**Community Health Center Procedure Codes**

Health Safety Net (HSN) providers should refer to the American Medical Association’s Current Procedural Terminology (CPT) codebook, the Healthcare Common Procedure Coding System (HCPCS) Level II codebook or the American Dental Association’s Current Dental Terminology (CDT) codebook for the service codes and service descriptions when billing for services provided to HSN recipients. HSN pays for the services represented by the codes listed in this attachment in effect at the time of service, subject to all conditions and limitations in HSN regulations at 101 CMR 613.000 and 614.000

The HSN Procedure Code Guide lists all reimbursable codes broken into the following service categories:

1. Medical Visits
2. Urgent Care/After Hours
3. Home Health procedures
4. Telephonic
5. Surgery
6. Vision care
7. Vaccines, Drugs, Supplies
8. Behavioral Health
9. Physical Therapy
10. Telephonic Assessment
11. Laboratory
12. Radiology
13. Wellness
14. Obstetrics and Gynecology
15. Dental
16. Preventative Medicine Counseling
17. Cardiology and Pulmonology
18. Modifiers

**PPS Visit Rates:**

The HSN Billable Procedure Codes Guide also describes the payment methodology for each code. Certain codes are paid at a Prospective Payment System (PPS) Rate in accordance with 101 CMR 614.00, and others are paid based on other methodologies. Where the PPS rate is referenced, the payment rates, as of January 1, 2025, are as follows:

|  |  |  |
| --- | --- | --- |
|  | Metro Boston | Rest of MA |
| Established Patient | $225.95 | $210.35 |
| New Patient/Wellness | $303.14 | $282.21 |

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1. Medical Visits

The following medical visit codes are not payable in addition to a surgery procedure or vision diagnostic service provided on the same day and may be billed a maximum of once per day per patient.

Payment = Established Patient PPS rate

|  |  |  |  |
| --- | --- | --- | --- |
| 99211 | 99222 | 99239 | 99253 |
| 99212 | 99223 | 99242 | 99254 |
| 99213 | 99231 | 99243 | 99255 |
| 99214 | 99232 | 99244 | 99459 |
| 99215 | 99233 | 99245 | 99460 |
| 99221 | 99238 | 99252 | 99462 |

The following medical visit codes are not payable in addition to a surgery procedure or vision diagnostic service provided on the same day and may be billed a maximum of once per day per patient.

Payment = New Patient/Wellness PPS Rate

|  |  |  |  |
| --- | --- | --- | --- |
| 99202 | 99382 | 99387 | 99395 |
| 99203 | 99383 | 99391 | 99396 |
| 99204 | 99384 | 99392 | 99397 |
| 99205 | 99385 | 99393 |  |
| 99381 | 99386 | 99394 |  |

1. Urgent Care After-Hours Visit Add-On

Payment = The following codes are paid at the rate for 99050 in 101 CMR 304.00

|  |  |
| --- | --- |
| 99050 | 99051 |

1. Home Health Procedures/Services

The following codes are not payable in addition to a surgery procedure or vision diagnostic service provided on the same day and may be billed a maximum of once per day per patient.

Payment = Established Patient PPS Rate

|  |  |  |  |
| --- | --- | --- | --- |
| 99341 | 99348 | 99503 | 99511 |
| 99342 | 99349 | 99504 | 99512 |
| 99343 | 99350 | 99505 | 99600 |
| 99344 | 99500 | 99506 |  |
| 99345 | 99501 | 99507 |  |
| 99347 | 99502 | 99509 |  |

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1. Telephonic Services

The following codes are not payable in addition to a surgery procedure or vision diagnostic service provided on the same day and may be billed a maximum of once per day per patient.

Payment = Established Patient PPS Rate

|  |  |  |  |
| --- | --- | --- | --- |
| 99441 | 99442 | 99443 |  |

1. Surgery

The following codes are not payable in addition to a medical visit or vision diagnostic service provided on the same day and may be billed a maximum of once per day per patient.

