|  |  |  |
| --- | --- | --- |
| **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.

70030

70100

70110

70120

70130

70134

70140

70150

70160

70190

70200

70210

70220

70240

70250

70260

70300

70310

70320

70328

70330

70332

70336 PA1

70350

70355

70360

70370

70371

70380

70390

70450 PA1

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

70544 PA1

70545 PA1

70546 PA1

70547 PA1

70548 PA1

70549 PA1

70551 PA1

70552 PA1

70553 PA1

70554 PA1

70555 PA1

71045

71046

71047

71048

71100

71101

71110

71111

71120

71271

71130

71550 PA1

71551 PA1

71555 PA1

72010

72020

72040

72050

72070

72072

72074

72080

72081

72082

72083

72084

72100

72110

72114

72120

72125 PA1

72126 PA1

72127 PA1

72128 PA1

72129 PA1

72130 PA1

72131 PA1

72132 PA1

72133 PA1

72141 PA1

72142 PA1

72146 PA1

72147 PA1

72148 PA1

72149 PA1

72156 PA1

72157 PA1

72158 PA1

72170

72190

72192 PA1

72193 PA1

72194 PA1

72195 PA1

72196 PA1

72197 PA1

72200

72202

72220

72240

72255

72265

72270

72275

72285

72295

73000

73010

73020

73030

73040

73050

73060

73070

73080

73085

73090

73092

73100

73110

73115

73120

73130

73140

73200 PA1

73201 PA1

73202 PA1

73218 PA1

73219 PA1

73220 PA1

73221 PA1

73222 PA1

73223 PA1

73501

73502

73503

73521

73522

73523

73525

73551

73552

73560

73562

73564

73565

73580

73590

73592

73600

73610

73615

602 Payable Radiology Service Codes (cont.)

73620

73630

73650

73660

73700 PA1

73701 PA1

73702 PA1

73718 PA1

73719 PA1

73720 PA1

73721 PA1

73722 PA1

73723 PA1

73725 PA1

74018

74019

74021

74022

74150 PA1

74160 PA1

74170 PA1

74174 PA1

74176 PA1

74177 PA1

74178 PA1

74181 PA1

74182 PA1

74183 PA1

74185 PA1

74190

74210

74220

74221

74230

74235

74240

74246

74248

74250

74251

74261 PA1

74262 PA1

74270

74280

74283

74290

74300

74301

74330

74340

74355

74400

74410

74415

74420

74425

74430

74440

74445

74450

74455

74470

74485

74710

74712 PA1

74713 PA1

74740

74742

74775

75557 PA1

75559 PA1

75561 PA1

75563 PA1

75565 PA1

75572 PA1

75573 PA1

75574 PA1

75600

75605

75625

75630

75705

75710

75716

75726

75731

75733

75736

75741

75743

75746

75756

75774

75801

75803

75805

75807

75809

75810

75820

75822

75825

75827

75831

75833

75840

75842

75860

75870

75872

75880

75885

75887

75889

75891

75893

75898

75901

75902

76000

76010

76080

76098

76100

76101

76102

76120

76125

76376 PA1

76377 PA1

76380 PA1

76499 IC

76506

76510

76511

76512

76513

76514

76516

76519

76529

76536

76604

76641

76642

76700

76705

76706

76770

76775

76776

76800

76801

76802

76805

76810

76811

76812

76813

76814

76815

76816

76817

76818

76820

76821

76825

76826

76827

76828

76830

76831

76856

76857

76870

76872

76873

76881

76882

76883

76885

76886

76937

76942

76945

76946

76948

76965

76977

76978

76979

76981

76982

76983

76999 IC

77001

77002

77003

77011

77012

77013

77014

77021 PA1

77022 PA1

77046 PA1

77047 PA1

77048 PA1

77049 PA1

77053

77054

77061 IC

77062 IC

77063

77065

77066

77067

77071

77072

77073

77074

77075

77076

77077

77078 PA1

77080

77081

77085

77086

77293

77299 IC

77306

77307

77316

77317

77318

77387 IC

77399 IC

77499 IC

77767

77768

77770

77771

77772

77799 IC

78012

78013

78014

78015

78016

78018

78020

78070

78071

78072

78075

78099 IC

78102

78103

78104

78110

78111

78120

78121

78122

78130

78140

78185

78191

78195

78199 IC

78201

78202

78215

78216

78226

78227

78230

78231

78232

78258

78261

78262

78264

78265

78266

78278

78282

78290

78291

78299 IC

78300

78305

