




Commonwealth of Massachusetts
Executive Office of Health and Human Services
Division of Medical Assistance
600 Washington Street
Boston, MA 02111
www.mass.gov/dma

MASSHEALTH
TRANSMITTAL LETTER CHC-66
December 2002

TO: Community Health Centers Participating in MassHealth
FROM: Wendy E. Warring, Commissioner 
RE: *Community Health Center Manual* (Revisions to Service Codes and Descriptions)

This letter transmits revisions to the *Community Health Center Manual* service codes and descriptions. The revised Subchapter 6 is effective for dates of service on or after January 1, 2003. Subchapter 5, Billing Instructions, will be revised and sent under separate cover.

The Centers for Medicare and Medicaid Services (CMS) have revised the Healthcare Common Procedure Coding System (HCPCS) for 2002. New national service codes have been added, and MassHealth local codes have been removed from the *Community Health Center Manual*. Please note that you must use a modifier with some codes to accurately reflect the service provided. The attached Subchapter 6 contains codes with modifiers, where applicable.

I. Titmus Vision Test

Effective for dates of service on or after January 1, 2003, the MassHealth local service code for a titmus vision test (X9335) has been replaced with CPT code **99173**, screening test of visual acuity, quantitative, bilateral.

II. Individual Medical Visits

Effective for dates of service on or after January 1, 2003, the MassHealth local service code for an individual medical visit in a CHC (X5902) has been replaced with HCPCS code **T1015** (Clinic visit/encounter, all-inclusive). The MassHealth local service code for an individual medical visit with a nurse midwife for a prenatal or postpartum service (X5901) has been replaced with HCPCS code **T1015** with modifier **TH** (obstetrical treatment/services, prenatal or postpartum). The MassHealth local code for group clinic visit (5904) has been replaced with HCPCS code **T1015** with modifier **HQ** (clinic visit/all inclusive/group setting).

In addition, two MassHealth local service codes for HIV counseling visits (X5580 and X5581) have been replaced with a single CPT code **99402** (preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual; separate procedure; approx 30 minutes). Providers are no longer required to differentiate between pre-test and post-test counseling visits for billing purposes.

III. Billing Guidelines

Please find attached a crosswalk from the obsolete MassHealth local service codes and modifiers to the new national service codes and modifiers for the revised Subchapter 6.

IV. How to Obtain a Community Health Centers Fee Schedule with the New Service Codes

If you wish to obtain a fee schedule, you may purchase Division of Health Care Finance and Policy regulations from either the Massachusetts State Bookstore or from the Division of Health Care Finance and Policy (see addresses and telephone numbers below). You must contact them first to find out the price of the publication. The Division of Health Care Finance and Policy also has the regulations available on disk. The regulation title is 114.3 CMR 4.00: Rates for Community Health Centers.

Massachusetts State Bookstore
State House, Room 116
Boston, MA 02133
Telephone: 617-727-2834
www.mass.gov/sec/spr

Division of Health Care Finance and Policy
Two Boylston Street
Boston, MA 02116
Telephone: 617-988-3100
www.mass.gov/dhcfp

V. Table of Contents

Table of Contents page vii is being updated to include Appendix W, which was added to all provider manuals in May 2001.

VI. Web Site Access and Questions

All of the information in this transmittal letter, as well as the revised regulations, is available on the Division's Web site at www.mass.gov/dma.

If you have any questions, please call MassHealth Provider Services at 617-628-4141 or 1-800-325-5231.

NEW MATERIAL

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

Community Health Center Manual

Pages vii, 6.3-1 through 6.3-6, 6.5-1, 6.5-2, 6.8-1, and 6.8-2

OBSOLETE MATERIAL

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

Community Health Center Manual

Pages vii — transmitted by Transmittal Letter CHC-61

Pages 6.3-1 and 6.3-2 — transmitted by Transmittal Letter CHC-64

Pages 6.3-3 through 6.3-6 — transmitted by Transmittal Letter CHC-60

Pages 6.5-1 and 6.5-2 — transmitted by Transmittal Letter CHC-65

Pages 6.8-1 and 6.8-2 — transmitted by Transmittal Letter CHC-57

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603 Visit Service Codes and Descriptions

When claiming payment for visits, 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.)

Service

Code-Modifier Service Description

CHC Visits

- T1015 Clinic visit/encounter, all-inclusive (use for individual medical visit)
90899 Unlisted psychiatric service or procedure (use for individual mental health visit)
T1015-HQ Clinic visit/encounter, all-inclusive — group setting (use for group clinic visit)
99402 Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approx 30 min (use for HIV counseling visits)
99050 Services requested after office hours in addition to basic service (Use for urgent care Monday through Friday from 5:00 P.M. to 6:59 A.M., and Saturday 7:00 A.M. to 4:00 P.M. This code may be billed in addition to the individual medical visit.)
99054 Services requested on Sundays and holidays in addition to basic services (use for urgent care Saturday 4:01 P.M. to Monday 6:59 A.M. This code may be billed in addition to the individual medical visit.)
X2003 Dental enhancement fee (This code can **only** be billed on claim form no. 11, once per date of service for each member receiving dental services on that date.)
X3333 Injectable and infusible drugs and devices supplied in the clinic (P.A.) (I.C.)