Payment = Established Patient PPS Rate

|  |  |  |  |
| --- | --- | --- | --- |
| 10040 | 11602 | 27323 | 57452 |
| 10060 | 11719 | 29125 | 57454 |
| 10061 | 11720 | 29405 | 57455 |
| 10120 | 11721 | 29580 | 57456 |
| 10121 | 11730 | 46083 | 57460 |
| 10140 | 11750 | 46600 | 57500 |
| 10160 | 11765 | 46615 | 57505 |
| 10180 | 11900 | 46916 | 57510 |
| 11042 | 11976 | 49321 | 57511 |
| 11055 | 11981 | 52000 | 57520 |
| 11056 | 11982 | 54050 | 57522 |
| 11100 | 11983 | 54056 | 57800 |
| 11200 | 12001 | 54060 | 58100 |
| 11201 | 12002 | 54065 | 58300 |
| 11300 | 16000 | 54150 | 58301 |
| 11301 | 16020 | 55250 | 58600 |
| 11307 | 16025 | 56405 | 59025 |
| 11310 | 16030 | 56420 | 59050 |
| 11400 | 17000 | 56440 | 59051 |
| 11401 | 17003 | 56501 | 59200 |
| 11402 | 17110 | 56515 | 59430 |
| 11403 | 17111 | 56605 | 65205 |
| 11404 | 19000 | 56606 | 65220 |
| 11406 | 20550 | 57061 | 65222 |
| 11420 | 20551 | 57065 | 66761 |
| 11421 | 20552 | 57100 | 66821 |
| 11423 | 20600 | 57105 | 67820 |
| 11440 | 20605 | 57150 | 69200 |
| 11450 | 20610 | 57160 | 69210 |
| 11600 | 20612 | 57170 |  |
| 11601 | 21040 | 57420 |  |

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1. Vision Care

**For Established Patients**: The following codes are not payable in addition to a medical visit or surgery procedure provided on the same day and may be billed a maximum of once per day per patient.

Payment = Established Patient PPS Rate

|  |  |  |  |
| --- | --- | --- | --- |
| 92012 | 92065 | 92132 | 92250 |
| 92014 | 92066 | 92133 | 92260 |
| 92015 | 92081 | 92134 | 92275 |
| 92020 | 92082 | 92225 | 92285 |
| 92025 | 92083 | 92226 | 92310 |
| 92060 | 92100 | 92230 |  |

**For New Patients:** The following codes are not payable in addition to a medical visit or surgery procedure provided on the same day and may be billed a maximum of once per day per patient.

Payment = New Patient/Wellness PPS Rate

|  |  |  |  |
| --- | --- | --- | --- |
| 92002 | 92004 |  |  |

**For Diagnostic Services:**

Payment = The following codes are paid according to 101 CMR 315.00

|  |  |  |  |
| --- | --- | --- | --- |
| 92326 | V2109 | V2213 | V2315 |
| 92340 | V2110 | V2214 | V2318 |
| 92340/RB | V2111 | V2215 | V2319 |
| 92341 | V2112 | V2218 | V2320 |
| 92341/RB | V2113 | V2219 | V2321 |
| 92342 | V2114 | V2220 | V2410 |
| 92342/RB | V2115 | V2221 | V2430 |
| 92370 | V2118 | V2300 | V2501 |
| 92541 | V2121 | V2301 | V2502 |
| 92542 | V2200 | V2302 | V2503 |
| 92544 | V2201 | V2303 | V2510 |
| 99173 | V2202 | V2304 | V2511 |
| V2020 | V2203 | V2305 | V2512 |
| V2100 | V2204 | V2306 | V2513 |
| V2101 | V2205 | V2307 | V2520 |
| V2102 | V2206 | V2308 | V2521 |
| V2103 | V2207 | V2309 | V2522 |
| V2104 | V2208 | V2310 | V2523 |
| V2105 | V2209 | V2311 | V2530 |
| V2106 | V2210 | V2312 | V2700 |
| V2107 | V2211 | V2313 | V2710 |
| V2108 | V2212 | V2314 | V2715 |

