



**MassHealth**  
**Limited Services Clinic Bulletin 5**  
**March 2018**

**TO:** Limited Services Clinics Participating in MassHealth

**FROM:** Daniel Tsai, Assistant Secretary for MassHealth

**RE: Updates to Vaccine Service Codes and Descriptions**

### **Background**

This bulletin transmits additions and updates to the vaccine service codes payable for MassHealth's limited services clinics (LSCs). These changes are effective for dates of service on or after January 1, 2018.

The Massachusetts Department of Public Health (DPH) is authorized to license LSCs under M.G.L. c. 111, sec. 51J and 52, and regulations at 105 CMR 140.1000. Pursuant to these regulations, LSCs are licensed to provide a limited set of medical services and may not serve as a member's primary care or provide treatment to children younger than the age specified by statute and regulation. See M.G.L. c. 111, Section 51J, and 105 CMR 140.1000, as amended.

### **Definition: Limited Services Clinic Services**

MassHealth LSC services must be furnished in an LSC setting, and are a prescribed set of diagnostic and treatment services provided to a MassHealth member that:

- (1) require only a focused history and physical examination but not venipuncture;
- (2) may make use of only Clinical Laboratory Improvement Act (as amended) waived tests;
- (3) may be provided within the scope of practice of a licensed nurse practitioner individually enrolled in MassHealth using available facilities and equipment (M.G.L. c. 111 sec. 52);
- (4) are for episodic, urgent care related to an illness or for immunizations;
- (5) are included in the list of services submitted to the Massachusetts Department of Public Health (DPH), pursuant to 105 CMR 140.103(F) and approved by DPH; and
- (6) are included in the list of services and codes approved for payment to LSCs by MassHealth.

### **Vaccines Provided in an LSC**

MassHealth pays for the administration of vaccines if administered separately from a visit. Free-of-charge vaccines supplied by the DPH are not reimbursable by MassHealth. (See 130 CMR 433.413(C)).

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**Vaccines Provided in an LSC (cont.)**

Information about the availability of DPH-supplied vaccines can be found at the following DPH website: [www.mass.gov/orgs/department-of-public-health](http://www.mass.gov/orgs/department-of-public-health).

MassHealth will reimburse LSCs for vaccines that are not supplied by DPH and that are identified in the section of this bulletin that lists MassHealth LSC service codes. According to DPH regulations at 105 CMR 140.1001(E)(3), no LSC may provide childhood immunizations (excluding influenza vaccine) unless such clinic is a satellite of or otherwise affiliated with a health care facility licensed pursuant to M.G.L. c. 111, § 51, an Accountable Care Organization or provider organization subject to M.G.L. c. 6D, or other licensed practitioners.

**LSC Service Codes**

The following service codes are the only payable codes for MassHealth LSC providers.

Service Code	Service Description
69210	Removal impacted cerumen (separate procedure), one or both ears
86308	Heterophile antibodies; screening
87650	Infectious agent detection by nucleic acid (DNA or RNA); Streptococcus, group A, direct probe technique
87804	Infectious agent antigen detection by immunoassay with direct optical observation; Influenza
87880	Infectious agent detection by immunoassay with direct optical observation; Streptococcus, group A
90471	Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); one vaccine (single or combination vaccine/toxoid)
90472	Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); each additional vaccine (single or combination vaccine/toxoid) (List separately in addition to code for primary procedure)
90620	Meningococcal recombinant protein and outer membrane vesicle vaccine, serogroup B (MenB-4C), 2 dose schedule, for intramuscular use
90621	Meningococcal recombinant lipoprotein vaccine, serogroup B (MenB-FHbp), 2 or 3 dose schedule, for intramuscular use
90632	Hepatitis A vaccine, adult dosage, for intramuscular use (covered for adults 19 years or older; available free of charge through the Massachusetts Immunization Program for children aged two through 18 years)
90633	Hepatitis A vaccine (HepA), pediatric/adolescent dosage-2 dose schedule, for intramuscular use
90634	Hepatitis A vaccine (HepA), pediatric/adolescent dosage-3 dose schedule, for intramuscular use
90636	Hepatitis A and hepatitis B vaccine (HepA-HepB), adult dosage, for intramuscular use
90656	Influenza virus vaccine, split virus, preservative free, when administered to individuals three years and older, for intramuscular use
90662	Influenza virus vaccine, derived from cell cultures, subunit, preservative and antibiotic free, for intramuscular use. (I.C.)
90658	Influenza virus vaccine, split virus, when administered to individuals three years of age and older, for intramuscular use
90686	Influenza virus vaccine, quadrivalent, split virus, preservative free, when administered to children 6-35 months of age, for intramuscular use. (I.C.)