78306

78315

78350

78399 IC

78414

78428 PA1

78430

78431

78432

78433

78434

78445

78451 PA1

78452 PA1

78453 PA1

78454 PA1

78456

78457

78458

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

78579

78580

78582

78597

78598

78599 IC

78600

78601

78605

78607

78608 PA1

78609 PA1

78610

78630

78635

78645

78647

78650

78660

78699 IC

78700

78701

78707

78708

78709

78710

78725

78730

78740

78761

78799 IC

78800

78801

78802

78803

78804

78805

78806

78807

78808

78811 PA1

78812 PA1

78813 PA1

78814 PA1

78815 PA1

78816 PA1

78831

78832

78835

78999 IC

79999 IC

603 Payable Laboratory Service Codes

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

80047

80048

80050

80051

80053

80055

80061

80069

80074

80076

80081

80145

80150

80155

80156

80157

80158

80159

80162

80163

80164

80165

80168

80169

80170

80171

80173

80175

80176

80177

80178

80180

80183

80184

80185

80186

80187

80188

80190

80192

80194

80195

80197

80198

80199

80200

80201

80202

80203

80230

80235

80280

80285

80299

80305

80306

80307

80400

80402

80406

80408

80410

80412

80414

80415

80416

80417

80418

80420

80422

80424

80426

80428

80430

80432

80434

80435

80436

80438

80439

80440

81000

81001

81002

81003

81005

81007

81015

81020

81025

81050

81099 IC

81107 PA

81108 PA

81109 PA

81110 PA

81111 PA

81112 PA

81120 PA

81121 PA

81161 PA, IC

81162 PA

81163 PA

81164 PA

81165 PA

81166 PA

81167 PA

81170

81200

81201

81202

81203

81205

81206

81207

81208

81209

81210

81212 PA

81215 PA

81216 PA

81217 PA

81218

81219

81220

81221

81228 PA

81229 PA

81238 PA

81240 PA

81241 PA

81242 PA

81243 PA

81244 PA

81245 PA

81246 PA

81248 PA

81249 PA

81250 PA

81251 PA

81252 PA

81253 PA

81254 PA

81255 PA

81256 PA

81257 PA

81258 PA

81260 PA

81269 PA

81275 PA

81272

81273

81275PA

81276

81277

81287 PA

81288 PA

81292 PA

81293 PA

81294 PA

81295 PA

81296 PA

81297 PA

81298 PA

81299 PA

81300 PA

81301 PA

81302 PA

81303 PA

81304 PA

81307

81308

81309

81310 PA

81311

81314

81315 PA

81316 PA

81317 PA

81318 PA

81319 PA

81321 PA

81322 PA

81323 PA

81324 PA

81325 PA

81326 PA

81330 PA

81331 PA

81332 PA

81361

81362

81363

81364

81400 PA, IC

81401 PA, IC

81403 PA, IC

81404 PA, IC

81405 PA, IC

81407 PA, IC

81408 PA, IC

81420 PA, IC

81479 PA, IC

81507 PA, IC

81508 PA, IC

81509 IC

81510 IC

81511 IC

81512 IC

81519 PA

81522

81542

81552

82009

82010

82013

82016

82017

82024

82030

82040

82042

82043

82044

82045

82085

82088

82103

82104

82105

82106

82107

82108

82120

82127

82128

82131

82135

82136

82139

82140

82143

82150

82154

82157

82160

82163

82164

82172

82175

82180

82190

82232

82239

82240

82247

82248

82252

82261

82270

82271

82272

82274

82286

82300

82306

82308

82310

82330

82331

82340

82355

82360

82365

82370

82373

82374

82375

82376

82378

82379

82380

82382

82383

82384

82387

82390

82397

82415

82435

82436

82438

82441

82465

82480

82482

82485

82495

82507

82523

82525

82528

82530

82533

82540

82542

82550

82552

82553

82554

82565

82570

82575

82585

82595

82600

82607

82608

82610

82615

82626

82627

82633

82634

82638

82642

82652

82656

82657

82658

82664

82668

82670

82671

82672

82677

82679

82693

82696

82705

82710

82715

82725

82726

82728

82731

82735

82746

82747

82757

82759

82760

82775

82776

82777

82784

82785

82787

82800

82803

82805

82810

82820

82930

82938

82941

82943

82945

82946

82947

82948

82950

82951

82952

82953

82955

82960

82963

82965

82975

82977

82978

82979

82985

