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| **Commonwealth of Massachusetts****MassHealth****Provider Manual Series** | **Subchapter Number and Title**6. Service Codes and Descriptions | **Page**6-1 |
| Community Health Center Manual | **Transmittal Letter**CHC-120 | **Date**01/01/23 |

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 *Community Health Center Services* and 450.000: *Administrative and Billing Regulations*. 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) codebook and to the HCPCS Level II codebook (or the Centers for Medicare & Medicaid Services website at [www.cms.gov](http://www.cms.gov)).

The following abbreviations are used in Subchapter 6.

1. PA indicates that service-specific prior authorization is required. See 130 CMR 450.303 for more information.
2. IC indicates that the claim will receive individual consideration to determine payment. A descriptive report must accompany the claim. See 130 CMR 450.271.
3. 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.
4. 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.
5. 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 except if the conditions of 130 CMR 405.430(D)(2) and (3) are met. See 130 CMR 405.428 through 405.430 for more information and other submission requirements.
6. HI-1: A completed Hysterectomy Information Form must be submitted. See 130 CMR 405.424 for more information.

Note**:** Rates paid by MassHealth for covered codes under this Subchapter 6 for drugs, vaccines, and immune globulins administered in a provider’s office are as specified in 101 CMR 317.00: *Rates for* *Medicine Services*. Subject to any other applicable provision in 101 CMR 317.00, the payment rates for these MassHealth-covered codes for drugs, vaccines and immune globulins administered in the provider’s office, are equal to the fees listed in the Quarterly Average Sales Price (ASP) Medicare Part B Drug Pricing File (see 101 CMR 317.03(1)(c)2 and 317.04(1)(a)). For applicable codes for drugs, vaccines, and immune globulins administered in a provider’s office that are listed in Section 604 below with “IC,” payment set by IC will apply until such time as the code is listed and a rate set in the Quarterly ASP Medicare Part B Drug Pricing File, consistent with 101 CMR 317.04(1)(a).

602 Payable Radiology Service Codes

This section lists radiology service codes that are payable under MassHealth.

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70460 PA1

70470 PA1

70480 PA1

70481 PA1

70482 PA1

70486 PA1

70487 PA1

70488 PA1

70490 PA1

70491 PA1

70492 PA1

70540 PA1

70542 PA1

70543 PA1

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72132 PA1

72133 PA1

72141 PA1

72142 PA1

72146 PA1

72147 PA1

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72149 PA1

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73201 PA1

73202 PA1

73218 PA1

73219 PA1

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73221 PA1

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602 Payable Radiology Service Codes (cont.)

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76377 PA1

76380 PA1

76499 IC

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77387 IC

77399 IC

77499 IC

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78452 PA1

78453 PA1

78454 PA1

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78459 PA1

78466 PA1

78468

78469 PA1

78472 PA1

78473 PA1

78481 PA1

78483 PA1

78491 PA1

78492 PA1

78494 PA1

78496 PA1

78499 IC

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78599 IC

78600

78601

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78607

78608 PA1

78609 PA1

78610

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78699 IC

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78701

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78799 IC

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78811 PA1

78812 PA1

78813 PA1

78814 PA1

78815 PA1

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603 Payable Laboratory Service Codes

This section lists CPT codes and HCPCS Level II codes that are payable under MassHealth.

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81109 PA

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81121 PA

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604 Payable Visit and Vaccine Service Codes

This section lists visit and vaccine service codes that are payable under MassHealth.

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.) The cost of the administration of the vaccine is included in the CHC visit rate and is not separately payable.

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

Service

Code Modifier Special Requirement or Limitation

A4261 Cervical cap for contraceptive use (IC)

A4266 Diaphragm for contraceptive use (includes applicator and cream or jelly)

A4267 Contraceptive supply, condom, male, each

A4268 Contraceptive supply, condom, female, each

A4269 Contraceptive supply, spermicide (e.g., foam, gel), each (per package/tube)

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.

