# Transmittal Letter CHC-122



Commonwealth of Massachusetts

Executive Office of Health and Human Services

Office of Medicaid

[www.mass.gov/masshealth](https://www.mass.gov/orgs/masshealth)

**DATE:** July 2024

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

**FROM:** Monica Sawhney, Family, and Safety Net Programs, [signature of Monica Sawhney]

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](https://www.mass.gov/regulations/101-CMR-30400-rates-for-community-health-centers): *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](https://www.mass.gov/lists/masshealth-independent-clinical-laboratory-transmittal-letters).
* Effective **February 1, 2023**, vaccine counseling is payable, as described in [All Provider Bulletin 362](https://www.mass.gov/lists/all-provider-bulletins).
* Effective **April 1, 2023**, e-consults are payable, as described in [All Provider Bulletin 364](https://www.mass.gov/lists/all-provider-bulletins).
* Effective **May 11, 2023**, HCPCS Codes G2023 and G2024 have become non-payable, as described in Transmittal Letter [LAB-55](https://www.mass.gov/lists/masshealth-independent-clinical-laboratory-transmittal-letters).
* 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](https://www.mass.gov/lists/all-provider-bulletins).
* 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

1. 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.
2. 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](https://www.mass.gov/regulations/101-CMR-31600-rates-for-surgery-and-anesthesia-services): *Rates for Surgery and Anesthesia*
* [101 CMR 317.00](https://www.mass.gov/regulations/101-CMR-31700-rates-for-medicine-services): *Rates for Medicine Services*
* [101 CMR 318.00](https://www.mass.gov/regulations/101-CMR-31800-rates-for-radiology-services): *Rates for Radiology Services*, and
* [101 CMR 320.00](https://www.mass.gov/regulations/101-CMR-32000-rates-for-clinical-laboratory-services): *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 [mhdl.pharmacy.services.conduent.com/MHDL](https://mhdl.pharmacy.services.conduent.com/MHDL%20) 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](http://www.mass.gov/masshealth-transmittal-letters).

[Sign up](https://www.mass.gov/forms/email-notifications-for-masshealth-provider-bulletins-and-transmittal-letters) 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](mailto: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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[MassHealth on LinkedIn](https://www.linkedin.com/company/masshealth) X logo (formerly Twitter)[MassHealth on X](https://www.twitter.com/MassHealth) YouTube logo
[MassHealth on YouTube](https://www.youtube.com/channel/UC1QQ61nTN7LNKkhjrjnYOUg)

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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](https://www.mass.gov/regulations/130-CMR-405000-community-health-center-services): *Community Health Center Services* and [130 CMR 450.000](https://www.mass.gov/regulations/130-CMR-450000-administrative-and-billing-regulations): *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](http://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:](https://www.mass.gov/regulations/101-CMR-31700-rates-for-medicine-services)  *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).

602 Payable Radiology Service Codes

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

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70450 PA1

70460 PA1

70470 PA1

70480 PA1

70481 PA1

70482 PA1

70486 PA1

70487 PA1

70488 PA1

70490 PA1

70491 PA1

70492 PA1

70540 PA1

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70544 PA1

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70554 PA1

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72129 PA1

72130 PA1

72131 PA1

72132 PA1

72133 PA1

72141 PA1

72142 PA1

72146 PA1

72147 PA1

72148 PA1

72149 PA1

72156 PA1

72157 PA1

72158 PA1

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72192 PA1

72193 PA1

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73201 PA1

73202 PA1

73218 PA1

73219 PA1

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73221 PA1

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73223 PA1

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602 Payable Radiology Service Codes (cont.)

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73701 PA1

73702 PA1

73718 PA1

73719 PA1

73720 PA1

73721 PA1

73722 PA1

73723 PA1

73725 PA1

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74150 PA1

74160 PA1

74170 PA1

74174 PA1

74176 PA1

74177 PA1

74178 PA1

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74183 PA1

74185 PA1

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74261 PA1

74262 PA1

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78472 PA1

78473 PA1

78481 PA1

78483 PA1

78491 PA1

78492 PA1

78494 PA1

78496 PA1

78499 IC

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603 Payable Laboratory Service Codes

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

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81109 PA

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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

Code Modifier Special Requirement or Limitation

A4261 Cervical cap for contraceptive use (IC)

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

A4267 Contraceptive supply, condom, male, each

A4268 Contraceptive supply, condom, female, each

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

D9450 Use only for dental enhancement fee. This code may only be billed once per date of service for each member receiving dental services on that date. The dental enhancement fee may not be billed for a fluoride varnish application separately or in addition to a medical visit.