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**LSC Service Codes (cont.)**

Service Code	Service Description
90688	Influenza virus vaccine, quadrivalent, split virus, when administered to individuals three years of age and older, for intramuscular use.
90715	Tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap), when administered to individuals seven years or older, for intramuscular use (covered for adults 19 years or older; available free of charge through the Massachusetts Immunization Program for children seven through 18 years of age)
90732	Pneumococcal polysaccharide vaccine, 23-valent, adult or immunosuppressed patient dosage, when administered to individuals two years or older, for subcutaneous or intramuscular use (covered for adults 19 years or older; available free of charge through the Massachusetts Immunization Program for children aged two through 18 years)
90733	Meningococcal polysaccharide vaccine (any group(s)), for subcutaneous use
90734	Meningococcal conjugate vaccine, serogroups A, C, Y and W -135 (tetravalent), for intramuscular use (covered for adults 19 years and older; available free of charge through the Massachusetts Immunization Program for children aged two through 18) I.C.(claim requires individual consideration)
90746	Hepatitis B vaccine, adult dosage, for intramuscular use
92567	Tympanometry (impedance testing)
99201	Office or other outpatient 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 self limited or minor. Physicians (or nurse practitioners) typically spend 10 minutes face-to-face with the patient and/or family.
99202	Office or other outpatient 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 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 to moderate severity. Physicians (or nurse practitioners) typically spend 20 minutes face-to-face with the patient and/or family.
99203	Office or other outpatient 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 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 (or nurse practitioners) typically spend 30 minutes face-to-face with the patient and/or family.
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. Typically, five minutes are spent performing or supervising these services.
99212	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of 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 self-limited or minor. Physicians (or nurse practitioners) typically spend 10 minutes face-to-face with the patient and/or family.

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**LSC Service Codes (cont.)**

<b>Service Code</b>	<b>Service Description</b>
99213	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: an expanded problem focused history; an expanded problem focused examination; and medical decision making of low complexity. Counseling and 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 (or nurse practitioners) typically spend 15 minutes face-to-face with the patient and/or family.

**Service Limitations**

All LSCs participating in MassHealth must comply with the regulations governing MassHealth, including but not limited to 130 CMR 450.000. MassHealth members who are participants in the Primary Care Clinician (PCC) Plan do not require a referral from a PCC for LSC services. MassHealth members who are enrolled in a Primary Care Accountable Care Organization do not require a referral from a participating Primary Care Provider for LSC services.

In addition, MassHealth policy prohibits providers from billing for more than one service for the same member on the same date if the services are provided at the same location. (See 130 CMR 433.413(A).)

An LSC may bill for an office (clinic) visit or a treatment/procedure, but may not bill for both categories of service (office/clinic visit and treatment/procedure) for the same member on the same date when the office (clinic) visit and the treatment or procedure are performed in the same location.

Also according to MassHealth policy, when an immunization or injection is the primary purpose of an office (clinic) visit, the LSC may bill only for the injectable material and its administration and not for a visit code. However, when the immunization or injection is not the primary purpose of the office (clinic) visit, the LSC may bill for both the visit and the injectable material, but not for its administration. (See 130 CMR 433.413(B) and 433.413(C).)

**Member Eligibility**

According to MassHealth regulations at 130 CMR 450.231, a provider is responsible for verifying member eligibility before the delivery of a service. Providers must also ensure that the services provided are covered under the individual's MassHealth coverage type before service delivery. According to DPH regulations at 105 CMR 140.1001(A)(2), no LSC may provide treatment to children younger than specified by DPH, currently 18 months old. Information relating to member eligibility checks and coverage types is available on the MassHealth website at [www.mass.gov/masshealth-for-providers](http://www.mass.gov/masshealth-for-providers).

### **Billing Instructions**

This bulletin is available on the MassHealth website at [www.mass.gov/masshealth-provider-bulletins](http://www.mass.gov/masshealth-provider-bulletins).

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

### **Recordkeeping Requirements (Medical Records)**

LSCs are governed by MassHealth recordkeeping provisions at 130 CMR 450.205 and DPH regulations at 105 CMR 140.302. In addition, DPH regulations at 105 CMR 140.1001(G) state that the LSC must provide a copy of the medical record to the MassHealth member at the end of the visit or as soon as available, and, with the member's consent, provide a facsimile or electronically transmitted copy of the medical record of the visit to the member's primary care practitioner, if any. Such copies or transmissions must be provided at no charge to the member.

### **Fee Schedule**

Service codes noted above are within the current Executive Office of Health and Human Services fee schedules at 101 CMR 317.00: *Medicine*; 101 CMR 316.00: *Surgery and Anesthesia Services*; and 101 CMR 320.00: *Clinical Laboratory Services*.

Services provided by licensed nurse practitioners and billed by LSCs are paid according to the applicable mid-level fee schedule.

### **Questions**

If you have any questions about the information in this bulletin, please contact the MassHealth Customer Service Center at 1-800-841-2900, email your question to [providersupport@mahealth.net](mailto:providersupport@mahealth.net), or fax your inquiry to 617-988-8974.