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Subchapter 6: Community Health Center Manual

TL CHC-124

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601 Introduction and Explanation of Abbreviations

MassHealth pays for the services represented by the codes listed in Subchapter 6 in effect at the time of service, subject to all conditions and limitations in MassHealth regulations at 130 CMR 405.000: 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.

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* **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).

602 Payable Radiology Service Codes

70030	70330	70491 PA	71100	72083
70100	70332	70492 PA	71101	72084
70110	70336 PA	70540 PA	71110	72100
70120	70350	70542 PA	71111	72110
70130	70355	70543 PA	71120	72114
70134	70360	70544 PA	71271	72120
70140	70370	70545 PA	71130	72125 PA
70150	70371	70546 PA	71550 PA	72126 PA
70160	70380	70547 PA	71551 PA	72127 PA
70190	70390	70548 PA	71555 PA	72128 PA
70200	70450 PA	70549 PA	72010	72129 PA
70210	70460 PA	70551 PA	72020	72130 PA
70220	70470 PA	70552 PA	72040	72131 PA
70240	70480 PA	70553 PA	72050	72132 PA
70250	70481 PA	70554 PA	72070	72133 PA
70260	70482 PA	70555 PA	72072	72141 PA
70300	70486 PA	71045	72074	72142 PA
70310	70487 PA	71046	72080	72146 PA
70320	70488 PA	71047	72081	72147 PA
70328	70490 PA	71048	72082	72148 PA

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602 Payable Radiology Service Codes (cont.)

72149 PA	73010	73221 PA	73630	74178 PA
72156 PA	73020	73222 PA	73650	74181 PA
72157 PA	73030	73223 PA	73660	74182 PA
72158 PA	73040	73501	73700 PA	74183 PA
72170	73050	73502	73701 PA	74185 PA
72190	73060	73503	73702 PA	74190
72192 PA	73070	73521	73718 PA	74210
72193 PA	73080	73522	73719 PA	74220
72194 PA	73085	73523	73720 PA	74221
72195 PA	73090	73525	73721 PA	74230
72196 PA	73092	73551	73722 PA	74235
72197 PA	73100	73552	73723 PA	74240
72200	73110	73560	73725 PA	74246
72202	73115	73562	74018	74248
72220	73120	73564	74019	74250
72240	73130	73565	74021	74251
72255	73140	73580	74022	74261 PA
72265	73200 PA	73590	74150 PA	74262 PA
72270	73201 PA	73592	74160 PA	74270
72275	73202 PA	73600	74170 PA	74280
72285	73218 PA	73610	74174 PA	74283
72295	73219 PA	73615	74176 PA	74290
73000	73220 PA	73620	74177 PA	74300
74301	75557 PA	75746	75885	76506
74330	75559 PA	75756	75887	76510
74340	75561 PA	75774	75889	76511
74355	75563 PA	75801	75891	76512
74400	75565 PA	75803	75893	76513
74410	75572 PA	75805	75898	76514
74415	75573 PA	75807	75901	76516
74420	75574 PA	75809	75902	76519
74425	75600	75810	76000	76529
74430	75605	75820	76010	76536
74440	75625	75822	76080	76604
74445	75630	75825	76098	76641
74450	75705	75827	76100	76642
74455	75710	75831	76101	76700
74470	75716	75833	76102	76705
74485	75726	75840	76120	76706
74712 PA	75731	75842	76125	76770
74713 PA	75733	75860	76376 PA	76775
74740	75736	75870	76377 PA	76776
74742	75741	75872	76380 PA	76800
74775	75743	75880	76499 IC	76801

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602 Payable Radiology Service Codes (cont.)

76802	76857	76983	77065	77317
76805	76870	76999 IC	77066	77318
76810	76872	77001	77067	77387 IC
76811	76873	77002	77071	77399 IC
76812	76881	77003	77072	77499 IC
76813	76882	77011	77073	77523
76814	76883	77012	77074	77767
76815	76885	77013	77075	77768
76816	76886	77014	77076	77770
76817	76937	77021 PA	77077	77771
76818	76942	77022 PA	77078 PA	77772
76820	76945	77046 PA	77080	77799 IC
76821	76946	77047 PA	77081	78012
76825	76948	77048 PA	77085	78013
76826	76965	77049 PA	77086	78014
76827	76977	77053	77293	78015
76828	76978	77054	77299 IC	78016
76830	76979	77061 IC	77306	78018
76831	76981	77062 IC	77307	78020
76856	76982	77063	77316	78070
78071	78230	78432	78579	78709
78072	78231	78433	78580	78710
78075	78232	78434	78582	78725
78099 IC	78258	78445	78597	78730
78102	78261	78451 PA	78598	78740
78103	78262	78452 PA	78599 IC	78761
78104	78264	78453 PA	78600	78799 IC
78110	78265	78454 PA	78601	78800
78111	78266	78456	78605	78801
78120	78278	78457	78607	78802
78121	78282	78458	78608 PA	78803
78122	78290	78459 PA	78609 PA	78804
78130	78291	78466 PA	78610	78805
78140	78299 IC	78468	78630	78806
78185	78300	78469 PA	78635	78807
78191	78305	78472 PA	78645	78808
78195	78306	78473 PA	78647	78811 PA
78199 IC	78315	78481 PA	78650	78812 PA
78201	78350	78483 PA	78660	78813 PA
78202	78399 IC	78491 PA	78699 IC	78814 PA
78215	78414	78492 PA	78700	78815 PA
78216	78428 PA	78494 PA	78701	78816 PA
78226	78430	78496 PA	78707	78831
78227	78431	78499 IC	78708	78832

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602 Payable Radiology Service Codes (cont.)