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)

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 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.

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(C) This section lists evaluation and management visit service codes that are payable under MassHealth. The following vaccine administration service codes are payable in addition to the evaluation and management visit service codes in this Section 604(B), provided that the vaccine administration is a medically necessary, separately identifiable service. Under these circumstances, the CHC may append modifier 25 to the evaluation and management visit service code. See MassHealth [All Provider Bulletin 330](https://www.mass.gov/doc/all-provider-bulletin-330-masshealth-coverage-for-coronavirus-disease-2019-covid-19-vaccines-including-pediatric-vaccines-and-monoclonal-antibodies-0/download?_ga=2.88529563.1692790519.1678886516-1124585952.1669642517) for additional information.

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

Service

Code Special Requirement or Limitation

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

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

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

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

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 than19 years of age. (IC)

90654 Covered for adults >19; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age. (IC)

604 Payable Visit, Vaccine Service, and Drug 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)

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

Service

Code Special Requirement or Limitation

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 than19 years of age.

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

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

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

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

90739 Covered for members >19 (IC)

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

90749 Unlisted vaccine/toxoid (IC)

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

90756 Covered for members >19; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age.

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)

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

Service

Code Special Requirement or Limitation

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

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

Service

Code Special Requirement or Limitation

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

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

Service

Code Special Requirement or Limitation

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

A4261 IC

A4266

A4267

A4268

A4269

A4641 IC

A4648 IC

A9500 IC

A9502 IC

A9503 IC

A9505 IC

A9512 IC

A9537 IC

A9552 IC

A9575

A9576

A9577

A9578

A9579

A9581

A9585

A9586 IC

A9587 IC

A9588 IC

A9590 IC

A9593 IC

A9594 IC

A9595 IC

A9596 IC

A9606 PA; IC

A9800 IC

G0027

G0105

G0108

G0109

G0121

G0270

G0271

G0279

G0310

G0311

G0312

G0313

G0314

G0315

G0399 IC

G0480

G0455 IC

G0481

G0482

G0483

G2066 IC

G2213

J0121 PA

J0122 PA

J0129 PA

J0131

J0134

J0135 PA

J0136

J0137

J0153

J0171

J0172 PA

J0173

J0174 PA; IC

J0177

J0178

J0179

J0185 PA

J0202 PA

J0206

J0208 PA

J0215 PA

J0217 PA; IC

