Commonwealth of Massachusetts
Executive Office of Health and Human Services
Office of Medicaid
www.mass.gov/masshealth

MassHealth
Transmittal Letter CHC-94
April 2012

TO: Community Health Centers Participating in MassHealth

FROM: Dr. Julian Harris, M.D., Medicaid Director

RE: *Community Health Center Manual* (2012 HCPCS and Vaccine Codes)

This letter transmits revisions to Subchapter 6 of the *Community Health Center Manual*. The Centers for Medicare & Medicaid Services (CMS) has revised the Healthcare Common Procedure Coding System (HCPCS) for 2012. MassHealth has updated Subchapter 6 to reflect these changes and at the same time, has removed service code descriptions. In addition, MassHealth has added certain influenza vaccine service codes to Subchapter 6. The revised Subchapter 6 is effective for dates of service on or after January 1, 2012, with the exception of the vaccine codes specified below, which are effective for dates of service on or after September 1, 2011.

Community health centers (CHCs) should use the American Medical Association Current Procedural Terminology (CPT) 2012 code book or the Healthcare Procedure Coding System (HCPCS) Level II code book to get service descriptions for the codes listed in Subchapter 6 of the *Community Health Center Manual*.

If you wish to obtain a fee schedule, you may download the Division of Health Care Finance and Policy (DHCFP) regulations at no cost at www.mass.gov/dhcfp. You may also purchase a paper copy of the 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 paper copy of the publication. The specific regulation titles are, 114.3 CMR 18.00: Radiology, 114.3 CMR 20.00: Clinical Laboratory Services, 114.3 CMR 4.00: Rates for Community Health Centers, and 114.3 CMR 17.00: Medicine.

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

Vaccines Provided in Community Health Centers

Effective for dates of service on or after September 1, 2011, MassHealth has added the following vaccine service codes for influenza to Subchapter 6 of the *Community Health Center Manual*: 90656, 90658, 90660, 90661, and 90662 – for adults 19 years and older. These vaccines are available free of charge through the Massachusetts Immunization Program for children under 19 years of age.

Vaccines supplied by the Massachusetts Department of Public Health (DPH) free of charge are not payable by MassHealth. MassHealth separately pays CHCs for vaccines not supplied by DPH free of charge, only if the vaccine is listed in Section 604 (Visit Service Codes and Descriptions) of Subchapter 6 of the *Community Health Center Manual*. The cost of the administration of the vaccine is included in the CHC visit rate and is not separately payable.

For additional information and individual consideration (I.C.) requirements, see Section 604 of Subchapter 6 of the *Community Health Center Manual*, and MassHealth regulations at 130 CMR 450.271.

Information about the availability of DPH-supplied vaccines can be found on the following DPH Web sites.

- www.mass.gov/dph
- www.mass.gov/eohhs/provider/guidelines-resources/clinical-treatment/diseases-conditions/immunization/

MassHealth Web Site

This transmittal letter and attached pages are available on the MassHealth Web site at www.mass.gov/masshealth.

Questions

If you have any questions about this transmittal letter, please contact MassHealth Customer Service at 1-800-841-2900, e-mail your inquiry to providersupport@mahealth.net, or fax your inquiry to 617-988-8974.

NEW MATERIAL

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

Community Health Center Manual

Pages vi and 6-1 through 6-16

OBSOLETE MATERIAL

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

Community Health Center Manual

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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 and 450.000. 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 of age 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)* code book and to the HCPCS Level II code book (or the Centers for Medicare & Medicaid Services Web site at www.cms.gov).

The following abbreviations are used in Subchapter 6.

(A) PA indicates that service-specific prior authorization is required (see 130 CMR 450.303).

(B) IC indicates that the claim will receive individual consideration to determine payment. A descriptive report must accompany the claim (see 130 CMR 450.271).

(C) 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.

602 Payable Radiology Service Codes

This section lists radiology service codes that are payable under MassHealth. For complete descriptions of the service codes listed, refer to the American Medical Association's latest *Current Procedural Terminology (CPT)* code book and to the HCPCS Level II code book (or the Centers for Medicare & Medicaid Services Web site at www.cms.gov).