83001

83002

83003

83006

83008

83009

83010

83012

83013

83014

83015

83018

83020

83021

83026

83030

83033

83036

83037

83045

83050

83051

83060

83065

83068

83069

83070

83080

83088

83090

83150

83491

83497

83498

83500

83505

83516

83518

83519

83520

83525

83527

83528

83540

83550

83570

83582

83586

83593

83605

83615

83625

83630

83631

83632

83633

83655

83661

83662

83663

83664

83670

83690

83695

83698

83700

83701

83704

83718

83719

83721

83722

83727

83735

83775

83785

83789

83825

83835

83857

83861

83864

83866

83872

83873

83874

83876

83880

83883

83885

83915

83916

83918

83919

83921

83930

83935

83937

83945

83950

83951

83970

83986

83992

83993

84030

84035

84060

84066

84075

84078

84080

84081

84085

84087

84100

84105

84106

84110

84112

84119

84120

84127

84132

84133

84134

84135

84138

84140

84143

84144

84146

84150

84152

84153

84154

### 84155

84156

84157

### 84160

### 84163

### 84165

84166

84181

84182

84202

84203

84206

84207

84210

84220

84228

84233

84234

84235

84238

84244

84252

84255

84260

84270

84275

84285

84295

84300

84302

84305

84307

84311

84315

84375

84376

84377

84378

84379

84392

84402

84403

84425

84430

84432

84436

84437

84439

84442

84443

84445

84446

84449

84450

84460

84466

84478

84479

84480

84481

84482

84484

84485

84488

84490

84510

84512

84520

84525

84540

84545

84550

84560

84577

84578

84580

84583

84585

84586

84588

84590

84591

84597

84620

84630

84681

84702

84703

84704

84999 IC

85002

85004

85007

85008

85009

85013

85014

85018

85025

85027

85032

85041

85044

85045

85046

85048

85049

85055

85060

85097

85130

85170

85175

85210

85220

85230

85240

85244

85245

85246

85247

85250

85260

85270

85280

85290

85291

85292

85293

85300

85301

85302

85303

85305

85306

85307

85335

85337

85345

85347

85348

85360

85362

85366

85370

85378

85379

85380

85384

85385

85390

85396

85397

85400

85410

85415

85420

85421

85441

85445

85460

85461

85475

85520

85525

85530

85536

85540

85547

85549

85555

85557

85576

85597

85598

85610

85611

85612

85613

85635

85651

85652

85660

85670

85675

85705

85730

85732

85810

85999 IC

86000

86001

86003

86005

86008

86021

86022

86023

86038

86039

86060

86063

86140

86141

86146

86147

86148

86152

86153

86155

86156

86157

86160

86161

86162

86171

86200

86215

86225

86226

86235

86243

86255

86256

86277

86280

86294

86300

86301

86304

86308

86309

86310

86316

86317

86318

86320

86325

86327

86328 IC

86329

86331

86332

86334

86335

86336

86337

86340

86341

86343

86344

86352

86353

86355

86356

86357

86359

86360

86361

86367

86376

86382

86384

86386

86403

86406

86408

86409

86413

86430

86431

86480

86481

86485

86486

86490

86510

86590

86592

86593

86602

86603

86606

86609

86611

86612

86615

86617

86618

86619

86622

86625

86628

86631

86632

86635

86638

86641

86644

86645

86648

86651

86652

86653

86654

86658

86663

86664

86665

86666

86668

86671

86674

86677

86682

86684

86687

86688

86689

86692

86694

86695

86696

86698

86701

86702

86703

86704

86705

86706

86707

86708

86709

86710

86711

86713

86717

86720

86723

86727

86732

86734

86735

86738

86741

86744

86747

86750

86753

86756

86757

86759

86762

86765

86768

86769 IC

86771

86774

86777

86778

86780

86784

86787

86788

86789

86790

86793

86800

86803

86804

86805

86806

86807

86808

86812

86813

86816

86817

86821

86825

86826

86828

86829

86830

86831

86832

86833

86834

86835

86849 IC

86850

