

Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title 6. Service Codes and Descriptions	Page vi
Community Health Center Manual	Transmittal Letter CHC-123	Date 11/21/2024

6. Service Codes and Descriptions.....	6-1
601. Introduction and Explanation of Abbreviations.....	6-1
602. Payable Radiology Service Codes.....	6-2
603. Payable Laboratory Service Codes.....	6-5
604. Payable Visit, Vaccine Service, and Drug Codes.....	6-11
605. Payable Obstetrics Service Codes.....	6-24
606. Payable Surgery Service Codes.....	6-25
607. Payable Nurse-Midwife Service Codes.....	6-26
608. Payable Audiology Service Codes.....	6-26
609. Payable Early and Periodic Screening, Diagnostic and Treatment (EPSDT): Health Assessment Service Codes.....	6-27
610. Payable Early and Periodic Screening, Diagnostic and Treatment (EPSDT): Audiometric Hearing and Vision Test Service Codes.....	6-27
611. Payable Tobacco Cessation Service Codes.....	6-27
612. Payable Medical Nutrition Therapy and Diabetes Self-Management Training Service Codes.....	6-28
613. Payable Behavioral Health Screening Tool Service Codes.....	6-28
614. Payable Postpartum Depression Screening Tools.....	6-30
615. Payable Acupuncture Service Codes.....	6-30
616. Modifiers.....	6-30
Appendix A. Directory.....	A-1
Appendix C. Third-Party-Liability Codes.....	C-1
Appendix D. Supplemental Instructions for TPL Exceptions.....	D-1
Appendix E. Utilization Management Program.....	E-1
Appendix F. Admission Guidelines.....	I-1
Appendix T. CMSP Covered Codes.....	T-1
Appendix U. DPH-Designated Serious Reportable Events That Are Not Provider Preventable Conditions.....	U-1
Appendix V. MassHealth Billing Instructions for Provider Preventable Conditions.....	V-1
Appendix W. EPSDT Services: Medical and Dental Protocols and Periodicity Schedules.....	W-1
Appendix X. Family Assistance Copayments and Deductibles.....	X-1
Appendix Y. EVS Codes and Messages.....	Y-1
Appendix Z. EPSDT/PPHSD Screening Services Codes.....	Z-1

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-123	Date 11/21/2024

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 [130 CMR 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, 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).

The following abbreviations are used in Subchapter 6.

- **PA** indicates that service-specific prior authorization is required. See 130 CMR 450.303 for more information.
- **IC** indicates that the claim will receive individual consideration to determine payment. A descriptive report must accompany the claim. See 130 CMR 450.271.
- **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.
- **CS-18** or **CS-21** indicate 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.
- **CS-18*** or **CS-21*** indicate 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.
- **HI-1** indicates 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).

Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title 6. Service Codes and Descriptions	Page 6-2
Community Health Center Manual	Transmittal Letter CHC-123	Date 11/21/2024

602 Payable Radiology Service Codes

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

70030	70540 PA ¹	72114	73040
70100	70542 PA ¹	72120	73050
70110	70543 PA ¹	72125 PA ¹	73060
70120	70544 PA ¹	72126 PA ¹	73070
70130	70545 PA ¹	72127 PA ¹	73080
70134	70546 PA ¹	72128 PA ¹	73085
70140	70547 PA ¹	72129 PA ¹	73090
70150	70548 PA ¹	72130 PA ¹	73092
70160	70549 PA ¹	72131 PA ¹	73100
70190	70551 PA ¹	72132 PA ¹	73110
70200	70552 PA ¹	72133 PA ¹	73115
70210	70553 PA ¹	72141 PA ¹	73120
70220	70554 PA ¹	72142 PA ¹	73130
70240	70555 PA ¹	72146 PA ¹	73140
70250	71045	72147 PA ¹	73200 PA ¹
70260	71046	72148 PA ¹	73201 PA ¹
70300	71047	72149 PA ¹	73202 PA ¹
70310	71048	72156 PA ¹	73218 PA ¹
70320	71100	72157 PA ¹	73219 PA ¹
70328	71101	72158 PA ¹	73220 PA ¹
70330	71110	72170	73221 PA ¹
70332	71111	72190	73222 PA ¹
70336 PA ¹	71120	72192 PA ¹	73223 PA ¹
70350	71271	72193 PA ¹	73501
70355	71130	72194 PA ¹	73502
70360	71550 PA ¹	72195 PA ¹	73503
70370	71551 PA ¹	72196 PA ¹	73521
70371	71555 PA ¹	72197 PA ¹	73522
70380	72010	72200	73523
70390	72020	72202	73525
70450 PA ¹	72040	72220	73551
70460 PA ¹	72050	72240	73552
70470 PA ¹	72070	72255	73560
70480 PA ¹	72072	72265	73562
70481 PA ¹	72074	72270	73564
70482 PA ¹	72080	72275	73565
70486 PA ¹	72081	72285	73580
70487 PA ¹	72082	72295	73590
70488 PA ¹	72083	73000	73592
70490 PA ¹	72084	73010	73600
70491 PA ¹	72100	73020	73610
70492 PA ¹	72110	73030	73615

¹PA is required for dates of service on or after March 1, 2020. If a code comprises both a professional component and a technical component, PA is required for the technical component only, and the TC modifier must be included on the PA request.

Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title 6. Service Codes and Descriptions	Page 6-3
Community Health Center Manual	Transmittal Letter CHC-123	Date 11/21/2024

602 Payable Radiology Service Codes (cont.)

73620	74283	75743	76510	76881
73630	74290	75746	76511	76882
73650	74300	75756	76512	76883
73660	74301	75774	76513	76885
73700 PA ¹	74330	75801	76514	76886
73701 PA ¹	74340	75803	76516	76937
73702 PA ¹	74355	75805	76519	76942
73718 PA ¹	74400	75807	76529	76945
73719 PA ¹	74410	75809	76536	76946
73720 PA ¹	74415	75810	76604	76948
73721 PA ¹	74420	75820	76641	76965
73722 PA ¹	74425	75822	76642	76977
73723 PA ¹	74430	75825	76700	76978
73725 PA ¹	74440	75827	76705	76979
74018	74445	75831	76706	76981
74019	74450	75833	76770	76982
74021	74455	75840	76775	76983
74022	74470	75842	76776	76999 IC
74150 PA ¹	74485	75860	76800	77001
74160 PA ¹	74712 PA ¹	75870	76801	77002
74170 PA ¹	74713 PA ¹	75872	76802	77003
74174 PA ¹	74740	75880	76805	77011
74176 PA ¹	74742	75885	76810	77012
74177 PA ¹	74775	75887	76811	77013
74178 PA ¹	75557 PA ¹	75889	76812	77014
74181 PA ¹	75559 PA ¹	75891	76813	77021 PA ¹
74182 PA ¹	75561 PA ¹	75893	76814	77022 PA ¹
74183 PA ¹	75563 PA ¹	75898	76815	77046 PA ¹
74185 PA ¹	75565 PA ¹	75901	76816	77047 PA ¹
74190	75572 PA ¹	75902	76817	77048 PA ¹
74210	75573 PA ¹	76000	76818	77049 PA ¹
74220	75574 PA ¹	76010	76820	77053
74221	75600	76080	76821	77054
74230	75605	76098	76825	77061 IC
74235	75625	76100	76826	77062 IC
74240	75630	76101	76827	77063
74246	75705	76102	76828	77065
74248	75710	76120	76830	77066
74250	75716	76125	76831	77067
74251	75726	76376 PA ¹	76856	77071
74261 PA ¹	75731	76377 PA ¹	76857	77072
74262 PA ¹	75733	76380 PA ¹	76870	77073
74270	75736	76499 IC	76872	77074
74280	75741	76506	76873	77075

¹PA is required for dates of service on or after March 1, 2020. If a code comprises both a professional component and a technical component, PA is required for the technical component only, and the TC modifier must be included on the PA request.

Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title 6. Service Codes and Descriptions	Page 6-4
Community Health Center Manual	Transmittal Letter CHC-123	Date 11/21/2024

602 Payable Radiology Service Codes (cont.)

77076	78071	78266	78473 PA ¹	78709
77077	78072	78278	78481 PA ¹	78710
77078 PA ¹	78075	78282	78483 PA ¹	78725
77080	78099 IC	78290	78491 PA ¹	78730
77081	78102	78291	78492 PA ¹	78740
77085	78103	78299 IC	78494 PA ¹	78761
77086	78104	78300	78496 PA ¹	78799 IC
77293	78110	78305	78499 IC	78800
77299 IC	78111	78306	78579	78801
77306	78120	78315	78580	78802
77307	78121	78350	78582	78803
77316	78122	78399 IC	78597	78804
77317	78130	78414	78598	78805
77318	78140	78428 PA ¹	78599 IC	78806
77387 IC	78185	78430	78600	78807
77399 IC	78191	78431	78601	78808
77499 IC	78195	78432	78605	78811 PA ¹
77523	78199 IC	78433	78607	78812 PA ¹
77767	78201	78434	78608 PA ¹	78813 PA ¹
77768	78202	78445	78609 PA ¹	78814 PA ¹
77770	78215	78451 PA ¹	78610	78815 PA ¹
77771	78216	78452 PA ¹	78630	78816 PA ¹
77772	78226	78453 PA ¹	78635	78831
77799 IC	78227	78454 PA ¹	78645	78832
78012	78230	78456	78647	78835
78013	78231	78457	78650	78999 IC
78014	78232	78458	78660	79999 IC
78015	78258	78459 PA ¹	78699 IC	
78016	78261	78466 PA ¹	78700	
78018	78262	78468	78701	
78020	78264	78469 PA ¹	78707	
78070	78265	78472 PA ¹	78708	

603 Payable Laboratory Service Codes

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

80047	80074	80158	80170	80183
80048	80076	80159	80171	80184
80050	80081	80162	80173	80185
80051	80145	80163	80175	80186
80053	80150	80164	80176	80187
80055	80155	80165	80177	80188
80061	80156	80168	80178	80190
80069	80157	80169	80180	80192

¹PA is required for dates of service on or after March 1, 2020. If a code comprises both a professional component and a technical component, PA is required for the technical component only, and the TC modifier must be included on the PA request.

Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title 6. Service Codes and Descriptions	Page 6-5
Community Health Center Manual	Transmittal Letter CHC-123	Date 11/21/2024

603 Payable Laboratory Service Codes (cont.)

80194	81005	81241 PA	81315 PA	82030
80195	81007	81242 PA	81316 PA	82040
80197	81015	81243 PA	81317 PA	82042
80198	81020	81244 PA	81318 PA	82043
80199	81025	81245 PA	81319 PA	82044
80200	81050	81246 PA	81321 PA	82045
80201	81099 IC	81248 PA	81322 PA	82085
80202	81107 PA	81249 PA	81323 PA	82088
80203	81108 PA	81250 PA	81324 PA	82103
80230	81109 PA	81251 PA	81325 PA	82104
80235	81110 PA	81252 PA	81326 PA	82105
80280	81111 PA	81253 PA	81330 PA	82106
80285	81112 PA	81254 PA	81331 PA	82107
80299	81120 PA	81255 PA	81332 PA	82108
80305	81121 PA	81256 PA	81361	82120
80306	81161 PA	81257 PA	81362	82127
80307	81162 PA	81258 PA	81363	82128
80400	81163 PA	81260 PA	81364	82131
80402	81164 PA	81269 PA	81400 PA	82135
80406	81165 PA	81272	81401 PA	82136
80408	81166 PA	81273	81403 PA	82139
80410	81167 PA	81275 PA	81404 PA	82140
80412	81170 PA	81276 PA	81405 PA	82143
80414	81200 PA	81277 PA	81407 PA	82150
80415	81201 PA	81287 PA	81408 PA	82154
80416	81202 PA	81288 PA	81420	82157
80417	81203 PA	81292 PA	81479 PA, IC	82160
80418	81205 PA	81293 PA	81507 PA, IC	82163
80420	81206 PA	81294 PA	81508 PA	82164
80422	81207 PA	81295 PA	81509	82166
80424	81208 PA	81296 PA	81510	82172
80426	81209 PA	81297 PA	81511	82175
80428	81210 PA	81298 PA	81512	82180
80430	81212 PA	81299 PA	81513	82190
80432	81215 PA	81300 PA	81517	82232
80434	81216 PA	81301 PA	81519 PA	82239
80435	81217 PA	81302 PA	81522 PA	82240
80436	81218	81303 PA	81542 PA	82247
80438	81219	81304 PA	81552 PA	82248
80439	81220	81307 PA	82009	82252
80440	81221	81308 PA	82010	82261
81000	81228 PA	81309 PA	82013	82270
81001	81229 PA	81310 PA	82016	82271
81002	81238 PA	81311 PA	82017	82272
81003	81240 PA	81314 PA	82024	82274

Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title 6. Service Codes and Descriptions	Page 6-6
Community Health Center Manual	Transmittal Letter CHC-123	Date 11/21/2024

603 Payable Laboratory Service Codes (cont.)

82286	82553	82776	83026	83663
82300	82554	82777	83030	83664
82306	82565	82784	83033	83670
82308	82570	82785	83036	83690
82310	82575	82787	83037	83695
82330	82585	82800	83045	83698
82331	82595	82803	83050	83700
82340	82600	82805	83051	83701
82355	82607	82810	83060	83704
82360	82608	82820	83065	83718
82365	82610	82930	83068	83719
82370	82615	82938	83069	83721
82373	82626	82941	83070	83722
82374	82627	82943	83080	83727
82375	82633	82945	83088	83735
82376	82634	82946	83090	83775
82378	82638	82947	83150	83785
82379	82642	82948	83491	83789
82380	82652	82950	83497	83825
82382	82656	82951	83498	83835
82383	82657	82952	83500	83857
82384	82658	82953	83505	83861
82387	82664	82955	83516	83864
82390	82668	82960	83518	83866
82397	82670	82963	83519	83872
82415	82671	82965	83520	83873
82435	82672	82975	83525	83874
82436	82677	82977	83527	83876
82438	82679	82978	83528	83880
82441	82693	82979	83540	83883
82465	82696	82985	83550	83885
82480	82705	83001	83570	83915
82482	82710	83002	83582	83916
82485	82715	83003	83586	83918
82495	82725	83006	83593	83919
82507	82726	83008	83605	83921
82523	82728	83009	83615	83930
82525	82731	83010	83625	83935
82528	82735	83012	83630	83937
82530	82746	83013	83631	83945
82533	82747	83014	83632	83950
82540	82757	83015	83633	83951
82542	82759	83018	83655	83970
82550	82760	83020	83661	83986
82552	82775	83021	83662	83992

Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title 6. Service Codes and Descriptions	Page 6-7
Community Health Center Manual	Transmittal Letter CHC-123	Date 11/21/2024

603 Payable Laboratory Service Codes (cont.)

83993	84210	84480	85045	85384
84030	84220	84481	85046	85385
84035	84228	84482	85048	85390
84060	84233	84484	85049	85396
84066	84234	84485	85055	85397
84075	84235	84488	85060	85400
84078	84238	84490	85097	85410
84080	84244	84510	85130	85415
84081	84252	84512	85170	85420
84085	84255	84520	85175	85421
84087	84260	84525	85210	85441
84100	84270	84540	85220	85445
84105	84275	84545	85230	85460
84106	84285	84550	85240	85461
84110	84295	84560	85244	85475
84112	84300	84577	85245	85520
84119	84302	84578	85246	85525
84120	84305	84580	85247	85530
84127	84307	84583	85250	85536
84132	84311	84585	85260	85540
84133	84315	84586	85270	85547
84134	84375	84588	85280	85549
84135	84376	84590	85290	85555
84138	84377	84591	85291	85557
84140	84378	84597	85292	85576
84143	84379	84620	85293	85597
84144	84392	84630	85300	85598
84146	84402	84681	85301	85610
84150	84403	84702	85302	85611
84152	84425	84703	85303	85612
84153	84430	84704	85305	85613
84154	84432	84999 IC	85306	85635
84155	84436	85002	85307	85651
84156	84437	85004	85335	85652
84157	84439	85007	85337	85660
84160	84442	85008	85345	85670
84163	84443	85009	85347	85675
84165	84445	85013	85348	85705
84166	84446	85014	85360	85730
84181	84449	85018	85362	85732
84182	84450	85025	85366	85810
84202	84460	85027	85370	85999 IC
84203	84466	85032	85378	86000
84206	84478	85041	85379	86001
84207	84479	85044	85380	86003

Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title 6. Service Codes and Descriptions	Page 6-8
Community Health Center Manual	Transmittal Letter CHC-123	Date 11/21/2024

603 Payable Laboratory Service Codes (cont.)

86005	86318	86593	86701	86804
86008	86320	86602	86702	86805
86021	86325	86603	86703	86806
86022	86327	86606	86704	86807
86023	86328	86609	86705	86808
86038	86329	86611	86706	86812
86039	86331	86612	86707	86813
86041	86332	86615	86708	86816
86042	86334	86617	86709	86817
86043	86335	86618	86710	86821
86060	86336	86619	86711	86825
86063	86337	86622	86713	86826
86140	86340	86625	86717	86828
86141	86341	86628	86720	86829
86146	86343	86631	86723	86830
86147	86344	86632	86727	86831
86148	86352	86635	86732	86832
86152	86353	86638	86734	86833
86153	86355	86641	86735	86834
86155	86356	86644	86738	86835
86156	86357	86645	86741	86849 IC
86157	86359	86648	86744	86850
86160	86360	86651	86747	86860
86161	86361	86652	86750	86870
86162	86366	86653	86753	86880
86171	86367	86654	86756	86885
86200	86376	86658	86757	86886
86215	86382	86663	86759	86900
86225	86384	86664	86762	86901
86226	86386	86665	86765	86902
86235	86403	86666	86768	86904
86243	86406	86668	86769	86905
86255	86408	86671	86771	86906
86256	86409	86674	86774	86920
86277	86413	86677	86777	86921
86280	86430	86682	86778	86922
86294	86431	86684	86780	86923
86300	86480	86687	86784	86940
86301	86481	86688	86787	86941
86304	86485	86689	86788	86970
86308	86486	86692	86789	86971
86309	86490	86694	86790	86972
86310	86510	86695	86793	86975
86316	86590	86696	86800	86976
86317	86592	86698	86803	86977

Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title 6. Service Codes and Descriptions	Page 6-9
Community Health Center Manual	Transmittal Letter CHC-123	Date 11/21/2024

603 Payable Laboratory Service Codes (cont.)

86978	87188	87337	87510	87625
86999 IC	87190	87338	87511	87631
87003	87197	87339	87512	87632
87015	87205	87340	87516	87633
87040	87206	87341	87517	87634
87045	87207	87350	87520	87635
87046	87209	87380	87521	87636
87070	87210	87385	87522	87637
87071	87220	87389	87423	87640
87073	87230	87390	87525	87641
87075	87250	87391	87526	87650
87076	87252	87400	87527	87651
87077	87253	87420	87528	87652
87081	87254	87425	87529	87653
87084	87255	87426	87530	87660
87086	87260	87427	87531	87661
87088	87265	87428	87532	87662
87101	87267	87430	87533	87797
87102	87269	87449	87534	87798
87103	87270	87451	87535	87799
87106	87271	87471	87536	87800
87107	87272	87472	87537	87801
87109	87273	87475	87538	87802
87110	87274	87476	87539	87803
87116	87275	87480	87540	87804
87118	87276	87481	87541	87806
87140	87278	87482	87542	87807
87143	87279	87483	87550	87808
87147	87280	87485	87551	87809
87149	87281	87486	87552	87810
87152	87283	87487	87555	87811
87158	87285	87490	87556	87850
87164	87290	87491	87557	87880
87166	87299	87492	87560	87899
87168	87300	87495	87561	87900
87169	87301	87496	87562	87901
87172	87305	87497	87563	87902
87176	87320	87498	87580	87903
87177	87324	87500	87581	87904
87181	87327	87501	87582	87905
87184	87328	87502	87590	87906
87185	87329	87503	87591	87910
87186	87332	87505	87592	87912
87187	87335	87506	87623	87999 PA, IC
	87336	87507	87624	88104

Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title 6. Service Codes and Descriptions	Page 6-10
Community Health Center Manual	Transmittal Letter CHC-123	Date 11/21/2024

603 Payable Laboratory Service Codes (cont.)

88106	88185	88291	88369	93017
88108	88187	88299 IC	88371	93018
88112	88188	88300	88372	93024
88120	88189	88302	88380	93040
88121	88199 IC	88304	88381	93041
88130	88230	88305	88387	93042
88140	88233	88307	88388	93224
88141	88235	88309	88399 IC	93225
88142	88237	88311	88720	93226
88143	88239	88312	88740	93227
88147	88240	88313	88741	93228
88148	88241	88314	89049	93229 IC
88150	88245 PA	88319	89050	93268
88152	88248	88341	89051	93278
88153	88249	88342	89055	93584
88155	88261	88344	89060	93585
88160	88262	88346	89125	93586
88161	88263	88348	89160	93587
88162	88264	88350	89190	93588
88164	88267	88355	89220	93724
88165	88269	88356	89230	93799 IC
88166	88271	88358	89240 IC	96372
86167	88272	88360	89300	G0027
88172	88273	88361	89310	G0480
88173	88274	88362	89320	G0481
88174	88275	88363	93000	G0482
88175	88280	88364	93005	G0483
88177	88283	88365	93010	P9604
88182	88285	88367	93015	U0002
88184	88289	88368	93016	

604 Payable Visit, Vaccine Service, and Drug 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.

Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title 6. Service Codes and Descriptions	Page 6-11
Community Health Center Manual	Transmittal Letter CHC-123	Date 11/21/2024

604 Payable Visit, Vaccine Service, and Drug Codes (cont.)

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

Service

<u>Code</u>	<u>Modifier</u>	<u>Special Requirement or Limitation</u>
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.
S4989		Contraceptive intrauterine device (e.g., Progestacert IUD), including implants and supplies (IC)
S4993		Contraceptive pills for birth control
G0009		For Administration of pneumococcal vaccine
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 all-inclusive individual medical visit
T1015	HQ	Use for all-inclusive group clinic visit
T2023		Use for targeted case management; per month
T1040		Use for all-inclusive individual behavioral health visit
T1040	HQ	Use for all-inclusive 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)

Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title 6. Service Codes and Descriptions	Page 6-12
Community Health Center Manual	Transmittal Letter CHC-123	Date 11/21/2024

604 Payable Visit, Vaccine Service, and Drug Codes (cont.)

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.
96160	Covered for the administration of patient-focused health risk assessment instruments with scoring and documentation, per standardized instrument.
96161	Covered for the administration of caregiver-focused health risk assessment instruments for the benefit of the patient, with scoring and documentation, per standardized instrument.
96365	Infusion into a vein for therapy, prevention, or diagnosis, 1 hour or less.
96366	Infusion into a vein for therapy, prevention, or diagnosis, each additional 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.
99091	Standalone collection and interpretation of remote data. It includes half-hour of RPM clinical time between a patient and a physician per month, and also requires a minimum of one instance of communication, which may be a call, video visit or perhaps email exchange.
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
99453	Covered for initial set-up and education of patients for Remote Patient Monitoring (RPM)
99454	Use for supplying and monitoring patients with remote patient monitoring devices.
99457	Covered for remote physiologic monitoring treatment management services
99458	Covered for provider remote monitoring patients, collecting data and engaging

Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title 6. Service Codes and Descriptions	Page 6-13
Community Health Center Manual	Transmittal Letter CHC-123	Date 11/21/2024

604 Payable Visit, Vaccine Service, and Drug Codes (cont.)

- with patients during a 30-day period.
- 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	99239	99334	99368	99462
98967	99242	99335	99408	99495
98968	99243	99336	99409	99496
99218	99244	99337	99411	99500
99219	99245	99341	99412	99501
99220	99304	99342	99423	99502
99221	99305	99343	99441	99503
99222	99306	99345 IC	99442	99504
99223	99307	99347	99443	99505
99224	99308	99348	99446	99506
99225	99309	99349	99447	99507
99226	99310	99350 IC	99448	99509
99231	99324	99358	99449	99511
99232	99325	99359	99451	99512
99233	99326	99366	99452	
99238	99327	99367	99460	

(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](#) for additional information.

