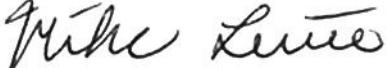




Managed Care Entity Bulletin 143

DATE: December 2025

TO: Accountable Care Partnership Plans, Managed Care Organizations Participating in MassHealth and MassHealth's behavioral health vendor

FROM: Mike Levine, Undersecretary for MassHealth 

RE: **Preventive Behavioral Health Services for Members Younger than 21**

Applicable Managed Care Entities and PACE Organizations

- Accountable Care Partnership Plans (ACPPs)
- Primary Care Accountable Care Organizations (Primary Care ACOs)
- Managed Care Organizations (MCOs)
- MassHealth's behavioral health vendor
- One Care Plans
- Senior Care Options (SCO) Plans
- Program of All-inclusive Care for the Elderly (PACE) Organizations

Background

Through [Managed Care Entity Bulletin 65](#), MassHealth established that members younger than age 21 are eligible for preventive behavioral health services if they have a positive behavioral health screen (or, in the case of an infant, a caregiver with a positive postpartum depression screening), even if they do not meet criteria for behavioral health diagnosis and therefore do not meet medical necessity criteria for behavioral health treatment.

Effective January 1, 2026, this bulletin supersedes the billing instructions for preventive behavioral health services within Managed Care Entity Bulletin 65. All other aspects of Managed Care Entity Bulletin 65 remain in effect. Managed care entity (MCE) contracts will be amended to include the updated billing requirements.

Providers and Billing

As specified in Managed Care Entity Bulletin 65, preventive behavioral health services must be provided by a qualified and credentialed behavioral health clinician or a non-licensed clinician or trainee under supervision.

Beginning January 1, 2026, pursuant to this bulletin, MCEs must allow Community Health Centers (CHCs) to bill the following codes for preventive behavioral health services delivered at CHCs.

- T1040: Community Behavioral Health Clinic Service, Per Diem
- T1040-HQ: Group Setting

MCEs must continue to permit CHCs to bill the following codes, as appropriate, for services that do not meet the requirements for billing under T1040 and T1040-HQ. However, it is important to note that CHCs may not submit claims for more than one of these services for the same member on the same date when the services are rendered at the same location. Further, CHCs that bill T1040 or T1040-HQ may not bill any of the following services for the same member on the same date for services rendered at the same location.

- 90832: Psychotherapy with patient and/or family member
- 90834: Psychotherapy with patient and/or family member
- 90846: Family psychotherapy (conjoint psychotherapy) (without patient present)
- 90847: Family psychotherapy (conjoint psychotherapy) (with patient present)
- 90849: Multiple-family group psychotherapy
- 90853: Group psychotherapy (other than multiple-family group)

As specified in Managed Care Entity Bulletin 65, all claims for preventive behavioral health services must be submitted with modifier EP on the claim. All claims must include the most clinically appropriate ICD diagnosis code, including Z codes that may be used as the primary diagnosis, when clinically appropriate. Preventive behavioral health services provided to the caregiver-child dyad must be billed under the child's MassHealth ID when such services are directly related to the needs of the child and such services are delivered to the infant and caregiver together.

These billing requirements apply to claims for preventive behavioral health services submitted using the T1040 or T1040-HQ, just as they apply to any of the evaluation and management codes listed above.

MassHealth Website

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Questions?

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