



MassHealth  
 Transmittal Letter MHC-50  
 January 2022

**TO:** Mental Health Centers Participating in MassHealth  
**FROM:** Amanda Cassel Kraft, Assistant Secretary for MassHealth  
**RE:** Mental Health Center Manual (Updates to Subchapter 6)

**Updates to Subchapter 6**

This letter transmits revisions to the list of service codes contained in Subchapter 6 of the *Mental Health Center Manual*, as described below.

1. Effective for dates of service beginning as detailed below, mental health centers (MHCs) may bill for the following COVID-19 vaccination codes.

<b>Code</b>	<b>Description of Code</b>	<b>Effective for Dates of Service on or after</b>
91300 SL	Pfizer-Biontech Covid-19 Vaccine (SARSCOV2 VAC 30MCG/0.3ML IM)	12/11/2020
0001A	Pfizer-Biontech Covid-19 Vaccine Administration – First Dose (ADM SARSCOV2 30MCG/0.3ML 1ST)	12/11/2020
0002A	Pfizer-Biontech Covid-19 Vaccine Administration – Second Dose (ADM SARSCOV2 30MCG/0.3ML 2ND)	12/11/2020
0003A	Pfizer-BioNTech Covid-19 Vaccine Administration – Third Dose	08/12/2021
0004A	Pfizer-BioNTech Covid-19 Vaccine Administration – Booster	09/22/2021
91307 SL	Pfizer-BioNTech Covid-19 Pediatric Vaccine	10/29/2021
0071A	Pfizer-BioNTech Covid-19 Pediatric Vaccine - Administration - First dose	10/29/2021
0072A	Pfizer-BioNTech Covid-19 Pediatric Vaccine - Administration - Second dose	10/29/2021
91301 SL	Moderna Covid-19 Vaccine (SARSCOV2 VAC 100MCG/0.5ML IM)	12/18/2020
0011A	Moderna Covid-19 Vaccine Administration – First Dose (ADM SARSCOV2 100MCG/0.5ML 1ST)	12/18/2020
0012A	Moderna Covid-19 Vaccine Administration – Second Dose (ADM SARSCOV2 100MCG/0.5ML 2ND)	12/18/2020

0013A	Moderna Covid-19 Vaccine Administration – Third Dose	08/12/2021
91306 SL	Moderna Covid-19 Vaccine (Low Dose)	10/20/2021
0064A	Moderna Covid-19 Vaccine (Low Dose) Administration – Booster	10/20/2021
91303 SL	Janssen Covid-19 Vaccine Administration (ADM SARSCOV2 VAC AD26 .5ML)	02/27/2021
0031A	Janssen Covid-19 Vaccine (SARSCOV2 VAC AD26 .5ML IM)	02/27/2021
0034A	Janssen Covid-19 Vaccine - Booster (SARSCOV2 VAC AD26 .5ML IM)	10/20/21

The modifier “SL” indicates state-supplied vaccine or antibodies. This modifier is to be applied to codes to identify administration of vaccines or antibodies provided at no cost, whether by the Massachusetts Department of Public Health; another federal, state, or local agency; or a vaccine manufacturer. If the providers receive the vaccine from one of these sources at no cost, providers must bill the code for the vaccine itself, with modifier SL, and the codes for administration of the vaccine. MassHealth will pay \$0 for vaccines billed with the modifier SL, and the rates as established for the administration of the vaccine.

Rates for MHCs participating in MassHealth are expected to be set by regulation by the Executive Office of Health and Human Services and available at [www.mass.gov/service-details/eohhs-regulations](http://www.mass.gov/service-details/eohhs-regulations). The applicable rate regulation for the code changes related to COVID-19 vaccines described herein is 101 CMR 446.00: *COVID-19 Payment Rates for Certain Community Health Care Providers*.

Please also refer to All Provider Bulletins 304, 307, 312, 313, 322, 328, and 330 for additional information and limitations on the uses of these codes at [MassHealth Provider Bulletins](#).

- Effective for dates of service beginning *September 1, 2021*, MHCs may use the following code and modifier for preventive behavioral health group services for members under age 21.

