

Commonwealth of Massachusetts Executive Office of Health and Human Services Office of Medicaid www.mass.gov/masshealth



MassHealth Transmittal Letter MHC-52 July 2023

- **TO:** Mental Health Centers Participating in MassHealth
- **FROM:** Mike Levine, Assistant Secretary for MassHealth

Wike Lerie

RE: Mental Health Center Manual (2023 HCPCS)

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

Updates to the Service Codes and Descriptions

1. Effective for dates of service beginning January 1, 2023, the following codes have been modified for the codes available in Subchapter 6 of the *Mental Health Center Manual*.

<u>Modify</u>

MassHealth Transmittal Letter MHC-52 July 2023 Page 2

2. Effective for dates of service beginning January 1, 2023, the following modifiers have been added to the list of modifiers available in Subchapter 6 of the *Mental Health Center Manual*.

<u>Add</u>

- -95
- -93
- -FQ
- -FR
- -GQ
- -GT
- 3. Effective for dates of service beginning January 1, 2023, the following modifiers have been updated.

<u>Modify</u>

- -AH
- -SA

Rates

Rates for MHCs participating in MassHealth are set by regulation by the Executive Office of Health and Human Services and are available at <u>www.mass.gov/service-details/eohhs-regulations</u>.

The applicable rate regulations for codes modified in the Subchapter 6 of this *Mental Health Center Manual* are 101 CMR 306.00: *Payment for Mental Health Services Provided in Community Health and Mental Health Center*.

MassHealth Website

This transmittal letter and attached pages are available on the MassHealth website at <u>www.mass.gov/masshealth-transmittal-letters</u>.

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Questions

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MassHealth Transmittal Letter MHC-52 July 2023 Page 3

NEW MATERIAL

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

Mental Health Center Manual Pages 6-1 through 6-14

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(The pages listed here are no longer in effect.)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 50

Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title 6. Service Codes and Descriptions	Page 6-1
Mental Health Center Manual	Transmittal Letter MHC-52	Date 01/01/23

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

	Psychiatric diagnostic evaluation (Must be submitted with one licensure level modifier: -AF, -AH, -HO, or -HL) (Services provided by Behavioral Health Urgent Care providers must be submitted with one licensure level modifier and modifier -GJ).
90791 HA	Psychiatric evaluation performed with a CANS (Children and Adolescent Needs and Strengths) (Must be submitted with one licensure level modifier: -AF, - AH, -HO, or -HL) (Services provided by Behavioral Health Urgent Care providers must be submitted with one licensure level modifier and modifier - GJ).
	Individual Therapy
90832	Psychotherapy, 30 minutes with patient (Must be submitted with one licensure level modifier: -AF, -AH, -HO, or -HL.) (Behavioral Health Urgent Care services must be submitted with one licensure level modifier and modifier -GJ)
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.) (Must be submitted with one licensure level modifier: -AF, -AH, -HO, or -HL) (Services provided by Behavioral Health Urgent Care providers must be submitted with one licensure level modifier and modifier -GJ).
90834	Psychotherapy, 45 minutes with patient (Must be submitted with one licensure level modifier: -AF, -AH, -HO, or -HL) (Services provided by Behavioral Health Urgent Care providers must be submitted with one licensure level modifier and modifier -GJ).
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.) (Must be submitted with one licensure level modifier: -AF, -AH, -HO, or -HL) (Services provided by Behavioral Health Urgent Care providers must be submitted with one licensure level modifier and modifier -GJ).
90837	Psychotherapy, 60 minutes with patient (Must be submitted with one licensure level modifier: -AF, -AH, -HO, or -HL.) (Behavioral Health Urgent Care services must be submitted with one licensure level modifier and modifier -GJ)

Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title 6. Service Codes and Descriptions	Page 6-2
Mental Health Center Manual	Transmittal Letter MHC-52	Date 01/01/23