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	80156	80176	80197	80307
80048	80157	80177	80198	80400
80050	80158	80178	80199	80402
80051	80159	80180	80200	80406
80053	80162	80183	80201	80408
80055	80163	80184	80202	80410
80061	80164	80185	80203	80412
80069	80165	80186	80230	80414
80074	80168	80187	80235	80415
80076	80169	80188	80280	80416
80081	80170	80190	80285	80417
80145	80171	80192	80299	80418
80150	80173	80194	80305	80420
80155	80175	80195	80306	80422
80424	81109 PA	81208 PA	81250 PA	81297 PA
80426	81110 PA	81209 PA	81251 PA	81298 PA
80428	81111 PA	81210 PA	81252 PA	81299 PA
80430	81112 PA	81212 PA	81253 PA	81300 PA
80432	81120 PA	81215 PA	81254 PA	81301 PA
80434	81121 PA	81216 PA	81255 PA	81302 PA
80435	81161 PA	81217 PA	81256 PA	81303 PA
80436	81162 PA	81218	81257 PA	81304 PA
80438	81163 PA	81219	81258 PA	81305
80439	81164 PA	81220	81260 PA	81307 PA
80440	81165 PA	81221	81269 PA	81308 PA
81000	81166 PA	81228 PA	81272	81309 PA
81001	81167 PA	81229 PA	81273	81310 PA
81002	81170 PA	81235	81275 PA	81311 PA
81003	81174	81238 PA	81276 PA	81312
81005	81188	81240 PA	81277 PA	81314 PA
81007	81189	81241 PA	81278	81315 PA
81015	81200 PA	81242 PA	81287 PA	81316 PA
81020	81201 PA	81243 PA	81288 PA	81317 PA
81025	81202 PA	81244 PA	81292 PA	81318 PA
81050	81203 PA	81245 PA	81293 PA	81319 PA
81099 IC	81205 PA	81246 PA	81294 PA	81321 PA
81107 PA	81206 PA	81248 PA	81295 PA	81322 PA
81108 PA	81207 PA	81249 PA	81296 PA	81323 PA

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81324 PA	81404 PA	82009	82120	82232
81325 PA	81405 PA	82010	82127	82233
81326 PA	81407 PA	82013	82128	82234
81330 PA	81408 PA	82016	82131	82239
81331 PA	81413	82017	82135	82240
81332 PA	81420	82024	82136	82247
81335	81479 PA, IC	82030	82139	82248
81338	81507 PA, IC	82040	82140	82252
81345	81508 PA	82042	82143	82261
81347	81509	82043	82150	82270
81348	81510	82044	82154	82271
81357	81511	82045	82157	82272
81360	81512	82085	82160	82274
81361	81513	82088	82163	82286
81362	81515	82103	82164	82300
81363	81517	82104	82166	82306
81364	81519 PA	82105	82172	82308
81400 PA	81522 PA	82106	82175	82310
81401 PA	81542 PA	82107	82180	82330
81403 PA	81552 PA	82108	82190	82331
82340	82480	82610	82725	82943
82355	82482	82615	82726	82945
82360	82485	82626	82728	82946
82365	82495	82627	82731	82947
82370	82507	82633	82735	82948
82373	82523	82634	82746	82950
82374	82525	82638	82747	82951
82375	82528	82642	82757	82952
82376	82530	82652	82759	82953
82378	82533	82656	82760	82955
82379	82540	82657	82775	82960
82380	82542	82658	82776	82963
82382	82550	82664	82777	82965
82383	82552	82668	82784	82975
82384	82553	82670	82785	82977
82387	82554	82671	82787	82978
82390	82565	82672	82800	82979
82397	82570	82677	82803	82985
82415	82575	82679	82805	83001
82435	82585	82693	82810	83002
82436	82595	82696	82820	83003
82438	82600	82705	82930	83006
82441	82607	82710	82938	83008
82465	82608	82715	82941	83009

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83010	83070	83582	83701	83876
83012	83080	83586	83704	83880
83013	83088	83593	83718	83883
83014	83090	83605	83719	83884
83015	83150	83615	83721	83885
83018	83491	83625	83722	83915
83020	83497	83630	83727	83916
83021	83498	83631	83735	83918
83026	83500	83632	83775	83919
83030	83505	83633	83785	83921
83033	83516	83655	83789	83930
83036	83518	83661	83825	83935
83037	83519	83662	83835	83937
83045	83520	83663	83857	83945
83050	83525	83664	83861	83950
83051	83527	83670	83864	83951
83060	83528	83690	83866	83970
83065	83540	83695	83872	83986
83068	83550	83698	83873	83992
83069	83570	83700	83874	83993
84030	84143	84234	84394	84488
84035	84144	84235	84402	84490
84060	84146	84238	84403	84510
84066	84150	84244	84425	84512
84075	84152	84252	84430	84520
84078	84153	84255	84432	84525
84080	84154	84260	84436	84540
84081	84155	84270	84437	84545
84085	84156	84275	84439	84550
84087	84157	84285	84442	84560
84100	84160	84295	84443	84577
84105	84163	84300	84445	84578
84106	84165	84302	84446	84580
84110	84166	84305	84449	84583
84112	84181	84307	84450	84585
84119	84182	84311	84460	84586
84120	84202	84315	84466	84588
84127	84203	84375	84478	84590
84132	84206	84376	84479	84591
84133	84207	84377	84480	84597
84134	84210	84378	84481	84620
84135	84220	84379	84482	84630
84138	84228	84392	84484	84681
84140	84233	84393	84485	84702

