



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



MassHealth
Transmittal Letter CHC-104
July 2015

TO: Community Health Centers Participating in MassHealth
FROM: Daniel Tsai, Assistant Secretary and Director of MassHealth
RE: *Community Health Center Manual (2015 HCPCS)*

This letter transmits revisions to the service codes in Subchapter 6 of the *Community Health Center Manual*. The Centers for Medicare & Medicaid Services (CMS) has revised the Healthcare Common Procedure Coding System (HCPCS) codes for 2015. The revised Subchapter 6 is effective for dates of service on or after January 1, 2015.

In addition to revising for 2015 HCPCS updates, the revised Subchapter 6 reflects a code change when billing for the application of fluoride varnish as well as code changes for drug testing. Section 615 (Modifiers) also includes updates to clarify and define the distinct procedural services that are included under Modifier 59.

Community Health Centers (CHCs) must refer to the American Medical Association's *Current Procedural Terminology (CPT) 2015* code book or the Healthcare Procedure Coding System (HCPCS) Level II code book for the service descriptions of the codes listed in Subchapter 6 of the *Community Health Center Manual*.

Please Note: 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 405.000 and 450.000. A CHC may request prior authorization (PA) for any medically necessary service reimbursable under the federal Medicaid Act in accordance with 130 CMR 450.144, 42 U.S.C. 1396d(a), and 42 U.S.C. 1396d(r)(5) for a MassHealth Standard or CommonHealth member younger than 21 years of age, even if it is not designated as covered or payable in the *Community Health Center Manual*.

If you wish to obtain a fee schedule, you may download the Executive Office of Health and Human Services regulations, as applicable, at no cost at www.mass.gov/eohhs/gov/laws-regs/hhs/community-health-care-providers-ambulatory-care.html. The specific regulation titles are 101 CMR 304.00: Rates for Community Health Centers; 101 CMR 317.00: Medicine; 114.3 CMR 16.00: Surgery and Anesthesia Services; 114.3 CMR 18.00: Radiology; and 101 CMR 320.00: Clinical Laboratory Services.

Fluoride Varnish Billing Code Change

Effective for dates of service on or after January 1, 2015, MassHealth has adopted the Current Procedure Terminology (CPT) Service Code 99188 (application of topical fluoride varnish by a physician or other qualified health care professional) with ICD-9 diagnosis code V07.31 to replace Current Dental Terminology (CDT) Service code D1206.

Community Health Centers that submit claims for the application of fluoride varnish by CHC-based pediatricians or other qualified health care professionals to eligible MassHealth members younger than 21 years of age, must use CPT Service Code 99188 with diagnosis code V07.31 beginning with dates of service on or after January 1, 2015.

Effective July 1, 2015, D1206 will no longer be covered for claims submitted by CHCs for the application of fluoride varnish performed by CHC-based pediatricians and other qualified health care professionals. All claims submitted with D1206 for dates of service on or before June 30, 2015, will be paid. Any claim submitted with D1206 for dates of service on or after July 1, 2015, will be denied.

Fluoride Varnish Billing Requirements for CPT Service Code 99188

CHCs must submit claims for fluoride varnish services in accordance with applicable program regulations. CHCs should bill MassHealth with Service Code 99188 with diagnosis code V07.31 transmitted through the 837P format or the CMS 1500 claim form. For MassHealth managed care organization (MCO) members, CHCs must contact the appropriate MCO customer service center listed below.

Boston Medical Center HealthNet Plan:	1- 888-566-0010
Fallon Health:	1-800-868-5200
Tufts Health Plan -- Network Health:	1-888-257-1985
Neighborhood Health Plan:	1-866-414-5533
Health New England:	1-800-310-2835
CeltiCare Health:	1-855-678-6975

Code Changes for Drug Testing

The American Medical Association adopted new code sections for Presumptive Drug Class Screening (CPT 80300–80304) and Definitive Drug testing (CPT 80320-80377). MassHealth is following the CMS coverage determination for these code sections and has determined that these codes initially would not be included as covered service codes.

Drug Screening should continue to be billed using codes G0431 (Drug screen, qualitative; multiple drug classes by high complexity test method (e.g., immunoassay, enzyme assay), per patient encounter) and G0434 (Drug screen, other than chromatographic; any number of drug classes, by CLIA waived test or moderate complexity test, per patient encounter). Codes for quantitative and confirmatory testing that have been deleted have been mapped to the codes listed in the following table.

Deleted Code	2015 Replacement Code	Replacement Code Service Description
80102	G6058	Drug confirmation, each procedure
80152	G6030	Assay of amitriptyline
80154	G6031	Assay of benzodiazepines
80160	G6032	Assay of desipramine
80166	G6034	Assay of doxepin
80172	G6035	Assay of gold
80174	G6036	Assay of imipramine
80182	G6037	Assay of nortriptyline
80196	G6038	Assay of salicylate
82003	G6039	Assay of acetaminophen
82055	G6040	Assay of alcohol (ethanol); any specimen except breath
82101	G6041	Alkaloids, urine, quantitative
82145	G6042	Assay of amphetamine or methamphetamine
82205	G6043	Assay of barbiturates, not elsewhere specified
82520	G6044	Assay of cocaine or metabolite
82646	G6045	Assay of dihydrocodeinone
82649	G6046	Assay of dihydromorphinone
82651	G6047	Assay of dihydrotestosterone
82654	G6048	Assay of dimethadione
82666	G6049	Assay of epiandrosterone
82690	G6050	Assay of etchlorvynol
82742	G6051	Assay of flurazepam
83805	G6052	Assay of meprobamate
83840	G6053	Assay of methadone
83858	G6054	Assay of methsuximide
83887	G6055	Assay of nicotine
83925	G6056	Opiate(s), drug and metabolites, each procedure
84022	G6057	Assay of phenothiazine
84600	82441	Chlorinated hydrocarbons,screen

Quantitative Drug Test Edit

As transmitted through Independent Clinical Laboratory Provider Bulletin 9, MassHealth established claim edits for quantitative drug test codes billed on the same date of service as drug screen service codes. Effective January 1, 2015, this edit has been updated to reflect the code changes made for quantitative drug test codes.