70030	70336 (PA)	70542	71030	72074
70100	70350	70543	71034	72080
70110	70355	70544	71035	72090
70120	70360	70545	71040	72100
70130	70370	70546	71060	72110
70134	70371	70547	71100	72114
70140	70373	70548	71101	72120
70150	70380	70549	71110	72125
70160	70390	70551	71111	72126
70190	70450	70552	71120	72127
70200	70460	70553	71130	72128
70210	70470	70554	71550	72129
70220	70480	70555	71551	72130
70240	70481	70557	71555	72131
70250	70482	70558	72010	72132
70260	70486	70559	72020	72133
70300	70487	71010	72040	72141
70310	70488	71015	72050	72142
70320	70490	71020	72052	72146
70328	70491	71021	72069	72147
70330	70492	71022	72070	72148
70332	70540	71023	72072	72149

602 Payable Radiology Service Codes (cont.)

72156	73223	74220	75565	75887
72157	73500	74230	75572	75889
72158	73510	74235	75573	75891
72170	73520	74240	75574	75893
72190	73525	74241	75600	75898
72192	73530	74245	75605	75900
72193	73540	74246	75625	75901
72194	73550	74247	75630	75902
72195	73560	74249	75650	75945
72196	73562	74250	75658	75946
72197	73564	74251	75660	76000
72200	73565	74260	75662	76001
72202	73580	74261 (PA)	75665	76010
72220	73590	74262 (PA)	75671	76080
72240	73592	74270	75676	76098
72255	73600	74280	75680	76100
72265	73610	74283	75685	76101
72270	73615	74290	75705	76102
72275	73620	74291	75710	76120
72285	73630	74300	75716	76125
72291	73650	74301	75726	76376
72292	73660	74305	75731	76377
72295	73700	74320	75733	76380
73000	73701	74327	75736	76499 (IC)
73010	73702	74330	75741	76506
73020	73718	74340	75743	76510
73030	73719	74355	75746	76511
73040	73720	74400	75756	76512
73050	73721	74410	75774	76513
73060	73722	74415	75791	76514
73070	73723	74420	75801	76516
73080	73725	74425	75803	76519
73085	74000	74430	75805	76529
73090	74010	74440	75807	76536
73092	74020	74445	75809	76604
73100	74022	74450	75810	76645
73110	74150	74455	75820	76700
73115	74160	74470	75822	76705
73120	74170	74475	75825	76770
73130	74174	74480	75827	76775
73140	74176	74485	75831	76776
73200	74177	74710	75833	76800
73201	74178	74740	75840	76801
73202	74181	74742	75842	76802
73218	74182	74775	75860	76805
73219	74183	75557	75870	76810
73220	74185	75559	75872	76811
73221	74190	75561	75880	76812
73222	74210	75563	75885	76813

602 Payable Radiology Service Codes (cont.)

76814	77022	78120	78399 (IC)	78647
76815	77051	78121	78414 (IC)	78650
76816	77052	78122	78428	78660
76817	77053	78130	78445	78699 (IC)
76818	77054	78135	78451	78700
76820	77055	78140	78452	78701
76821	77056	78185	78453	78707
76825	77057	78190	78454	78708
76826	77058 (PA)	78191	78456	78709
76827	77059 (PA)	78195	78457	78710
76828	77071	78199 (IC)	78458	78725
76830	77072	78201	78459	78730
76831	77073	78202	78466	78740
76856	77074	78205	78468	78761
76857	77075	78206	78469	78799 (IC)
76870	77076	78215	78472	78800
76872	77077	78216	78473	78801
76873	77078	78226	78481	78802
76881	77080	78227	78483	78803
76882	77081	78230	78491	78804
76885	77082	78231	78492	78805
76886	78000	78232	78494	78806
76937	78001	78258	78496	78807
76942	78003	78261	78499 (IC)	78808
76945	78006	78262	78579	78811
76946	78007	78264	78580	78812
76948	78010	78270	78582	78813
76950	78011	78271	78597	78814
76965	78015	78272	78598	78815
76970	78016	78278	78599 (IC)	78816
76977	78018	78282 (IC)	78600	78999 (IC)
76999 (IC)	78020	78290	78601	G0202
77001	78070	78291	78605	G0204
77002	78075	78299 (IC)	78607	G0206
77003	78099 (IC)	78300	78608	
77011	78102	78305	78609	
77012	78103	78306	78610	
77013	78104	78315	78630	
77014	78110	78320	78635	
77021	78111	78350	78645	

603 Payable Laboratory Service Codes

This section lists laboratory service codes that are payable under MassHealth. For complete descriptions of the service codes listed, refer to the American Medical Association's latest *Current Procedural Terminology (CPT)* code book and to the HCPCS Level II code book (or the Centers for Medicare & Medicaid Services Web site at www.cms.gov).