J1050 Injection, medroxyprogesterone acetate, 1 mg (IC)

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)

J3490 FP Use for medications and injectables related to family planning services, with the exception of (a) Rho(D) human immune globulin; and (b) contraceptive injectables such as Depo-Provera, items for which MassHealth will pay the provider’s cost.) (IC)

J7294 Segesterone acetate and ethinyl estradiol 0.15 mg, 0.013 per 24 hours; yearly vaginal system, each

J7295 Ethinyl estradiol and etonogestrel 0.015 mg, 0.12 mg per 24 hours; monthly vaginal ring, each

J7296 Levonorgestrel-releasing intrauterine contraceptive system, (Kyleena), 19.5 mg

J7297 Levonorgestrel-releasing intrauterine contraceptive system, 52 mg, 3 year duration (IC)

J7298 Levonorgestrel-releasing intrauterine contraceptive system, 52 mg, 5 year duration (IC)

J7300 Intrauterine copper contraceptive (use for Paragard) (IC)

J7301 Levonorgestrel-releasing intrauterine contraceptive system (Skyla), 13.5 mg (IC)

J7304 Contraceptive supply, hormone-containing patch, each (IC)

J7307 Etonogestrel (contraceptive) implant system, including implant and supplies (must be billed with either 11981 or 11983) (IC)

S4989 Contraceptive intrauterine device (e.g., Progestacert IUD), including implants and supplies (IC)

S4993 Contraceptive pills for birth control

G0469 Use for individual mental health visit, new patient (This code can be billed via

 telehealth)

G0470 Use for individual mental health visit, established patient (This code can be billed via telehealth)

G0511 Behavioral health integration (BHI) services

G0512 Collaborative care management (CoCM) services

T1015 Use for individual medical visit

T1015 HQ Use for group clinic visit

T1040 Use for individual behavioral health visit

T1040 HQ Use for group behavioral health visit

90791 Use for psychiatric diagnostic evaluation. (This code can be billed via telehealth)

90832 Use for psychotherapy, 30 minutes with patient and/or family member. (This code can be billed via telehealth)

90832 EP Use for psychotherapy, 30 minutes with patient and/or family member. (This code can be billed via telehealth) (preventive behavioral health session)

90834 Use for psychotherapy, 45 minutes with patient and/or family member. (This code can be billed via telehealth)

90834 EP Use for psychotherapy, 45 minutes with patient and/or family member. (This code can be billed via telehealth) (preventive behavioral health session)

90836 Use for psychotherapy, 45 minutes with patient and/or family member when performed with an evaluation and management services (list separately in addition to the code for primary procedure). (This code can be billed via telehealth)

90837 Use for psychotherapy, 60 minutes with patient and/or family. (This code can be billed via telehealth)

90853 Use for group psychotherapy (other than of a multiple-family group) (per person not to exceed 12 clients). (This code can be billed via telehealth)

90853 EP Use for group psychotherapy (other than of a multiple-family group) (per person not to exceed 12 clients). (This code can be billed via telehealth) (preventive behavioral health session)

90882 Environmental intervention for medical management purposes on a psychiatric patient’s behalf with agencies, employers, or institutions. (This code can be billed via telehealth)

96130 Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour

96132 Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour

96372 Therapeutic, prophylactic, and diagnostic substance by subcutaneous or intramuscular injections and infusions

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.

99188 Covered for children younger than 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.

99402 Use for HIV counseling visits

99605 Use for medication therapy management service(s) provided by a pharmacist, individual, face-to-face with patient, with assessment and intervention if provided; initial 15 minutes, new patient (CDTM or MTM services, limit of 2 units per calendar year, telehealth permitted as appropriate)

99606 Use for medication therapy management service(s) provided by a pharmacist, individual, face-to-face with patient, with assessment and intervention if provided; initial 15 minutes, established patient (CDTM or MTM services, limit of 1 unit per visit and 6 units per calendar year, telehealth permitted as appropriate)

99607 Use for medication therapy management service(s) provided by a pharmacist, individual, face-to-face with patient, with assessment and intervention if provided; each additional 15 minutes (List separately in addition to code for primary service) (CDTM or MTM services, limit of 3 units per visit and 12 units per calendar year, telehealth permitted as appropriate)

(B) This section lists evaluation and management visit service codes that are payable under MassHealth.

