



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-69
November 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 revisions to the *Community Health Center Manual* service codes and descriptions. The revisions are effective for dates of service on or after November 1, 2003.

The Centers for Medicare and Medicaid Services (CMS) have revised the Healthcare Common Procedure Coding System (HCPCS) for 2003. All MassHealth local codes have been removed from the *Community Health Center Manual* and replaced with national codes. 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.

MassHealth Service Code X3333

Effective for dates of service on or after November 1, 2003, the MassHealth local service code for "injectable and infusible drugs and devices supplied in the clinic" (X3333) has been replaced with HCPCS Level II Service Code **J3490** (unclassified drugs).

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 and 6.3-2

OBSOLETE MATERIAL

(The pages listed here are no longer in effect.)

Community Health Center Manual

Pages 6.3-1 and 6.3-2 – transmitted by Transmittal Letter CHC-68

| | | |
|---|--|-------------------------|
| 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 |
| | TRANSMITTAL LETTER CHC-69 | DATE 11/01/03 |

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 be billed only once per date of service for each member receiving dental services on that date.) |
| J3490 | | Unclassified drugs (Use for injectable and infusible drugs and devices supplied in the clinic. Do not use for medications and injectables related to family planning services.) (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 |

| | | |
|---|--|-------------------------|
| Commonwealth of Massachusetts Division of Medical Assistance Provider Manual Series COMMUNITY HEALTH CENTER MANUAL | SUBCHAPTER NUMBER AND TITLE 6 SERVICE CODES AND DESCRIPTIONS | PAGE 6.3-2 |
| | TRANSMITTAL LETTER CHC-69 | DATE 11/01/03 |

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