Couple/Family Therapy

90846	Family psychotherapy (without the patient present), 50 minutes (Must be submitted with one licensure level modifier: -AF, -AH, -HO, or -HL) (Services provided by Behavioral Health Urgent Care providers must be submitted with one licensure level modifier and modifier -GJ).		
90847	Family psychotherapy (conjoint psychotherapy) (with patient present), 50 minutes (Must be submitted with one licensure level modifier: -AF, -AH, -HO, or - HL) (Services provided by Behavioral Health Urgent Care providers must be submitted with one licensure level modifier and modifier -GJ).		
90849	Multiple-family group psychotherapy (per person per session, not to exceed 10 clients) (Must be submitted with one licensure level modifier: -AF, -AH, -HO, or -HL) (Services provided by Behavioral Health Urgent Care providers must be submitted with one licensure level modifier and modifier -GJ).		
	Group Therapy		
90853	Group psychotherapy (other than multiple-family group) (per person per session not to exceed 12 clients) (Must be submitted with one licensure level modifier: - AF, -AH, -HO, or -HL) (Services provided by Behavioral Health Urgent Care providers must be submitted with one licensure level modifier and modifier - GJ).		
90853 EP	Group psychotherapy (other than of a multiple-family group) (per person not to exceed 12 clients) (preventive behavioral health session) (Must be submitted with one licensure level modifier: -AF, -AH, -HO, or -HL) (Services provided by Behavioral Health Urgent Care providers must be submitted with one licensure level modifier and modifier -GJ).		
	Case Consultation		
90882	Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers, or institutions (Must be submitted with one licensure level modifier: -AF, -AH, -HO, or -HL) (Services provided by Behavioral Health Urgent Care providers must be submitted with one licensure level modifier and modifier -GJ).		
	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 (Must be submitted with one licensure level modifier: -AF, -AH, -HO, or -HL) (Services provided by Behavioral Health Urgent Care providers must be submitted with one licensure level modifier and modifier -GJ).		

Commonwealth of Massachusetts MassHealth Provider Manual Series Mental Health Center Manual		Subchapter Number and Title 6. Service Codes and Descriptions	Page 6-3
		Transmittal Letter MHC-52	Date 01/01/23
	<u>Crisis Intervention for Y</u>	outh Services (for youths up to 21 years	s of age only)
H2011-U1		per 15 minutes. Youth Mobile Crisis inter a Master Level Clinician (used with H2011	
H2011-U2	Crisis intervention services	s, per 15 minutes. Youth Mobile Crisis inter a paraprofessional (used with H2011 only)	vention modifier fo
	<u>Psychotherapy for Crisis</u>		
90839	modifier: -AF, -AH,	irst 60 minutes (Must be submitted with o -HO, or -HL) (Services provided by Behav be submitted with one licensure level mod	vioral Health Urgen
90840	procedure) (Must be -HL) (Services provi	30 minutes (List separately in addition to the submitted with one licensure level modifier ided by Behavioral Health Urgent Care pro- icensure level modifier and modifier -GJ).	:: -AF, -AH, -HO, o oviders must be
		9, 90840 in conjunction with 90791, psych sychiatric services. Only use 90840 in conj	
	Emergency Service Prog	ram	
S9485	assessment, intervent week, and 365 days behavioral health cri effectively, and deliv safety, and stabilize medically necessary	al health services, per diem. (The ESP pro- tion, and stabilization services 24 hours per per year, to individuals of all ages who are sis. The purpose of the ESP is to respond to ver a course of treatment intended to prom the crisis in a manner that allows an indivi- services in the community, or if medically diversionary level of care (per 24-hour en	day, seven days pe e experiencing a rapidly, assess ote recovery, ensur- dual to receive recessary, in an
	Specialty Services		
S9480	1 15	iatric services, per diem (Services provide providers must be submitted with modifier	•
H0015	at least 3 hours/day a treatment plan), incl therapies or educatio exceed 2 units a day	services; intensive outpatient (treatment pr and at least 3 days/week and is based on an uding assessment, counseling; crisis interve n (Structured Outpatient Addiction Progra). (Services provided by Behavioral Health bmitted with modifier -GJ).	individualized ention, and activity m, 3.5 hours, not to

Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title 6. Service Codes and Descriptions	Page 6-4
Mental Health Center Manual	Transmittal Letter MHC-52	Date 01/01/23

- H0015-TF Alcohol and/or drug services; intensive outpatient (treatment program that operates at least 3 hours/day and at least 3 days/week and is based on an individualized treatment plan), including assessment, counseling; crisis intervention, and activity therapies or education (Enhanced Structured Outpatient Addiction Program, 3.5 hours, not to exceed 2 units a day). (Services provided by Behavioral Health Urgent Care providers must be submitted with modifier -GJ).
- H0046-HE Mental health services, not otherwise specified (Certified Peer Specialist Services). (Services provided by Behavioral Health Urgent Care providers must be submitted with modifier -GJ)

(To view the rates for these services, please refer to <u>101 CMR 346.00</u>: *Rates for Certain Substance-Related and Addictive Disorders Programs.)*

H2016-HM Comprehensive community support program, per diem (Enrolled Client Day) (recovery support service by a recovery advocate trained in Peer Recovery Coaching)

(To view the rates for these services, please refer to <u>101 CMR 444.00: *Rates for Certain Substance Use Disorder Services.*)</u>

H2015-HF Comprehensive community support services, per 15 minutes (Recovery Support Navigator)

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 ND
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

Commonwealth of Massachusetts MassHealth Provider Manual Series Mental Health Center Manual		Subchapter Number and Title 6. Service Codes and Descriptions	Page 6-5
		Transmittal Letter MHC-52	Date 01/01/23
	Evaluation and Manage	ment Codes	
		ces for medication visits shall be billed usi ion and Management Codes.	ng the following
	New Patient		
99202	requires a medically medical decision mal time is spent on the c	visit for the evaluation and management of appropriate history and/or examination arking. When using time for code selection, 1 date or the encounter. (Services provided lars must be submitted with one licensure la	nd straightforward 5-29 minutes of tota by Behavioral Healt
99203	Office or other outpatient v requires a medically medical decision mal time spent on the dat Urgent Care provide	visit for the evaluation and management of appropriate history and/or examination arking. When using time for code selection, 3 te of the encounter. (Services provided by rs must be submitted with one licensure le	nd straightforward 30-44 minutes of tota Behavioral Health
99204	requires a medically	visit for the evaluation and management of appropriate history and/or examination arking. When using time for code selection, 4 to of the encounter	nd straightforward
99205	Office or other outpatient v requires a medically medical decision mal time spent on the dat	visit for the evaluation and management of appropriate history and/or examination arking. When using time for code selection, 6 te of the encounter. (Services provided by rs must be submitted with one licensure lo	nd straightforward 50-74 minutes of tota Behavioral Health
	Established Patient		
99211	patient that may not problem(s) are minin	visit for the evaluation and management of require the presence of a physician. Usual mal. (Services provided by Behavioral He	lly, the presenting alth Urgent Care
99212	Office or other outpatient patient, which requin straightforward med minutes of total time	ibmitted with one licensure level modifier visit for the evaluation and management of res a medically appropriate history and/or ica decision making. When using time for of e spent on the date of the encounter. (Serv rgent Care providers must be submitted with er. GU	of an established examination and code selection, 10-1 ices provided by
99213	Office or other outpatient which requires a me medica decision ma time spent on the da	visit for the evaluation and management of dically appropriate history and/or examina king. When using time for code selection, the of the encounter. (Services provided by ers must be submitted with one licensure l	tion and straightforv 20-29 minutes of to Behavioral Health

Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title 6. Service Codes and Descriptions	Page 6-6
Mental Health Center Manual	Transmittal Letter MHC-52	Date 01/01/23
1	visit for the evaluation and management of res a medically appropriate history and/or	

- 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. (Services provided by Behavioral Health Urgent Care providers must be submitted with one licensure level modifier and modifier -GJ).
- 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. (Services provided by Behavioral Health Urgent Care providers must be submitted with one licensure level modifier and modifier -GJ).
- 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). (Services provided by Behavioral Health Urgent Care providers must be submitted with one licensure level modifier and modifier -GJ).