80047	80299	82030	82270	82495
80048	80400	82040	82271	82507
80050	80402	82042	82272	82520
80051	80406	82043	82274	82523
80053	80408	82044	82286	82525
80055	80410	82045	82300	82528
80061	80412	82055	82306	82530
80069	80414	82085	82308	82533
80074	80415	82088	82310	82540
80076	80416	82101	82330	82541
80102	80417	82103	82331	82542
80103	80418	82104	82340	82543
80150	80420	82105	82355	82544
80152	80422	82106	82360	82550
80154	80424	82107	82365	82552
80156	80426	82108	82370	82553
80157	80428	82120	82373	82554
80158	80430	82127	82374	82565
80160	80432	82128	82375	82570
80162	80434	82131	82376	82575
80164	80435	82135	82378	82585
80166	80436	82136	82379	82595
80168	80438	82139	82380	82600
80170	80439	82140	82382	82607
80172	80440	82143	82383	82608
80173	81000	82145	82384	82610
80174	81001	82150	82387	82615
80176	81002	82154	82390	82626
80178	81003	82157	82397	82627
80182	81005	82160	82415	82633
80184	81007	82163	82435	82634
80185	81015	82164	82436	82638
80186	81020	82172	82438	82646
80188	81025	82175	82441	82649
80190	81050	82180	82465	82651
80192	81099 (IC)	82190	82480	82652
80194	82000	82205	82482	82654
80195	82003	82232	82485	82656
80196	82009	82239	82486	82657
80197	82010	82240	82487	82658
80198	82013	82247	82488	82664
80200	82016	82248	82489	82666
80201	82017	82252	82491	82668
80202	82024	82261	82492	82670

603 Payable Laboratory Service Codes (cont.)

82671	82978	83540	83883	84085
82672	82979	83550	83885	84087
82677	82980	83570	83887	84100
82679	82985	83582	83890	84105
82690	83001	83586	83891	84106
82693	83002	83593	83892	84110
82696	83003	83605	83893	84112
82705	83008	83615	83894	84119
82710	83009	83625	83896	84120
82715	83010	83630	83897	84126
82725	83012	83631	83898	84127
82726	83013	83632	83900	84132
82728	83014	83633	83901	84133
82731	83015	83634	83902	84134
82735	83018	83655	83903	84135
82742	83020	83661	83904	84138
82746	83021	83662	83905	84140
82747	83026	83663	83906	84143
82757	83030	83664	83907	84144
82759	83033	83670	83908	84146
82760	83036	83690	83909	84150
82775	83037	83695	83912	84152
82776	83045	83698	83913	84153
82784	83050	83700	83914	84154
82785	83051	83701	83915	84155
82787	83055	83704	83916	84156
82800	83060	83718	83918	84157
82803	83065	83719	83919	84160
82805	83068	83721	83921	84163
82810	83069	83727	83925	84165
82820	83070	83735	83930	84166
82930	83071	83775	83935	84181
82938	83080	83785	83937	84182
82941	83088	83788	83945	84202
82943	83090	83789	83950	84203
82945	83150	83805	83951	84206
82946	83491	83825	83970	84207
82947	83497	83835	83986	84210
82948	83498	83840	83992	84220
82950	83499	83857	83993	84228
82951	83500	83858	84022	84233
82952	83505	83861	84030	84234
82953	83516	83864	84035	84235
82955	83518	83866	84060	84238
82960	83519	83872	84066	84244
82963	83520	83873	84075	84252
82965	83525	83874	84078	84255
82975	83527	83876	84080	84260
82977	83528	83880	84081	84270

603 Payable Laboratory Service Codes (cont.)

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603 Payable Laboratory Service Codes (cont.)

