



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



MassHealth
Transmittal Letter CHC-98
December 2013

TO: Community Health Centers Participating in MassHealth
FROM: Kristin L. Thorn, Medicaid Director
RE: *Community Health Center Manual* (2013 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 2013. MassHealth has updated Subchapter 6 to reflect these changes. In addition, MassHealth has added certain vaccine service codes to Subchapter 6.

The revised Subchapter 6 is effective for dates of service on or after January 1, 2013, with the exception of the vaccine service codes specified below, which are effective for dates of service on or after September 1, 2013.

Community health centers (CHCs) should use the American Medical Association Current Procedural Terminology (CPT) 2013 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*.

Please Note: 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 CHC 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 the *Community Health Center Manual*.

If you wish to obtain a fee schedule, you may download the Executive Office of Health and Human Services or Division of Health Care Finance and Policy (DHCFP) regulations, as applicable, at no cost at <http://www.mass.gov/eohhs/gov/laws-regs/hhs/community-health-care-providers-ambulatory-care.html>. The specific regulation titles are 114.3 CMR 18.00: Radiology, 114.3 CMR 20.00: Clinical Laboratory Services, 101 CMR 304.00: Rates for Community Health Centers, 114.3 CMR 16.00: Surgery and Anesthesia, and 101 CMR 317.00: Medicine.

Vaccine Service Codes Payable to CHCs

Effective for dates of service on or after September 1, 2013, MassHealth has added the following vaccine service codes to Section 604 of Subchapter 6 of the *Community Health Center Manual*:

- 90653, 90654, 90733, 90734, and 90739 – each for adults aged 19 years and older;
- 90672 – for adults aged 19 through 49;

Each of the above vaccines are available free of charge through the Massachusetts Immunization Program for children under 19 years of age.

- 90655 and 90657 – only for privately purchased vaccine.

In order to use either of these two codes (90655 and 90657), the vaccine must not otherwise be available free of charge through the Massachusetts Immunization Program.

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(C) of Subchapter 6 of the *Community Health Center Manual*. The cost of the administration of the vaccine is included in the CHC visit rate (T1015) and is not separately payable.

If a CHC is appropriately billing an evaluation and management visit code under Section 604(B) of Subchapter 6 of the *Community Health Center Manual*, the CHC may separately bill for the administration of the vaccine in addition to the evaluation and management visit service code, provided that the vaccine administration is a medically necessary, separately identifiable service. Under these circumstances, the CHC may append modifier 25 to the applicable evaluation and management visit code under Section 604(B). MassHealth has accordingly added payable vaccine administration codes to Section 604(B) of Subchapter 6 of the *Community Health Center Manual* for use if the conditions are met. This policy went into effect for dates of service on or after July 1, 2012. See MassHealth *All Provider Bulletin 236* for additional information.

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

- www.mass.gov/dph
- <http://www.mass.gov/eohhs/gov/departments/dph/programs/id/immunization/>

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

Molecular Pathology HCPCS Changes

The service codes formerly used for molecular diagnostics (HCPCS 83890 – 83914) were no longer in use beginning January 1, 2013, and have been deleted from the CPT Manual and Subchapter 6 of the *Community Health Center Manual*. Tier 1/Tier 2 molecular pathology HCPCS (HCPCS 81200-81408) have been added to the CPT Manual as a replacement. However, because CMS has yet to formally adopt and set rates for these replacement codes, MassHealth also will not pay for these newly established procedure codes. Providers performing molecular diagnostic services are requested to bill for these services using the unlisted molecular pathology code 81479. Since this code is priced at individual consideration, all claims billed with this code must include a brief description of the service, clinical documentation, and any necessary supporting documentation that justifies the billed amount of this service. This supporting documentation must include a description of how this claim would have been billed using the newly deleted molecular diagnostic codes (HCPCS 83890 – 83914) if appropriate.

MassHealth Website

This transmittal letter and attached pages are available on the MassHealth website 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 6-18

OBSOLETE MATERIAL

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

Community Health Center Manual

Pages vi and 6-1 through 6-14 — transmitted by Transmittal Letter CHC-94

Pages 6-15 and 6-16 — transmitted by Transmittal Letter CHC-97

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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 website 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.
- (D) CS-18 or CS-21 indicates 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.
- (E) HI-1: A completed Hysterectomy Information Form must be submitted.

