 IC	Q4251	Q9992
J9355 PA	Q2041 PA	Q4252	S0013 PA
J9356 PA	Q2042 PA	Q4253	S0020 IC
J9357	Q2043 PA	Q5101 PA	S0021 IC
J9358 PA	Q2049 IC	Q5103 PA	S0023 IC
J9359 PA	Q2050	Q5104 PA	S0199
J9360	Q2053 PA	Q5105 PA	S0191 IC
J9370	Q2054 PA	Q5106 PA	S0302
J9371 PA	Q2055 PA	Q5107 PA	S2260 CPA-2; IC
J9376	Q2056 PA	Q5108	90380
J9380	Q4074	Q5110 PA	90381
J9381 PA	Q4081	Q5111	90589
J9390 PA	Q4101	Q5112 PA	90623
J9393 PA	Q4102	Q5113 PA	90678
J9394 PA	Q4103	Q5114 PA	90679
J9395 PA	Q4104	Q5115 PA	96365
J9400 PA	Q4106	Q5116 PA	96366
J9999 IC	Q4107	Q5117 PA	96380
Q0138	Q4108	Q5118 PA	96381
Q0139	Q4110	Q5119 PA	
Q0162	Q4121	Q5121	

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	59414
59410	59514

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59515	59614
59525 (HI-1 form required)	59620
59612	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)	57456
11981	57460
11982	57461
11983	57500
19100	57505
44955	57510
49082	57511
49083	57513
49084	57520
49255	57522
49320	57700
54050	57800 (SP)
54057	58100 (SP)
54150	58120
54160	58140
55250 (CS-18 or CS-21 required) (SP)	58146
56420	58150 (HI-1 form required; PA for Gender Dysphoria-Related Services Only)
56440	
56501	58180 (HI-1 form required; PA or Gender Dysphoria-Related Services Only)
56515	
56605	58300
57061	58301
57100	58340
57240	58353
57250	58541 (HI-1 form required; PA for Gender Dysphoria-Related Services Only)
57260	
57420	58542 (HI-1 form required; PA for Gender Dysphoria-Related Services Only)
57421	
57425	58543 (HI-1 form required; PA for Gender Dysphoria-Related Services Only)
57452	
57454	58544 (HI-1 form required; PA for Gender Dysphoria-Related Services Only)
57455	

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606 Payable Surgery Service Codes (cont.)

58555 (SP)	58670 (CS-18 or CS-21 required)
58558	58671 (CS-18 or CS-21 required)
58560	58700
58561	58720 (CS-18* or CS-21* required; PA for Gender Dysphoria-Related Services Only)
58562	
58565 (CS-18 or CS-21 required)	
58600 (CS-18 or CS-21 required)	58940
58605 (CS-18 or CS-21 required) (SP)	59000
58611 (CS-18 or CS-21 required)	59012
58615 (CS-18 or CS-21 required)	59015
58660	59025
58661 (CS-18* or CS-21* required; PA for Gender Dysphoria-Related Services Only)	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	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.

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611 Payable Tobacco Cessation Service Codes (cont.)

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 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

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

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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>
		found in Appendix W of your MassHealth provider manual; with no behavioral health need identified* (Eligible providers are physicians employed by community health centers.)
96110	U2	Covered for members birth to 21 for the administration and scoring of a standardized behavioral health screening tool from the approved menu of tools found in Appendix W of your MassHealth provider manual; and behavioral health need identified* (Eligible providers are physicians employed by community health centers.)
96110	U3	Covered for members birth to 21 for the administration and scoring of a standardized behavioral health screening tool from the approved menu of tools found in Appendix W of your MassHealth provider manual; with no behavioral health need identified* (Eligible providers are nurse midwives employed by community health centers.)
96110	U4	Covered for members birth to 21 for the administration and scoring of a standardized behavioral health screening tool from the approved menu of tools found in Appendix W of your MassHealth provider manual; and behavioral health need identified* (Eligible providers are nurse midwives employed by community health centers.)
96110	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

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

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616 Modifiers (cont.)

<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
FP	Service provided as part of family planning program

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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