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84703	85055	85292	85380	85540
84704	85060	85293	85384	85547
84999 IC	85097	85300	85385	85549
85002	85130	85301	85390	85555
85004	85170	85302	85396	85557
85007	85175	85303	85397	85576
85008	85210	85305	85400	85597
85009	85220	85306	85410	85598
85013	85230	85307	85415	85610
85014	85240	85335	85420	85611
85018	85244	85337	85421	85612
85025	85245	85345	85441	85613
85027	85246	85347	85445	85635
85032	85247	85348	85460	85651
85041	85250	85360	85461	85652
85044	85260	85362	85475	85660
85045	85270	85366	85520	85670
85046	85280	85370	85525	85675
85048	85290	85378	85530	85705
85049	85291	85379	85536	85730
85732	86153	86310	86360	86602
85810	86155	86316	86361	86603
85999 IC	86156	86317	86366	86606
86000	86157	86318	86367	86609
86001	86160	86320	86376	86611
86003	86161	86325	86382	86612
86005	86162	86328	86384	86615
86008	86171	86329	86386	86617
86021	86200	86331	86403	86618
86022	86215	86332	86406	86619
86023	86225	86334	86408	86622
86038	86226	86335	86409	86625
86039	86235	86336	86413	86628
86041	86243	86337	86430	86631
86042	86255	86340	86431	86632
86043	86256	86341	86480	86635
86060	86277	86343	86481	86638
86063	86280	86344	86485	86641
86140	86294	86352	86486	86644
86141	86300	86353	86510	86645
86146	86301	86355	86581	86648
86147	86304	86356	86590	86651
86148	86308	86357	86592	86652
86152	86309	86359	86593	86653

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86654	86701	86741	86789	86831
86658	86702	86744	86790	86832
86663	86703	86747	86793	86833
86664	86704	86750	86800	86834
86665	86705	86753	86803	86835
86666	86706	86756	86804	86849 IC
86668	86707	86757	86805	86850
86671	86708	86759	86806	86860
86674	86709	86762	86807	86870
86677	86710	86765	86808	86880
86682	86711	86768	86812	86885
86684	86713	86769	86813	86886
86687	86717	86771	86816	86900
86688	86720	86774	86817	86901
86689	86723	86777	86821	86902
86692	86727	86778	86825	86904
86694	86732	86780	86826	86905
86695	86734	86784	86828	86906
86696	86735	86787	86829	86920
86698	86738	86788	86830	86921
86922	87084	87177	87269	87332
86923	87086	87181	87270	87335
86940	87088	87184	87271	87336
86941	87101	87185	87272	87337
86970	87102	87186	87273	87338
86971	87103	87187	87274	87339
86972	87106	87188	87275	87340
86975	87107	87190	87276	87341
86976	87109	87197	87278	87350
86977	87110	87205	87279	87380
86978	87116	87206	87280	87385
86999 IC	87118	87207	87281	87389
87003	87140	87209	87283	87390
87015	87143	87210	87285	87391
87040	87147	87220	87290	87400
87045	87149	87230	87299	87420
87046	87152	87250	87300	87425
87070	87158	87252	87301	87426
87071	87164	87253	87305	87427
87073	87166	87254	87320	87428
87075	87168	87255	87324	87430
87076	87169	87260	87327	87449
87077	87172	87265	87328	87451
87081	87176	87267	87329	87471

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87472	87503	87531	87556	87633
87475	87505	87532	87557	87634
87476	87506	87533	87560	87635
87480	87507	87534	87561	87636
87481	87510	87535	87562	87637
87482	87511	87536	87563	87640
87483	87512	87537	87564	87641
87485	87513	87538	87580	87650
87486	87516	87539	87581	87651
87487	87517	87540	87582	87652
87490	87520	87541	87590	87653
87491	87521	87542	87591	87660
87492	87522	87550	87592	87661
87495	87423	87540	87594	87662
87496	87525	87541	87623	87797
87497	87526	87542	87624	87798
87498	87527	87550	87625	87799
87500	87528	87551	87626	87800
87501	87529	87552	87631	87801
87502	87530	87555	87632	87802
87803	88112	88175	88269	88342
87804	88120	88177	88271	88344
87806	88121	88182	88272	88346
87807	88130	88184	88273	88348
87808	88140	88185	88274	88350
87809	88141	88187	88275	88355
87810	88142	88188	88280	88356
87811	88143	88189	88283	88358
87850	88147	88199 IC	88285	88360
87880	88148	88230	88289	88361
87899	88150	88233	88291	88362
87900	88152	88235	88299 IC	88363
87901	88153	88237	88300	88364
87902	88155	88239	88302	88365
87903	88160	88240	88304	88367
87904	88161	88241	88305	88368
87905	88162	88245 PA	88307	88369
87906	88164	88248	88309	88371
87910	88165	88249	88311	88372
87912	88166	88261	88312	88380
87999 PA, IC	86167	88262	88313	88381
88104	88172	88263	88314	88387
88106	88173	88264	88319	88399 IC
88108	88174	88267	88341	88720