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 website at www.cms.gov).

70030	70310	70480	70549	71110
70100	70320	70481	70551	71111
70110	70328	70482	70552	71120
70120	70330	70486	70553	71130
70130	70332	70487	70554	71550
70134	70336	70488	70555	71551
70140	70350	70490	71010	71555
70150	70355	70491	71015	72010
70160	70360	70492	71020	72020
70190	70370	70540	71021	72040
70200	70371	70542	71022	72050
70210	70373	70543	71023	72052
70220	70380	70544	71030	72069
70240	70390	70545	71034	72070
70250	70450	70546	71035	72072
70260	70460	70547	71100	72074
70300	70470	70548	71101	72080

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602 Payable Radiology Service Codes (cont.)

72090	73050	73720	74400	75809
72100	73060	73721	74410	75810
72110	73070	73722	74415	75820
72114	73080	73723	74420	75822
72120	73085	73725	74425	75825
72125	73090	74000	74430	75827
72126	73092	74010	74440	75831
72127	73100	74020	74445	75833
72128	73110	74022	74450	75840
72129	73115	74150	74455	75842
72130	73120	74160	74470	75860
72131	73130	74170	74475	75870
72132	73140	74174	74480	75872
72133	73200	74176	74485	75880
72141	73201	74177	74710	75885
72142	73202	74178	74740	75887
72146	73218	74181	74742	75889
72147	73219	74182	74775	75891
72148	73220	74183	75557	75893
72149	73221	74185	75559	75898
72156	73222	74190	75561	75901
72157	73223	74210	75563	75902
72158	73500	74220	75565	75945
72170	73510	74230	75572	75946
72190	73520	74235	75573	76000
72192	73525	74240	75574	76001
72193	73530	74245	75600	76010
72194	73540	74246	75605	76080
72195	73550	74247	75625	76098
72196	73560	74249	75630	76100
72197	73562	74250	75658	76101
72200	73564	74251	75705	76102
72202	73565	74260	75710	76120
72220	73580	74261 (PA)	75716	76125
72240	73590	74262 (PA)	75726	76376
72255	73592	74270	75731	76377
72265	73600	74280	75733	76380
72270	73610	74283	75736	76499 (IC)
72275	73615	74290	75741	76506
72285	73620	74291	75743	76510
72291	73630	74300	75746	76511
72292	73650	74301	75756	76512
72295	73660	74305	75774	76513
73000	73700	74320	75791	76514
73010	73701	74327	75801	76516
73020	73702	74330	75803	76519
73030	73718	74340	75805	76529
73040	73719	74355	75807	76536

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76604	76965	78072	78305	78635
76645	76970	78075	78306	78645
76700	76977	78099 (IC)	78315	78647
76705	76999 (IC)	78102	78320	78650
76770	77001	78103	78350	78660
76775	77002	78104	78399 (IC)	78699 (IC)
76776	77003	78110	78414 (IC)	78700
76800	77011	78111	78428	78701
76801	77012	78120	78445	78707
76802	77013	78121	78451	78708
76805	77014	78122	78452	78709
76810	77021	78130	78453	78710
76811	77022	78135	78454	78725
76812	77051	78140	78456	78730
76813	77052	78185	78457	78740
76814	77053	78190	78458	78761
76815	77054	78191	78459	78799 (IC)
76816	77055	78195	78466	78800
76817	77056	78199 (IC)	78468	78801
76818	77057	78201	78469	78802
76820	77058 (PA)	78202	78472	78803
76821	77059 (PA)	78205	78473	78804
76825	77071	78206	78481	78805
76826	77072	78215	78483	78806
76827	77073	78216	78491	78807
76828	77074	78226	78492	78808
76830	77075	78227	78494	78811
76831	77076	78230	78496	78812
76856	77077	78231	78499 (IC)	78813
76857	77078	78232	78579	78814
76870	77080	78258	78580	78815
76872	77081	78261	78582	78816
76873	77082	78262	78597	78999 (IC)
76881	77421	78264	78598	G0202
76882	78012	78270	78599 (IC)	G0204
76885	78013	78271	78600	G0206
76886	78014	78272	78601	
76937	78015	78278	78605	
76942	78016	78282 (IC)	78607	
76945	78018	78290	78608	
76946	78020	78291	78609	
76948	78070	78299 (IC)	78610	
76950	78071	78300	78630	

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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 website at www.cms.gov).