Hospital Inpatient Services

- 99221 Initial hospital care, per day, for the evaluation and management of a patient, that requires these three key components:
- a detailed or comprehensive history;
- a detailed or comprehensive examination; and
- medical decision making that is straightforward or of low complexity
99222 Initial hospital care, per day, for the evaluation and management of a patient, that requires these three key components:
- a comprehensive history;
- a comprehensive examination; and
- medical decision making of moderate complexity
99223 Initial hospital care, per day, for the evaluation and management of a patient, that requires these three key components:
- a comprehensive history;
- a comprehensive examination; and
- medical decision making of high complexity
99431 History and examination of the normal newborn infant, initiation of diagnostic and treatment programs and preparation of hospital records (This code should also be used for birthing-room deliveries.)

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603 Visit Service Codes and Descriptions (cont.)

Service

Code Service Description

Subsequent Hospital Care

- 99231 Subsequent hospital care, per day, for the evaluation and management of a patient, that requires at least two of these three key components:
- a problem-focused interval history;
 - a problem-focused examination;
 - medical decision making that is straightforward or of low complexity
- 99232 Subsequent hospital care, per day, for the evaluation and management of a patient, that requires at least two of these three key components:
- an expanded problem-focused interval history;
 - an expanded problem-focused examination;
 - medical decision making of moderate complexity
- 99233 Subsequent hospital care, per day, for the evaluation and management of a patient, that requires at least two of these three key components:
- a detailed interval history;
 - a detailed examination;
 - medical decision making of high complexity
- 99433 Subsequent hospital care, for the evaluation and management of a normal newborn, per day

Hospital Observation Services

Initial Observation Care (New or Established Patient)

- 99218 Initial observation care, per day, for the evaluation and management of a patient, that requires these three key components:
- a detailed or comprehensive history;
 - a detailed or comprehensive examination; and
 - medical decision making that is straightforward or of low complexity
- 99219 Initial observation care, per day, for the evaluation and management of a patient, that requires these three key components:
- a comprehensive history;
 - a comprehensive examination; and
 - medical decision making of moderate complexity
- 99220 Initial observation care, per day, for the evaluation and management of a patient, that requires these three key components:
- a comprehensive history;
 - a comprehensive examination; and
 - medical decision making of high complexity

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603 Visit Service Codes and Descriptions (cont.)

Service

Code Service Description

Nursing Facility Services

- 99301 Evaluation and management of a new or established patient involving an annual nursing facility assessment, that requires these three key components:
- a detailed interval history;
 - a comprehensive examination; and
 - medical decision making that is straightforward or of low complexity
- 99302 Evaluation and management of a new or established patient involving a nursing facility assessment, that requires these three key components:
- a detailed interval history;
 - a comprehensive examination; and
 - medical decision making of moderate to high complexity
- 99303 Evaluation and management of a new or established patient involving a nursing facility assessment at the time of initial admission or readmission to the facility, that requires these three key components:
- a comprehensive history;
 - a comprehensive examination; and
 - medical decision making of high complexity

Subsequent Nursing Facility Care

- 99311 Subsequent nursing facility care, per day, for the evaluation and management of a new or established patient, that requires at least two of these three key components:
- a problem-focused interval history;
 - a problem-focused examination;
 - medical decision making that is straightforward or of low complexity
- 99312 Subsequent nursing facility care, per day, for the evaluation and management of a new or established patient, that requires at least two of these three key components:
- an expanded problem-focused interval history;
 - an expanded problem-focused examination;
 - medical decision making of moderate complexity
- 99313 Subsequent nursing facility care, per day, for the evaluation and management of a new or established patient, that requires at least two of these three key components:
- a detailed interval history;
 - a detailed examination;
 - medical decision making of moderate to high complexity

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603 Visit Service Codes and Descriptions (cont.)

Service

Code Service Description

Domiciliary, Rest Home (e.g., Boarding Home), or Custodial Care Services

New Patient

- 99321 Domiciliary or rest home visit for the evaluation and management of a new patient, that requires these three key components:
- a problem-focused history;
 - a problem-focused examination; and
 - medical decision making that is straightforward or of low complexity
- 99322 Domiciliary or rest home visit for the evaluation and management of a patient, that requires these three key components:
- an expanded problem-focused history;
 - an expanded problem-focused examination; and
 - medical decision making of moderate complexity
- 99323 Domiciliary or rest home visit for the evaluation and management of a patient, that requires these three key components:
- a detailed history;
 - a detailed examination; and
 - medical decision making of high complexity

Established Patient

- 99331 Domiciliary or rest home visit for the evaluation and management of an established patient, that requires at least two of these three key components:
- a problem-focused interval history;
 - a problem-focused examination;
 - medical decision making that is straightforward or of low complexity
- 99332 Domiciliary or rest home visit for the evaluation and management of an established patient, that requires at least two of these three key components:
- an expanded problem-focused interval history;
 - an expanded problem-focused examination;
 - medical decision making of moderate complexity
- 99333 Domiciliary or rest home visit for the evaluation and management of an established patient, that requires at least two of these three key components:
- a detailed interval history;
 - a detailed examination;
 - medical decision making of high complexity

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603 Visit Service Codes and Descriptions (cont.)