Primary Procedure Codes	Secondary Procedure Codes	EOB Code/ Description
<p>G0431 – Drug screen, qualitative; multiple drug classes by high complexity test method (e.g., immunoassay, enzyme assay), per patient encounter</p> <p>and/or</p> <p>G0434 – Drug screen, other than chromatographic; any number of drug classes, by CLIA waived test or moderate complexity test, per patient encounter</p>	<p>80299 – Quantitation of therapeutic drug, not elsewhere specified</p> <p>82570 – Creatinine; other source</p> <p>82575 – Creatinine; clearance</p> <p>83992 – Phencyclidine</p> <p>G6031 - Assay of benzodiazepines</p> <p>G6040 - Assay of alcohol (ethanol); any specimen except breath</p> <p>G6042 - Assay of amphetamine or methamphetamine</p> <p>G6043 - Assay of barbiturates, not elsewhere specified</p> <p>G6044 - Assay of cocaine or metabolite</p> <p>G6052 - Assay of meprobamate</p> <p>G6053 - Assay of methadone</p> <p>G6055- Assay of nicotine</p> <p>G6056 - Opiate(s), drug and metabolites, each procedure</p>	<p>8304 – Lab conflict w/ each other on the same day</p>

MassHealth Web Site

This transmittal letter and attached pages are available on the MassHealth website at www.mass.gov/masshealth.

Questions

If you have any questions about the information in this transmittal letter, please contact the MassHealth Customer Service Center at 1-800-841-2900, e-mail 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.)

Community Health Center Manual

Pages vi and 6-1 through 6-18

OBSOLETE MATERIAL

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

Community Health Center Manual

Page vi — transmitted by Transmittal Letter CHC 102

Pages 6-1 through 6-20 — transmitted by Transmittal Letter CHC 102

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601 Introduction and Explanation of Abbreviations

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 405.000 and 450.000: *Administrative and Billing Regulations*. A community health center may request prior authorization (PA) for any medically necessary service reimbursable under the federal Medicaid Act in accordance with 130 CMR 450.144, 42 U.S.C. 1396d(a), and 42 U.S.C. 1396d(r)(5) for a MassHealth Standard or CommonHealth member younger than 21 years of age even if it is not designated as covered or payable in Subchapter 6 of the *Community Health Center Manual*.

For complete descriptions of the service codes listed in Subchapter 6, MassHealth providers must refer to the American Medical Association's latest *Current Procedural Terminology (CPT)* code book and to the HCPCS Level II code book (or the Centers for Medicare & Medicaid Services website at www.cms.gov).

The following abbreviations are used in Subchapter 6.

- (A) PA indicates that service-specific prior authorization is required (see 130 CMR 450.303).
- (B) IC indicates that the claim will receive individual consideration to determine payment. A descriptive report must accompany the claim (see 130 CMR 450.271).
- (C) SP indicates that the procedure is commonly performed as part of a total service and does not usually warrant a separate fee. The procedure must be performed separately to receive the separate fee.
- (D) CS-18 or CS-21 indicates that a completed Sterilization Consent Form (CS-18 for members aged 18 through 20; CS-21 form for members aged 21 and older) must be submitted. See 130 CMR 405.428 through 405.430 for more information.
- (E) CS-18* or CS-21* indicates that a completed Sterilization Consent Form (CS-18 for members aged 18 through 20; CS -21 form for members aged 21 and older) must be submitted except if the conditions of 130 CMR 405.430(D)(2) and (3) are met. See 130 CMR 405.428 through 405.430 for more information and other submission requirements.
- (F) HI-1: A completed Hysterectomy Information Form must be submitted. See 130 CMR 405.424 for more information..

602 Payable Radiology Service Codes

This section lists radiology service codes that are payable under MassHealth. For complete descriptions of the service codes listed, refer to the American Medical Association's latest *Current Procedural Terminology (CPT)* code book and to the HCPCS Level II code book (or the Centers for Medicare & Medicaid Services website at www.cms.gov).