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88740	89220	93016	93268	G0027
88741	89230	93017	93278	G0480
89049	89240 IC	93041	93584	G0481
89050	89300	93042	93585	G0482
89051	89310	93224	93586	G0483
89055	89320	93225	93587	P9604
89060	93000	93226	93588	U0002
89125	93005	93227	93724	
89160	93010	93228	93799 IC	
89190	93015	93229 IC	96372	

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.

(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

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T1015		Use for all-inclusive individual medical visit
T1015	HQ	Use for all-inclusive group clinic visit
T1015	TH	Use for all individual medical visits with a certified nurse midwife or obstetrician/gynecologist
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
T1040	EP	Indicates routine Healthy Kids/EPSDT screening
90371		Use to describe the administration of hepatitis B immune globulin (Hep B IG) via intramuscular injection.
90375		Use to the administration of rabies immune globulin (RIg), which can be given either intramuscularly (IM) or subcutaneously (SC).
90632		Used to identify the administration of the Hepatitis A vaccine for adults via intramuscular injection.
90653		Used to identify the administration of an influenza virus vaccine that is adjuvanted and given via intramuscular injection.
90656		Influenza virus vaccine, trivalent (IIV3), split virus, preservative free, 0.5-mL dosage, for intramuscular use.
90657		Influenza virus vaccine, trivalent (IIV3), split virus, 0.25-mL dosage, for intramuscular use.
90658		Influenza virus vaccine, trivalent (IIV3), split virus, 0.5-mL dosage, for intramuscular use.
90660		Used to identify the administration of the live attenuated influenza vaccine (LAIV3) via the intranasal route.
90661		Influenza virus vaccine, specifically a trivalent (ccIIV3) formulation derived from cell cultures.
90662		Identify the administration of an influenza virus vaccine that is preservative-free and contains a higher antigen content, specifically designed for individuals who may require a stronger immune response, such as older adults.
90670		Used to identify the PCV13 vaccine for immunization against pneumococcal disease in healthcare settings.
90671		Used to identify the administration of the pneumococcal conjugate vaccine, specifically the 15-valent version, which is given via intramuscular injection.
90673		Used to identify the Riv3 vaccine without preservatives, facilitating accurate documentation and reimbursement processes.
90675		Used to identify the administration of the rabies vaccine via intramuscular injection.
90677		Used to identify the administration of the pneumococcal conjugate vaccine, specifically the 20-valent version, which is given via intramuscular injection.
90714		Used to identify the administration of the tetanus and diphtheria (Td) vaccine without preservatives for individuals aged 7 years and older, given via intramuscular injection.
90715		Used to identify the administration of the Tdap vaccine, which is designed for individuals aged 7 years and older.

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Service

<u>Code</u>	<u>Modifier</u>	<u>Special Requirement or Limitation</u>
90732		Used to identify the administration of the pneumococcal polysaccharide vaccine (PPSV23) for individuals aged 2 years and older.
90739		Used to identify the administration of the hepatitis B vaccine for adults, specifically the 2-dose or 4-dose intramuscular (IM) regimen.
90740		Used to describe the administration of the hepatitis B vaccine in a three-dose schedule specifically for patients who are immunosuppressed.
90743		Used to identify the administration of the hepatitis B vaccine, specifically the two-dose regimen intended for adolescents.
90744		Used to identify the administration of the hepatitis B vaccine, specifically the three-dose series, for pediatric and adolescent patients.
90746		Used to identify the administration of the hepatitis B vaccine for adults, specifically the three-dose schedule given via intramuscular injection.
90747		Used to describe the administration of the hepatitis B vaccine in a four-dose schedule specifically for patients who are immunosuppressed.
90749		Used to identify an unlisted vaccine or toxoid.
90759		Refers to the administration of the Hepatitis B vaccine using the adolescent dosage, specifically for a two-dose schedule.
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)

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

Service

<u>Code</u>	<u>Modifier</u>	<u>Special Requirement or Limitation</u>
91304		Refers to a SARS-CoV-2 vaccine product administered by intramuscular injection to prevent COVID-19, with a dosage of 5 mcg/0.5 mL.
91318		Refers to the SARS-CoV-2 (COVID-19) vaccine, specifically designed for intramuscular use in patients aged 6 months to 4 years.
91319		Refers to the SARS-CoV-2 (COVID-19) vaccine, specifically designed for intramuscular use in patients aged 5–11 years old, with a dosage of 10 mcg/0.2 mL.
91320		Refers to the SARS-CoV-2 (COVID-19) vaccine, specifically the mRNA-LNP formulation with a dosage of 30 mcg/0.3 mL for intramuscular use in patients aged 12 years and older.
91321		Refers to the SARS-CoV-2 (COVID-19) vaccine, specifically the mRNA-LNP formulation with a dosage of 25 mcg/0.25 mL, intended for intramuscular use in patients aged 6 months to 11 years.
91322		Refers to the Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) vaccine, specifically an mRNA-LNP formulation with a dosage of 50 mcg/0.5 mL for intramuscular use.
92137		Used for diagnostic retinal imaging, specifically for optical coherence tomography (OCT) and OCT angiography (OCT-A).
93896		Refers to a vasoreactivity study performed with a transcranial Doppler study of intracranial arteries.
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

