|  |  |
| --- | --- |
| Logo of the Commonwealth of Massachusetts | ***Commonwealth of Massachusetts******Executive Office of Health and Human Services***Office of Medicaid*www.mass.gov/masshealth* |

MassHealth

Transmittal Letter MHC-50

January 2022

**TO:** Mental Health Centers Participating in MassHealth

**FROM:** Amanda Cassel Kraft, Assistant Secretary for MassHealth [Signature of Amanda Cassel Kraft]

**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.

| **Code** | **Description of Code** | **Effective for Dates of Service on or after** |
| --- | --- | --- |
| 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](https://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](http://www.mass.gov/masshealth-provider-bulletins).

1. 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>.

1. 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](https://www.mass.gov/info-details/covid-19-vaccine-information-for-providers) 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.
1. 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*.*
2. 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. 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, 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

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

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 2ND

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)

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 medica decision making, When using time for code selection, 10-19 minutes of total time spent on the date of the encounter.

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 medica 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 medica 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 medica 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.

**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

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

problem(s) are of low to moderate severity. Physicians typically spend 25 minutes with the patient and/or family or caregiver.

99336 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

 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-

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)

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 servicers 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 servicers 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 servicers 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.