70030	70240	70370	70488	70551
70100	70250	70371	70490	70552
70110	70260	70373	70491	70553
70120	70300	70380	70492	70554
70130	70310	70390	70540	70555
70134	70320	70450	70542	71010
70140	70328	70460	70543	71015
70150	70330	70470	70544	71020
70160	70332	70480	70545	71021
70190	70336	70481	70546	71022
70200	70350	70482	70547	71023
70210	70355	70486	70548	71030
70220	70360	70487	70549	71034

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71035	72195	73562	74250	75705
71100	72196	73564	74251	75710
71101	72197	73565	74260	75716
71110	72200	73580	74261 (PA)	75726
71111	72202	73590	74262 (PA)	75731
71120	72220	73592	74270	75733
71130	72240	73600	74280	75736
71550	72255	73610	74283	75741
71551	72265	73615	74290	75743
71555	72270	73620	74300	75746
72010	72275	73630	74301	75756
72020	72285	73650	74305	75774
72040	72295	73660	74320	75791
72050	73000	73700	74327	75801
72052	73010	73701	74330	75803
72069	73020	73702	74340	75805
72070	73030	73718	74355	75807
72072	73040	73719	74400	75809
72074	73050	73720	74410	75810
72080	73060	73721	74415	75820
72090	73070	73722	74420	75822
72100	73080	73723	74425	75825
72110	73085	73725	74430	75827
72114	73090	74000	74440	75831
72120	73092	74010	74445	75833
72125	73100	74020	74450	75840
72126	73110	74022	74455	75842
72127	73115	74150	74470	75860
72128	73120	74160	74475	75870
72129	73130	74170	74480	75872
72130	73140	74174	74485	75880
72131	73200	74176	74710	75885
72132	73201	74177	74740	75887
72133	73202	74178	74742	75889
72141	73218	74181	74775	75891
72142	73219	74182	75557	75893
72146	73220	74183	75559	75898
72147	73221	74185	75561	75901
72148	73222	74190	75563	75902
72149	73223	74210	75565	75945
72156	73500	74220	75572	75946
72157	73510	74230	75573	76000
72158	73520	74235	75574	76001
72170	73525	74240	75600	76010
72190	73530	74245	75605	76080
72192	73540	74246	75625	76098
72193	73550	74247	75630	76100
72194	73560	74249	75658	76101

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76102	76870	77086	78230	78597
76120	76872	77293	78231	78598
76125	76873	77299 (IC)	78232	78599 (IC)
76376	76881	77306	78258	78600
76377	76882	77307	78261	78601
76380	76885	77316	78262	78605
76499 (IC)	76886	77317	78264	78607
76506	76937	77318	78270	78608
76510	76942	77387 (IC)	78271	78609
76511	76945	77399 (IC)	78272	78610
76512	76946	77499 (IC)	78278	78630
76513	76948	77799 (IC)	78282	78635
76514	76965	78012	78290	78645
76516	76970	78013	78291	78647
76519	76977	78014	78299 (IC)	78650
76529	76999 (IC)	78015	78300	78660
76536	77001	78016	78305	78699 (IC)
76604	77002	78018	78306	78700
76641	77003	78020	78315	78701
76642	77011	78070	78320	78707
76700	77012	78071	78350	78708
76705	77013	78072	78399 (IC)	78709
76770	77014	78075	78414	78710
76775	77021	78099 (IC)	78428	78725
76776	77022	78102	78445	78730
76800	77051	78103	78451	78740
76801	77052	78104	78452	78761
76802	77053	78110	78453	78799 (IC)
76805	77054	78111	78454	78800
76810	77055	78120	78456	78801
76811	77056	78121	78457	78802
76812	77057	78122	78458	78803
76813	77058 (PA)	78130	78459	78804
76814	77059 (PA)	78135	78466	78805
76815	77061 (IC)	78140	78468	78806
76816	77062 (IC)	78185	78469	78807
76817	77063	78190	78472	78808
76818	77071	78191	78473	78811
76820	77072	78195	78481	78812
76821	77073	78199 (IC)	78483	78813
76825	77074	78201	78491	78814
76826	77075	78202	78492	78815
76827	77076	78205	78494	78816
76828	77077	78206	78496	78999 (IC)
76830	77078	78215	78499 (IC)	79999 (IC)
76831	77080	78216	78579	G0202
76856	77081	78226	78580	G0204
76857	77085	78227	78582	G0206

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G0279

603 Payable Laboratory Service Codes

This section lists laboratory service codes that are payable under MassHealth. For complete descriptions of the service codes listed, refer to the American Medical Association's latest *Current Procedural Terminology (CPT)* code book and to the HCPCS Level II code book (or the Centers for Medicare & Medicaid Services website at www.cms.gov).

80047	80195	81015	82143	82379
80048	80197	81020	82150	82380
80050	80198	81025	82154	82382
80051	80199	81050	82157	82383
80053	80200	81099 (IC)	82160	82384
80055	80201	81420 (IC)	82163	82387
80061	80202	81479 (IC)	82164	82390
80069	80203	81504	82172	82397
80074	80299	81507 (IC)	82175	82415
80076	80400	81519 (IC)	82180	82435
80103	80402	82000	82190	82436
80150	80406	82009	82232	82438
80155	80408	82010	82239	82441
80156	80410	82013	82240	82465
80157	80412	82016	82247	82480
80158	80414	82017	82248	82482
80159	80415	82024	82252	82485
80162	80416	82030	82261	82486
80163	80417	82040	82270	82487
80164	80418	82042	82271	82488
80165	80420	82043	82272	82489
80168	80422	82044	82274	82491
80169	80424	82045	82286	82492
80170	80426	82085	82300	82495
80171	80428	82088	82306	82507
80173	80430	82103	82308	82523
80175	80432	82104	82310	82525
80176	80434	82105	82330	82528
80177	80435	82106	82331	82530
80178	80436	82107	82340	82533
80180	80438	82108	82355	82540
80183	80439	82120	82360	82541
80184	80440	82127	82365	82542
80185	81000	82128	82370	82543
80186	81001	82131	82373	82544
80188	81002	82135	82374	82550
80190	81003	82136	82375	82552
80192	81005	82139	82376	82553
80194	81007	82140	82378	82554