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Vision Diagnostic Services cont**.**

|  |  |  |
| --- | --- | --- |
| V2718 | V2745 | V2760 |
| V2730 | V2750 | V2770 |
| V2744 | V2755 | V2780 |

1. Vaccines, Drugs and Supplies

Payment = The following codes are paid according to 101 CMR 317.00. If service performed on the same day as a medical visit, surgery procedure, or vision diagnostic service, the rate will be included in the PPS Rate unless the vaccine administration is a medically necessary, separately identifiable service.

90460

90461

90471

90472

90473

90474

95115

95117

Payment = The following codes are paid according to 101 CMR 312.00

A4266

S4993

A4267

90472

A4268

90474

A4269

95117

Payment = The following codes are paid according to the rates listed below:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Code** | **Rate** | **Code** | **Rate** | **Code** | **Rate** |
| 0031A | $45.87 | 90677 | $163.22 | 91321\*\*\*\* | $145.92 |
| 0034A | $45.87 | 90682 | $46.31 | 91322\*\*\*\* | $145.92 |
| 0041A | $45.87 | 90686 | $21.52 | J3490 | $34.34 |
| 0042A | $45.87 | 90688 | $20.48 | J7294 | $165.88 |
| 0044A\*\* | $45.87 | 90690 | $21.40 | J7296 | $240.60 |
| 90480\*\*\*\* | $45.87 | 90694 | $71.68 | J7297 | $59.62 |
| 90611-SL | $0.00 | 90707 | $45.57 | J7298 | $295.78 |
| 90620 | $97.06 | 90710 | $4.96 | J7304 | $15.31 |
| 90621 | $48.52 | 90713 | $25.89 | J7307 | $382.47 |
| 90622-SL | $0.00 | 90714 | $17.19 | M0220 | $150.50 |
| 90630 | $18.22 | 90715 | $31.20 | M0221 | $250.50 |
| 90633 | $30.00 | 90716 | $79.49 | M0222 | $350.50 |
| 90636 | $122.36 | 90733 | $94.59 | M0223 | $550.50 |
| 90651 (a.19-45) | $159.95 | 90734 | $83.92 | M0240 | $450.00 |
| 90656 | $16.13 | 90749 | $14.99 | M0241 | $750.00 |
| 90657 | $5.57 | 90750 | $112.00 | M0243 | $450.00 |
| 90658 | $10.81 | 90756 | $22.79 | M0244 | $750.00 |
| 90661 | $15.10 | 91303-SL | $0.00 | M0245 | $450.00 |
| 90662 | $69.94 | 91304-SL | $0.00 | M0246 | $750.00 |
| 90671 | $163.72 | 91318\*\*\*\* | $65.36 | M0247 | $450.00 |
| 90672 | $28.76 | 91319\*\*\*\* | $87.78 | M0248 | $750.00 |
| 90673 | $40.61 | 91320\*\*\*\* | $131.10 | M0241 | $750.00 |

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|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Code** | **Rate** | **Code** | **Rate** | **Code** | **Rate** |
| M0249 | $450.00 | Q0240-SL | $0.00 | Q0247 | $3.00 |
| M0250 | $450.00 | Q0243-SL | $0.00 | Q0249 | $6.57 |
| *Q0221-SL\** | *$0.00* | Q0244-SL | $0.00 | S4989 | $299.34 |
| Q0222-SL | $0.00 | Q0245-SL | $0.00 |  |  |

\*Eff 02/24/22; \*\*Eff 10/19/22; \*\*\*Eff 4/18/23; \*\*\*\*Eff 9/11/23

1. Behavioral Health

The following codes may be billed in addition to a medical visit, surgery procedure, or vision diagnostic service if services occur on the same day. For Established Patients, the code may be billed a maximum of once per day.