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.

Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title 6. Service Codes and Descriptions	Page 6-7
Mental Health Center Manual	Transmittal Letter MHC-52	Date 01/01/23

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.
	<u>Rest Home–New Patient</u>

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.

Commonwealth of Massachusetts MassHealth Provider Manual Series		Subchapter Number and Title 6. Service Codes and Descriptions	Page 6-8
Mental Health Center Manual		Transmittal Letter	Date
		MHC-52	01/01/23
99325	requires these three expanded problem-f complexity. Counsel are provided consist family's needs. Usua	visit for the evaluation and management of a key components: an expanded problem-for focused examination; and medical decision ling and/or coordination of care with other ent with the nature of the problem(s) and ally, the presenting problem(s) are of mod- spend 30 minutes with the patient and/or	cused history; an making of low providers or agencies the patient's and/or erate severity.
99326	Domiciliary or rest home w requires these three k medical decision mal care with other prov problem(s) and the p problem(s) are of me	visit for the evaluation and management of a tey components: a detailed history; a detail king of moderate complexity. Counseling a iders or agencies are provided consistent v patient's and/or family's needs. Usually, the oderate to high severity. Physicians typica for family or caregiver.	a new patient, which led examination; and nd/or coordination of with the nature of the presenting
99327	Domiciliary or rest home w requires these three l examination; and me and/or coordination of with the nature of the presenting problem(s	visit for the evaluation and management of a key components: a comprehensive history; edical decision making of moderate complete of care with other providers or agencies are e problem(s) and the patient's and/or family s) are of high severity. Physicians typically for family or caregiver	a comprehensive exity. Counseling e provided consisten 's needs. Usually, the
99328	Domiciliary or rest h which requires these t examination; and me coordination of care nature of the problem unstable or has devel	ome visit for the evaluation and managem three key components: a comprehensive hi dical decision making of high complexity. with other providers or agencies are provi- n(s) and the patient's and/or family's needs oped a significant new problem requiring typically spend 75 minutes with the patier	story; a comprehens Counseling and/or ded consistent with . Usually, the patien immediate physician
	Rest Home–Established	Patient	
99334	patient, which requir focused interval hist decision making. Co agencies are provide and/or family's needs	visit for the evaluation and management o res at least two of these three key compone ory; a problem-focused examination; straig unseling and/or coordination of care with d consistent with the nature of the problem s. Usually, the presenting problem(s) are so spend 15 minutes with the patient and/or f	ents: a problem- ghtforward medical other providers or n(s) and the patient's elf-limited or minor
99335	Domiciliary or rest home patient, which requir problem-focused into medical decision mal with other providers problem(s) and the p problem(s) are of low	visit for the evaluation and management of res at least two of these three key compone erval history; an expanded problem-focuse king of low complexity. Counseling and/or or agencies are provided consistent with t patient's and/or family's needs. Usually, the w to moderate severity. Physicians typical or family or caregiver.	f an established ents: an expanded ed examination; coordination of care he nature of the presenting