90460	90472	90474
90471	90473	

Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title 6. Service Codes and Descriptions	Page 6-14
Community Health Center Manual	Transmittal Letter CHC-123	Date 11/21/2024

604 Payable Visit and Vaccine Service Codes (cont.)

(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 than 19 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)
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)

Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title 6. Service Codes and Descriptions	Page 6-15
Community Health Center Manual	Transmittal Letter CHC-123	Date 11/21/2024

604 Payable Visit, Vaccine Service, and Drug Codes (cont.)

Service
Code

Special Requirement or Limitation

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)
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 than 19 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)

Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title 6. Service Codes and Descriptions	Page 6-16
Community Health Center Manual	Transmittal Letter CHC-123	Date 11/21/2024

604 Payable Visit, Vaccine Service, and Drug Codes (cont.)

<u>Service Code</u>	<u>Special Requirement or Limitation</u>
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 (ccIV4), 0.5 mL dosage, for intramuscular use
90677 SL	Pneumococcal conjugate vaccine, 20 valent (PCV20), for intramuscular use with no age restriction
91312 SL	Pfizer-BioNTech COVID-19 Vaccine, Bivalent Product (Aged 12 years and older) (Gray Cap) (SARSCOV2 VAC BVL 30MCG/0.3M)
0124A	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)
91318 SL	Pfizer-BioNTech COVID-19 Vaccine 2023-2024 Formula (Yellow Cap) (SARSCOV2 VAC 3MCG TRS-SUC)
91319 SL	Pfizer-BioNTech COVID-19 Vaccine 2023-2024 Formula (Blue Cap) (SARSCV2 VAC 10MCG TRS-SUC I)
91320 SL	COMIRNATY (COVID-19 Vaccine, mRNA) 2023-2024 Formula (SARSCV2 VAC 30MCG TRS-SUC IM)
91321 SL	Moderna COVID-19 Vaccine 2023-2024 Formula (SARSCOV2 VAC 25 MCG/.25ML IM)
91322 SL	SPIKEVAX 2023-2024 Formula (SARSCOV2 VAC 50 MCG/0.5ML IM)
0044A	Novavax Covid-19 Vaccine, Adjuvanted Administration – Booster (Novavax Covid-19 Vaccine, Adjuvanted Administration – Booster)
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)

Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title 6. Service Codes and Descriptions	Page 6-17
Community Health Center Manual	Transmittal Letter CHC-123	Date 11/21/2024

604 Payable Visit, Vaccine Service, and Drug Codes (cont.)

<u>Service Code</u>	<u>Special Requirement or Limitation</u>
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)
G0310	Immunization counseling by a physician or other qualified health care professional when the vaccine(s) is not administered on the same date of service, 5-15 mins time
G0311	Immunization counseling by a physician or other qualified health care professional when the vaccine(s) is not administered on the same date of service, 16-30 mins time
G0312	Immunization counseling by a physician or other qualified health care professional when the vaccine(s) is not administered on the same date of service for ages under 21, 5-15 mins time. (This code is used for Medicaid billing purposes.)
G0313	Immunization counseling by a physician or other qualified health care professional when the vaccine(s) is not administered on the same date of service for ages under 21, 16-30 mins time
G0314	Immunization counseling by a physician or other qualified health care professional for COVID-19, ages under 21, 16-30 mins time.
G0315	Immunization counseling by a physician or other qualified health care professional for COVID-19, ages under 21, 5-15 mins time.
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

Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title 6. Service Codes and Descriptions	Page 6-18
Community Health Center Manual	Transmittal Letter CHC-123	Date 11/21/2024

604 Payable Visit, Vaccine Service, and Drug Codes (cont.)

Service
Code

Special Requirement or Limitation

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

Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title 6. Service Codes and Descriptions	Page 6-19
Community Health Center Manual	Transmittal Letter CHC-123	Date 11/21/2024

604 Payable Visit, Vaccine Service, and Drug 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

(E) The following drug codes have special requirements or limitations.

0404T PA; IC	A9577	G0108	G0483	J0178
A4261 IC	A9578	G0109	G2066 IC	J0179
A4266	A9579	G0121	G2213	J0185 PA
A4267	A9581	G0270	J0121 PA	J0202 PA
A4268	A9585	G0271	J0122 PA	J0206
A4269	A9586 IC	G0279	J0129 PA	J0208 PA
A4641 IC	A9587 IC	G0310	J0131	J0215 PA
A4648 IC	A9588 IC	G0311	J0134	J0217 PA; IC
A9500 IC	A9590 IC	G0312	J0135 PA	J0218 PA
A9502 IC	A9593 IC	G0313	J0136	J0219 PA
A9503 IC	A9594 IC	G0314	J0137	J0221 PA
A9505 IC	A9595 IC	G0315	J0153	J0222 PA
A9512 IC	A9596 IC	G0399 IC	J0171	J0223 PA
A9537 IC	A9606 PA; IC	G0480	J0172 PA	J0224 PA
A9552 IC	A9800 IC	G0455 IC	J0173	J0225 PA
A9575	G0027	G0481	J0174 PA; IC	J0248
A9576	G0105	G0482	J0177	

Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title 6. Service Codes and Descriptions	Page 6-20
Community Health Center Manual	Transmittal Letter CHC-123	Date 11/21/2024

