



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-68
September 2003

TO: Community Health Centers Participating in MassHealth
FROM: Beth Waldman, Acting Commissioner *Beth Waldman*
RE: *Community Health Center Manual* (Revisions to Service Codes and Descriptions)

This letter transmits revised service codes and descriptions for the *Community Health Center Manual*. The revised Subchapter 6 is effective for dates of service on or after October 1, 2003.

The Centers for Medicare and Medicaid Services (CMS) has revised the Healthcare Common Procedure Coding System (HCPCS) for 2003. 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.

Dental Enhancement Fee

Effective for dates of service on or after October 1, 2003, the MassHealth local service code for the dental enhancement fee (X2003) has been replaced with CDT code **D9450** (case presentation, detailed and extensive treatment planning). This code may be billed only on the MassHealth proprietary paper or electronic (EMC) claim form no. 11, or on the HIPAA-complaint 837 Dental transaction. This code may not be billed on the MassHealth proprietary paper/EMC claim form no. 9 or on the 837 Professional transaction. Local Service Code X2003 will **not** be accepted for dates of service after September 30, 2003.

How to Obtain a 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

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 6.3-1 through 6.3-6

OBSOLETE MATERIAL

(The pages listed here are no longer in effect.)

Community Health Center Manual

Pages 6.3-1 through 6.3-6 — transmitted by Transmittal Letter-66

Commonwealth of Massachusetts Division of Medical Assistance Provider Manual Series COMMUNITY HEALTH CENTER MANUAL	SUBCHAPTER NUMBER AND TITLE 6 SERVICE CODES AND DESCRIPTIONS	PAGE 6.3-1
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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

D9450		Case presentation, detailed and extensive treatment planning (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.)
X3333		Injectable and infusible drugs and devices supplied in the clinic (P.A.) (I.C.)
T1015		Clinic visit/encounter, all-inclusive (Use for individual medical visit.)
T1015	HQ	Clinic visit/encounter, all-inclusive, group setting (Use for group clinic visit.)
90899		Unlisted psychiatric service or procedure (Use for individual mental health visit.)
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 service (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.)
99402		Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 30 minutes (Use for HIV counseling visits.)

Hospital Inpatient Services

99221		Initial hospital care, per day, for the evaluation and management of a patient, which 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, which 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, which 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 Modifier Service Description

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.)

Subsequent Hospital Care

99231 Subsequent hospital care, per day, for the evaluation and management of a patient, which 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, which 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, which 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, which 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, which 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, which 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 Modifier Service Description

Nursing Facility Services

- 99301 Evaluation and management of a new or established patient involving an annual nursing facility assessment, which 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, which 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, which requires these three key components:
- a comprehensive history;
 - a comprehensive examination; and
 - medical decision making of moderate to high complexity

Subsequent Nursing Facility Care

- 99311 Subsequent nursing facility care, per day, for the evaluation and management of a new or established patient, which 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, which 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, which 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 Modifier 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, which 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, which 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, which 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, which 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, which 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, which 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 Modifier Service Description

Home Services

New Patient

- 99341 Home visit for the evaluation and management of a new patient, which 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, which 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, which 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, which 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, which 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, which 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 Modifier Service Description

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