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82565	82805	83065	83719	84110
82570	82810	83068	83721	84112
82575	82820	83069	83727	84119
82585	82930	83070	83735	84120
82595	82938	83071	83775	84126
82600	82941	83080	83785	84127
82607	82943	83088	83788	84132
82608	82945	83090	83789	84133
82610	82946	83150	83825	84134
82615	82947	83491	83835	84135
82626	82948	83497	83857	84138
82627	82950	83498	83861	84140
82633	82951	83499	83864	84143
82634	82952	83500	83866	84144
82638	82953	83505	83872	84146
82652	82955	83516	83873	84150
82656	82960	83518	83874	84152
82657	82963	83519	83876	84153
82658	82965	83520	83880	84154
82664	82975	83525	83883	84155
82668	82977	83527	83885	84156
82670	82978	83528	83915	84157
82671	82979	83540	83916	84160
82672	82980	83550	83918	84163
82677	82985	83570	83919	84165
82679	83001	83582	83921	84166
82693	83002	83586	83930	84181
82696	83003	83593	83935	84182
82705	83006	83605	83937	84202
82710	83008	83615	83945	84203
82715	83009	83625	83950	84206
82725	83010	83630	83951	84207
82726	83012	83631	83970	84210
82728	83013	83632	83986	84220
82731	83014	83633	83992	84228
82735	83015	83634	83993	84233
82746	83018	83655	84030	84234
82747	83020	83661	84035	84235
82757	83021	83662	84060	84238
82759	83026	83663	84066	84244
82760	83030	83664	84075	84252
82775	83033	83670	84078	84255
82776	83036	83690	84080	84260
82777	83037	83695	84081	84270
82784	83045	83698	84085	84275
82785	83050	83700	84087	84285
82787	83051	83701	84100	84295
82800	83055	83704	84105	84300
82803	83060	83718	84106	84302

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84305	84588	85301	85651	86304
84307	84590	85302	85652	86308
84311	84591	85303	85660	86309
84315	84597	85305	85670	86310
84375	84620	85306	85675	86316
84376	84630	85307	85705	86317
84377	84681	85335	85730	86318
84378	84702	85337	85732	86320
84379	84703	85345	85810	86325
84392	84704	85347	85999 (IC)	86327
84402	84999 (IC)	85348	86000	86329
84403	85002	85360	86001	86331
84425	85004	85362	86003	86332
84430	85007	85366	86005	86334
84432	85008	85370	86021	86335
84436	85009	85378	86022	86336
84437	85013	85379	86023	86337
84439	85014	85380	86038	86340
84442	85018	85384	86039	86341
84443	85025	85385	86060	86343
84445	85027	85390	86063	86344
84446	85032	85396	86140	86352
84449	85041	85397	86141	86353
84450	85044	85400	86146	86355
84460	85045	85410	86147	86356
84466	85046	85415	86148	86357
84478	85048	85420	86148	86357
84479	85048	85421	86152	86359
84480	85049	85441	86153	86360
84481	85055	85445	86155	86361
84482	85060	85460	86156	86367
84484	85097	85461	86157	86376
84485	85130	85475	86160	86378
84488	85170	85475	86161	86382
84490	85175	85520	86162	86384
84510	85210	85525	86162	86384
84512	85220	85530	86171	86386
84520	85220	85536	86185	86403
84525	85230	85540	86200	86406
84540	85240	85547	86215	86430
84545	85244	85549	86225	86431
84550	85245	85555	86226	86480
84560	85246	85557	86235	86481
84577	85247	85557	86235	86481
84578	85250	85576	86243	86485
84580	85260	85597	86255	86486
84583	85270	85598	86256	86490
84585	85280	85610	86277	86510
84586	85290	85611	86280	86590
	85291	85612	86294	86592
	85292	85613	86300	86593
	85293	85635	86301	86602
	85300			

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603 Payable Laboratory Service Codes (cont.)

86603	86707	86825	87081	87269
86606	86708	86826	87084	87270
86609	86709	86828	87086	87271
86611	86710	86829	87088	87272
86612	86711	86830	87101	87273
86615	86713	86831	87102	87274
86617	86717	86832	87103	87275
86618	86720	86833	87106	87276
86619	86723	86834	87107	87277
86622	86727	86835	87109	87278
86625	86729	86849 (IC)	87110	87279
86628	86732	86850	87116	87280
86631	86735	86860	87118	87281
86632	86738	86870	87140	87283
86635	86741	86880	87143	87285
86638	86744	86885	87147	87290
86641	86747	86886	87149	87299
86644	86750	86900	87152	87300
86645	86753	86901	87158	87301
86648	86756	86902	87164	87305
86651	86757	86904	87166	87320
86652	86759	86905	87168	87324
86653	86762	86906	87169	87327
86654	86765	86920	87172	87328
86658	86768	86921	87176	87329
86663	86771	86922	87177	87332
86664	86774	86923	87181	87335
86665	86777	86940	87184	87336
86666	86778	86941	87185	87337
86668	86780	86970	87186	87338
86671	86784	86971	87187	87339
86674	86787	86972	87188	87340
86677	86788	86975	87190	87341
86682	86789	86976	87197	87350
86684	86790	86977	87205	87380
86687	86793	86978	87206	87385
86688	86800	86999 (IC)	87207	87389
86689	86803	87001	87209	87390
86692	86804	87003	87210	87391
86694	86805	87015	87220	87400
86695	86806	87040	87230	87420
86696	86807	87045	87250	87425
86698	86808	87046	87252	87427
86701	86812	87070	87253	87430
86702	86813	87071	87254	87449
86703	86816	87073	87255	87450
86704	86817	87075	87260	87451
86705	86821	87076	87265	87470
86706	86822	87077	87267	87471

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603 Payable Laboratory Service Codes (cont.)