Payment = PPS Rate for Established Patient

|  |  |  |  |
| --- | --- | --- | --- |
| 90791 | 90836 | G0466 | S9485\*\* |
| 90832 | 90847 | G0467 | T1040 |
| 90833 | 90882 | G0469\* | T1040-HQ |
| 90834 | 90887 | G0470 |  |

*\*Exception: G0469 is paid $63.85 at Metro Boston sites, and $60.43 at sites in the Rest of Massachusetts*

*\*\*S9485 effective for DOS beginning 10/1/2023*

Payment = The following codes are paid according to 101 CMR 306.00

90849

90853

S9485

Payment = The following codes are paid according to 101 CMR 317.00

|  |  |  |  |
| --- | --- | --- | --- |
| 96110 | 96130 | 96131 | 99484 |

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1. Physical Therapy

Payment = The following codes are paid according to 101 CMR 317.00.

97010

97012

97032

97033

97035

97110

97112

97116

97140

97161

97162

97163

1. Telephonic Assessment

The following codes are not payable in addition to a surgery procedure or vision diagnostic service provided on the same day.

Payment =The following codes are paid according to 101 CMR 317.00

98966

98967

98968

1. Lab

Payment = The following codes are paid according to 101 CMR 320.00

|  |  |  |  |
| --- | --- | --- | --- |
| 80048 | 82009 | 82565 | 83001 |
| 80051 | 82040 | 82570 | 83002 |
| 80053 | 82043 | 82607 | 83003 |
| 80055 | 82044 | 82627 | 83021 |
| 80061 | 82085 | 82670 | 83036 |
| 80069 | 82105 | 82671 | 83051 |
| 80074 | 82120 | 82672 | 83491 |
| 80076 | 82150 | 82677 | 83498 |
| 80156 | 82247 | 82679 | 83516 |
| 80179 | 82248 | 82705 | 83540 |
| 80185 | 82270 | 82728 | 83550 |
| 80305 | 82272 | 82746 | 83586 |
| 80306 | 82274 | 82777 | 83593 |
| 80307 | 82306 | 82946 | 83615 |
| 81000 | 82310 | 82947 | 83625 |
| 81001 | 82365 | 82948 | 83655 |
| 81002 | 82374 | 82950 | 83690 |
| 81003 | 82435 | 82951 | 83718 |
| 81005 | 82465 | 82952 | 83721 |
| 81007 | 82540 | 82955 | 83735 |
| 81015 | 82550 | 82960 | 83840 |
| 81025 | 82553 | 82977 | 83872 |

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Lab cont.

|  |  |  |  |
| --- | --- | --- | --- |
| 83874 | 85041 | 86689 | 87338 |
| 84060 | 85044 | 86692 | 87340 |
| 84066 | 85048 | 86831 | 87350 |
| 84075 | 85049 | 86832 | 87389 |
| 84078 | 85379 | 86833 | 87390 |
| 84080 | 85610 | 86834 | 87426 |
| 84132 | 85651 | 86835 | 87590 |
| 84144 | 85652 | 86885 | 87591 |
| 84146 | 85660 | 86900 | 87592 |
| 84152 | 86408 | 86901 | 87593 |
| 84153 | 86409 | 86906 | 87623 |
| 84155 | 86593 | 87040 | 87624 |
| 84156 | 86618 | 87045 | 87636 |
| 84157 | 86628 | 87070 | 87637 |
| 84160 | 86631 | 87075 | 87811 |
| 84163 | 86632 | 87077 | G2023 |
| 84165 | 86677 | 87081 | G2024 |
| 84166 | 86682 | 87084 | U0002 |
| 84202 | 86687 | 87086 | U0003 |
| 84295 | 86688 | 87088 | U0004 |
| 85025 | 86687 | 87086 | U0005 |
| 85027 | 86688 | 87088 |  |

