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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



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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, 2026, are as follows:

	Metro Boston	Rest of MA
Established Patient	\$231.61	\$214.78
New Patient/Wellness	\$310.73	\$288.15

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	

2. 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

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3. 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	

4. 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

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

5. 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

Surgery Cont.

11042	11976	49321	57511
11055	11981	52000	57520



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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
11423	20600	57105	67820
11440	20605	57150	69200
11450	20610	57160	69210
11600	20612	57170	
11601	21040	57420	

6. 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
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Vision Cont.

For Diagnostic Services:

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

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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	V2202	V2306	V2522
92544	V2203	V2307	V2523
99173	V2204	V2308	V2530
V2020	V2205	V2309	V2700
V2100	V2206	V2310	V2710
V2101	V2207	V2311	V2715
V2102	V2208	V2312	V2521
V2103	V2209	V2313	V2718
V2104	V2210	V2314	V2730
V2105	V2211	V2503	V2744
V2106	V2212	V2510	V2745
V2107	V2302	V2511	V2750
V2108	V2303	V2512	V2755
V2200	V2304	V2513	V2760
V2201	V2305	V2520	V2770
		V2521	V2780

7. 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	90471	90473	95115
90461	90472	90474	95117

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

A4266 A4267 A4268 A4269 S4993

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

<u>Code</u>	<u>Rate</u>	<u>Code</u>	<u>Rate</u>	<u>Code</u>	<u>Rate</u>
0031A	\$45.87	90684		J7297	\$59.62
0034A	\$45.87	90686	\$21.52	J7298	\$295.78
0041A	\$45.87	90690	\$21.40	J7304	\$15.31
0042A	\$45.87	90694	\$71.68	J7307	\$382.47
0044A	\$45.87	90707	\$45.57	M0220	\$150.50
90480	\$45.87	90710	\$4.96	M0221	\$250.50
90481		90713	\$25.89	M0222	\$350.50
90611-SL	\$0.00	90714	\$17.19	M0223	\$550.50
90620	\$97.06	90715	\$31.20	M0240	\$450.00
90621	\$48.52	90716	\$79.49	M0241	\$750.00
90622-SL	\$0.00	90733	\$94.59	M0243	\$450.00
90630	\$18.22	90734	\$83.92	M0244	\$750.00
90633	\$30.00	90749	\$14.99	M0245	\$450.00
90631		90750	\$112.00	M0246	\$750.00
90636	\$122.36	90756	\$22.79	M0247	\$450.00
90651 (a.19-45)	\$159.95	91303-SL	\$0.00	M0248	\$750.00
90656	\$16.13	91304-SL	\$0.00	M0249	\$450.00
90657	\$5.57	91318	\$65.36	M0250	\$450.00

Vaccines, Drug and Supplies Cont.

90658	\$10.81	91319	\$87.78	Q0221-SL	\$0.00
90661	\$15.10	91320	\$131.10	Q0222-SL	\$0.00
90662	\$69.94	91321	\$145.92	Q0240-SL	\$0.00
90671	\$163.72	91322	\$145.92	Q0243-SL	\$0.00
90672	\$28.76	90677	\$163.22	Q0244-SL	\$0.00
90673	\$40.61	90682	\$46.31	Q0245-SL	\$0.00
90651 (a.19-45)	\$159.95	90677	\$163.22	Q0247	\$3.00
90677	\$163.22			Q0247	\$3.00
90682	\$46.31			Q0249	\$6.57
				S4989	\$299.34

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Q0247 \$3.00
Q0249 \$6.57
S4989 \$299.34

8. 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*

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

90849 90853

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

96110 96130 96131 99484

9. Physical Therapy

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

97010	97033	97112	97161
97012	97035	97116	97162
97032	97110	97140	97163

10. 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

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98966

98967

98968

11. 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
<u>Lab Cont.</u>			
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
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

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84160	86631	87075	87811
84163	86632	87077	87812
84165	86677	87081	G2023
84166	86682	87084	G2024
84202	86687	87086	U0002
84295	86688	87088	U0003
85025	86687	87086	U0004
85027	86688	87088	U0005

Lab Cont.

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

12. Radiology

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

70110	71047	72050	72110
70150	71048	72052	72170
70160	71100	72070	72220
70220	71101	72081	73000
70260	71110	72082	73010
70360	71111	72083	73030
71045	71271	72084	73050
71046	72040	72100	73060
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

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73564 76519 76857 78305

73552 Payment = The following code is paid according to 101 CMR 317.00.

13. 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	97804	G0108	G0270
97803	99407	G0109	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	

14. Obstetrics and Gynecology

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

51800	57268	58260	58565
51840	57282	58262	58605
51841	57288	58263	58611
51860	57415	58270	58615
53500	57530	58290	58660
57240	58120	58353	58661
57250	58150	58555	58662
57265	58152	58561	58670
57267	58180	58563	58673

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58956	59414	59610	59812
59000	59425	59612	59820
59300	59426	59614	59821
59400	59510	59618	64435
59409	59514	59620	
59410	59515	59622	

15. 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.

<u>Code</u>	<u>Age Restriction</u>	<u>Code</u>	<u>Age Restriction</u>	<u>Code</u>	<u>Age Restriction</u>
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
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*	

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D2751*		D5520		D7350*	
<u>Dental Cont.</u>					
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	
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
D8670		D9230		D9920	Under 21
D8680		D9243		D9930	
D8692		D9248		D9940	
D9110		D9310	Under 21	D9941	Under 21
D9223		D9450**			Under 21

**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.*

16. Preventative Medicine Counseling

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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

17. 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

18. Modifiers

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