604 Payable Visit, Vaccine Service, and Drug Codes (cont.)

J0257	J0574 PA >3.2 units;	J0694	J0874 IC	J1190
J0282	IC	J0695 PA	J0875 PA	J1200
J0283	J0575 PA >4 units;	J0696	J0877	J1201 IC
J0285	IC	J0697	J0878	J1202
J0287	J0576 PA; IC	J0699 PA	J0879	J1203
J0289	J0577	J0701	J0881 PA	J1212 PA
J0290	J0578	J0702	J0882 PA	J1240
J0291 PA	J0584 PA	J0703	J0883 IC	J1260 IC
J0295	J0585 PA	J0706	J0884 IC	J1290 PA
J0348	J0586 PA	J0712 PA	J0885 PA	J1300 PA
J0349 PA; IC	J0587 PA	J0713	J0887	J1301 PA
J0364 IC	J0588 PA	J0714 PA	J0889	J1302 PA
J0391 PA; IC	J0592 PA	J0715 IC	J0890 PA	J1303 PA
J0400 IC	J0593 PA; IC	J0716 IC	J0891	J1304
J0401	J0594	J0717 PA	J0892	J1305 PA
J0402 PA; IC	J0596 PA	J0720	J0893	J1306 PA
J0342	J0598 PA	J0736	J0894	J1320 IC
J0456	J0599 PA; IC	J0737	J0895	J1322 PA
J0457	J0604 IC	J0739 PA	J0896 PA	J1323
J0461	J0636	J0740	J0897 PA	J1411 PA; IC
J0470	J0637	J0741	J0898	J1412 PA; IC
J0475	J0638 PA	J0742 PA	J0899	J1413
J0476	J0640 PA	J0743	J1000	J1426 PA; IC
J0485 PA	J0641 PA	J0750	J1010	J1427 PA; IC
J0490 PA	J0642 PA	J0751	J1020	J1428 PA; IC
J0491 PA	J0650	J0770	J1030	J1429 IC
J0517 PA	J0651	J0775 PA	J1040	J1437 PA
J0558	J0652	J0780	J1050	J1438 PA; IC
J0561	J0665	J0791 PA	J1071 PA	J1439 PA
J0565 PA	J0670	J0801 PA; IC	J1094	J1440 PA
J0570 PA	J0687	J0802	J1096 IC	J1442 PA
J0571 PA; IC	J0688 IC	J0834	J1097 IC	J1444 IC
J0572 PA >10.7 units;	J0689	J0840	J1100	
IC	J0690	J0850	J1105	
J0573 PA >5.4 units;	J692	J0872	J1160	
IC	J0693 IC	J0873 IC	J1170 PA >8 units	

Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title 6. Service Codes and Descriptions	Page 6-21
Community Health Center Manual	Transmittal Letter CHC-123	Date 11/21/2024

604 Payable Visit, Vaccine Service, and Drug Codes (cont.)

J1445 IC	J1611	J1826 IC	J2185	J2402
J1447 PA	J1626	J1830 PA; IC	J2186 PA	J2403
J1448 PA	J1627 PA >10 units	J1836	J2212 PA; IC	J2404 IC
J1449	J1628 PA; IC	J1840 IC	J2246	J2405
J1453	J1630	J1850 IC	J2247	J2406 PA
J1454 PA >2	J1642	J1885 PA >4	J2248	J2407 PA
units	J1643	units	J2249 PA	J2425
J1455 IC	J1644	J1890 IC	J2250	J2426 PA >819
J1456	J1645	J1920	J2251	units
J1458PA	J1650	J1921	J2265 IC	J2427 PA <6 years
J1459 PA	J1652	J1930	J2270 PA >12	J2430
J1460 PA	J1655	J1931 PA	units	J2440
J1551 PA	J1670	J1932	J2272	J2460 IC
J1554 PA	J1700 IC	J1939 IC	J2274 PA >12 units	J2468
J1555 PA	J1710 IC	J1941 PA	J2277	J2469 PA >250
J1556 PA	J1720 PA	J1943 PA < 6	J2278 PA	units
J1557 PA	J1740 PA	years	J2281	J2470
J1559 PA	J1743 PA	J1944 PA < 6	J2300	J2471
J1560 PA	J1744 PA; IC	years	J2305	J2502 PA; IC
J1561 PA	J1745 PA	J1950 PA	J2310 PA; IC	J2503 IC
J1562 PA; IC	J1746 PA	J1951 PA	J2311	J2505 IC
J1566 PA	J1747 PA	J1952 PA	J2315	J2506
J1568 PA	J1750	J1954	J2323	J2507 PA
J1569 PA	J1756	J1955	J2326 PA; IC	J2508 PA; IC
J1570	J1786 PA	J1956	J2327 PA	J2510
J1571	J1790	J1961 PA	J2329 PA	J2515
J1572	J1800	J1990	J2350 PA	J2540
J1573 IC	J1805	J2020 PA	J2353	J2543
J1574	J1806	J2021 PA	J2354	J2545
J1575 PA	J1811	J2060	J2355 IC	J2550
J1576 PA	J1812 PA	J2150	J2356 PA	J2560
J1580	J1813	J2170 PA; IC	J2357 PA	J2561
J1596	J1814 PA	J2175 PA	J2358 PA <6	J2562
J1599 PA; IC	J1815 PA	J2182 PA	years	J2675
J1602 PA	J1817 PA	J2183	J2359 IC	J2679 IC
J1610	J1823 PA; IC	J2184	J2401	J2724 PA

Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title 6. Service Codes and Descriptions	Page 6-22
Community Health Center Manual	Transmittal Letter CHC-123	Date 11/21/2024