Service

Code Service Description

Home Services

New Patient

- 99341 Home visit for the evaluation and management of a new patient, that requires these three key components:
- a problem-focused history;
 - a problem-focused examination; and
 - straightforward medical decision making
- 99342 Home visit for the evaluation and management of a new patient, that requires these three key components:
- an expanded problem-focused history;
 - an expanded problem-focused examination; and
 - medical decision making of low complexity
- 99343 Home visit for the evaluation and management of a new patient, that requires these three key components:
- a detailed history;
 - a detailed examination; and
 - medical decision making of moderate complexity
- 99345 Home visit for the evaluation and management of a new patient, that requires these three key components:
- a comprehensive history;
 - a comprehensive examination; and
 - medical decision making of high complexity

Established Patient

- 99347 Home visit for the evaluation and management of an established patient, that requires at least two of these three key components:
- a problem-focused interval history;
 - a problem-focused examination;
 - straightforward medical decision making
- 99348 Home visit for the evaluation and management of an established patient, that requires at least two of these three key components:
- an expanded problem-focused interval history;
 - an expanded problem-focused examination;
 - medical decision making of low complexity

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603 Visit Service Codes and Descriptions (cont.)

Service

Code Service Description

- 99349 Home visit for the evaluation and management of an established patient, that requires at least two of these three key components:
- a detailed interval history;
 - a detailed examination;
 - medical decision making of moderate complexity
- 99350 Home visit for the evaluation and management of an established patient, that requires at least two of these three key components:
- a comprehensive interval history;
 - a comprehensive examination;
 - medical decision making of moderate to high complexity

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605 Nurse-Midwife Service Codes and Descriptions

See 130 CMR 430.427 for requirements. When billing for delivery services performed by a nurse midwife, the provider must use a modifier.

Service

Code-Modifier Service Description

T1015-TH	Clinic visit/encounter, all-inclusive – obstetrical treatment/services, prenatal or postpartum (use for a medical visit with a nurse midwife for a prenatal or postpartum service)
59400	Routine obstetric care, including antepartum care, vaginal delivery (with or without episiotomy, and/or forceps) and postpartum care
59409	Vaginal delivery only (with or without episiotomy and/or forceps)
59410	Vaginal delivery only (with or without episiotomy and/or forceps); including postpartum care (Hysterectomy Information (HI-1) form required)
59414	Delivery of placenta (separate procedure)
59610	Routine obstetric care including antepartum care, vaginal delivery (with or without episiotomy, and/or forceps) and postpartum care, after previous cesarean delivery
59612	Vaginal delivery only, after previous cesarean delivery (with or without episiotomy and/or forceps)
59614	including postpartum care

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608 Early and Periodic Screening, Diagnosis and Treatment (EPSDT): Audiometric Hearing and Vision Tests Service Codes and Descriptions

Service

Code Service Description

92551 Screening test, pure tone, air only

92552 Pure tone audiometry (threshold); air only

99173 Screening test of visual acuity, quantitative, bilateral. (Use for titmus vision test.)

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 Physician's Current Procedural Terminology (CPT) code book.

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Community Health Center Service Code Crosswalk

Obsolete Code	Obsolete Code Description	New Code – Modifier	New Code Description	Modifier Descr
X5901	Medical visit w/ nurse midwife for a prenatal or postpartum service	T1015 – TH	Clinic visit/encounter, all-inclusive	Obstetrical treatment/services, prenatal or postpartum
X5902	Individual medical visit	T1015	Clinic visit/encounter, all-inclusive	
X5903	Individual mental health visit	90899	Unlisted psychiatric service or procedure	
X5904	Group clinic visit	T1015 – HQ	Clinic visit/encounter, all-inclusive	Group setting
X5580	HIV pre-counseling visit	99402	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 30 minutes	
X5581	HIV post-counseling visit	99402	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 30 minutes	
X5582	Urgent care Mon - Fri 5:00 P.M.-6:59 A.M.; Sat 7:00 A.M.-4:00 P.M.	99050	Services requested after office hours in addition to basic services	
X5583	Urgent care 4:01P.M. Sat-6:59 A.M. Mon	99054	Services requested on Sundays and holidays in addition to basic services	
X9335	Titmus vision test	99173	Screening test of visual acuity, quantitative, bilateral	