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(C) This section lists evaluation and management visit service codes that are payable under MassHealth. 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 330](https://www.mass.gov/doc/all-provider-bulletin-330-masshealth-coverage-for-coronavirus-disease-2019-covid-19-vaccines-including-pediatric-vaccines-and-monoclonal-antibodies-0/download?_ga=2.88529563.1692790519.1678886516-1124585952.1669642517) for additional information.

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

Service

Code Special Requirement or Limitation

90476 Adenovirus vaccine, type 4, live, for oral use (IC)

90477 Adenovirus vaccine, type 7, live, for oral use (IC)

90581 Anthrax vaccine, for subcutaneous or intramuscular use (IC)

90585 Bacillus Calmette-Guerin vaccine (BCG) for tuberculosis, live, for percutaneous use

90611 Smallpox and monkeypox vaccine, attenuated vaccinia virus, live, non-replicating, preservative free, 0.5 mL dosage, suspension, for subcutaneous use

90620 Meningococcal recombinant protein and outer membrane vesicle vaccine, serogroup B (MenB-4C), 2 dose schedule, for intramuscular use (IC)

90621 Meningococcal recombinant lipoprotein vaccine, serogroup B (MenB-FHbp), 3 dose schedule, for intramuscular use (IC)

90622 Vaccinia (smallpox) virus vaccine, live, lyophilized, 0.3 mL dosage, for percutaneous use

90625 Cholera vaccine, live, adult dosage, 1 dose schedule, for oral use (IC)

90630 Covered for members >19; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age. (IC)

90632 Covered for members >19; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age. (IC)

90633 Covered for members >19; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age. (IC)

90636 Covered for members >19; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age. (IC)

90651 Covered for members aged 19 to 45; available free of charge through the Massachusetts Immunization Program for children younger than19 years of age. (IC)

90654 Covered for adults >19; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age. (IC)

604 Payable Visit and Vaccine Service Codes (cont.)

Service

Code Special Requirement or Limitation

90656 Covered for members >19; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age.

90658 Covered for members >19; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age. (IC)

90660 Covered for members >19; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age. (IC)

90661 Covered for members >19; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age. (IC)

90662 Covered for members >19; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age. (IC)

90664 Covered for members >19; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age. (IC)

90666 Covered for members >19; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age. (IC)

90667 Covered for members >19; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age. (IC)

90668 Covered for members >19; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age. (IC)

90670 Covered for members >19; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age. (IC)

90672 Covered for members aged 19 to 49; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age. (IC)

90673 Covered for members >19; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age. (IC)

90676 Covered for members >19; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age. (IC)

90682 Covered for members >19; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age. (IC)

90686 Covered for members >19; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age. (IC)

90688 Covered for members >19; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age (IC)

90690 Covered for members >19; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age. (IC)

90696 Covered for members >19; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age. (IC)

90707 Covered for members >19; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age. (IC)

90710 Covered for members >19; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age. (IC)

90713 Covered for members >19; available free of charge through the Massachusetts Immunization Program for children under 19 years of age. (IC)

90714 Covered for members >19; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age. (IC)

604 Payable Visit and Vaccine Service Codes (cont.)

Service

Code Special Requirement or Limitation

90715 Covered for members > 19; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age. (IC)

90716 Covered for members >19; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age. (IC)

90717 Covered for members >19; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age. (IC)

90732 Covered for members >19; available free of charge through the Massachusetts Immunization Program for children younger than19 years of age.

90733 Covered for members >19; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age. (IC)

90734 Covered for members >19; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age. (IC)

90736 PA is required for members < age 50 (IC)

90738 Japanese encephalitis virus vaccine, inactivated, for intramuscular use (IC)

90739 Covered for members >19 (IC)

90746 Covered for members >19; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age.

90749 Unlisted vaccine/toxoid (IC)

90750 PA is required for members < age 50 (IC)

90756 Covered for members >19; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age.

90671 Pneumococcal conjugate vaccine, 15 valent (PCV15), for intramuscular use

90674 Influenza virus Vaccine, quadrivalent (ccIIV4), 0.5 mL dosage, for intramuscular use

90677 Pneumococcal conjugate vaccine, 20 valent (PCV20), for intramuscular use

J0248 Injection, Remdesivir, 1 mg

91300 SL Pfizer-BioNTech Covid-19 Vaccine (SARSCOV2 VAC 30MCG/0.3ML IM)

0001A Pfizer-BioNTech Covid-19 Vaccine Administration – First Dose (ADM SARSCOV2 30MCG/0.3ML 1ST)