604 Payable Visit, Vaccine Service, and Drug Codes (cont.)

J2760	J3010	J3393	J7205	J7340 PA
J2770 PA	J3030 PA; IC	J3394	J7212 IC	J7342
J2777	J3031 PA; IC	J3396	J7213	J7345
J2778	J3032 IC	J3397 PA; IC	J7294 IC	J7351 PA
J2779	J3055	J3398 PA; IC	J7295 IC	J7352 PA; IC
J2781 PA; IC	J3060 PA	J3401 PA; IC	J7296 IC	J7353
J2782	J3090 PA	J3410	J7297 IC	J7354
J2783	J3095 PA	J3411	J7298 IC	J7401 IC
J2785	J3110 PA; IC	J3424	J7300 IC	J7402 PA
J2786 PA	J3111 PA	J3425	J7301 IC	J7500
J2788	J3121 PA	J3430	J7303 IC	J7501
J2790	J3145 PA	J3465	J7304 IC	J7502
J2791	J3230	J3470 PA	J7307 IC	J7503
J2792	J3240	J3471	J7309 IC	J7504
J2793 PA; IC	J3241 PA	J3472 IC	J7310 IC	J7507
J2794 PA <6 years	J3243 PA	J3473	J7311	J7508
J2795	J3244 PA	J3475	J7312	J7509
J2796 PA	J3245 PA	J3486	J7313	J7510
J2797 PA >166.5 units; IC	J3250	J3489	J7314 PA	J7511
J2798 PA; IC	J3262 PA	J3490 IC	J7315 IC	J7512
J2799 PA; IC	J3263	J3490 FP; IC	J7316 PA	J7513 PA; IC
J2801	J3285 PA	J3590 IC	J7318 PA	J7515
J2820	J3299	J3591 PA; IC	J7320 PA	J7517
J2840 PA; IC	J3300	J7030	J7321 PA	J7518 PA
J2860 PA	J3301	J7040	J7322 PA	J7520
J2910 IC	J3302 IC	J7050	J7323 PA	J7527 PA
J2916	J3304 PA	J7060	J7324 PA	J7599 PA
J2919	J3315 PA	J7070	J7325 PA	J7608
J2920	J3357 PA	J7120	J7326 PA	J7614 PA
J2930	J3360	J7131 IC	J7327 PA	J7620
J2940 PA; IC	J3370	J7165	J7328 PA	J7626
J2998 PA	J3371	J7168 IC	J7329 PA	J7633 IC
J3000	J3372	J7170	J7331 PA	J7639
	J3380 PA	J7177	J7332 PA	J7644
	J3385 PA	J7203 IC	J7336 PA	

Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title 6. Service Codes and Descriptions	Page 6-23
Community Health Center Manual	Transmittal Letter CHC-123	Date 11/21/2024

604 Payable Visit, Vaccine Service, and Drug Codes (cont.)

J7665 IC	J9039 PA	J9144 PA; IC	J9217 PA	J9293
J7669 IC	J9040	J9145 PA	J9218 PA	J9294
J7676 IC	J9041	J9150	J9219 PA	J9295 PA
J7677	J9042 PA	J9153 PA	J9223	J9296
J7682 PA	J9043 PA	J9155 PA	J9225 PA	J9297
J7686 PA	J9045	J9171	J9226 PA	J9298 PA
J7699 PA; IC	J9046	J9172 IC	J9227 PA	J9299 PA
J7799 PA; IC	J9047 PA	J9173 PA	J9228 PA	J9301 PA
J7999 PA	J9048	J9176 PA	J9229 PA	J9302 PA
J8499 IC	J9049	J9177 PA	J9230	J9303
J8562 IC	J9050	J9178	J9245	J9304 PA
J8611	J9051 IC	J9179 PA	J9246	J9305
J8612	J9052 IC	J9181 PA	J9247	J9306 PA
J8655 PA >1 unit	J9055	J9185	J9248	J9307
J8670 PA >180 units	J9056	J9190	J9249	J9308 PA
	J9057 PA; IC	J9196	J9250	J9309 PA
J8999 PA; IC	J9058	J9198 PA	J9255 IC	J9311 PA
J9000	J9059	J9199 PA; IC	J9258 IC	J9312 PA
J9015 PA; IC	J9060	J9200	J9259	J9313 PA
J9017	J9061	J9201	J9260	J9314
J9019 PA	J9063 PA	J9202 PA	J9261 PA	J9315 PA
J9020 PA; IC	J9064 PA ; IC	J9203	J9262 PA	J9316 PA
J9021 IC	J9065	J9204 PA	J9263	J9317 PA; IC
J9022 PA	J9070	J9205 PA	J9264	J9318 PA: IC
J9023 PA	J9071	J9206	J9266	J9319 PA
J9025	J9072 IC	J9207	J9267	J9320
J9027	J9073	J9208	J9268	J9321
J9029 PA ; IC	J9074	J9209	J9269 PA	J9322
J9030	J9075	J9210 PA; IC	J9271 PA	J9323
J9032 PA	J9098 IC	J9211	J9272	J9324 IC
J9033	J9100	J9212	J9273 PA	J9325 PA
J9034	J9118	J9213 IC	J9274 PA	J9328
J9035 PA	J9119 PA	J9214	J9280	J9330
J9036	J9120	J9215 PA; IC	J9281	
J9037	J9130	J9216	J9286	

Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title 6. Service Codes and Descriptions	Page 6-24
Community Health Center Manual	Transmittal Letter CHC-123	Date 11/21/2024

604 Payable Visit, Vaccine Service, and Drug Codes (cont.)

J9331 PA	J9394 PA	Q2053 PA	Q4199	Q5127
J9332 PA	J9395 PA	Q2054 PA	Q4251	Q5128
J9333	J9400 PA	Q2055 PA	Q4252	Q5129 PA
J9334	J9999 IC	Q2056 PA	Q4253	Q5130
J9340	Q0138	Q4074	Q5101 PA	Q5131
J9345 PA; IC	Q0139	Q4081	Q5103 PA	Q5132 PA; IC
J9347 PA	Q0162	Q4101	Q5104 PA	Q9950
J9348 PA	Q0220	Q4102	Q5105 PA	Q9991
J9349 PA	Q0249	Q4103	Q5106 PA	Q9992
J9350 PA	Q2009 IC	Q4104	Q5107 PA	S0013 PA
J9351	Q2017 IC	Q4106	Q5108	S0020 IC
J9352	Q2028 PA; IC	Q4107	Q5110 PA	S0021 IC
J9353 PA	(covered with	Q4108	Q5111	S0023 IC
J9354 PA	diagnosis of	Q4110	Q5112 PA	S0199
J9355 PA	lipodystrophy	Q4121	Q5113 PA	S0191 IC
J9356 PA	associated with,	Q4132	Q5114 PA	S0302
J9357	or secondary to,	Q4133 PA	Q5115 PA	S2260 CPA-2; IC
J9358 PA	HIV only)	Q4151 IC; PA	Q5116 PA	90380
J9359 PA	Q2035	Q4159 PA	Q5117 PA	90381
J9360	Q2036 IC	Q4161	Q5118 PA	90589
J9370	Q2037 IC	Q4162 IC	Q5119 PA	90623
J9371 PA	Q2038 IC	Q4163 IC	Q5121	90678
J9376	Q2041 PA	Q4164	Q5122	90679
J9380	Q2042 PA	Q4165 IC	Q5123 PA	96365
J9381 PA	Q2043 PA	Q4196	Q5124	96366
J9390 PA	Q2049 IC	Q4186	Q5125 PA	96380
J9393 PA	Q2050	Q4187	Q5126 PA	96381