90853 EP

Please refer to Mental Health Center Bulletin 35 for additional information and limitations on the uses of this code at <https://www.mass.gov/doc/mental-health-center-bulletin-35-preventive-behavioral-health-services-for-members-younger-than-21-0/download>.

- Effective for dates of service beginning November 1, 2021, code descriptions for the evaluation and management codes are deleted or modified to align with the CPT code descriptions for the following codes.

Delete

99201

Modify

99202

99203

99204

99205

99211

99212

99213

99214

99215

Add

99417

**Rates**

Rates for MHCs participating in MassHealth are set by regulation by the Executive Office of Health and Human Services and available at [www.mass.gov/service-details/eohhs-regulations](http://www.mass.gov/service-details/eohhs-regulations).

1. The applicable rate regulation for the above vaccination codes is 101 CMR 446.00: *COVID-19 Payment Rates for Certain Community Health Care Providers*.

MHCs may bill and receive payment from MassHealth for the administration of the COVID-19 vaccines to MassHealth members, provided that they

- ensure that the rendering provider is authorized to administer COVID-19 vaccine under state law and fully complies with any requirements set forth by the [Department of Public Health](#) and any relevant boards;
- are registered with MDPH's Massachusetts Immunization Information System (MIIS); and
- are enrolled in the Massachusetts COVID-19 Vaccination Program via the MIIS to receive COVID-19 vaccines.

2. The applicable rate regulation for the preventive behavioral health code is 101 CMR 306.00: *Rates of Payment for Mental Health Services Provided in Community Health and Mental Health Centers*.
3. The applicable rate regulation for prolonged evaluation and management services code is 101 CMR 306.00: *Rates of Payment for Mental Health Services Provided in Community Health and Mental Health Centers* and 101 CMR 317.00: *Medicine*.

## **MassHealth Website**

This transmittal letter and attached pages are available on the MassHealth website at [www.mass.gov/masshealth-transmittal-letters](http://www.mass.gov/masshealth-transmittal-letters).

To sign up to receive email alerts when MassHealth issues new transmittal letters and provider bulletins, send a blank email to [join-masshealth-provider-pubs@listserv.state.ma.us](mailto:join-masshealth-provider-pubs@listserv.state.ma.us). No text in the body or subject line is needed.

### **Questions**

If you have any questions about the information in this transmittal letter, please contact the MassHealth Customer Service Center at (800) 841-2900, email your inquiry to [providersupport@mahealth.net](mailto:providersupport@mahealth.net), or fax your inquiry to (617) 988-8974.

### NEW MATERIAL

(The pages listed here contain new or revised language.)

#### Mental Health Center Manual

Pages 6-1 through 6-10

### OBSOLETE MATERIAL

(The pages listed here are no longer in effect.)

#### Mental Health Center Manual

Pages 6-1 through 6-10 — transmitted by Transmittal Letter MHC-49

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>	<b>Subchapter Number and Title</b> 6. Service Codes and Descriptions	<b>Page</b> 6-1
Mental Health Center Manual	<b>Transmittal Letter</b> MHC-50	<b>Date</b> 01/01/20

601 Service Codes and Descriptions

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 429.000, and 450.000.

Service

Code-Modifier Service Description

**Psychiatric Evaluation**

- 90791 Psychiatric diagnostic evaluation  
90791 HA Psychiatric evaluation performed with a CANS (Children and Adolescent Needs and Strengths)

**Individual Therapy**

- 90832 Psychotherapy, 30 minutes with patient and/or family member  
90833 Psychotherapy, 30 minutes with patient and/or family member when performed with an evaluation and management service (List separately in addition to the code for primary procedure.)  
90834 Psychotherapy, 45 minutes with patient and/or family member  
90836 Psychotherapy, 45 minutes with patient and/or family member when performed with an evaluation and management service (List separately in addition to the code for primary procedure.)