87472	87541	87900	88235	88364
87475	87542	87901	88237	88365
87476	87550	87902	88239	88366
87477	87551	87903	88240	88367
87480	87552	87904	88241	88368
87481	87555	87905	88245	88369
87482	87556	87906	88248	88371
87485	87557	87910	88249	88372
87486	87560	87912	88261	88373
87487	87561	87999 (PA)(IC)	88262	88374
87490	87562	88104	88263	88377
87491	87580	88106	88264	88380 (IC)
87492	87581	88108	88267	88381
87495	87582	88112	88269	88387
87496	87590	88120	88271	88388
87497	87591	88121	88272	88399 (IC)
87498	87592	88130	88273	88720
87500	87620	88140	88274	88740
87501	87621	88141	88275	88741
87502	87622	88142	88280	89049
87503	87623	88143	88283	89050
87505	87624	88147	88285	89051
87506	87625	88148	88289	89055
87507	87631	88150	88291	89060
87510	87632	88152	88299 (IC)	89125
87511	87633	88153	88300	89160
87512	87640	88154	88302	89190
87515	87641	88155	88304	89220 (IC)
87516	87650	88160	88305	89230 (IC)
87517	87651	88161	88307	89240 (IC)
87520	87652	88162	88309	89300
87521	87653	88164	88311	89310
87522	87660	88165	88312	89320
87525	87661	88166	88313	93000
87526	87797	86167	88314	93005
87527	87798	88172	88319	93010
87528	87799	88173	88341	93015
87529	87800	88174	88342	93016
87530	87801	88175	88344	93017
87531	87802	88177	88346	93018
87532	87803	88182	88347	93024
87533	87804	88184	88348	93040
87534	87806	88185	88355	93041
87535	87807	88187	88356	93042
87535	87808	88187	88356	93042
87536	87809	88188	88358	93224
87537	87810	88189	88360	93225
87538	87850	88199 (IC)	88361	93226
87539	87880	88230	88362	93227
87540	87899	88233	88363	93228

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603 Payable Laboratory Service Codes (cont.)

93229 (IC)	G6030	G6039	G6047	G6055
93268	G6031	G6040	G6048	G6056
93278	G6032	G6041	G6049	G6057
93724	G6034	G6042	G6050	G6058
93799 (IC)	G6035	G6043	G6051	P9604
G0027	G6036	G6044	G6052	
G0431	G6037	G6045	G6053	
G0434	G6038	G6046	G6054	

604 Payable Visit and Vaccine Service Codes

This section lists visit and vaccine service codes that are payable under MassHealth. For complete descriptions of the service codes listed, refer to the American Medical Association's latest *Current Procedural Terminology (CPT)* code book and to the HCPCS Level II code book (or the Centers for Medicare & Medicaid Services website at www.cms.gov).

When claiming payment for visits or vaccines, a CHC must bill according to the following service codes. A visit during which a member sees more than one professional for the same medical problem or general purpose must be claimed as only one visit. (See 130 CMR 405.421 for other requirements.)

(A) The following visit and associated service codes have special requirements or limitations.

Service

<u>Code</u>	<u>Modifier</u>	<u>Special Requirement or Limitation</u>
99188		Covered for children younger than age 21. The CHC may bill for a medical visit in addition to the fluoride varnish application only if fluoride varnish was not the sole service, treatment, or procedure provided during the visit.
D9450		Use only for dental enhancement fee. This code may only be billed once per date of service for each member receiving dental services on that date. The dental enhancement fee may not be billed for a fluoride varnish application separately or in addition to a medical visit.
J3490		Use for injectable and infusible drugs and devices supplied in the clinic. Do not use for medications and injectables related to family planning services. (IC)
T1015		Use for individual medical visit.
T1015	HQ	Use for group clinic visit.
90899		Use for individual mental health visit. (IC)
99050		Use for urgent care Monday through Friday from 5:00 P.M. to 6:59 A.M., and Saturday 7:00 A.M. to Monday 6:59 A.M. This code may be billed in addition to the individual medical visit.
99402		Use for HIV counseling visits.

(B) This section lists evaluation and management visit service codes that are payable under MassHealth. For complete descriptions of the service codes listed, refer to the American Medical Association's latest *Current Procedural Terminology (CPT)* code book and to the HCPCS Level II code book (or the Centers for Medicare & Medicaid Services website at www.cms.gov).

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99218	99226	99306	99327	99345 (IC)
99219	99231	99307	99334	99347
99220	99232	99308	99335	99348
99221	99233	99309	99336	99349
99222	99238	99310	99337	99350 (IC)
99223	99239	99324	99341	99460
99224	99304	99325	99342	99462
99225	99305	99326	99343	

The following vaccine administration service codes are payable in addition to the evaluation and management visit service codes in this Section 604(B), provided that the vaccine administration is a medically necessary, separately identifiable service. Under these circumstances, the CHC may append modifier 25 to the evaluation and management visit service code. See *MassHealth All Provider Bulletin 236* for additional information.