86860

86870

86880

86885

86886

86900

86901

86902

86904

86905

86906

86920

86921

86922

86923

86940

86941

86970

86971

86972

86975

86976

86977

86978

86999 IC

87003

87015

87040

87045

87046

87070

87071

87073

87075

87076

87077

87081

87084

87086

87088

87101

87102

87103

87106

87107

87109

87110

87116

87118

87140

87143

87147

87149

87152

87158

87164

87166

87168

87169

87172

87176

87177

87181

87184

87185

87186

87187

87188

87190

87197

87205

87206

87207

87209

87210

87220

87230

87250

87252

87253

87254

87255

87260

87265

87267

87269

87270

87271

87272

87273

87274

87275

87276

87278

87279

87280

87281

87283

87285

87290

87299

87300

87301

87305

87320

87324

87327

87328

87329

87332

87335

87336

87337

87338

87339

87340

87341

87350

87380

87385

87389

87390

87391

87400

87420

87425

87426

87427

87428

87430

87449

87451

87471

87472

87475

87476

87480

87481

87482

87483

87485

87486

87487

87490

87491

87492

87495

87496

87497

87498

87500

87501

87502

87503

87505

87506

87507

87510

87511

87512

87516

87517

87520

87521

87522

87525

87526

87527

87528

87529

87530

87531

87532

87533

87534

87535

87536

87537

87538

87539

87540

87541

87542

87550

87551

87552

87555

87556

87557

87560

87561

87562

87563

87580

87581

87582

87590

87591

87592

87623

87624

87625

87631

87632

87633

87634

87635

87636

87637

87640

87641

87650

87651

87652

87653

87660

87661

87662

87797

87798

87799

87800

87801

87802

87803

87804

87806

87807

87808

87809

87810

87811

87850

87880

87899

87900

87901

87902

87903

87904

87905

87906

87910

87912

87999 PA, IC

88104

88106

88108

88112

88120

88121

88130

88140

88141

88142

88143

88147

88148

88150

88152

88153

88155

88160

88161

88162

88164

88165

88166

86167

88172

88173

88174

88175

88177

88182

88184

88185

88187

88188

88189

88199 IC

88230

88233

88235

88237

88239

88240

88241

88245

88248

88249

88261

88262

88263

88264

88267

88269

88271

88272

88273

88274

88275

88280

88283

88285

88289

88291

88299 IC

88300

88302

88304

88305

88307

88309

88311

88312

88313

88314

88319

88341

88342

88344

88346

88348

88350

88355

88356

88358

88360

88361

88362

88363

88364

88365

88367

88368

88369

88371

88372

88380 IC

88381

88387

88388

88399 IC

88720

88740

88741

89049

89050

89051

89055

89060

89125

89160

89190

89220 IC

89230 IC

89240 IC

89300

89310

89320

93000

93005

93010

93015

93016

93017

93018

93024

93040

93041

93042

93224

93225

93226

93227

93228

93229 IC

93268

93278

93724

93799 IC

96372

G0027

G0480

G0481

G0482

G0483

G2023

G2023 CG

G2024

G2024 CG

P9604

U0002

U0003

U0004

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.

98966

98967

98968

99218

99219

99220

99221

99222

99223

99224

99225

99226

99231

99232

99233

99238

99239

99304

99305

99306

99307

99308

99309

99310

99324

99325

99326

99327

99334

99335

99336

99337

99341

99342

99343

99345 IC

99347

99348

99349

99350 IC

99423

99441

99442

99443

99460

99462

99500

99501

99502

99503

99504

99505

99506

99507

99509

99511

99512

(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.

90460

90471

90472

90473

90474

(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

92552

92553

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

99382

99383

99384

99385

99391

99392

99393

99394

99395

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.

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) Professional* codebook.

This page is reserved.