J0218 PA

J0219 PA

J0221 PA

J0222 PA

J0223 PA

J0224 PA

J0225 PA

J0248

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

J0257

J0282

J0283

J0285

J0287

J0289

J0290

J0291 PA

J0295

J0348

J0349 PA; IC

J0364 IC

J0391 PA; IC

J0400 IC

J0401

J0402 PA; IC

J0342

J0456

J0457

J0461

J0470

J0475

J0476

J0485 PA

J0490 PA

J0491 PA

J0517 PA

J0558

J0561

J0565 PA

J0570 PA

J0571 PA; IC

J0572 PA >10.7 units; IC

J0573 PA >5.4 units; IC

J0574 PA >3.2 units; IC

J0575 PA >4 units; IC

J0576 PA; IC

J0577

J0578

J0584 PA

J0585 PA

J0586 PA

J0587 PA

J0588 PA

J0592 PA

J0593 PA; IC

J0594

J0596 PA

J0598 PA

J0599 PA; IC

J0604 IC

J0636

J0637

J0638 PA

J0640 PA

J0641 PA

J0642 PA

J0650

J0651

J0652

J0665

J0670

J0687

J0688 IC

J0689

J0690

J0692

J0693 IC

J0694

J0695 PA

J0696

J0697

J0699 PA

J0701

J0702

J0703

J0706

J0712 PA

J0713

J0714 PA

J0715 IC

J0716 IC

J0717 PA

J0720

J0736

J0737

J0739 PA

J0740

J0741

J0742 PA

J0743

J0750

J0751

J0770

J0775 PA

J0780

J0791 PA

J0801 PA; IC

J0802

J0834

J0840

J0850

J0872

J0873 IC

J0874 IC

J0875 PA

J0877

J0878

J0879

J0881 PA

J0882 PA

J0883 IC

J0884 IC

J0885 PA

J0887

J0889

J0890 PA

J0891

J0892

J0893

J0894

J0895

J0896 PA

J0897 PA

J0898

J0899

J1000

J1010

J1020

J1030

J1040

J1050

J1071 PA

J1094

J1096 IC

J1097 IC

J1100

J1105

J1160

J1170 PA >8 units

J1190

J1200

J1201 IC

J1202

J1203

J1212 PA

J1240

J1260 IC

J1290 PA

J1300 PA

J1301 PA

J1302 PA

J1303 PA

J1304

J1305 PA

J1306 PA

J1320 IC

J1322 PA

J1323

J1411 PA; IC

J1412 PA; IC

J1413

J1426 PA; IC

J1427 PA; IC

J1428 PA; IC

J1429 IC

J1437 PA

J1438 PA; IC

J1439 PA

J1440 PA

J1442 PA

J1444 IC

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

J1445 IC

J1447 PA

J1448 PA

J1449

J1453

J1454 PA >2 units

J1455 IC

J1456

J1458PA

J1459 PA

J1460 PA

J1551 PA

J1554 PA

J1555 PA

J1556 PA

J1557 PA

J1559 PA

J1560 PA

J1561 PA

J1562 PA; IC

J1566 PA

J1568 PA

J1569 PA

J1570

J1571

J1572

J1573 IC

J1574

J1575 PA

J1576 PA

J1580

J1596

J1599 PA; IC

J1602 PA

J1610

J1611

J1626

J1627 PA >10 units

J1628 PA; IC

J1630

J1642

J1643

J1644

J1645

J1650

J1652

J1655

J1670

J1700 IC

J1710 IC

J1720 PA

J1740 PA

J1743 PA

J1744 PA; IC

J1745 PA

J1746 PA

J1747 PA

J1750

J1756

J1786 PA

J1790

J1800

J1805

J1806

J1811

J1812 PA

J1813

J1814 PA

J1815 PA

J1817 PA

J1823 PA; IC

J1826 IC

J1830 PA; IC

J1836

J1840 IC

J1850 IC

J1885 PA >4 units

J1890 IC

J1920

J1921

J1930

J1931 PA

J1932

J1939 IC

J1941 PA

J1943 PA< 6 years

J1944 PA< 6 years

J1950 PA

J1951 PA

J1952 PA

J1954

J1955

J1956

J1961 PA

J1990

J2020 PA

J2021 PA

J2060

J2150

J2170 PA; IC

J2175 PA

J2182 PA

J2183

J2184

J2185

J2186] PA

J2212 PA; IC

J2246

J2247

J2248

J2249 PA

J2250

J2251

J2265 IC

J2270 PA >12 units

J2272

J2274 PA >12 units

J2277

J2278 PA

J2281

J2300

J2305

J2310 PA; IC

J2311

J2315

J2323

J2326 PA; IC

J2327 PA

J2329 PA

J2350 PA

J2353

J2354

J2355 IC

J2356 PA

J2357 PA

J2358 PA <6 years

J2359 IC

J2401

J2402

J2403

J2404 IC

J2405

J2406 PA

J2407 PA

J2425

J2426 PA >819 units

J2427 PA <6 years

J2430

J2440

J2460 IC

J2468

J2469 PA >250 units

J2470

J2471

J2502 PA; IC

J2503 IC

J2505 IC

J2506

J2507 PA

J2508 PA; IC

J2510

J2515

J2540

J2543

J2545

J2550

J2560

J2561

J2562

J2675

J2679 IC

J2724 PA

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