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

Service

<u>Code</u>	<u>Modifier</u>	<u>Special Requirement or Limitation</u>
		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 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	99223	99239	99307	99334
98967	99224	99242	99308	99335
98968	99225	99243	99309	99336
99218	99226	99244	99310	99337
99219	99231	99245	99324	99341
99220	99232	99304	99325	99342
99221	99233	99305	99326	99343
99222	99238	99306	99327	99345 IC

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99347	99368	99448	99500	99509
99348	99408	99449	99501	99511
99349	99409	99451	99502	99512
99350 IC	99411	99452	99503	99606
99358	99412	99460	99504	
99359	99423	99462	99505	
99366	99446	99495	99506	
99367	99447	99496	99507	

(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	90471	90472	90473	90474
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(D) The following vaccine service codes have special requirements or limitations.

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

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

Service

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

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<u>Service Code</u>	<u>Modifier</u>	<u>Special Requirement or Limitation</u>
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)
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	SL	Pneumococcal conjugate vaccine, 20 valent (PCV20), for intramuscular use with no age restriction
90678		Bivalent RSV (Respiratory Syncytial Virus) vaccine, PA < 18 years
90679		Respiratory Syncytial Virus (RSV) vaccine, PA < 60 years
90684		Pneumococcal conjugate vaccine, 21 valent (PCV21), for intramuscular use
91312	SL	Pfizer-BioNTech COVID-19 Vaccine, Bivalent Product (Aged 12 years and older) (Gray Cap) (SARSCOV2 VAC BVL 30MCG/0.3M)

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<u>Service Code</u>	<u>Modifier</u>	<u>Special Requirement or Limitation</u>
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/0.25ML 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)

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Service

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

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

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

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

Service

Code Modifier Special Requirement or Limitation

M0249		require supplemental oxygen, non-invasive or invasive mechanical ventilation, or extracorporeal membrane oxygenation (ECMO) only, 1 mg 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	A9588 IC	G0455 IC	J0185 PA	J0364 IC
A4261 IC	A9590 IC	G0481	J0202 PA	J0391 PA, IC
A4266	A9593 IC	G0482	J0206	J0400 IC
A4267	A9594 IC	G0483	J0208 PA	J0401
A4268	A9595 IC	G2066 IC	J0217 PA, IC	J0402 PA, IC
A4269	A9596 IC	G2213	J0218 PA	J0456
A4641 IC	A9606 PA, IC	J0121 PA	J0219 PA	J0457
A4648 IC	A9800 IC	J0122 PA	J0221 PA	J0461
A9500 IC	G0027	J0129 PA	J0222 PA	J0470
A9502 IC	G0105	J0131	J0223 PA	J0475
A9503 IC	G0108	J0134	J0224 PA	J0476
A9505 IC	G0109	J0136	J0225 PA	J0485 PA
A9512 IC	G0121	J0137	J0248	J0490 PA
A9537 IC	G0121	J0139 PA	J0257	J0491 PA
A9552 IC	G0270	J0153	J0281	J0517 PA
A9575	G0271	J0165	J0282	J0558
A9576	G0279	J0166	J0283	J0561
A9577	G0310	J0167	J0285	J0565 PA
A9578	G0311	J0168	J0287	J0571 PA, IC
A9579	G0312	J0169	J0289	J0572 PA
A9581	G0313	J0174 PA, IC	J0290	>10.7 units;
A9585	G0314	J0177	J0291 PA	IC
A9586 IC	G0315	J0178	J0295	J0573 PA
A9587 IC	G0399 IC	J0179	J0348	>5.4 units;
	G0480	J0180 PA	J0349 PA, IC	IC