**Couple/Family Therapy**

- 90847 Family psychotherapy (conjoint psychotherapy) (with patient present)  
90849 Multiple-family group psychotherapy (per person per session, not to exceed 10 clients)

**Group Therapy**

- 90853 Group psychotherapy (other than of a multiple-family group) (per person not to exceed 12 clients)  
90853 EP Group psychotherapy (other than of a multiple-family group) (per person not to exceed 12 clients) (preventive behavioral health session)

**Case Consultation**

- 90882 Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers, or institutions

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>	<b>Subchapter Number and Title</b> 6. Service Codes and Descriptions	<b>Page</b> 6-2
Mental Health Center Manual	<b>Transmittal Letter</b> MHC-50	<b>Date</b> 01/01/20

601 Service Codes and Descriptions (cont.)

Service

Code-Modifier   Service Description

**Family Consultation**

90887            Interpretation or explanation of results of psychiatric, other medical examinations and procedures, or other accumulated data to family or other responsible persons, or advising them how to assist patient (per one-half hour)

**Crisis Intervention for Youth Services (for youths up to 21 years of age only)**

H2011-U1        Crisis intervention service, per 15 minutes. Youth Mobile Crisis intervention modifier for service provided by a Master Level Clinician (used with H2011 only)

H2011-U2        Crisis intervention services, per 15 minutes. Youth Mobile Crisis intervention modifier for service provided by a paraprofessional (used with H2011 only)

**Psychotherapy for Crisis**

90839            Psychotherapy for crisis, first 60 minutes (includes the first 30-74 minutes of psychotherapy per day)

90840            Psychotherapy for crisis, 30 minutes (not to exceed two units in one day following 90839)

**Note:** Do not report 90839, 90840 in conjunction with 90791, psychotherapy codes 90832 through 90836, or other psychiatric services. Only use 90840 in conjunction with 90839.

**Emergency Service Program**

S9485            Emergency Services program (ESP). The ESP provides crisis assessment, intervention, and stabilization services 24 hours per day, seven days a week, and 365 days per year to individuals of all ages who are experiencing a behavioral health crisis.

**Covid-19 Vaccine Codes**

91300 SL        Pfizer-Biontech Covid-19 Vaccine (SARSCOV2 VAC 30MCG/0.3ML IM)

0001A            Pfizer-Biontech Covid-19 Vaccine Administration – First Dose (ADM SARSCOV2 30MCG/0.3ML 1ST)

0002A            Pfizer-Biontech Covid-19 Vaccine Administration – Second Dose (ADM SARSCOV2 30MCG/0.3ML 2<sup>ND</sup>)

0003A            Pfizer-BioNTech Covid-19 Vaccine Administration – Third Dose

0004A            Pfizer-BioNTech Covid-19 Vaccine Administration – Booster

91307 SL        Pfizer-BioNTech Covid-19 Pediatric Vaccine

0071A            Pfizer-BioNTech Covid-19 Pediatric Vaccine - Administration - First dose

0072A            Pfizer-BioNTech Covid-19 Pediatric Vaccine - Administration - Second dose

91301 SL        Moderna Covid-19 Vaccine (SARSCOV2 VAC 100MCG/0.5ML IM)

0011A            Moderna Covid-19 Vaccine Administration – First Dose (ADM SARSCOV2 100MCG/0.5ML 1ST)

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>	<b>Subchapter Number and Title</b> 6. Service Codes and Descriptions	<b>Page</b> 6-3
Mental Health Center Manual	<b>Transmittal Letter</b> MHC-50	<b>Date</b> 01/01/20

601 Service Codes and Descriptions (cont.)

Service

Code-Modifier   Service Description

0012A	Moderna Covid-19 Vaccine Administration – Second Dose (ADM SARSCOV2 100M0CG/0.5ML 2ND)
0013A	Moderna Covid-19 Vaccine Administration – Third Dose
91306 SL	Moderna Covid-19 Vaccine (Low Dose)
0064A	Moderna Covid-19 Vaccine (Low Dose) Administration – Booster
91303 SL	Janssen Covid-19 Vaccine (SARSCOV2 VAC AD26 .5ML IM)
0031A	Janssen Covid-19 Vaccine Administration (ADM SARSCOV2 VAC AD26 .5ML)
0034A	Janssen Covid-19 Vaccine Administration – Booster (ADM SARSCOV2 VAC AD26 .5ML)

**Evaluation and Management Codes**

Medication Visits—Services for medication visits shall be billed using the following appropriate Evaluation and Management Codes

**New Patient**

99202	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and straightforward medical decision making, When using time for code selection, 15-29 minutes of total time is spent on the date or the encounter.
99203	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and straightforward medical decision making, When using time for code selection, 30-44 minutes of total time spent on the date of the encounter.
99204	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and straightforward medical decision making, When using time for code selection, 45-59 minutes of total time spent on the date of the encounter.
99205	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and straightforward medical decision making, When using time for code selection, 60-74 minutes of total time spent on the date of the encounter.