90460
90461
90471
90472
90473
90474

(C) The following vaccine service codes have special requirements or limitations.

<u>Service Code</u>	<u>Special Requirement or Limitation</u>
90630	Covered for adults ≥ 19 ; available free of charge through the Massachusetts Immunization Program for children under 19 years of age. (IC)
90632	Covered for adults ≥ 19 ; available free of charge through the Massachusetts Immunization Program for children under 19 years of age.
90636	Covered for adults ≥ 19 ; available free of charge through the Massachusetts Immunization Program for children under 19 years of age. (IC)
90649	Covered for members aged 19 to 26; available free of charge through the Massachusetts Immunization Program for children under 19 years of age.
90650	Covered for members aged 19 to 26; available free of charge through the Massachusetts Immunization Program for children under 19 years of age.
90651	Covered for members aged 19 to 26; available free of charge through the Massachusetts Immunization Program for children under 19 years of age. (IC)
90654	Covered for adults ≥ 19 ; available free of charge through the Massachusetts Immunization Program for children under 19 years of age. (IC)
90655	Only for privately purchased vaccine; vaccine must not otherwise be available free of charge through the Massachusetts Immunization Program.
90656	Covered for adults ≥ 19 ; available free of charge through the Massachusetts Immunization Program for children under 19 years of age.
90657	Only for privately purchased vaccine; vaccine must not otherwise be available free of charge through the Massachusetts Immunization Program.
90658	Covered for adults ≥ 19 ; available free of charge through the Massachusetts Immunization Program for children under 19 years of age.

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604 Payable Visit and Vaccine Service Codes (cont.)

Service

<u>Code</u>	<u>Special Requirement or Limitation</u>
90660	Covered for adults ≥ 19 ; available free of charge through the Massachusetts Immunization Program for children under 19 years of age.
90661	Covered for adults ≥ 19 ; available free of charge through the Massachusetts Immunization Program for children under 19 years of age. (IC)
90662	Covered for adults ≥ 19 ; available free of charge through the Massachusetts Immunization Program for children under 19 years of age. (IC)
90664	Covered for adults ≥ 19 ; available free of charge through the Massachusetts Immunization Program for children under 19 years of age. (IC)
90666	Covered for adults ≥ 19 ; available free of charge through the Massachusetts Immunization Program for children under 19 years of age. (IC)
90667	Covered for adults ≥ 19 ; available free of charge through the Massachusetts Immunization Program for children under 19 years of age. (IC)
90668	Covered for adults ≥ 19 ; available free of charge through the Massachusetts Immunization Program for children under 19 years of age. (IC)
90670	Covered for adults ≥ 19 ; available free of charge through the Massachusetts Immunization Program for children under 19 years of age. (IC)
90672	Covered for members aged 19 to 49; available free of charge through the Massachusetts Immunization Program for children under 19 years of age. (IC)
90673	Covered for adults ≥ 19 ; available free of charge through the Massachusetts Immunization Program for children under 19 years of age. (IC)
90686	Covered for adults ≥ 19 ; available free of charge through the Massachusetts Immunization Program for children under 19 years of age. (IC)
90688	Covered for adults ≥ 19 ; available free of charge through the Massachusetts Immunization Program for children under 19 years of age. (IC)
90707	Covered for adults ≥ 19 ; available free of charge through the Massachusetts Immunization Program for children under 19 years of age.
90713	Covered for adults ≥ 19 ; available free of charge through the Massachusetts Immunization Program for children under 19 years of age.
90714	Covered for adults ≥ 19 ; available free of charge through the Massachusetts Immunization Program for children under 19 years of age.
90715	Covered for adults ≥ 19 ; available free of charge through the Massachusetts Immunization Program for children under 19 years of age.
90716	Covered for adults ≥ 19 ; available free of charge through the Massachusetts Immunization Program for children under 19 years of age.
90732	Covered for adults ≥ 19 ; available free of charge through the Massachusetts Immunization Program for children under 19 years of age.
90733	Covered for adults ≥ 19 ; available free of charge through the Massachusetts Immunization Program for children under 19 years of age.
90734	Covered for adults ≥ 19 ; available free of charge through the Massachusetts Immunization Program for children under 19 years of age. (IC)
90736	(IC); PA is required for members < age 50.
90746	Covered for adults ≥ 19 ; available free of charge through the Massachusetts Immunization Program for children under 19 years of age.

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605 Payable Obstetrics Service Codes

This section lists obstetrics service codes that are payable under MassHealth. For complete descriptions of the service codes listed, refer to the American Medical Association's latest *Current Procedural Terminology (CPT)* code book (or the Centers for Medicare & Medicaid Services website at www.cms.gov).

See 130 CMR 405.422 through 405.426 for other requirements.

(A) Fee-for-Service Deliveries

59409	59515	59614
59410	59525 (HI-1 form required)	59620
59414	59612	59622
59514		

(B) Global Deliveries

59400	59510	59610	59618
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606 Payable Surgery Service Codes

This section lists surgery service codes that are payable under MassHealth. For complete descriptions of the service codes listed, refer to the American Medical Association's latest *Current Procedural Terminology (CPT)* code book (or the Centers for Medicare & Medicaid Services website at www.cms.gov).