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

Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title 6. Service Codes and Descriptions	Page 6-25
Community Health Center Manual	Transmittal Letter CHC-123	Date 11/21/2024

605 Payable Obstetrics Service Codes (cont.)

Global Deliveries

59400	59610
59510	59618

606 Payable Surgery Service Codes

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

11976 (SP)	57420	58180 (HI-1	58544 (HI-1	58661 (CS-18*
11981	57421	form required;	form required;	or CS-21*
11982	57425	PA or Gender	PA for Gender	required; PA
11983	57452	Dysphoria-	Dysphoria-	for Gender
19100	57454	Related	Related	Dysphoria-
44955	57455	Services Only)	Services Only)	Related
49082	57456	58300	58555 (SP)	Services Only)
49083	57460	58301	58558	58670 (CS-18
49084	57461	58340	58560	or CS-21
49255	57500	58353	58561	required)
49320	57505	58541 (HI-1	58562	58671 (CS-18
54050	57510	form required;	58565 (CS-18	or CS-21
54057	57511	PA for Gender	or CS-21	required)
54150	57513	Dysphoria-	required)	58700
54160	57520	Related	58600 (CS-18	58720 (CS-18*
55250 (CS-18	57522	Services Only)	or CS-21	or CS-21*
or CS-21	57700	58542 (HI-1	required)	required; PA
required) (SP)	57800 (SP)	form required;	58605 (CS-18	for Gender
56420	58100 (SP)	PA for Gender	or CS-21	Dysphoria-
56440	58120	Dysphoria-	required) (SP)	Related
56501	58140	Related	58611 (CS-18	Services Only)
56515	58146	Services Only)	or CS-21	58940
56605	58150 (HI-1	58543 (HI-1	required)	59000
57061	form required;	form required;	58615 (CS-18	59012
57100	PA for Gender	PA for Gender	or CS-21	59015
57240	Dysphoria-	Dysphoria-	required)	59025
57250	Related	Related	58660	59870
57260	Services Only)	Services Only)		

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.

Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title 6. Service Codes and Descriptions	Page 6-26
Community Health Center Manual	Transmittal Letter CHC-123	Date 11/21/2024

607 Payable Nurse-Midwife Service Codes (cont.)

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	99383	99385	99392	99394
99382	99384	99391	99393	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
-------	-------	-------	-------

Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title 6. Service Codes and Descriptions	Page 6-27
Community Health Center Manual	Transmittal Letter CHC-123	Date 11/21/2024

611 Payable Tobacco Cessation Service Codes

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

<u>Service Code</u>	<u>Modifier</u>	<u>Special Requirement or Limitation</u>
99407		At least 30 minutes; eligible providers are physicians employed by community health centers.
99407	HN	At least 30 minutes; eligible providers are physician assistants employed by community health centers.
99407	HQ	For an individual in a group setting, 60-90 minutes; eligible providers are physicians employed by community health centers.
99407	SA	At least 30 minutes; eligible providers are nurse practitioners employed by community health centers.
99407	SB	At least 30 minutes; eligible providers are nurse midwives employed by community health centers.
99407	TD	At least 30 minutes; eligible providers are registered nurses employed by community health centers.
99407	TF	Intake assessment for an individual, at least 45 minutes; eligible providers are physicians employed by community health centers.
99407	U1	At least 30 minutes; eligible providers are tobacco cessation counselors employed by community health centers.
99407	U2	Intake assessment for an individual, at least 45 minutes; eligible providers are nurse practitioner, nurse midwife, physician assistant, registered nurse, and tobacco cessation counselor.

611 Payable Tobacco Cessation Service Codes (cont.)

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.

<u>Service Code</u>	<u>Special Requirement or Limitation</u>
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

Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title 6. Service Codes and Descriptions	Page 6-28
Community Health Center Manual	Transmittal Letter CHC-123	Date 11/21/2024

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

	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 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 Modifiers for Developmental and Payable Behavioral Health Screening

The administration and scoring of standardized behavioral health screening tools, as detailed in [Appendix W](#) of your MassHealth provider manual is covered for members (except MassHealth Limited) from birth to age 21. Service codes 96110 and 96127 must be billed with modifiers in accordance with Appendix Z of your provider manual.

614 Payable Postpartum Depression Screening Tools

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

<u>Modifier</u>	<u>Description</u>
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 at: mass.gov/info-details/postpartum-depression-screening-tools-trainings-continuing-education

615 Payable Acupuncture Service Codes

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

97810	97811	97813	97814
-------	-------	-------	-------

Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title 6. Service Codes and Descriptions	Page 6-29
Community Health Center Manual	Transmittal Letter CHC-123	Date 11/21/2024

616 Modifiers

The following service code modifiers are allowed for billing under MassHealth.

<u>Modifier</u>	<u>Description</u>
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 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 ComponentU1 Medicaid level of care 1, as defined by each state
U2	Medicaid level of care 2, as defined by each state

Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title 6. Service Codes and Descriptions	Page 6-30
Community Health Center Manual	Transmittal Letter CHC-123	Date 11/21/2024

616 Modifiers (cont.)

<u>Modifier</u>	<u>Description</u>
U3	Medicaid level of care 3, as defined by each state
U4	Medicaid level of care 4, as defined by each state
UD	Medicaid level of care 13, as defined by each state
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
FP	Service provided as part of family planning program

The following modifiers are for Provider Preventable Conditions that are National Coverage Determinations.

<u>Modifier</u>	<u>Description</u>
PA	Surgical or other invasive procedure on wrong body part
PB	Surgical or other invasive procedure on wrong patient
PC	Wrong surgery or other invasive procedure on patient

For more information on the use of these modifiers, see [Appendix V](#) of your provider manual. This publication contains codes that are copyrighted by the American Medical Association. Certain terms used in the service descriptions for HCPCS codes are defined in the *Current Procedural Terminology (CPT) Professional* codebook.