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

J0574 PA >3.2 units; IC	J0596 PA J0597 PA J0598 PA	J0651 J0652 J0665	J0712 PA J0713 J0714 PA	J0775 PA J0780 J0791 PA
J0575 PA >4 units; IC	J0599 PA, IC J0601 J0602	J0670 J0687 J0688 IC	J0715 IC J0716 IC J0717 PA	J0801 PA, IC J0802 J0834
J0576 PA, IC	J0603	J0689	J0720	J0840
J0577	J0604 IC	J0690	J0736	J0850
J0578	J0615	J692	J0737	J0870 PA
J0584 PA	J0616	J0693 IC	J0739 PA	J0872
J0585 PA	J0618	J0694	J0740	J0873 IC
J0586 PA	J0630 PA	J0695 PA	J0741	J0874 IC
J0587 PA	J0636	J0696	J0742 PA	J0875 PA
J0588 PA	J0637	J0697	J0743	J0877
J0589 PA	J0638 PA	J0699 PA	J0745 PA	J0878
J0592 PA	J0640 PA	J0701	>12 units	J0879
J0593 PA, IC	J0641 PA	J0702	J0750	J0881 PA
J0594	J0642 PA	J0703	J0751	J0883 IC
J0595	J0650	J0706	J0770	J0884 IC
J0885 PA	J1105	J1308	J1453 PA	J1453 PA
J0889	J1110 PA > 24 units	J1320 IC	>300 units/ 28 days	>300 units/ 28 days
J0891	J1160	J1322 PA	J1454 PA >2 units	J1454 PA >2 units
J0892	J1163	J1323 PA	J1455 IC	J1455 IC
J0893	J1171	J1325	J1456	J1456
J0894	J1190	J1326 PA	J1458 PA	J1458 PA
J0895	J1200	J1411 PA, IC	J1459 PA	J1459 PA
J0896 PA	J1202	J1412 PA, IC	J1460 PA	J1460 PA
J0897 PA	J1203	J1413	J1551 PA	J1551 PA
J0898	J1203	J1414	J1552 PA	J1552 PA
J0899	J1230 PA	J1426 PA, IC	J1554 PA	J1554 PA
J0901 PA	J1212 PA	J1427 PA, IC	J1555 PA	J1555 PA
J0911	J1240	J1428 PA, IC	J1556 PA	J1556 PA
J1000	J1260 IC	J1429 IC	J1557 PA	J1557 PA
J1010	J1271	J1437 PA	J1558 PA	J1558 PA
J1020	J1290 PA	J1438 PA, IC	J1559 PA	J1559 PA
J1030	J1299	J1439 PA	J1560 PA	J1560 PA
J1040	J1301 PA	J1440 PA	J1561 PA	J1561 PA
J1050	J1302 PA	J1442 PA	J1566 PA	J1566 PA
J1071 PA	J1303 PA	J1447 PA	J1447 PA	J1568 PA
J1072	J1304	J1448 PA	J1448 PA	J1569 PA
J1096 IC	J1305 PA	J1449	J1449	J1570
J1097 IC	J1306 PA			
J1100	J1307 PA			

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J1571	<10 years	J1756	J1930	J2060
J1572 PA	J1632 PA	J1786 PA	J1931 PA	J2150
J1573 IC	J1642	J1790	J1932	J2170 PA, IC
J1574	J1643	J1800	J1938	J2175 PA
J1575 PA	J1644	J1805	J1939 IC	J2182 PA
J1576 PA	J1645	J1806	J1941 PA	J2183
J1580	J1650	J1808	J1943 PA	J2184
J1596 PA	J1652	J1811	< 6 years	J2185
J1597 PA	J1655	J1812 PA	J1944 PA < 6	J2186 PA
J1598 PA	J1670	J1813	years	J2212 PA, IC
J1599 PA, IC	J1700 IC	J1814 PA	J1950 PA	J2246
J1602 PA	J1710 IC	J1815 PA	J1951 PA	J2247
J1610	J1720 PA	J1823 PA, IC	J1952 PA	J2248
J1611	J1740 PA	J1826 IC	J1954 PA	J2249 PA
J1626	J1743 PA	J1830 PA, IC	J1955	J2250
J1627 PA	J1744 PA, IC	J1833 PA	J1956	J2251
>200 units/ 28 days	J1745 PA	J1836	J1960 PA	J2252
J1628 PA, IC	J1746 PA	J1885 PA >4	J1961 PA	J2265 IC
J1630	J1747 PA	units	J1990	
J1631 PA	J1748 PA	J1920	J2020 PA	
	J1750	J1921	J2021 PA	
J2267 PA	J2272	J2277	J2305	J2315
J2270 PA	J2274 PA	J2281	J2310 PA, IC	J2323
>12 units	>12 units	J2300	J2311	J2326 PA, IC
J2327 PA	J2410 PA	J2502 PA, IC	J2724 PA	J2798 PA <10
J2329 PA	J2425	J2506	J2760	years
J2350 PA	J2426 PA	J2507 PA	J2765 PA	J2799 PA <10
J2351 PA	<10 years	J2508 PA, IC	J2777	years
J2353	J2427 PA	J2510	J2778	J2800 PA
J2354	<10 years	J2515	J2779	J2801 PA
J2355 IC	J2430	J2540	J2781 PA, IC	J2802 PA
J2356 PA	J2440	J2543	J2782	J2804
J2357 PA	J2460 IC	J2545	J2783	J2820
J2358 PA <6	J2468 PA >20	J2550	J2785	J2840 PA, IC
years	units/28	J2560	J2786 PA	J2860 PA
J2359 IC	days	J2561	J2788	J2865
J2401	J2469 PA	J2562	J2790	J2910 IC
J2402	>250	J2675	J2791	J2916
J2403 PA	units/28	J2679 IC	J2792	J2919
J2404 IC	days	J2680 PA	J2793 PA, IC	J2941 PA
J2405	J2470	<10 years	J2794 PA	J2998 PA
J2406 PA	J2471	J2700	<10 years	J3000
J2407 PA	J2472	J2704	J2795	J3010