Payment =The following codes are paid according to 101 CMR 317.00

|  |  |  |  |
| --- | --- | --- | --- |
| 85060 | 88112 | 88162 | 88304 |
| 88104 | 88141 | 88177 | 88305 |
| 88106 | 88160 | 88300 | 88307 |
| 88108 | 88161 | 88302 | 88309 |

1. Radiology

Payment = The following codes are paid according to 114.3 CMR 18.00

70110

70150

70160

70220

70260

70360

71045

71046

71047

71048

71100

71101

71110

71111

71271

72040

72050

72052

72070

72081

72082

72083

72084

72100

72110

72170

72220

73000

73010

73030

73050

73060

|  |  |
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Radiology cont.

|  |  |  |  |
| --- | --- | --- | --- |
| 73080 | 73590 | 76536 | 76870 |
| 73090 | 73610 | 76641 | 76881 |
| 73110 | 73630 | 76642 | 77065 |
| 73130 | 73650 | 76700 | 77066 |
| 73140 | 73660 | 76706 | 77067 |
| 73501 | 74018 | 76805 | 77080 |
| 73502 | 74019 | 76810 | 78012 |
| 73503 | 74021 | 76815 | 78013 |
| 73551 | 76512 | 76816 | 78014 |
| 73560 | 76513 | 76830 | 78071 |
| 73562 | 76514 | 76856 | 78072 |
| 73564 | 76519 | 76857 | 78305 |

Payment = The following code is paid according to 101 CMR 317.00.

73552

1. Wellness

The following codes are not payable in addition to a medical visit, surgery procedure, or vision diagnostic service provided on the same day. For Established Patients, the code may be billed a maximum of once per day.

Payment = PPS Rate for Established Patient - May be billed a max of once per day per patient

97802

97803

97804

99407

G0108

G0109

G0270

G0271

Payment = The following codes are paid according to 101 CMR 317.00

|  |  |  |  |
| --- | --- | --- | --- |
| 95782 | 96368 | 96372 | 98925 |
| 96365 | 96369 | 96373 | 98926 |
| 96366 | 96370 | 96374 | 98927 |
| 96367 | 96371 | 96375 |  |

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1. Obstetrics and Gynecology

Payment = The following codes are paid according to 101 CMR 316.00 .

51800

51840

51841

51860

53500

57240

57250

57265

57267

57268

57282

57288

57415

57530

58120

58150

58152

58180

58260

58262

58263

58270

58290

58353

58555

58561

58563

58565

58605

58611

58615

58660

58661

58662

58670

58673

58956

59000

59300

59400

59409

59410

59414

59425

59426

59510

59514

59515

59610

59612

59614

59618

59620

59622

59812

59820

59821

64435

1. Dental

Payment = The following codes are paid according to 114.3 CMR 14.00. All restrictions in the MassHealth Dental Manual 130 CMR 420.00 should be followed for HSN services.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Code** | **Age Restriction** | **Code** | **Age Restriction** | **Code** | **Age Restriction** |
| D0120 |  | D0230 |  | D1110 | Over 14 |
| D0140 |  | D0270 |  | D1120 | Under 14 |
| D0145 | Under 3 | D0272 |  | D1206 |  |
| D0150 |  | D0273 |  | D1208 |  |
| D0160 |  | D0274 |  | D1351 | Under 21 |
| D0210 |  | D0330 |  | D1510 | Under 21 |
| D0220 |  | D0340 |  | D1515 | Under 21 |