0002A Pfizer-BioNTech Covid-19 Vaccine Administration – Second Dose (ADM SARSCOV2 30MCG/0.3ML 2ND)

0003A Pfizer-BioNTech Covid-19 Vaccine Administration – Third Dose

0004A Pfizer-BioNTech Covid-19 Vaccine Administration – Booster

91305 SL Pfizer-BioNTech Covid-19 Vaccine Pre-Diluted (Gray Cap)

0051A Pfizer-BioNTech Covid-19 Vaccine Pre-Diluted (Gray Cap) Administration – First Dose0052A Pfizer-BioNTech Covid-19 Vaccine Pre-Diluted (Gray Cap) Administration – Second Dose

0053A Pfizer-BioNTech Covid-19 Vaccine Pre-Diluted (Gray Cap) Administration – Third Dose

0054A Pfizer-BioNTech Covid-19 Vaccine Pre-Diluted (Gray Cap) Administration – Booster

91307 SL Pfizer-BioNTech Covid-19 Pediatric Vaccine

0071A Pfizer-BioNTech Covid-19 Pediatric Vaccine Administration – First Dose

0072A Pfizer-BioNTech Covid-19 Pediatric Vaccine Administration – Second Dose

0073A Pfizer-BioNTech Covid-19 Pediatric Vaccine (Orange Cap) Administration – Third Dose

604 Payable Visit and Vaccine Service Codes (cont.)

Service

Code Special Requirement or Limitation

0074A Pfizer-BioNTech COVID-19 Pediatric Vaccine (Orange Cap) - Administration – Booster (ADM SARSCV2 10MCG TRS-SUCR B)

91308 SL Pfizer-BioNTech COVID-19 Pediatric Vaccine (Aged 6 months through 4 years) (Maroon Cap)

 (SARSCOV2 VAC 3MCG TRS-SUCR)

0081A Pfizer-BioNTech COVID-19 Pediatric Vaccine (Aged 6 months through 4 years) (Maroon

 Cap) - Administration - First dose (ADM SARSCOV2 3MCG TRS-SUCR 1)

0082A Pfizer-BioNTech COVID-19 Pediatric Vaccine (Aged 6 months through 4 years) (Maroon Cap) - Administration - Second dose (ADM SARSCOV2 3MCG TRS-SUCR 2)

0083A Pfizer-BioNTech COVID-19 Pediatric Vaccine (Aged 6 months through 4 years) (Maroon Cap) - Administration - Third dose (ADM SARSCOV2 3MCG TRS-SUCR 3)

91312 SL Pfizer-BioNTech COVID-19 Vaccine, Bivalent Product (Aged 12 years and older) (Gray Cap) (SARSCOV2 VAC BVL 30MCG/0.3M)

0124 A Pfizer-BioNTech COVID-19 Vaccine, Bivalent (Gray Cap) Administration – Booster Dose (ADM SARSCV2 BVL 30MCG/.3ML B)

91315 SL Pfizer-BioNTech COVID-19 Vaccine, Bivalent Product (Aged 5 years through 11 years) (Orange Cap) (SARSCOV2 VAC BVL 10MCG/0.2ML)

0154A Pfizer-BioNTech COVID-19 Vaccine, Bivalent Product (Aged 5 years through 11 years) (Orange Cap) Administration – Booster Dose (ADM SARSCV2 BVL 10MCG/.2ML B)

91317 SL Pfizer-BioNTech COVID-19 Vaccine, Bivalent Product (Aged 6 months through 4 years) (Maroon Cap) (SARSCOV2 VAC BVL 3MCG/0.2ML)

0173A Pfizer-BioNTech Covid-19 Pediatric Vaccine (Aged 6 months through 4 years) (Maroon Cap) Administration - Third dose (ADM SARSCV2 BVL 3MCG/0.2ML 3)

91301 SL Moderna Covid-19 Vaccine (SARSCOV2 VAC 100MCG/0.5ML IM)

0011A Moderna Covid-19 Vaccine Administration – First Dose (ADM SARSCOV2 100MCG/0.5ML 1ST)