**Established Patient**

99211	Office or other outpatient visit for the evaluation and management of an established patient that may not require the presence of a physician. Usually, the presenting problem(s) are minimal.
99212	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making, When using time for code selection, 10-19 minutes of total time spent on the date of the encounter.

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>	<b>Subchapter Number and Title</b> 6. Service Codes and Descriptions	<b>Page</b> 6-4
Mental Health Center Manual	<b>Transmittal Letter</b> MHC-50	<b>Date</b> 01/01/20

601 Service Codes and Descriptions (cont.)

Service

Code-Modifier   Service Description

- 99213      Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making, When using time for code selection, 20-29 minutes of total time spent on the date of the encounter.
- 99214      Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making, When using time for code selection, 30-39 minutes of total time spent on the date of the encounter.
- 99215      Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making, When using time for code selection, 40-54 minutes of total time spent on the date of the encounter.
- 99417      Prolonged office or other outpatient evaluation and management service(s) beyond the minimum required time of the primary procedure which has been selected using total time, requiring total time with or without direct patient contact beyond the usual service, on the date of the primary service, each 15 minutes of total time (List separately in addition to codes 99205, 99215 for office or other outpatient Evaluation and Management services)

**Nursing Facility Care–New Patient**

- 99304      Initial nursing facility care, per day, for the evaluation and management of a patient, which requires these three key components: a detailed or comprehensive history; a detailed or comprehensive examination; and medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of low severity. Physicians typically spend 25 minutes at the bedside and on the patient's facility floor or unit.
- 99305      Initial nursing facility care, per day, for the evaluation and management of a patient, which requires these three key components: a comprehensive history; a comprehensive examination; and medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of moderate severity. Physicians typically spend 35 minutes at the bedside and on the patient's facility floor or unit.
- 99306      Initial nursing facility care, per day, for the evaluation and management of a patient, which requires these three key components: a comprehensive history; a comprehensive examination; and medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of high severity. Physicians typically spend 45 minutes at the bedside and on the patient's facility floor or unit.



<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>	<b>Subchapter Number and Title</b> 6. Service Codes and Descriptions	<b>Page</b> 6-5
Mental Health Center Manual	<b>Transmittal Letter</b> MHC-50	<b>Date</b> 01/01/20

601 Service Codes and Descriptions (cont.)

Service

Code-Modifier   Service Description

**Subsequent Nursing Facility Care**

- 99307      Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least two of these three key components: a problem-focused interval history; a problem-focused examination; straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is stable, recovering, or improving. Physicians typically spend 10 minutes at the bedside and on the patient's facility floor or unit.
- 99308      Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least two of these three key components: an expanded problem-focused interval history; an expanded problem-focused examination; medical decision making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is responding inadequately to therapy or has developed a minor complication. Physicians typically spend 15 minutes at the bedside and on the patient's facility floor or unit.
- 99309      Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least two of these three key components: a detailed interval history; a detailed examination; medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient has developed a significant complication or a significant new problem. Physicians typically spend 25 minutes at the bedside and on the patient's facility floor or unit.
- 99310      Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least two of these three key components: a comprehensive interval history; a comprehensive examination; medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. The patient may be unstable or may have developed a significant new problem requiring immediate physician attention. Physicians typically spend 35 minutes at the bedside and on the patient's facility floor or unit.