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Dental *(cont.)*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Code** | **Age Restriction** | **Code** | **Age Restriction** | **Code** | **Age Restriction** |
| D1520 | Under 21 | D3410\* |  | D6241 | Under 21 |
| D1525 | Under 21 | D3421\* |  | D6751 | Under 21 |
| D1550 | Under 21 | D3425\* |  | D6930 | Under 21 |
| D2140 |  | D3426\* |  | D6980 | Under 21 |
| D2150 |  | D4210\* |  | D7111 |  |
| D2160 |  | D4211\* |  | D7140 |  |
| D2161 |  | D4341\* |  | D7210 |  |
| D2330 |  | D4342\* |  | D7220 |  |
| D2331 |  | D5110 |  | D7230 |  |
| D2332 |  | D5120 |  | D7240 |  |
| D2335 |  | D5130 | Under 21 | D7250 |  |
| D2390 | Under 21 | D5140 | Under 21 | D7270 |  |
| D2391 |  | D5211 |  | D7280 | Under 21 |
| D2392 |  | D5212 |  | D7283 | Under 21 |
| D2393 |  | D5213 | Under 21 | D7310 |  |
| D2394 |  | D5214 | Under 21 | D7311 |  |
| D2710 | Under 21 | D5225 | Under 21 | D7320 |  |
| D2740 | Under 21 | D5226 | Under 21 | D7321 |  |
| D2750 | Under 21 | D5510 |  | D7340\* |  |
| D2751\* |  | D5520 |  | D7350\* |  |
| D2752 | Under 21 | D5610 |  | D7410\* |  |
| D2790 | Under 21 | D5620 |  | D7411\* |  |
| D2910\* |  | D5630 |  | D7450\* |  |
| D2920\* |  | D5640 |  | D7451\* |  |
| D2930 | Under 21 | D5650 |  | D7460\* |  |
| D2931 | Under 21 | D5660 |  | D7461\* |  |
| D2932 | Under 21 | D5710 |  | D7471\* |  |
| D2934 | Under 21 | D5711 |  | D7960\* |  |
| D2951\* |  | D5720 | Under 21 | D7963\* |  |
| D2954\* |  | D5721 | Under 21 | D7970\* |  |
| D2980\* |  | D5730 |  | D8010 | Under 21 |
| D3220 | Under 21 | D5731 |  | D8020 | Under 21 |
| D3310\* |  | D5740 | Under 21 | D8030 | Under 21 |
| D3320 | Under 21 | D5741 | Under 21 | D8040 | Under 21 |
| D3346\* |  | D5750 |  | D8070 | Under 21 |
| D3347 | Under 21 | D5751 |  | D8080 | Under 21 |
| D3348 | Under 21 | D5760 | Under 21 | D8660 | Under 21 |

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Dental (cont.)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Code** | **Age Restriction** | **Code** | **Age Restriction** | **Code** | **Age Restriction** |
| D8670 |  | D9230 |  | D9920 |  |
| D8680 |  | D9243 |  | D9930 |  |
| D8692 |  | D9248 |  | D9940 | Under 21 |
| D9110 |  | D9310 | Under 21 | D9941 | Under 21 |
| D9223 |  | D9450\*\* |  |  |  |

*\*These codes are billable for certain patients covered by MassHealth Standard, MassHealth CarePlus,*

*and MassHealth CommonHealth as Adult Dental Services.*

*\*\*D9450 is also billable for certain patients covered by MassHealth Standard, MassHealth CommonHealth,*

*and MassHealth CarePlus when no dental codes payable by the primary payer are present on the claim.*

1. Preventative Medicine Counseling

The following codes are not reimbursable with a PPS rate billed on the same date of service.

Payment = The following codes are paid according to 101 CMR 317.00

|  |  |  |  |
| --- | --- | --- | --- |
| 99401 | 99402 | 99403 | 99404 |

1. Cardiology and Pulmonology

Payment =The following codes are paid according to 101 CMR 317.00

|  |  |  |  |
| --- | --- | --- | --- |
| 93000 | 94010 | 94200 | 94664 |
| 93005 | 94060 | 94640 | 94760 |
| 93010 | 94150 | 94642 | 94761 |

1. Modifiers

|  |  |  |  |
| --- | --- | --- | --- |
| 25 | 95 | GQ | V1 |
| 26 | CG | HQ | V2 |
| 59 | FQ | SL | V3 |
| 93 | FR | TC |  |