0012A Moderna Covid-19 Vaccine Administration – Second Dose (ADM SARSCOV2 100MCG/0.5ML 2ND)

0013A Moderna Covid-19 Vaccine Administration – Third Dose

91303 SL Janssen Covid-19 Vaccine (SARSCOV2 VAC AD26 .5ML IM)

0031A Janssen Covid-19 Vaccine Administration (ADM SARSCOV2 VAC AD26 .5ML)

0034A Janssen Covid-19 Vaccine Administration – Booster (ADM SARSCOV2 VAC AD26 .5ML)

91306 SL Moderna Covid-19 Vaccine (Low Dose)

0064A Moderna Covid-19 Vaccine (Low Dose) Administration – Booster

91309 SL Moderna Covid-19 Vaccine (Blue Cap) 50 MCG/0.5ML – Booster

0091A Moderna COVID-19 Pediatric Vaccine (Aged 6 years through 11 years) - Administration - First dose (ADM SARSCOV2 50 MCG/.5 ML1ST)

0092A Moderna COVID-19 Pediatric Vaccine (Aged 6 years through 11 years) Administration - Second dose (ADM SARSCOV2 50 MCG/.5 ML2ND)

0093A Moderna COVID-19 Pediatric Vaccine (Aged 6 years through 11 years) Administration - Third dose (ADM SARSCOV2 50 MCG/.5 ML3RD)

0094A Moderna Covid-19 Vaccine (Blue Cap) 50MCG/0.5ML Administration – Booster

91311 SL Moderna COVID-19 Pediatric Vaccine (Aged 6 months through 5 years) (SARSCOV2 VAC 25MCG/0.25ML IM)

604 Payable Visit and Vaccine Service Codes (cont.)

Service

Code Special Requirement or Limitation

0111A Moderna COVID-19 Pediatric Vaccine (Aged 6 months through 5 years) - Administration - First dose (ADM SARSCOV2 25MCG/0.25ML1ST)

0112A Moderna COVID-19 Pediatric Vaccine (Aged 6 months through 5 years) Administration - Second dose (ADM SARSCOV2 25MCG/0.25ML2ND)

0113A Moderna COVID-19 Pediatric Vaccine (Aged 6 months through 5 years) Administration - Third dose (ADM SARSCOV2 25MCG/0.25ML3RD)

91313 SL Moderna COVID-19 Vaccine, Bivalent Product (Aged 18 years and older) (Dark Blue Cap with gray border) (SARSCOV2 VAC BVL 50MCG/0.5ML)

0134A Moderna COVID-19 Vaccine, Bivalent (Aged 18 years and older) (Dark Blue Cap with gray border) Administration – Booster Dose (ADM SARSCV2 BVL 50MCG/.5ML B)

91314 SL Moderna COVID-19 Vaccine, Bivalent Product (Aged 6 years through 11 years) (Dark Blue Cap with gray border) (SARSCOV2 VAC BVL 25MCG/0.25ML)

0144A Moderna COVID-19 Vaccine, Bivalent (Aged 6 years through 11 years) (Dark Blue Cap with gray border) Administration – Booster Dose (ADM SARSCV2 BVL 25MCG/.25ML B)

91316 SL Moderna COVID-19 Vaccine, Bivalent Product (Aged 6 months through 5 years) (Dark Pink Cap and a label with a yellow box) (SARSCOV2 VAC BVL 10MCG/0.2ML)

0164A Moderna COVID-19 Vaccine, Bivalent (Aged 6 months through 5 years) (Dark Pink Cap and label with a yellow box) Administration – Booster Dose (ADM SRSCV2 BVL 10MCG/0.2ML B)

Q0220 SL Injection, tixagevimab and cilgavimab, for the preexposure prophylaxis only, for certain adults and pediatric individuals (12 years of age and older weighing at least 40 kg with no known sars-cov-2 exposure, who either have moderate to severely compromised immune systems or for whom vaccination with any available Covid-19 vaccine is not recommended due to a history of severe adverse reaction to a Covid-19 vaccine(s) and/or Covid-19 vaccine component(s), 300 mg