**Rest Home–New Patient**

- 99324      Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these three key components: a problem-focused history; a problem-focused examination; and straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low severity. Physicians typically spend 20 minutes with the patient and/or family or caregiver.
- 99325      Domiciliary or rest home visit for the evaluation and management of a new patient, which

<p align="center"><b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b></p>	<p align="center"><b>Subchapter Number and Title</b> 6. Service Codes and Descriptions</p>	<p align="center"><b>Page</b> 6-6</p>
<p align="center">Mental Health Center Manual</p>	<p align="center"><b>Transmittal Letter</b> MHC-50</p>	<p align="center"><b>Date</b> 01/01/20</p>

601 Service Codes and Descriptions (cont.)

Service

Code-Modifier   Service Description

- requires these three key components: an expanded problem-focused history; an expanded problem-focused examination; and medical decision making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Physicians typically spend 30 minutes with the patient and/or family or caregiver.
- 99326      Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these three key components: a detailed history; a detailed examination; and medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 45 minutes with the patient and/or family or caregiver.
- 99327      Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these three key components: a comprehensive history; a comprehensive examination; and medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity. Physicians typically spend 60 minutes with the patient and/or family or caregiver.
- 99328      Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these three key components: a comprehensive history; a comprehensive examination; and medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is unstable or has developed a significant new problem requiring immediate physician attention. Physicians typically spend 75 minutes with the patient and/or family or caregiver.

**Rest Home–Established Patient**

- 99334      Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least two of these three key components: a problem-focused interval history; a problem-focused examination; straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self-limited or minor. Physicians typically spend 15 minutes with the patient and/or family or caregiver.
- 99335      Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least two of these three key components: an expanded problem-focused interval history; an expanded problem-focused examination; medical decision making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>	<b>Subchapter Number and Title</b> 6. Service Codes and Descriptions	<b>Page</b> 6-7
Mental Health Center Manual	<b>Transmittal Letter</b> MHC-50	<b>Date</b> 01/01/20

601 Service Codes and Descriptions (cont.)

Service

Code-Modifier   Service Description

- 99336      problem(s) are of low to moderate severity. Physicians typically spend 25 minutes with the patient and/or family or caregiver.  
Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least two of these three key components: a detailed interval history; a detailed examination; medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 40 minutes with the patient and/or family or caregiver.
- 99337      Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least two of these three key components: a comprehensive interval history; a comprehensive examination; medical decision making of moderate to high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. The patient may be unstable or may have developed a significant new problem requiring immediate physician attention. Physicians typically spend 60 minutes with the patient and/or family or caregiver.

**Home Visits–New Patient**

- 99341      Home visit for the evaluation and management of a new patient, which requires these three key components: a problem-focused history; a problem-focused examination; and straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low severity. Physicians typically spend 20 minutes face-to-face with the patient and/or family.
- 99342      Home visit for the evaluation and management of a new patient, which requires these three key components: an expanded problem-focused history; an expanded problem-focused examination; and medical decision making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Physicians typically spend 30 minutes face-to-face with the patient and/or family.
- 99343      Home visit for the evaluation and management of a new patient, which requires these three key components: a detailed history; a detailed examination; and medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 45 minutes face-to-face with the patient and/or family.
- 99344      Home visit for the evaluation and management of a new patient, which requires these three key components: a comprehensive history; a comprehensive examination; and

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>	<b>Subchapter Number and Title</b> 6. Service Codes and Descriptions	<b>Page</b> 6-8
Mental Health Center Manual	<b>Transmittal Letter</b> MHC-50	<b>Date</b> 01/01/20

601 Service Codes and Descriptions (cont.)

Service

Code-Modifier   Service Description

medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity. Physicians typically spend 60 minutes face-to-face with the patient and/or family.

- 99345      Home visit for the evaluation and management of a new patient, which requires these three key components: a comprehensive history; a comprehensive examination; and medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is unstable or has developed a significant new problem requiring immediate physician attention. Physicians typically spend 75 minutes face-to-face with the patient and/or family.