86590	86703	86817	87102	87274
86592	86704	86821	87103	87275
86593	86705	86822	87106	87276
86602	86706	86825	87107	87277
86603	86707	86826	87109	87278
86606	86708	86849 (IC)	87110	87279
86609	86709	86850	87116	87280
86611	86710	86860	87118	87281
86612	86713	86870	87140	87283
86615	86717	86880	87143	87285
86617	86720	86885	87147	87290
86618	86723	86886	87149	87299
86619	86727	86900	87152	87300
86622	86729	86901	87158	87301
86625	86732	86902	87164	87305
86628	86735	86904	87166	87320
86631	86738	86905	87168	87324
86632	86741	86906	87169	87327
86635	86744	86920	87172	87328
86638	86747	86921	87176	87329
86641	86750	86922	87177	87332
86644	86753	86923	87181	87335
86645	86756	86940	87184	87336
86648	86757	86941	87185	87337
86651	86759	86970	87186	87338
86652	86762	86971	87187	87339
86653	86765	86972	87188	87340
86654	86768	86975	87190	87341
86658	86771	86976	87197	87350
86663	86774	86977	87205	87380
86664	86777	86978	87206	87385
86665	86778	86999 (IC)	87207	87389
86666	86780	87001	87209	87390
86668	86784	87003	87210	87391
86671	86787	87015	87220	87400
86674	86788	87040	87230	87420
86677	86789	87045	87250	87425
86682	86790	87046	87252	87427
86684	86793	87070	87253	87430
86687	86800	87071	87254	87449
86688	86803	87073	87255	87450
86689	86804	87075	87260	87451
86692	86805	87076	87265	87470
86694	86806	87077	87267	87471
86695	86807	87081	87269	87472
86696	86808	87084	87270	87475
86698	86812	87086	87271	87476
86701	86813	87088	87272	87477
86702	86816	87101	87273	87480

603 Payable Laboratory Service Codes (cont.)

87481	87560	88148	88289	89190
87482	87561	88150	88291	89220 (IC)
87485	87562	88152	88299 (IC)	89230 (IC)
87486	87580	88153	88300	89240 (IC)
87487	87581	88154	88302	93000
87490	87582	88155	88304	93005
87491	87590	88160	88305	93010
87492	87591	88161	88307	93015
87495	87592	88162	88309	93016
87496	87620	88164	88311	93017
87497	87621	88165	88312	93018
87498	87622	88166	88313	93024
87500	87640	86167	88314	93025
87501	87641	88172	88319	93040
87502	87650	88173	88342	93041
87503	87651	88174	88346	93042
87510	87652	88175	88347	93224
87511	87653	88177	88348	93225
87512	87660	88182	88349	93226
87515	87797	88184	88355	93227
87516	87798	88185	88356	93228 (IC)
87517	87799	88187	88358	93229 (IC)
87520	87800	88188	88360	93230
87521	87801	88189	88361	93268
87522	87802	88199 (IC)	88362	93270
87525	87803	88230	88363	93271
87526	87804	88233	88365	93272
87527	87807	88235	88367	93278
87528	87808	88237	88368	93303
87529	87809	88239	88371	93304
87530	87810	88240	88372	93306
87531	87850	88241	88380 (IC)	93307
87532	87880	88245	88381	93308
87533	87899	88248	88384	93312
87534	87902	88249	88385	93313
87535	87905	88261	88386	93314
87536	87906	88262	88387	93315
87537	87999 (PA)(IC)	88263	88388	93316
87538	88104	88264	88399 (IC)	93317
87539	88106	88267	88720	93318
87540	88108	88269	88740	93320
87541	88112	88271	88741	93321
87542	88120	88272	89049	93325
87550	88121	88273	89050	93350
87551	88130	88274	89051	93351
87552	88140	88275	89055	93352
87555	88141	88280	89060	93724
87556	88142	88283	89125	93740
87557	88143	88285	89160	93745 (IC)
	88147			

603 Payable Laboratory Service Codes (cont.)

93784	93886	93926	93978	95953
93788	93888	93930	93979	95956
93790	93890	93931	93980	G0431
93797	93893	93965	93981	G0434
93798	93922	93970	93990	
93799 (IC)	93923	93971	93998 (IC)	
93880	93924	93975	95950	
93882	93925	93976	95951	

604 Payable Visit Service Codes

This section lists visit service codes that are payable under MassHealth. For complete descriptions of the service codes listed, refer to the American Medical Association's latest *Current Procedural Terminology (CPT)* code book and to the HCPCS Level II code book (or the Centers for Medicare & Medicaid Services Web site at www.cms.gov).