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

J3030 PA, IC	J3302 IC	J3465	J7203 IC	J7322 PA
J3031 PA, IC	J3304 PA	J3470	J7205	J7323 PA
J3032 PA, IC	J3315 PA	J3471	J7212 IC	J7324 PA
J3055	J3316 PA	J3472 IC	J7213	J7325 PA
J3060 PA	J3357 PA	J3473	J7294 IC	J7326 PA
J3090 PA	J3358 PA	J3475	J7295 IC	J7327 PA
J3095 PA	J3360	J3486	J7296 IC	J7328 PA
J3105	J3373	J3489	J7297 IC	J7329 PA
J3110 PA, IC	J3374	J3490 IC	J7298 IC	J7331 PA
J3111 PA	J3375	J3490 FP, IC	J7300 IC	J7332 PA
J3121 PA	J3380 PA	J3590 IC	J7301 IC	J7336 PA
J3145 PA	J3385 PA	J3591 PA, IC	J7303 IC	J7340 PA
J3230	J3391 PA	J7030	J7304 IC	J7342
J3240	J3392 PA	J7040	J7307 IC	J7345 PA
J3241 PA	J3393 PA	J7050	J7308 PA	J7351 PA, IC
J3243 PA	J3394 PA	J7060	J7309 IC	J7352 PA, IC
J3244 PA	J3396	J7070	J7310 IC	J7353
J3245 PA	J3397 PA, IC	J7120	J7311	J7354
J3250	J3398 PA, IC	J7131 IC	J7312	J7355 PA
J3262 PA	J3401 PA, IC	J7165	J7313	J7356 PA
J3263 PA	J3410	J7168 IC	J7314	J7402 PA
J3285 PA	J3411	J7170	J7315 IC	J7500 PA
J3299	J3424	J7171 PA	J7318 PA	J7501
J3300	J3425	J7172 PA	J7320 PA	J7502
J3301	J3430	J7177	J7321 PA	J7503 PA
J7504	J7626	J8612	J9032 PA	J9056
J7507	J7633 IC	J8655 PA >1	J9033	J9058
J7508	J7639	unit	J9034	J9059
J7509	J7644	J8999 PA, IC	J9035 PA	J9060
J7510 PA	J7665 IC	J9000	J9036	J9061 PA
J7511	J7669 IC	J9015 PA, IC	J9039 PA	J9063 PA
J7512	J7676 IC	J9017	J9040	J9064 PA, IC
J7514	J7682 PA	J9019 PA	J9041	J9065
J7515	J7686 PA	J9020 PA, IC	J9042 PA	J9070
J7517	J7999 PA	J9021 PA, IC	J9043 PA	J9071
J7518	J8499 PA, IC	J9022 PA	J9045	J9072 IC
J7520	J8522	J9023 PA	J9046	J9073
J7521	J8540 PA	J9024 PA	J9047 PA	J9074
J7527	J8541 PA	J9025	J9048	J9075
J7599 PA	J8562 IC	J9026 PA	J9049	J9076
J7601 PA	J8565 PA	J9027	J9050	J9098 IC
J7608	J8597	J9028 PA	J9051 IC	J9100
J7613	J8610 PA	J9029 PA, IC	J9052 IC	J9118 PA
J7620	J8611 PA	J9030	J9055	J9119 PA

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

J9120	J9196	J9217 PA	J9262 PA	J9293
J9130	J9198 PA	J9218 PA	J9263	J9294
J9144 PA, IC	J9200	J9223	J9264	J9295 PA
J9145 PA	J9201	J9226 PA	J9266	J9296
J9150	J9203	J9227 PA	J9267	J9297
J9153 PA	J9204 PA	J9228 PA	J9268	J9298 PA
J9155 PA	J9205 PA	J9229 PA	J9269 PA	J9299 PA
J9171	J9206	J9230	J9271 PA	J9301 PA
J9172 IC	J9207	J9245	J9272 PA	J9302 PA
J9173 PA	J9208	J9246	J9273 PA	J9303
J9176 PA	J9209	J9248 PA	J9274 PA	J9304 PA
J9177 PA	J9210 PA, IC	J9249	J9276 PA	J9305
J9178	J9211	J9255 IC	J9280	J9306 PA
J9179 PA	J9212	J9258 IC	J9281 PA	J9307
J9181 PA	J9213 IC	J9259	J9286 PA	J9308 PA
J9185	J9214	J9260	J9289 PA	J9309 PA
J9190	J9216	J9261 PA	J9292 PA	J9311 PA