**Home Visit—Established Patient**

- 99347      Home visit for the evaluation and management of an established patient, which requires at least two of these three key components: a problem-focused interval history; a problem-focused examination; straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Physicians typically spend 15 minutes face-to-face with the patient and/or family.
- 99348      Home visit for the evaluation and management of an established patient, which requires at least two of these three key components: an expanded problem-focused interval history; an expanded problem-focused examination; medical decision making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Physicians typically spend 25 minutes face-to-face with the patient and/or family.
- 99349      Home visit for the evaluation and management of an established patient, which requires at least two of these three key components: a detailed interval history; a detailed examination; medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are moderate to high severity. Physicians typically spend 40 minutes face-to-face with the patient and/or family.
- 99350      Home visit for the evaluation and management of an established patient, which requires at least two of these three key components: a comprehensive interval history; a comprehensive examination; medical decision making of moderate to high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. The patient may be unstable or may have developed a significant new problem requiring immediate physician attention. Physicians typically spend 60 minutes face-

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>	<b>Subchapter Number and Title</b> 6. Service Codes and Descriptions	<b>Page</b> 6-9
Mental Health Center Manual	<b>Transmittal Letter</b> MHC-50	<b>Date</b> 01/01/20

601 Service Codes and Descriptions (cont.)

Service

Code-Modifier    Service Description

to-face with the patient and/or family.

**Psychological Testing**

- 96101      Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, e.g., MMPI, Rorschach, WAIS), per hour of the psychologist's or physician's time, both face-to-face time with the patient and time interpreting test results and preparing the report
- 96118      Neuropsychological testing (e.g., Halstead-Reitan Neuropsychological Battery, Wechsler Memory Scales, and Wisconsin Card Sorting Test), per hour of the psychologist's or physician's time, both face-to-face time with the patient and time interpreting test results and preparing the report

602 Service Code Modifiers and Descriptions

Modifier

Modifier Description

- 25      Significant, separately identifiable Evaluation and Management Service by the same physician or other qualified health professional on the same day of the procedure or other service. Modifier '-25' applies to two E/M services provided on the same day.
- 59      Distinct Procedure Service. To identify a procedure distinct or independent from other services performed on the same day add the modifier '-59' to the end of the appropriate service code. Modifier '-59' is used to identify services/procedures that are not normally reported together, but are appropriate under certain circumstances. However when another already established modifier is appropriate, it should be used rather than modifier '-59'.
- HA      Service Code 90791 must be accompanied by this modifier to indicate that the Child and Adolescent Needs and Strengths (CANS) is included in the psychiatric diagnostic interview examination. This modifier may be billed only by psychiatrists or psychiatric clinical nurse specialists.
- EP      Group psychotherapy modifier for preventive behavioral health session (only used with 90853)
- SA      Nurse Practitioner rendering service in collaboration with a physician. (This modifier is to be applied to service codes billed by the mental health center which were performed by a psychiatric nurse mental health clinical specialist.)
- SL      State supplied vaccine or antibodies (This modifier must be applied to codes 91300, 91301, 91303, 91306, and 91307 to identify administration of vaccines or antibodies provided at no cost, whether by the Massachusetts Department of Public Health; another federal, state, or local agency; or a vaccine manufacturer. If the providers receive the vaccine from one of these sources at no cost, providers must bill the code for the vaccine itself, with modifier SL, and the associated code for administration of the vaccine.)
- U1      Youth Mobile Crisis intervention modifier for service provided by a Master Level Clinician (only used with H2011)
- U2      Youth Mobile Crisis intervention modifier for service provided by a paraprofessional (only used with H2011)

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>	<b>Subchapter Number and Title</b> 6. Service Codes and Descriptions	<b>Page</b> 6-10
Mental Health Center Manual	<b>Transmittal Letter</b> MHC-50	<b>Date</b> 01/01/20

603 Telephonic Service Codes and Descriptions

Service

Code-Modifier Service Description

98966	Telephone assessment and management service provided by a qualified non physician care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days not leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion.
98967	Telephone assessment and management service provided by a qualified non physician care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days not leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion.
98968	Telephone assessment and management service provided by a qualified non physician care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days not leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 21-30 minutes of medical discussion.
99441	Telephone evaluation and management services by a physician or other qualified Health care professional who may report evaluation and management services Provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion.
99442	Telephone evaluation and management services by a physician or other qualified Health care professional who may report evaluation and management services Provided to and established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion.
99443	Telephone evaluation and management services by a physician or other qualified Health care professional who may report evaluation and management services Provided to and established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 21-30 minutes of medical discussion.

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) code book.