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.)

(A) The following visit service codes have special requirements or limitations.

Service Code	Modifier	Special Requirement or Limitation
D1206		Covered for children under 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.
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.
J3490		Use for injectable and infusible drugs and devices supplied in the clinic. Do not use for medications and injectables related to family planning services. (IC)
T1015		Use for individual medical visit.
T1015	HQ	Use for group clinic visit.
90632		Covered for adults ≥19; available free of charge through the Massachusetts Immunization Program for children under 19 years of age.
90649		Covered for members aged 19 to 26; available free of charge through the Massachusetts Immunization Program for children under 19 years of age.
90650		Covered for members aged 19 to 26; available free of charge through the Massachusetts Immunization Program for children under 19 years of age.
90656		Covered for adults ≥19; available free of charge through the Massachusetts Immunization Program for children under 19 years of age.

604 Payable Visit Service Codes (cont.)

Service Code	Modifier	Special Requirement or Limitation
90658		Covered for adults ≥19; available free of charge through the Massachusetts Immunization Program for children under 19 years of age.
90660		Covered for adults ≥19; available free of charge through the Massachusetts Immunization Program for children under 19 years of age.
90661		Covered for adults ≥19; available free of charge through the Massachusetts Immunization Program for children under 19 years of age. (IC)
90662		Covered for adults ≥19; available free of charge through the Massachusetts Immunization Program for children under 19 years of age. (IC)
90707		Covered for adults ≥19; available free of charge through the Massachusetts Immunization Program for children under 19 years of age.
90713		Covered for adults ≥19; available free of charge through the Massachusetts Immunization Program for children under 19 years of age.
90715		Covered for adults ≥ 19; available free of charge through the Massachusetts Immunization Program for children under 19 years of age.
90716		Covered for adults ≥19; available free of charge through the Massachusetts Immunization Program for children under 19 years of age.
90732		Covered for adults >19; available free of charge through the Massachusetts Immunization Program for children under 19 years of age.
90736		(IC); PA is required for members < age 60.
90746		Covered for adults >19; available free of charge through the Massachusetts Immunization Program for children under 19 years of age.
90899		Use for individual mental health visit. (IC)
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.
99402		Use for HIV counseling visits.

(B) This section lists visit service codes that are payable under MassHealth. For complete descriptions of the service codes listed, refer to the American Medical Association's latest *Current Procedural Terminology (CPT)* code book and to the HCPCS Level II code book (or the Centers for Medicare & Medicaid Services Web site at www.cms.gov).

99218	99226	99308	99335	99348
99219	99231	99309	99336	99349
99220	99232	99310	99337	99350 (IC)
99221	99233	99324	99341	99460
99222	99304	99325	99342	99462
99223	99305	99326	99343	
99224	99306	99327	99345 (IC)	
99225	99307	99334	99347	

605 Payable Obstetrics Service Codes

This section lists obstetrics service codes that are payable under MassHealth. For complete descriptions of the service codes listed, refer to the American Medical Association's latest *Current Procedural Terminology (CPT)* code book (or the Centers for Medicare & Medicaid Services Web site at www.cms.gov).

See 130 CMR 405.422 through 405.426 for other requirements.

(A) Fee-for-Service Deliveries

59409	59515	59614
59410	59525 (HI-1 form required)	59620
59414	59612	59622
59514		

(B) Global Deliveries

59400	59510	59610	59618

606 Payable Surgery Service Codes

This section lists surgery service codes that are payable under MassHealth. For complete descriptions of the service codes listed, refer to the American Medical Association's latest *Current Procedural Terminology (CPT)* code book (or the Centers for Medicare & Medicaid Services Web site at www.cms.gov).