44955	58180 (HI-1 form required; PA	58615 (CS-18 or CS-21 required)
49255	for Gender Dysphoria-	58660
49320	Related Services Only)	58661 (CS-18* or CS-21*
54057	58353	required; PA for Gender
54150	58541 (HI-1 form required; PA	Dysphoria-Related
54160	for Gender Dysphoria-	Services Only)
55250 (CS-18 or CS-21 required)	Related Services Only)	58670 (CS-18 or CS-21 required)
(SP)	58542 (HI-1 form required; PA	58671 (CS-18 or CS-21 required)
55450 (CS-18 or CS-21 required)	for Gender Dysphoria-	58700
(SP)	Related Services Only)	58720 (CS-18* or CS-21*
56420	58543 (HI-1 form required; PA	required; PA for Gender
56440	for Gender Dysphoria-	Dysphoria-Related
57240	Related Services Only)	Services Only)
57250	58544 (HI-1 form required; PA	58940
57260	for Gender Dysphoria-	59000
57520	Related Services Only)	59012
57522	58555	59015
57700	58558	59025
58120	58560	59870
58140	58561	
58146	58600 (CS-18 or CS-21 required)	
58150 (HI-1 form required; PA	58605 (CS-18 or CS-21 required)	
for Gender Dysphoria-	(SP)	
Related Services Only)	58611 (CS-18 or CS-21 required)	

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607 Payable Nurse-Midwife Service Codes

This section lists nurse-midwife service codes that are payable under MassHealth. For complete descriptions of the service codes listed, refer to the American Medical Association's latest *Current Procedural Terminology (CPT)* code book and to the HCPCS Level II code book (or the Centers for Medicare & Medicaid Services website at www.cms.gov).

See 130 CMR 405.427 for requirements. When billing for delivery services performed by a nurse midwife, the provider must use a modifier.

Service

<u>Code</u>	<u>Modifier</u>	<u>Special Requirement or Limitation</u>
T1015	TH	Use for a medical visit with a nurse midwife for a prenatal or postpartum service.
59400		
59409		
59410		
59414		
59610		
59612		
59614		

608 Payable Audiology Service Codes

This section lists audiology service codes that are payable under MassHealth. For complete descriptions of the service codes listed, refer to the American Medical Association's latest *Current Procedural Terminology (CPT)* code book (or the Centers for Medicare & Medicaid Services website at www.cms.gov).

See 130 CMR 405.461 through 405.463 for other requirements.

- 92551
- 92552
- 92553
- 92567

609 Payable Early and Periodic Screening, Diagnosis and Treatment (EPSDT): Health Assessment Service Codes

This section lists Early and Periodic Screening, Diagnosis and Treatment (EPSDT): Health Assessment service codes that are payable under MassHealth. For complete descriptions of the service codes listed, refer to the American Medical Association's latest *Current Procedural Terminology (CPT)* code book (or the Centers for Medicare & Medicaid Services website at www.cms.gov).

See 130 CMR 450.140 through 450.149 for other requirements.

99381	99383	99385	99392	99394
99382	99384	99391	99393	99395

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610 Payable Early and Periodic Screening, Diagnosis and Treatment (EPSDT): Audiometric Hearing and Vision Test Service Codes

This section lists Early and Periodic Screening, Diagnosis and Treatment (EPSDT): Audiometric Hearing and Vision Test service codes that are payable under MassHealth. For complete descriptions of the service codes listed, refer to the American Medical Association's latest *Current Procedural Terminology (CPT)* code book (or the Centers for Medicare & Medicaid Services website at www.cms.gov).

92551
92552
92587
99173

611 Payable Tobacco Cessation Service Codes

This section lists tobacco cessation service codes that are payable under MassHealth. For complete descriptions of the service codes listed, refer to the American Medical Association's latest *Current Procedural Terminology (CPT)* code book (or the Centers for Medicare & Medicaid Services website at www.cms.gov).

Service

<u>Code</u>	<u>Modifier</u>	<u>Special Requirement or Limitation</u>
99407		at least 30 minutes; eligible providers are physicians employed by community health centers.
99407	HN	at least 30 minutes; eligible providers are physician assistants employed by community health centers.
99407	HQ	for an individual in a group setting, 60-90 minutes; eligible providers are physicians employed by community health centers.
99407	SA	at least 30 minutes; eligible providers are nurse practitioners employed by community health centers.
99407	SB	at least 30 minutes; eligible providers are nurse midwives employed by community health centers.
99407	TD	at least 30 minutes; eligible providers are registered nurses employed by community health centers.
99407	TF	intake assessment for an individual, at least 45 minutes; eligible providers are physicians employed by community health centers.
99407	U1	at least 30 minutes; eligible providers are tobacco cessation counselors employed by community health centers.
99407	U2	intake assessment for an individual, at least 45 minutes; eligible providers are nurse practitioner, nurse midwife, physician assistant, registered nurse, and tobacco cessation counselor.
99407	U3	for an individual in a group setting, 60-90 minutes; eligible providers are nurse practitioners, nurse midwives, physician assistants, registered nurses, and tobacco cessation counselors.