J2760

J2770 PA

J2777

J2778

J2779

J2781 PA; IC

J2782

J2783

J2785

J2786 PA

J2788

J2790

J2791

J2792

J2793 PA; IC

J2794 PA <6 years

J2795

J2796 PA

J2797 PA >166.5 units; IC

J2798 PA; IC

J2799 PA; IC

J2801

J2820

J2840 PA; IC

J2860 PA

J2910 IC

J2916

J2919

J2920

J2930

J2940 PA; IC

J2998 PA

J3000

J3010

J3030 PA; IC

J3031 PA; IC

J3032 IC

J3055

J3060 PA

J3090 PA

J3095 PA

J3110 PA; IC

J3111 PA

J3121 PA

J3145 PA

J3230

J3240

J3241 PA

J3243 PA

J3244 PA

J3245 PA

J3250

J3262 PA

J3263

J3285 PA

J3299

J3300

J3301

J3302 IC

J3304 PA

J3315 PA

J3357 PA

J3360

J3370

J3371

J3372

J3380 PA

J3385 PA

J3393

J3394

J3396

J3397 PA; IC

J3398 PA; IC

J3401 PA; IC

J3410

J3411

J3424

J3425

J3430

J3465

J3470 PA

J3471

J3472 IC

J3473

J3475

J3486

J3489

J3490 IC

J3490 FP; IC

J3590 IC

J3591 PA; IC

J7030

J7040

J7050

J7060

J7070

J7120

J7131 IC

J7165

J7168 IC

J7170

J7177

J7203 IC

J7205

J7212 IC

J7213

J7294 IC

J7295 IC

J7296 IC

J7297 IC

J7298 IC

J7300 IC

J7301 IC

J7303 IC

J7304 IC

J7307 IC

J7309 IC

J7310 IC

J7311

J7312

J7313

J7314 PA

J7315 IC

J7316 PA

J7318 PA

J7320 PA

J7321 PA

J7322 PA

J7323 PA

J7324 PA

J7325 PA

J7326 PA

J7327 PA

J7328 PA

J7329 PA

J7331 PA

J7332 PA

J7336 PA

J7340 PA

J7342

J7345

J7351 PA

J7352 PA; IC

J7353

J7354

J7401 IC

J7402 PA

J7500

J7501

J7502

J7503

J7504

J7507

J7508

J7509

J7510

J7511

J7512

J7513 PA; IC

J7515

J7517

J7518 PA

J7520

J7527 PA

J7599 PA

J7608

J7614 PA

J7620

J7626

J7633 IC

J7639

J7644

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

J7665 IC

J7669 IC

J7676 IC

J7677

J7682 PA

J7686 PA

J7699 PA; IC

J7799 PA; IC

J7999 PA

J8499 IC

J8562 IC

J8611

J8612

J8655 PA >1 unit

J8670 PA >180 units

J8999 PA; IC

J9000

J9015 PA; IC

J9017

J9019 PA

J9020 PA; IC

J9021 IC

J9022 PA

J9023 PA

J9025

J9027

J9029 PA ; IC

J9030

J9032 PA

J9033

J9034

J9035 PA

J9036

J9037

J9039 PA

J9040

J9041

J9042 PA

J9043 PA

J9045

J9046

J9047 PA

J9048

J9049

J9050

J9051 IC

J9052 IC

J9055

J9056

J9057 PA; IC

J9058

J9059

J9060

J9061

J9063 PA

J9064 PA ; IC

J9065

J9070

J9071

J9072 IC

J9073

J9074

J9075

J9098 IC

J9100

J9118

J9119 PA

J9120

J9130

J9144 PA; IC

J9145 PA

J9150

J9153 PA

J9155 PA

J9171

J9172 IC

J9173 PA

J9176 PA

J9177 PA

J9178

J9179 PA

J9181 PA

J9185

J9190

J9196

J9198 PA

J9199 PA; IC

J9200

J9201

J9202 PA

J9203

J9204 PA

J9205 PA

J9206

J9207

J9208

J9209

J9210 PA; IC

J9211

J9212

J9213 IC

J9214

J9215 PA; IC

J9216

J9217 PA

J9218 PA

J9219 PA

J9223

J9225 PA

J9226 PA

J9227 PA

J9228 PA

J9229 PA

J9230

J9245

J9246

J9247

J9248

J9249

J9250

J9255 IC

J9258 IC

J9259

J9260

J9261 PA

J9262 PA

J9263

J9264

J9266

J9267

J9268

J9269 PA

J9271 PA

J9272

J9273 PA

J9274 PA

J9280

J9281

J9286

J9293

J9294

J9295 PA

J9296

J9297

J9298 PA

J9299 PA

J9301 PA

J9302 PA

J9303

J9304 PA

J9305

J9306 PA

J9307

J9308 PA

J9309 PA

J9311 PA

J9312 PA

J9313 PA

J9314

J9315 PA

J9316 PA

J9317 PA; IC

J9318 PA: IC

J9319 PA

J9320

J9321

J9322

J9323

J9324 IC

J9325 PA

J9328

J9330

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

J9331 PA

J9332 PA

J9333

J9334

J9340

J9345 PA; IC

J9347 PA

J9348 PA

J9349 PA

J9350 PA

J9351

J9352

J9353 PA

J9354 PA

J9355 PA

J9356 PA

J9357

J9358 PA

J9359 PA

J9360

J9370

J9371 PA

J9376

J9380

J9381 PA