M0220 Injection, tixagevimab and cilgavimab, for the preexposure prophylaxis only for certain adults and pediatric individuals (12 years of age and older weighing at least 40kg) with no known sars-cov-2 exposure, who either have moderate to severely compromised immune systems or for whom vaccination with any available Covid-19 vaccine is not recommended due to a history of severe adverse reaction to a Covid-19 vaccine(s)/or Covid-19 vaccine component(s), includes injection and post administration monitoring

M0221 Injection, tixagevimab and cilgavimab, for the preexposure prophylaxis only, for certain adults and pediatric individuals (12 years of age and older weighing at least 40kg) with no known sars-cov-2 exposure, who either have moderate to severely compromised immune systems or for whom vaccination with any available Covid-19 vaccine is not recommended due to a history of severe adverse reaction to a Covid-19 vaccine(s) and/or Covid-19 vaccine component(s), includes injection and post administration monitoring in the home or residence; this includes a beneficiary’s home that has been made provider-based to the hospital during the Covid-19 public health emergency

Q0221 SL Injection, tixagevimab and cilgavimab, for the pre-exposure prophylaxis only, for certain

604 Payable Visit and Vaccine Service Codes (cont.)

Service

Code Special Requirement or Limitation

adults and pediatric individuals (12 years of age and older weighing at least 40kg) with no known sars-cov-2 exposure, who either have moderate to severely compromised immune systems or for whom vaccination with any available covid-19 vaccine is not recommended due to a history of severe adverse reaction to a covid-19 vaccine(s) and/or covid-19 vaccine component(s), 600 mg

Q0222 SL Injection, bebtelovimab, 175 mg

M0222 Intravenous injection, bebtelovimab, includes injection and post administration monitoring

M0223 Intravenous injection, bebtelovimab, includes injection and post administration monitoring in the home or residence; this includes a beneficiary’s home that has been made provider-based to the hospital during the Covid-19 public health emergency

Q0239 SL Injection, bamlanivimab, 700 mg

M0239 Intravenous infusion, bamlanivimab-xxx, includes infusion and post administration monitoring

Q0240 SL Injection, casirivimab and imdevimab, 600 mg

M0240  Intravenous infusion or subcutaneous injection, casirivimab and imdevimab includes infusion or injection, and post administration monitoring, subsequent repeat doses

M0241 Intravenous infusion or subcutaneous injection, casirivimab and imdevimab includes infusion or injection, and post administration monitoring in the home or residence; this includes a beneficiary’s home that has been made provider-based to the hospital during the Covid-19 public health emergency, subsequent repeat doses

Q0243 SL Injection, casirivimab and imdevimab, 2400 mg

M0243 Intravenous infusion, casirivimab and imdevimab includes infusion and post administration monitoring

Q0244 SL Injection, casirivimab and imdevimab, 1200 mg

M0244 Intravenous infusion, casirivimab and imdevimab includes infusion and post administration monitoring in the home or residence

Q0245 SL Injection, bamlanivimab and etesevimab, 2100 mg

M0245 Injection, bamlanivimab and etesevimab, includes infusion and post administration monitoring

M0246 Injection, bamlanivimab and etesevimab, includes infusion and post administration monitoring in the home or residence

Q0247 SL Injection, sotrovimab, 500 mg

M0247 Intravenous infusion, sotrovimab, includes infusion and post administration monitoring

M0248 Intravenous infusion, sotrovimab, includes infusion and post administration monitoring in the home or residence; this includes a beneficiary’s home that has been made provider-based to the hospital during the Covid-19 public health emergency

Q0249 SL Injection, tocilizumab, for hospitalized adults and pediatric patients (2 years of age and older) with Covid-19 who are receiving systemic corticosteroids and require supplemental oxygen, non-invasive or invasive mechanical ventilation, or extracorporeal membrane oxygenation (ECMO) only, 1 mg

604 Payable Visit and Vaccine Service Codes (cont.)

Service

Code Special Requirement or Limitation

M0249 Intravenous infusion, tocilizumab, for hospitalized adults and pediatric patients (2 years of

 age and older) with Covid-19 who are receiving systemic corticosteroids and require supplemental oxygen, non-invasive or invasive mechanical ventilation, or extracorporeal membrane oxygenation (ECMO) only, includes infusion and post administration monitoring, first dose

M0250 Intravenous infusion, tocilizumab, for hospitalized adults and pediatric patients (2 years of age and older) with Covid-19 who are receiving systemic corticosteroids and require supplemental oxygen, non-invasive or invasive mechanical ventilation, or extracorporeal membrane oxygenation (ECMO) only, includes infusion and post administration monitoring, second dose

605 Payable Obstetrics Service Codes

This section lists obstetrics service codes that are payable under MassHealth.