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612 Payable Medical Nutrition Therapy and Diabetes Self-Management Training Service Codes

This section lists medical nutrition therapy and diabetes self-management training service codes that are payable under MassHealth. For complete descriptions of the service codes listed, refer to the American Medical Association’s latest *Current Procedural Terminology (CPT)* code book and to the HCPCS Level II code book (or the Centers for Medicare & Medicaid Services website at www.cms.gov).

G0108
G0109
G0270
G0271
97802
97803
97804

613 Payable Behavioral Health Screening Tool Service Codes

This section lists behavioral health screening tool service codes that are payable under MassHealth. For complete descriptions of the service codes listed, refer to the American Medical Association’s latest *Current Procedural Terminology (CPT)* code book (or the Centers for Medicare & Medicaid Services website at www.cms.gov).

The administration and scoring of standardized behavioral-health screening tools selected from the approved menu of tools found in [Appendix W](#) of your MassHealth provider manual is covered for members (except MassHealth Limited) from birth to 21 years of age.

Service

<u>Code</u>	<u>Modifier</u>	<u>Special Requirement or Limitation</u>
96110	U1	Covered for members birth to 21 for the administration and scoring of a standardized behavioral health screening tool from the approved menu of tools found in Appendix W of your MassHealth provider manual; with no behavioral health need identified* (Eligible providers are physicians employed by community health centers.)
96110	U2	Covered for members birth to 21 for the administration and scoring of a standardized behavioral health screening tool from the approved menu of tools found in Appendix W of your MassHealth provider manual; and behavioral health need identified* (Eligible providers are physicians employed by community health centers.)
96110	U3	Covered for members birth to 21 for the administration and scoring of a standardized behavioral health screening tool from the approved menu of tools found in Appendix W of your MassHealth provider manual; with no behavioral health need identified* (Eligible providers are nurse midwives employed by community health centers.)
96110	U4	Covered for members birth to 21 for the administration and scoring of a standardized behavioral health screening tool from the approved menu of tools found in Appendix W of your MassHealth provider manual; and behavioral health need identified* (Eligible providers are nurse midwives employed by community health centers.)
96110	U5	Covered for members birth to 21 for the administration and scoring of a standardized behavioral health screening tool from the approved menu of tools found in Appendix W of your MassHealth provider manual; with no behavioral health need identified* (Eligible providers are nurse practitioners employed by community health centers.)

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613 Payable Behavioral Health Screening Tool Service Codes (cont.)

Service

Code Modifier Special Requirement or Limitation

96110	U6	Covered for members birth to 21 for the administration and scoring of a standardized behavioral health screening tool from the approved menu of tools found in Appendix W of your MassHealth provider manual; and behavioral health need identified* (Eligible providers are nurse practitioners employed by community health centers.)
96110	U7	Covered for members birth to 21 for the administration and scoring of a standardized behavioral health screening tool from the approved menu of tools found in Appendix W of your MassHealth provider manual; with no behavioral health need identified* (Eligible providers are physician assistants employed by community health centers.)
96110	U8	Covered for members birth to 21 for the administration and scoring of a standardized behavioral health screening tool from the approved menu of tools found in Appendix W of your MassHealth provider manual; and behavioral health need identified* (Eligible providers are physician assistants employed by community health centers.)

* “Behavioral health need identified” means the provider administering the screening tool, in his or her professional judgment, identifies a child with a potential behavioral health services need.

614 Payable Acupuncture Service Codes

This section lists acupuncture service codes that are payable under MassHealth. For complete descriptions of the service codes listed, refer to the American Medical Association’s latest *Current Procedural Terminology (CPT)* code book (or the Centers for Medicare & Medicaid Services website at www.cms.gov).

- 97810
- 97811
- 97813
- 97814

615 Modifiers

The following service code modifiers are allowed for billing under MassHealth.

Modifier Description

24	Unrelated evaluation and management service by the same physician during postoperative period.
25	Significant, separately identifiable evaluation and management service by the same physician or other qualified health care professional on the same day of the procedure or other service
26	Professional Component
50	Bilateral procedure
51	Multiple procedures
54	Surgical care only

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615 Modifiers (cont.)

Modifier Description

57	Decision for Surgery
58	Staged or related procedure or service by the same physician or other qualified health care professional during the postoperative period.
59	Distinct procedural service.
62	Two surgeons
66	Surgical team
78	Unplanned return to the operating/procedure room by the same physician or other qualified health care professional following initial procedure for a related procedure during the postoperative period.
79	Unrelated procedure or service by the same physician or other qualified health care professional during the postoperative period.
80	Assistant surgeon
82	Assistant surgeon (when qualified resident surgeon not available)
91	Repeat clinical diagnostic laboratory test.
99	Multiple modifiers
LT	Left side (used to identify procedures performed on the left side of the body).
RT	Right side (used to identify procedures performed on the right side of the body).
TC	Technical Component
XE	Separate Encounter: a service that is distinct because it occurred during a separate encounter
XP	Separate Practitioner: a service that is distinct because it was performed by a different practitioner
XS	Separate Structure: a service that is distinct because it was performed on a separate organ/structure
XU	Unusual Non-Overlapping Service: the use of a service that is distinct because it does not overlap usual components of the main service

The following modifiers are for Provider Preventable Conditions that are National Coverage Determinations

Modifier Description

PA	Surgical or other invasive procedure on wrong body part
PB	Surgical or other invasive procedure on wrong patient
PC	Wrong surgery or other invasive procedure on patient

For more information on the use of these modifiers, see Appendix V of your provider manual.

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.

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