44955	57700	58605 (CS-18 or CS-21 required) (SP)
49255	58120	58611 (CS-18 or CS-21 required)
49320	58140	58615 (CS-18 or CS-21 required)
54057	58146	58660
54150	58150 (HI-1 form required)	58661 (CS-18 or CS-21 required)
54160	58180 (HI-1 form required)	58670 (CS-18 or CS-21 required)
55250 (CS-18/CS-21 required) (SP)	58353	58671 (CS-18 or CS-21 required)
55450 (CS-18/CS-21 required) (SP)	58541 (HI-1 form required)	58700
56420	58543 (HI-1 form required)	58720
56440	58544 (HI-1 form required)	58940
57240	58555	59000
57250	58558	59012
57260	58560	59015
57520	58561	59025
57522	58600 (CS-18 or CS-21 required)	59870

607 Payable Nurse-Midwife Service Codes

This section lists nurse-midwife service codes that are payable under MassHealth. For complete descriptions of the service codes listed, refer to the American Medical Association's latest *Current Procedural Terminology (CPT)* code book and to the HCPCS Level II code book (or the Centers for Medicare & Medicaid Services Web site at www.cms.gov).

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. For complete descriptions of the service codes listed, refer to the American Medical Association's latest *Current Procedural Terminology (CPT)* code book (or the Centers for Medicare & Medicaid Services Web site at www.cms.gov).

See 130 CMR 405.461 through 405.463 for other requirements.

92551
92552
92553
92567

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

This section lists Early and Periodic Screening, Diagnosis and Treatment (EPSDT): Health Assessment service codes that are payable under MassHealth. For complete descriptions of the service codes listed, refer to the American Medical Association's latest *Current Procedural Terminology (CPT)* code book (or the Centers for Medicare & Medicaid Services Web site at www.cms.gov).

See 130 CMR 450.140 through 450.149 for other requirements.

99381	99383	99385	99392	99394
99382	99384	99391	99393	99395

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

This section lists Early and Periodic Screening, Diagnosis and Treatment (EPSDT): Audiometric Hearing and Vision Test service codes that are payable under MassHealth. For complete descriptions of the service codes listed, refer to the American Medical Association's latest *Current Procedural Terminology (CPT)* code book (or the Centers for Medicare & Medicaid Services Web site at www.cms.gov).

92551
92552
92587
99173

611 Payable Tobacco Cessation Service Codes

This section lists tobacco cessation service codes that are payable under MassHealth. For complete descriptions of the service codes listed, refer to the American Medical Association's latest *Current Procedural Terminology (CPT)* code book (or the Centers for Medicare & Medicaid Services Web site at www.cms.gov).

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.
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. For complete descriptions of the service codes listed, refer to the American Medical Association's latest *Current Procedural Terminology (CPT)* code book and to the HCPCS Level II code book (or the Centers for Medicare & Medicaid Services Web site at www.cms.gov).

G0108
G0109
G0270
G0271
97802
97803
97804

613 Payable Behavioral Health Screening Tool Service Codes

This section lists behavioral health screening tool service codes that are payable under MassHealth. For complete descriptions of the service codes listed, refer to the American Medical Association's latest *Current Procedural Terminology (CPT)* code book (or the Centers for Medicare & Medicaid Services Web site at www.cms.gov).

The administration and scoring of standardized behavioral-health screening tools selected from the approved menu of tools found in Appendix W of your MassHealth provider manual is covered for members (except MassHealth Limited) from birth to 21 years of age.

Service Code	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	U5	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 practitioners employed by community health centers.)

613 Payable Behavioral Health Screening Tool Service Codes (cont.)

Service Code	Modifier	Special Requirement or Limitation
96110	U6	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 practitioners employed by community health centers.)
96110	U7	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 physician assistants 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.)

** "Behavioral health need identified" means the provider administering the screening tool, in his or her professional judgment, identifies a child with a potential behavioral health services need.*

614 Modifiers

The following service code modifiers are allowed for billing under MassHealth for CHCs in conjunction with surgery services.

Modifier	Description
50	Bilateral procedure
51	Multiple procedures
54	Surgical care only
62	Two surgeons
66	Surgical team
80	Assistant surgeon
82	Assistant surgeon (when qualified resident surgeon not available)
99	Multiple modifiers

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