See 130 CMR 405.422 through 405.426 for other requirements.

Fee-for-Service Deliveries

59409

59410

59414

59514

59515

59525 (HI-1 form required)

59612

59614

59620

59622

Global Deliveries

59400

59510

59610

59618

606 Payable Surgery Service Codes

This section lists surgery service codes that are payable under MassHealth.

11976 (SP)

11981

11982

11983

19100

44955

49082

49083

49084

49255

49320

54050

54057

54150

54160

55250 (CS-18 or CS-21 required) (SP)

56420

56440

56501

56515

56605

57061

57100

57240

57250

57260

57420

57421

57425

57452

57454

57455

57456

57460

57461

57500

57505

57510

57511

57513

57520

57522

57700

57800 (SP)

58100 (SP)

58120

58140

58146

58150 (HI-1 form required; PA for Gender Dysphoria-Related Services Only)

58180 (HI-1 form required; PA or Gender Dysphoria-Related Services Only)

58300

58301

58340

58353

58541 (HI-1 form required; PA for Gender Dysphoria-Related Services Only)

58542 (HI-1 form required; PA for Gender Dysphoria-Related Services Only)

58543 (HI-1 form required; PA for Gender Dysphoria-Related Services Only)

58544 (HI-1 form required; PA for Gender Dysphoria-Related Services Only)

58555 (SP)

58558

58560

58561

58562

58565 (CS-18 or CS-21 required)

58600 (CS-18 or CS-21 required)

58605 (CS-18 or CS-21 required) (SP)

58611 (CS-18 or CS-21 required)

58615 (CS-18 or CS-21 required)

58660

58661 (CS-18\* or CS-21\* required; PA for Gender Dysphoria-Related Services Only)

58670 (CS-18 or CS-21 required)

58671 (CS-18 or CS-21 required)

58700

58720 (CS-18\* or CS-21\* required; PA for Gender Dysphoria-Related Services Only)

58940

59000

59012

59015

59025

59870

607 Payable Nurse-Midwife Service Codes

This section lists nurse-midwife service codes that are payable under MassHealth.

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.

See 130 CMR 405.461 through 405.463 for other requirements.

92551

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92567

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

This section lists health assessment service codes that are payable under MassHealth. The cost of the administration of the vaccine is included in the EPSDT visit rate and is not separately payable.

See 130 CMR 450.140 through 450.149 for other requirements.

99381

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

This section lists audiometric hearing and vision test service codes that are payable under MassHealth.

92551

92552

92587

99173

611 Payable Tobacco Cessation Service Codes

This section lists tobacco-cessation service codes that are payable under MassHealth.

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.

Service

Code Special Requirement or Limitation

G0108 Diabetes outpatient self-management training services, individual, per 30 minutes.

G0109 Diabetes outpatient self-management training services, group session (2 or more, per 30 minutes).

G0270 Medical nutrition therapy; reassessment and subsequent intervention(s) following second referral in same year for change in diagnosis, medical condition or treatment regimen (including additional hours, needed for renal disease), individual, face-to-face with patient, each 15 minutes.

G0271 Medical nutrition therapy; reassessment and subsequent intervention(s) following

612 Payable Medical Nutrition Therapy and Diabetes Self-Management Training Service Codes (cont.)

Service

Code Special Requirement or Limitation

second referral in same year for change in diagnosis, medical condition or treatment regimen (including additional hours, needed for renal disease), group (2 or more individuals), each 30 minutes.

97802 Medical nutrition therapy; initial assessment and intervention, individual, face-to-face with the patient, each 15 minutes.

97803 Medical nutrition therapy; reassessment and intervention, individual, face-to-face with the patient, each 15 minutes.