80047	80299	81511	82175	82441
80048	80400	81512	82180	82465
80050	80402	81599	82190	82480
80051	80406	82000	82205	82482
80053	80408	82003	82232	82485
80055	80410	82009	82239	82486
80061	80412	82010	82240	82487
80069	80414	82013	82247	82488
80074	80415	82016	82248	82489
80076	80416	82017	82252	82491
80102	80417	82024	82261	82492
80103	80418	82030	82270	82495
80150	80420	82040	82271	82507
80152	80422	82042	82272	82520
80154	80424	82043	82274	82523
80156	80426	82044	82286	82525
80157	80428	82045	82300	82528
80158	80430	82055	82306	82530
80160	80432	82085	82308	82533
80162	80434	82088	82310	82540
80164	80435	82101	82330	82541
80166	80436	82103	82331	82542
80168	80438	82104	82340	82543
80170	80439	82105	82355	82544
80172	80440	82106	82360	82550
80173	81000	82107	82365	82552
80174	81001	82108	82370	82553
80176	81002	82120	82373	82554
80178	81003	82127	82374	82565
80182	81005	82128	82375	82570
80184	81007	82131	82376	82575
80185	81015	82135	82378	82585
80186	81020	82136	82379	82595
80188	81025	82139	82380	82600
80190	81050	82140	82382	82607
80192	81099 (IC)	82143	82383	82608
80194	81161	82145	82384	82610
80195	81479 (IC)	82150	82387	82615
80196	81500	82154	82390	82626
80197	81503	82157	82397	82627
80198	81506	82160	82415	82633
80200	81508	82163	82435	82634
80201	81509	82164	82436	82638
80202	81510	82172	82438	82646

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603 Payable Laboratory Service Codes (cont.)

82649	82947	83497	83835	84126
82651	82948	83498	83840	84127
82652	82950	83499	83857	84132
82654	82951	83500	83858	84133
82656	82952	83505	83861	84134
82657	82953	83516	83864	84135
82658	82955	83518	83866	84138
82664	82960	83519	83872	84140
82666	82963	83520	83873	84143
82668	82965	83525	83874	84144
82670	82975	83527	83876	84146
82671	82977	83528	83880	84150
82672	82978	83540	83883	84152
82677	82979	83550	83885	84153
82679	82980	83570	83887	84154
82690	82985	83582	83915	84155
82693	83001	83586	83916	84156
82696	83002	83593	83918	84157
82705	83003	83605	83919	84160
82710	83008	83615	83921	84163
82715	83009	83625	83925	84165
82725	83010	83630	83930	84166
82726	83012	83631	83935	84181
82728	83013	83632	83937	84182
82731	83014	83633	83945	84202
82735	83015	83634	83950	84203
82742	83018	83655	83951	84206
82746	83020	83661	83970	84207
82747	83021	83662	83986	84210
82757	83026	83663	83992	84220
82759	83030	83664	83993	84228
82760	83033	83670	84022	84233
82775	83036	83690	84030	84234
82776	83037	83695	84035	84235
82777	83045	83698	84060	84238
82784	83050	83700	84066	84244
82785	83051	83701	84075	84252
82787	83055	83704	84078	84255
82800	83060	83718	84080	84260
82803	83065	83719	84081	84270
82805	83068	83721	84085	84275
82810	83069	83727	84087	84285
82820	83070	83735	84100	84295
82930	83071	83775	84105	84300
82938	83080	83785	84106	84302
82941	83088	83788	84110	84305
82943	83090	83789	84112	84307
82945	83150	83805	84119	84311
82946	83491	83825	84120	84315