J9390 PA

J9393 PA

J9394 PA

J9395 PA

J9400 PA

J9999 IC

Q0138

Q0139

Q0162

Q0220

Q0249

Q2009 IC

Q2017 IC

Q2028 PA; IC (covered with diagnosis of lipodystrophy associated with, or secondary to, HIV only)

Q2035

Q2036 IC

Q2037 IC

Q2038 IC

Q2041 PA

Q2042 PA

Q2043 PA

Q2049 IC

Q2050

Q2053 PA

Q2054 PA

Q2055 PA

Q2056 PA

Q4074

Q4081

Q4101

Q4102

Q4103

Q4104

Q4106

Q4107

Q4108

Q4110

Q4121

Q4132

Q4133 PA

Q4151 IC; PA

Q4159 PA

Q4161

Q4162 IC

Q4163 IC

Q4164

Q4165 IC

Q4196

Q4186

Q4187

Q4199

Q4251

Q4252

Q4253

Q5101 PA

Q5103 PA

Q5104 PA

Q5105 PA

Q5106 PA

Q5107 PA

Q5108

Q5110 PA

Q5111

Q5112 PA

Q5113 PA

Q5114 PA

Q5115 PA

Q5116 PA

Q5117 PA

Q5118 PA

Q5119 PA

Q5121

Q5122

Q5123 PA

Q5124

Q5125 PA

Q5126 PA

Q5127

Q5128

Q5129 PA

Q5130

Q5131

Q5132 PA; IC

Q9950

Q9991

Q9992

S0013 PA

S0020 IC

S0021 IC

S0023 IC

S0199

S0191 IC

S0302

S2260 CPA-2; IC

90380

90381

90589

90623

90678

90679

96365

96366

96380

96381

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

59410

59414

59514

59515

59525 (HI-1 form required)

59612

59614

59620

59622

Global Deliveries

59400

59510

59610

59618

606 Payable Surgery Service Codes

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

11976 (SP)

11981

11982

11983

19100

44955

49082

49083

49084

49255

49320

54050

54057

54150

54160

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

56420

56440

56501

56515

56605

57061

57100

57240

57250

57260

57420

57421

57425

57452

57454

57455

57456

57460

57461

57500

57505

57510

57511

57513

57520

57522

57700

57800 (SP)

58100 (SP)

58120

58140

58146

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

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

58300

58301

58340

58353

58541 (HI-1 form required; PA for Gender Dysphoria-Related Services Only)

58542 (HI-1 form required; PA for Gender Dysphoria-Related Services Only)

58543 (HI-1 form required; PA for Gender Dysphoria-Related Services Only)

58544 (HI-1 form required; PA for Gender Dysphoria-Related Services Only)

58555 (SP)

58558

58560

58561

58562

58565 (CS-18 or CS-21 required)

58600 (CS-18 or CS-21 required)

58605 (CS-18 or CS-21 required) (SP)

58611 (CS-18 or CS-21 required)

58615 (CS-18 or CS-21 required)

58660

58661 (CS-18\* or CS-21\* required; PA for Gender Dysphoria-Related Services Only)

58670 (CS-18 or CS-21 required)

58671 (CS-18 or CS-21 required)

58700

58720 (CS-18\* or CS-21\* required; PA for Gender Dysphoria-Related Services Only)

58940

59000

59012

59015

59025

59870

607 Payable Nurse-Midwife Service Codes

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

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

Service

Code Modifier Special Requirement or Limitation

T1015 TH Use for a medical visit with a nurse midwife for a prenatal or postpartum service.

59400

59409

59410

59414

59610

59612

59614

608 Payable Audiology Service Codes

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

See 130 CMR 405.461 through 405.463 for other requirements.

92551

92552

92553

92567

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

This section lists health assessment service codes that are payable under MassHealth. The cost of the administration of the vaccine is included in the EPSDT visit rate and is not separately payable.

See 130 CMR 450.140 through 450.149 for other requirements.