97804 Medical nutrition therapy; group (2 or more individuals), each 30 minutes

613 Payable Behavioral Health Screening Tool Service Codes

This section lists behavioral health screening tool service codes that are payable under MassHealth.

The administration and scoring of standardized behavioral health screening tools selected from the approved menu of tools found in [Appendix W](https://www.mass.gov/doc/appendix-w-epsdt-services-medical-and-dental-protocols-and-periodicity-schedules/download) of your MassHealth provider manual is covered for members (except MassHealth Limited) from birth to 21 years of age. Service Code 96110must be accompanied by one of the modifiers listed below to indicate whether a behavioral health need was identified.\*

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 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.)

96110 UD Covered for members birth to 6 months for the administration and scoring of the Edinburgh Postnatal Depression Scale with member’s caregiver. UD must be used together with either U1 or U2.

96127 U1 Covered for members 4 to 21 years old for the administration and scoring of a standardized behavioral health screening tool selected from the list referenced in Appendix W of your MassHealth provider manual; with no behavioral health need identified.

96127 U2 Covered for members 4 to 21 years old for the administration and scoring of a standardized behavioral health screening tool selected from the list referenced in Appendix W of your MassHealth provider manual; with behavioral health need identified.

*\* “Behavioral health need identified” means the provider administering the screening tool, in their professional judgment, identifies a child with a potential need for behavioral health services.*

614 Payable Postpartum Depression Screening Tools

*Service Code S3005* is used for the performance measurement and evaluation of patient self-assessment and depression. *Code S3005* must be accompanied by one of the modifiers below to indicate whether a behavioral health need was identified.

Modifier Description

U1 Perinatal Care Provider – Positive Screen: completed prenatal or postpartum depression screening and behavioral health need identified.

U2 Perinatal Care Provider – Negative Screen: completed prenatal or postpartum depression screening with no behavioral health need identified.

UD Perinatal Care Provider – Depression Screen: completed prenatal or postpartum

Please refer to the Massachusetts Department of Public Health’s (DPH) postpartum depression (PPD) screening tool grid for any revisions to the list of MassHealth-approved screening tools:

[www.mass.gov/service-details/postpartum-depression-resources-for-healthcare-providers](http://www.mass.gov/service-details/postpartum-depression-resources-for-healthcare-providers)

615 Payable Acupuncture Service Codes

This section lists acupuncture service codes that are payable under MassHealth.

97810

97811

97813

97814

616 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 a 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

Modifier Description

 postoperative period

79 Unrelated procedure or service by the same physician or other qualified health care professional during the postoperative period

80 Assistant surgeon

82 Assistant surgeon (when qualified resident surgeon not available)

91 Repeat clinical diagnostic laboratory test

99 Multiple modifiers

EP Modifier for preventive behavioral health session (only used with 90832, 90834, and 90853)

LT Left side (used to identify procedures performed on the left side of the body)

QW CLIA waived test

RT Right side (used to identify procedures performed on the right side of the body)

SL State-supplied vaccine or antibodies (This modifier must be applied to codes 91300, 91301, 91303, 91306, and 91307 to identify COVID-19 vaccines or antibodies provided at no cost, whether by the Massachusetts Department of Public Health; another federal, state, or local agency; or a vaccine manufacturer. If the providers receive the vaccine from one of these sources at no cost, providers must bill the code for the vaccine itself, with modifier SL, and the associated code for administration of the vaccine. Further, this modifier must be applied to codes 90460, 90471, and 90473 only to identify administration of vaccines provided at no cost by the Massachusetts Department of Public Health for individuals aged 18 years and younger, including those administered under the Vaccine for Children Program (VFC).)

TC Technical Component

XE Separate Encounter: a service that is distinct because it occurred during a separate encounter

XP Separate Practitioner: a service that is distinct because it was performed by a different practitioner

XS Separate Structure: a service that is distinct because it was performed on a separate organ/structure

XU Unusual Non-Overlapping Service: the use of a service that is distinct because it does not overlap usual components of the main service

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](https://www.mass.gov/guides/masshealth-all-provider-manual-appendices#-appendix-v:-masshealth-billing-instructions-for-provider-preventable-conditions-) of your provider manual.

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