	nwealth of Massachusetts MassHealth ovider Manual Series	Subchapter Number and Title 6. Service Codes and Descriptions	Page 6-9
Mental Health Center Manual	al Health Center Manual	Transmittal Letter	Date
		MHC-52	01/01/23
99336	patient, which requir history; a detailed ex Counseling and/or co consistent with the n Usually, the presenti	visit for the evaluation and management of res at least two of these three key component camination; medical decision making of m pordination of care with other providers or ature of the problem(s) and the patient's at ng problem(s) are of moderate to high sev ninutes with the patient and/or family or car	ts: a detailed intervolutes: oderate complexity agencies are providend/or family's need verity. Physicians
99337	Domiciliary or rest home patient, which requir interval history; a co moderate to high cor providers or agencies the patient's and/or fa moderate to high sev significant new prob	visit for the evaluation and management of es at least two of these three key compone omprehensive examination; medical decision polexity. Counseling and/or coordination is are provided consistent with the nature of amily's needs. Usually, the presenting pro- verity. The patient may be unstable or may lem requiring immediate physician attention inutes with the patient and/or family or car	f an established nts: a comprehension making of of care with other f the problem(s) a plem(s) are of have developed a on. Physicians
	Home Visits–New Patien	<u>t</u>	
99341	three key component and straightforward care with other prove problem(s) and the p	ion and management of a new patient, wh ts: a problem-focused history; a problem-f medical decision making. Counseling and/ iders or agencies are provided consistent v patient's and/or family's needs. Usually, the w severity. Physicians typically spend 20 m for family.	Focused examination for coordination of with the nature of t presenting
99342	Home visit for the evaluat three key component focused examination and/or coordination of with the nature of the presenting problem(s	ion and management of a new patient, wh s: an expanded problem-focused history; an ; and medical decision making of low com of care with other providers or agencies are e problem(s) and the patient's and/or family s) are of moderate severity. Physicians typ with the patient and/or family.	n expanded proble nplexity. Counseli e provided consiste 's needs. Usually, t
99343	Home visit for the evaluat three key component decision making of r with other providers problem(s) and the p problem(s) are of mo	tion and management of a new patient, wh ts: a detailed history; a detailed examination noderate complexity. Counseling and/or c or agencies are provided consistent with t patient's and/or family's needs. Usually, the oderate to high severity. Physicians typica e patient and/or family.	on; and medical oordination of car he nature of the e presenting
99344	Home visit for the evaluat three key component medical decision mal care with other prove problem(s) and the p	ion and management of a new patient, wh s: a comprehensive history; a comprehens king of moderate complexity. Counseling a iders or agencies are provided consistent v patient's and/or family's needs. Usually, the gh severity. Physicians typically spend 60	ive examination; a and/or coordination with the nature of the presenting

	nwealth of Massachusetts MassHealth ovider Manual Series	Subchapter Number and Title 6. Service Codes and Descriptions	Page 6-10
Mental Health Center Manual		Transmittal Letter	Date
		MHC-52	01/01/23
99345	three key component medical decision mal with other providers problem(s) and the p has developed a sign	ion and management of a new patient, whi s: a comprehensive history; a comprehensi king of high complexity. Counseling and/or or agencies are provided consistent with the atient's and/or family's needs. Usually, the p ificant new problem requiring immediate p spend 75 minutes face-to-face with the pat	ve examination; and coordination of cather the nature of the patient is unstable physician attention
	Home Visit–Established	Patient	
99347	least two of these the problem-focused exa and/or coordination of with the nature of the presenting problem(s	on and management of an established patien ree key components: a problem-focused into mination; straightforward medical decision of care with other providers or agencies are problem(s) and the patient's and/or family' s) are self-limited or minor. Physicians typ	terval history; a making. Counseling provided consiste s needs. Usually, tl
99348	Home visit for the evaluati least two of these the history; an expanded complexity. Counsel are provided consiste family's needs. Usua	with the patient and/or family. on and management of an established patien ree key components: an expanded problem- problem-focused examination; medical dec ing and/or coordination of care with other p ent with the nature of the problem(s) and t lly, the presenting problem(s) are of low to spend 25 minutes face-to-face with the pat	-focused interval cision making of lo providers or agenci he patient's and/or o moderate severit
99349	Home visit for the evaluati least two of these the examination; medica coordination of care the nature of the pro presenting problem(s	on and management of an established patient ree key components: a detailed interval his il decision making of moderate complexity with other providers or agencies are provi- blem(s) and the patient's and/or family's ne- s) are moderate to high severity. Physician with the patient and/or family.	nt, which requires tory; a detailed 7. Counseling and/o ded consistent wit eeds. Usually, the
99350	Home visit for the evaluati least two of these the comprehensive exam complexity. Counsel are provided consiste family's needs. Usual The patient may be u	on and management of an established patient ree key components: a comprehensive inter- tination; medical decision making of mode- ing and/or coordination of care with other p ent with the nature of the problem(s) and the ly, the presenting problem(s) are of moder instable or may have developed a significal physician attention. Physicians typically sp	eval history; a prate to high providers or agenci he patient's and/or rate to high severit nt new problem

Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title 6. Service Codes and Descriptions	Page 6-11
Mental Health Center Manual	Transmittal Letter MHC-52	Date 01/01/23

Psychological Assessment

(To view the rates for these services, please refer to <u>101 CMR 329.00: Rates for Psychological and</u> <u>Independent Clinical Social Work Services</u>.)

96116	Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgement, <i>e.g.</i> , acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities), by physician or other qualified health care professional, both face-to-face time with the patient and time interpreting test results and preparing the report; first hour.
96121	Each additional hour. (List separately in addition to code for primary procedure.) (Add-on code to 96116.)
96130	Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour.
96131	Each additional hour. (List separately in addition to code for primary procedure.) (Add-on code to 96130.)
96132	Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour.
96133	Each additional hour. (List separately in addition to code for primary procedures.) (Add-on code to 96132.)
96136	Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; first 30 minutes.
96137	Each additional 30 minutes. (List separately in addition to code for primary procedure.) (Add-on code to 96136.)
96138	Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; first 30 minutes.
96139	Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; each additional 30 minutes. (List separately in addition to code for primary procedure.) (Add-on code to 96138.)

Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title 6. Service Codes and Descriptions	Page 6-12
Mental Health Center Manual	Transmittal Letter MHC-52	Date 01/01/23

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'.
- 95	Counseling and therapy services rendered via audio-video telecommunications
- 93	Services rendered via audio-only telehealth
-AF	Specialty physician (This modifier is to be applied to service codes billed by the mental health center which were performed by a psychiatrist)
-AH	Clinical psychologist (This modifier is to be applied to service codes billed by the mental health center which were performed by doctoral level clinician, including PhD, PsyD, EdD)
- FQ	Counseling and therapy services provided using audio-only telecommunications
-FR	A supervising practitioner was present through a real-time two-way, audio and video communication technology
-GJ	Opt-out physician or practitioner emergency or urgent service. (Urgent Care services. To identify services provided by Mental Health Centers that are designated as Behavioral Health Urgent Care provider sites.)
-GQ	Services rendered via asynchronous telehealth
- GT	Services rendered via interactive audio and video telecommunications systems
-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.
-HE	Mental health program (Certified Peer Specialist Services)
-HL	Intern (This modifier is to be applied to service codes billed by the mental health center which were performed by intern
	level clinicians, including Post-Doctoral Fellows and Psychology Interns, Post- Master's Mental Health Counselors and Mental Health Counselor Interns, Post- Master's Marriage and Family Therapist, Licensed Alcohol and Drug Counselor IIs (LADC II), Certified Addiction Counselor / Certified Alcohol & Drug Abuse Counselor)
-HO	Master's degree level (This modifier is to be applied to service codes billed by the mental health center which were performed by Master's level clinician, including Licensed Clinical Social Workers (LCSWs), Licensed Independent Clinical Social Workers (LICSWs), Licensed Alcohol and Drug Counselor I, Licensed Mental Health Counselor, Licensed Marriage and Family Therapist)
-EP	Group psychotherapy modifier for preventive behavioral health session (only used with 90853)

Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title 6. Service Codes and Descriptions	Page 6-13
Mental Health Center Manual	Transmittal Letter MHC-52	Date 01/01/23

- -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.)
 -U1 Youth Mobile Crisis intervention modifier for service provided by a Master Level
- -UI 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)

Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title 6. Service Codes and Descriptions	Page 6-14
Mental Health Center Manual	Transmittal Letter MHC-52	Date 01/01/23

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.

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