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84375	84600	85305	85670	86310
84376	84620	85306	85675	86316
84377	84630	85307	85705	86317
84378	84681	85335	85730	86318
84379	84702	85337	85732	86320
84392	84703	85345	85810	86325
84402	84704	85347	85999 (IC)	86327
84403	84999 (IC)	85348	86000	86329
84425	85002	85360	86001	86331
84430	85004	85362	86003	86332
84432	85007	85366	86005	86334
84436	85008	85370	86021	86335
84437	85009	85378	86022	86336
84439	85013	85379	86023	86337
84442	85014	85380	86038	86340
84443	85018	85384	86039	86341
84445	85025	85385	86060	86343
84446	85027	85390	86063	86344
84449	85027	85396	86140	86352
84450	85032	85397	86141	86353
84460	85041	85400	86146	86355
84466	85044	85410	86147	86356
84478	85045	85415	86148	86357
84479	85046	85420	86148	86357
84480	85048	85421	86152	86359
84481	85049	85421	86153	86360
84482	85055	85441	86155	86361
84484	85060	85445	86155	86361
84485	85097	85460	86156	86367
84488	85130	85461	86157	86376
84490	85170	85475	86160	86378
84510	85175	85520	86161	86382
84512	85210	85525	86162	86384
84520	85220	85530	86171	86386
84525	85230	85536	86185	86403
84540	85240	85540	86200	86406
84545	85244	85547	86215	86430
84550	85245	85549	86225	86431
84577	85246	85555	86226	86480
84578	85247	85557	86235	86481
84580	85250	85576	86243	86485
84583	85260	85597	86255	86486
84585	85270	85598	86256	86490
84586	85280	85598	86277	86510
84588	85290	85610	86280	86590
84590	85291	85611	86294	86592
84591	85292	85612	86300	86593
84597	85293	85613	86301	86602
	85300	85635	86304	86603
	85301	85651	86308	86606
	85302	85652	86309	86609
	85303	85660		

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86611	86710	86829	87088	87272
86612	86711	86830	87101	87273
86615	86713	86831	87102	87274
86617	86717	86832	87103	87275
86618	86720	86833	87106	87276
86619	86723	86834	87107	87277
86622	86727	86835	87109	87278
86625	86729	86849 (IC)	87110	87279
86628	86732	86850	87116	87280
86631	86735	86860	87118	87281
86632	86738	86870	87140	87283
86635	86741	86880	87143	87285
86638	86744	86885	87147	87290
86641	86747	86886	87149	87299
86644	86750	86900	87152	87300
86645	86753	86901	87158	87301
86648	86756	86902	87164	87305
86651	86757	86904	87166	87320
86652	86759	86905	87168	87324
86653	86762	86906	87169	87327
86654	86765	86920	87172	87328
86658	86768	86921	87176	87329
86663	86771	86922	87177	87332
86664	86774	86923	87181	87335
86665	86777	86940	87184	87336
86666	86778	86941	87185	87337
86668	86780	86970	87186	87338
86671	86784	86971	87187	87339
86674	86787	86972	87188	87340
86677	86788	86975	87190	87341
86682	86789	86976	87197	87350
86684	86790	86977	87205	87380
86687	86793	86978	87206	87385
86688	86800	86999 (IC)	87207	87389
86689	86803	87001	87209	87390
86692	86804	87003	87210	87391
86694	86805	87015	87220	87400
86695	86806	87040	87230	87420
86696	86807	87045	87250	87425
86698	86808	87046	87252	87427
86701	86812	87070	87253	87430
86702	86813	87071	87254	87449
86703	86816	87073	87255	87450
86704	86817	87075	87260	87451
86705	86821	87076	87265	87470
86706	86822	87077	87267	87471
86707	86825	87081	87269	87472
86708	86826	87084	87270	87475
86709	86828	87086	87271	87476

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603 Payable Laboratory Service Codes (cont.)