99381

99382

99383

99384

99385

99391

99392

99393

99394

99395

610 Payable Early and Periodic Screening, Diagnostic and Treatment (EPSDT): Audiometric Hearing and Vision Test Service Codes

This section lists audiometric hearing and vision test service codes that are payable under MassHealth.

92551

92552

92587

99173

611 Payable Tobacco Cessation Service Codes

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

Service

Code Modifier Special Requirement or Limitation

99407 At least 30 minutes; eligible providers are physicians employed by community health centers.

99407 HN At least 30 minutes; eligible providers are physician assistants employed by community health centers.

99407 HQ For an individual in a group setting, 60-90 minutes; eligible providers are physicians employed by community health centers.

99407 SA At least 30 minutes; eligible providers are nurse practitioners employed by community health centers.

99407 SB At least 30 minutes; eligible providers are nurse midwives employed by community health centers.

99407 TD At least 30 minutes; eligible providers are registered nurses employed by community health centers.

99407 TF Intake assessment for an individual, at least 45 minutes; eligible providers are physicians employed by community health centers.

99407 U1 At least 30 minutes; eligible providers are tobacco cessation counselors employed by community health centers.

99407 U2 Intake assessment for an individual, at least 45 minutes; eligible providers are nurse practitioner, nurse midwife, physician assistant, registered nurse, and tobacco cessation counselor.

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

Code Special Requirement or Limitation

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

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

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

G0271 Medical nutrition therapy; reassessment and subsequent intervention(s) following

second referral in same year for change in diagnosis, medical condition or treatment regimen (including additional hours, needed for renal disease), group (2 or more individuals), each 30 minutes.

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

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

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

613 Payable Behavioral Health Screening Tool Service Codes

This section lists behavioral health screening tool service codes that are payable under MassHealth.

The administration and scoring of standardized behavioral health screening tools selected from the approved menu of tools found in [Appendix W](https://www.mass.gov/doc/appendix-w-epsdt-services-medical-and-dental-protocols-and-periodicity-schedules/download) of your MassHealth provider manual is covered for members (except MassHealth Limited) from birth to 21 years of age. Service Code 96110must be accompanied by one of the modifiers listed below to indicate whether a behavioral health need was identified.\*

Service

Code Modifier Special Requirement or Limitation

96110 U1 Covered for members birth to 21 for the administration and scoring of a standardized behavioral health screening tool from the approved menu of tools found in Appendix W of your MassHealth provider manual; with no behavioral health need identified\* (Eligible providers are physicians employed by community health centers.)

96110 U2 Covered for members birth to 21 for the administration and scoring of a standardized behavioral health screening tool from the approved menu of tools found in Appendix W of your MassHealth provider manual; and behavioral health need identified\* (Eligible providers are physicians employed by community health centers.)

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

96110 U4 Covered for members birth to 21 for the administration and scoring of a standardized behavioral health screening tool from the approved menu of tools found in Appendix W of your MassHealth provider manual; and behavioral health need identified\* (Eligible providers are nurse midwives employed by community health centers.)

96110 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.*

614 Payable Postpartum Depression Screening Tools

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

Modifier Description

U1 Perinatal Care Provider – Positive Screen: completed prenatal or postpartum depression screening and behavioral health need identified.

U2 Perinatal Care Provider – Negative Screen: completed prenatal or postpartum depression screening with no behavioral health need identified.

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

616 Modifiers

The following service code modifiers are allowed for billing under MassHealth.

Modifier Description

24 Unrelated evaluation and management service by the same physician during a postoperative period

25 Significant, separately identifiable evaluation and management service by the same physician or other qualified health care professional on the same day of the procedure or other service

26 Professional component

50 Bilateral procedure

51 Multiple procedures

54 Surgical care only

57 Decision for surgery

58 Staged or related procedure or service by the same physician or other qualified health care professional during the postoperative period

59 Distinct procedural service

62 Two surgeons

66 Surgical team

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

Modifier Description

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.

Modifier Description

PA Surgical or other invasive procedure on wrong body part

PB Surgical or other invasive procedure on wrong patient

PC Wrong surgery or other invasive procedure on patient

For more information on the use of these modifiers, see [Appendix V](https://www.mass.gov/guides/masshealth-all-provider-manual-appendices#-appendix-v:-masshealth-billing-instructions-for-provider-preventable-conditions-) of your provider manual.

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