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J9312 PA	J9380 PA	Q4102	Q5112 PA	S0013 PA
J9314	J9381 PA	Q4103	Q5113 PA	S0021 IC
J9316 PA	J9382 PA	Q4104	Q5114 PA	S0023 IC
J9317 PA, IC	J9390 PA	Q4106	Q5115 PA	S0199
J9318 PA: IC	J9393 PA	Q4107	Q5116 PA	S0191 IC
J9319 PA	J9394 PA	Q4108	Q5117 PA	S0302
J9320	J9395 PA	Q4110	Q5118 PA	S2260 PA-2,
J9321 PA	J9400 PA	Q4121	Q5119 PA	IC
J9322	J9999 IC	Q4132	Q5121	S3005
J9323	Q0138	Q4133 PA	Q5122	S4989 IC
J9324 PA, IC	Q0139	Q4151 PA.	Q5123 PA	S4993
J9325 PA	Q0155 PA	IC	Q5124	T1023
J9328	Q0162	Q4159 PA	Q5125 PA	T2023
J9329 PA	Q0167	Q4161	Q5126 PA	V2600 PA,
J9330	Q0180 PA	Q4162 IC	Q5127	IC
J9331 PA	Q0220	Q4163 IC	Q5128	V2610 PA,
J9332 PA	Q0249	Q4164	Q5129 PA	IC
J9333	Q2009 IC	Q4165 IC	Q5130	V2615 PA,
J9334	Q2017 IC	Q4196 PA	Q5133 PA	IC
J9345 PA, IC	Q2035	Q4186	Q5135 PA	V2799 PA,
J9347 PA	Q2036 IC	Q4187	Q5137 PA	IC
J9348 PA	Q2037 IC	Q4199	Q5138 PA	90380 PA≥ 8
J9349 PA	Q2038 IC	Q4251	Q5140 PA	months
J9350 PA	Q2041 PA	Q4252	Q5141 PA	90381 PA≥ 8
J9351	Q2042 PA	Q4253	Q5142 PA	months
J9352	Q2043 PA	Q5099 PA	Q5143 PA	90678 PA≥
J9353 PA	Q2049 IC	Q5100 PA	Q5144 PA	18 years
J9354 PA	Q2050	Q5101	Q5145 PA	90679 PA≥ 60
J9355 PA	Q2053 PA	Q5103 PA	Q5146 PA	years
J9356 PA	Q2054 PA	Q5104 PA	Q9950	96365
J9357	Q2055 PA	Q5105 PA	Q9991	96366
J9358 PA	Q2056 PA	Q5106 PA	Q9992	96380
J9359 PA	Q2057 PA	Q5107 PA	Q9996 PA	96381
J9360	Q2058 PA	Q5108	Q9997 PA	
J9370	Q4081	Q5110 PA	Q9998 PA	
J9376 PA	Q4101	Q5111	Q9999 PA	

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.

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605 Payable Obstetrics Service Codes (cont.)

Fee-for-Service Deliveries

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

Global Deliveries

59400	59510	59610	59618
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606 Payable Surgery Service Codes

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

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

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606 Payable Surgery Service Codes (cont.)

58700	required;	Related	59000	59870
58720 (CS-	PA for	Services	59012	
18* or CS-	Gender	Only)	59015	
21*	Dysphoria-	58940	59025	

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.

59400	59410	59610	59614
59409	59414	59612	

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
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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
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611 Payable Tobacco Cessation Service Codes

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

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611 Payable Tobacco Cessation Service Codes (cont.)

Service

<u>Code</u>	<u>Modifier</u>	<u>Special Requirement or Limitation</u>
99407		At least 30 minutes; eligible providers are physicians employed by community health centers.
99407	HN	At least 30 minutes; eligible providers are physician assistants employed by community health centers.
99407	HQ	For an individual in a group setting, 60-90 minutes; eligible providers are physicians employed by community health centers.
99407	SA	At least 30 minutes; eligible providers are nurse practitioners employed by community health centers.
99407	SB	At least 30 minutes; eligible providers are nurse midwives employed by community health centers.
99407	TD	At least 30 minutes; eligible providers are registered nurses employed by community health centers.
99407	TF	Intake assessment for an individual, at least 45 minutes; eligible providers are physicians employed by community health centers.
99407	U1	At least 30 minutes; eligible providers are tobacco cessation counselors employed by community health centers.
99407	U2	Intake assessment for an individual, at least 45 minutes; eligible providers are nurse practitioner, nurse midwife, physician assistant, registered nurse, and tobacco cessation counselor.
99407	U3	For an individual in a group setting, 60-90 minutes; eligible providers are nurse practitioners, nurse midwives, physician assistants, registered nurses, and tobacco cessation counselors.

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

<u>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 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

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

Service

Code

Special Requirement or Limitation

	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: www.mass.gov/info-details/perinatal-mood-anxiety-disorders-screening-tools-training-and-continuing-education.

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615 Payable Acupuncture Service Codes

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

97810 97811 97813 97814

616 Payable Telehealth Service Codes

98000 98004 98008 98012 98016
98001 98005 98009 98013
98002 98006 98010 98014
98003 98007 98011 98015

617 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)

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617 Modifiers (cont.)

<u>Modifier</u>	<u>Description</u>
91	Repeat clinical diagnostic laboratory test
93	Modifier for services rendered via audio-only telehealth
95	Modifier for counseling and therapy services rendered via audio-video telecommunications
99	Multiple modifiers
EP	Modifier for preventive behavioral health session (only used with 90832, 90834, and 90853)
FP	Service provided as part of family planning program
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 is to be applied to the vaccine code 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 Under certain circumstances, a charge may be made for the technical component alone. Under those circumstances, the technical component charge is identified by adding modifier 'TC' to the usual procedure number. Technical component charges are institutional charges and not billed separately by physicians. However, portable x-ray suppliers only bill for technical component and should utilize modifier TC. The charge data from portable x-ray suppliers will then be used to build customary and prevailing profiles.
U1	Medicaid level of care 1, as defined by each state
U2	Medicaid level of care 2, as defined by each state
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

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

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617 Modifiers (cont.)

<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.

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