87477	87556	88106	88264	88740
87480	87557	88108	88267	88741
87481	87560	88112	88269	89049
87482	87561	88120	88271	89050
87485	87562	88121	88272	89051
87486	87580	88130	88273	89055
87487	87581	88140	88274	89060
87490	87582	88141	88275	89125
87491	87590	88142	88280	89160
87492	87591	88143	88283	89190
87495	87592	88147	88285	89220
87496	87620	88148	88289	89230
87497	87621	88150	88291	89240 (IC)
87498	87622	88152	88299 (IC)	93000
87500	87631	88153	88300	93005
87501	87632	88154	88302	93010
87502	87633	88155	88304	93015
87503	87640	88160	88305	93016
87510	87641	88161	88307	93017
87511	87650	88162	88309	93018
87512	87651	88164	88311	93024
87515	87652	88165	88312	93040
87516	87653	88166	88313	93041
87517	87660	86167	88314	93042
87520	87797	88172	88319	93224
87521	87798	88173	88342	93225
87522	87799	88174	88346	93226
87525	87800	88175	88347	93227
87526	87801	88177	88348	93228
87527	87802	88182	88349	93229 (IC)
87528	87803	88184	88355	93268
87529	87804	88185	88356	93270
87530	87807	88187	88358	93271
87531	87808	88188	88360	93272
87532	87809	88189	88361	93278
87533	87810	88199 (IC)	88362	93303
87534	87880	88230	88363	93304
87535	87899	88233	88365	93306
87536	87900	88235	88367	93307
87537	87901	88237	88368	93308
87538	87902	88239	88371	93312
87539	87903	88240	88372	93313
87540	87904	88241	88375	93314
87541	87905	88245	88380	93315
87542	87906	88248	88381	93316
87550	87910	88249	88387	93317
87551	87912	88261	88388	93318
87552	87999 (IC)	88262	88399 (IC)	93320
87555	88104	88263	88720	93321

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603 Payable Laboratory Service Codes (cont.)

93325	93790	93922	93975	95953
93350	93797	93923	93976	95956
93351	93798	93924	93978	G0431
93352	93799 (IC)	93925	93979	G0434
93724	93880	93926	93980	P9604
93740	93882	93930	93981	
93745 (IC)	93886	93931	93990	
93784	93888	93965	93998 (IC)	
93786	93890	93970	95950	
93788	93893	93971	95951	

604 Payable Visit and Vaccine Service Codes

This section lists visit and vaccine 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 website at www.cms.gov).

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.)

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

Service

<u>Code</u>	<u>Modifier</u>	<u>Special Requirement or Limitation</u>
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.

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604 Payable Visit and Vaccine Service Codes (cont.)

Service

<u>Code</u>	<u>Modifier</u>	<u>Special Requirement or Limitation</u>
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 evaluation and management 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 website 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	

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 236* for additional information.

90460
90461
90471
90472
90473
90474

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

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.
90653	Covered for adults ≥ 19 ; available free of charge through the Massachusetts Immunization Program for children under 19 years of age.
90654	Covered for adults ≥ 19 ; available free of charge through the Massachusetts Immunization Program for children under 19 years of age. (IC)

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90655	Only for privately purchased vaccine; vaccine must not otherwise be available free of charge through the Massachusetts Immunization Program.
90656	Covered for adults ≥ 19 ; available free of charge through the Massachusetts Immunization Program for children under 19 years of age.
90657	Only for privately purchased vaccine; vaccine must not otherwise be available free of charge through the Massachusetts Immunization Program.
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)
90672	Covered for members aged 19 to 49; 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.
90733	Covered for adults ≥ 19 ; available free of charge through the Massachusetts Immunization Program for children under 19 years of age.
90734	Covered for adults ≥ 19 ; available free of charge through the Massachusetts Immunization Program for children under 19 years of age. (IC)
90736	(IC); PA is required for members < age 60.
90739	Covered for adults ≥ 19 ; available free of charge through the Massachusetts Immunization Program for children under 19 years of age.
90746	Covered for adults ≥ 19 ; available free of charge through the Massachusetts Immunization Program for children under 19 years of age.

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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 website 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
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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 website at www.cms.gov).

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

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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 website 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

<u>Code</u>	<u>Modifier</u>	<u>Special Requirement or Limitation</u>
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 website 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 website 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

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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 website 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 website at www.cms.gov).

Service

<u>Code</u>	<u>Modifier</u>	<u>Special Requirement or Limitation</u>
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.

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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 website 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 website 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.)

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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.

Modifier Description

24	Unrelated evaluation and management service by the same physician during 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 postoperative period.
79	Unrelated procedure or service by the same physician or other qualified health care professional during the postoperative period.

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614 Modifiers (cont.)

Modifier Description

80	Assistant surgeon
82	Assistant surgeon (when qualified resident surgeon not available)
91	Repeat clinical diagnostic laboratory test
99	Multiple modifiers
LT	Left side (used to identify procedures performed on the left side of the body)
RT	Right side (used to identify procedures performed on the right side of the body)
TC	Technical Component

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 of your provider manual.

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 *Current Procedural Terminology (CPT)* code book.

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