



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



MassHealth
Transmittal Letter CHC-111
September 2018

TO: Community Health Centers Participating in MassHealth
FROM: Daniel Tsai, Assistant Secretary for MassHealth
RE: *Community Health Center Manual* 2018 HCPCS Code Updates

This letter transmits revisions to Subchapter 6 of the *Community Health Center Manual*.

2018 HCPCS/CPT Updates

The Centers for Medicare & Medicaid Services (CMS) has revised the Healthcare Common Procedure Coding System (HCPCS) codes for 2018. MassHealth has updated Subchapter 6 of the *Community Health Center Manual* to incorporate those 2018 HCPCS/CPT service codes updates, as applicable. Providers must use the new codes to obtain reimbursement **for dates of service on or after January 1, 2018**.

Participating Community Health Centers (CHCs) must refer to the American Medical Association's *Current Procedural Terminology (CPT)* 2018 codebook or the Healthcare Procedure Coding System (HCPCS) Level II codebook for 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, including but not limited to 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*.

Billing for Service at School Based Sites

Effective immediately, when billing for services provided in a school based setting, CHCs should enter the place of service (POS) code 03 in the appropriate data field on the claim to indicate where the service was rendered.

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

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

Questions

If you have any questions about the information in this transmittal letter, please contact the MassHealth Customer Service Center at 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 6-1 through 6-18

OBSOLETE MATERIAL

(The pages listed here are no longer in effect.)

Community Health Center Manual

Pages 6-1 through 6-14 — transmitted by Transmittal Letter CHC-109

Pages 6-15 through 6-20 — transmitted by Transmittal Letter CHC-110

Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title 6. Service Codes and Descriptions	Page 6-1
Community Health Center Manual	Transmittal Letter CHC-111	Date 01/01/18

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)* codebook and to the HCPCS Level II codebook (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 for more information.
- (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.

Note: Rates paid by MassHealth for covered codes under this Appendix T for drugs, vaccines, and immune globulins administered in a provider's office are as specified in 101 CMR 317.00: *Medicine*. Subject to any other applicable provision in 101 CMR 317.00, the payment rates for these MassHealth-covered codes for drugs, vaccines and immune globulins administered in the provider's office, are equal to the fees listed in the Quarterly Average Sales Price (ASP) Medicare Part B Drug Pricing File (see 101 CMR 317.03(1)(c)2 and 317.04(1)(a)). For applicable codes for drugs, vaccines, and immune globulins administered in a provider's office that are listed in Section 604 below with "IC", payment set by IC will apply until such time as the code is listed and a rate set in the Quarterly ASP Medicare Part B Drug Pricing File, consistent with 101 CMR 317.04(1)(a).

602 Payable Radiology Service Codes

This section lists radiology service codes that are payable under MassHealth.

70030	70110	70130	70140	70160
70100	70120	70134	70150	70190

Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title 6. Service Codes and Descriptions	Page 6-2
Community Health Center Manual	Transmittal Letter CHC-111	Date 01/01/18

602 Payable Radiology Service Codes (cont.)

70200	71048	72195	73560	74250
70210	71100	72196	73562	74251
70220	71101	72197	73564	74260
70240	71110	72200	73565	74261 (PA)
70250	71111	72202	73580	74262 (PA)
70260	71120	72220	73590	74270
70300	71130	72240	73592	74280
70310	71550	72255	73600	74283
70320	71551	72265	73610	74290
70328	71555	72270	73615	74300
70330	72010	72275	73620	74301
70332	72020	72285	73630	74330
70336	72040	72295	73650	74340
70350	72050	73000	73660	74355
70355	72070	73010	73700	74400
70360	72072	73020	73701	74410
70370	72074	73030	73702	74415
70371	72080	73040	73718	74420
70380	72081	73050	73719	74425
70390	72082	73060	73720	74430
70450	72083	73070	73721	74440
70460	72084	73080	73722	74445
70470	72100	73085	73723	74450
70480	72110	73090	73725	74455
70481	72114	73092	74018	74470
70482	72120	73100	74019	74485
70486	72125	73110	74021	74710
70487	72126	73115	74022	74712
70488	72127	73120	74150	74713
70490	72128	73130	74160	74740
70491	72129	73140	74170	74742
70492	72130	73200	74174	74775
70540	72131	73201	74176	75557
70542	72132	73202	74177	75559
70543	72133	73218	74178	75561
70544	72141	73219	74181	75563
70545	72142	73220	74182	75565
70546	72146	73221	74183	75572
70547	72147	73222	74185	75573
70548	72148	73223	74190	75574
70549	72149	73501	74210	75600
70551	72156	73502	74220	75605
70552	72157	73503	74230	75625
70553	72158	73521	74235	75630
70554	72170	73522	74240	75705
70555	72190	73523	74245	75710
71045	72192	73525	74246	75716
71046	72193	73551	74247	75726
71047	72194	73552	74249	75731

Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title 6. Service Codes and Descriptions	Page 6-3
Community Health Center Manual	Transmittal Letter CHC-111	Date 01/01/18

602 Payable Radiology Service Codes (cont.)

75733	76511	76945	77768	78270
75736	76512	76946	77770	78271
75741	76513	76948	77771	78272
75743	76514	76965	77772	78278
75746	76516	76970	77799 (IC)	78282
75756	76519	76977	78012	78290
75774	76529	76999 (IC)	78013	78291
75801	76536	77001	78014	78299 (IC)
75803	76604	77002	78015	78300
75805	76641	77003	78016	78305
75807	76642	77011	78018	78306
75809	76700	77012	78020	78315
75810	76705	77013	78070	78320
75820	76706	77014	78071	78350
75822	76770	77021	78072	78399 (IC)
75825	76775	77022	78075	78414
75827	76776	77053	78099 (IC)	78428
75831	76800	77054	78102	78445
75833	76801	77058 (PA)	78103	78451
75840	76802	77059 (PA)	78104	78452
75842	76805	77061 (IC)	78110	78453
75860	76810	77062 (IC)	78111	78454
75870	76811	77063	78120	78456
75872	76812	77065	78121	78457
75880	76813	77066	78122	78458
75885	76814	77067	78130	78459
75887	76815	77071	78135	78466
75889	76816	77072	78140	78468
75891	76817	77073	78185	78469
75893	76818	77074	78191	78472
75898	76820	77075	78195	78473
75901	76821	77076	78199 (IC)	78481
75902	76825	77077	78201	78483
76000	76826	77078	78202	78491
76001	76827	77080	78205	78492
76010	76828	77081	78206	78494
76080	76830	77085	78215	78496
76098	76831	77086	78216	78499 (IC)
76100	76856	77293	78226	78579
76101	76857	77299 (IC)	78227	78580
76102	76870	77306	78230	78582
76120	76872	77307	78231	78597
76125	76873	77316	78232	78598
76376	76881	77317	78258	78599 (IC)
76377	76882	77318	78261	78600
76380	76885	77387 (IC)	78262	78601
76499 (IC)	76886	77399 (IC)	78264	78605
76506	76937	77499 (IC)	78265	78607
76510	76942	77767	78266	78608

Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title 6. Service Codes and Descriptions	Page 6-4
Community Health Center Manual	Transmittal Letter CHC-111	Date 01/01/18

602 Payable Radiology Service Codes (cont.)

78609	78699 (IC)	78730	78804	78814
78610	78700	78740	78805	78815
78630	78701	78761	78806	78816
78635	78707	78799 (IC)	78807	78999 (IC)
78645	78708	78800	78808	79999 (IC)
78647	78709	78801	78811	
78650	78710	78802	78812	
78660	78725	78803	78813	

603 Payable Laboratory Service Codes

This section lists CPT codes and HCPCS Level II codes that are payable under MassHealth.

80047	80190	80438	82013	82190
80048	80192	80439	82016	82232
80050	80194	80440	82017	82239
80051	80195	81000	82024	82240
80053	80197	81001	82030	82247
80055	80198	81002	82040	82248
80061	80199	81003	82042	82252
80069	80200	81005	82043	82261
80074	80201	81007	82044	82270
80076	80202	81015	82045	82271
80081	80203	81020	82085	82272
80150	80299	81025	82088	82274
80155	80305	81050	82103	82286
80156	80306	81099 (IC)	82104	82300
80157	80307	81162 (PA)	82105	82306
80158	80400	81170	82106	82308
80159	80402	81211 (PA)	82107	82310
80162	80406	81211-59 (PA)	82108	82330
80163	80408	81212 (PA)	82120	82331
80164	80410	81215 (PA)	82127	82340
80165	80412	81217 (PA)	82128	82355
80168	80414	81218	82131	82360
80169	80415	81219	82135	82365
80170	80416	81228 (PA)	82136	82370
80171	80417	81229 (PA)	82139	82373
80173	80418	81272	82140	82374
80175	80420	81273	82143	82375
80176	80422	81276	82150	82376
80177	80424	81311	82154	82378
80178	80426	81314	82157	82379
80180	80428	81420 (PA)	82160	82380
80183	80430	81479 (IC)	82163	82382
80184	80432	81507 (PA)	82164	82383
80185	80434	81519 (PA)	82172	82384
80186	80435	82009	82175	82387
80188	80436	82010	82180	82390

Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title 6. Service Codes and Descriptions	Page 6-5
Community Health Center Manual	Transmittal Letter CHC-111	Date 01/01/18

603 Payable Laboratory Service Codes (cont.)

82397	82693	83003	83625	83970
82415	82696	83006	83630	83986
82435	82705	83008	83631	83992
82436	82710	83009	83632	83993
82438	82715	83010	83633	84030
82441	82725	83012	83655	84035
82465	82726	83013	83661	84060
82480	82728	83014	83662	84066
82482	82731	83015	83663	84075
82485	82735	83018	83664	84078
82495	82746	83020	83670	84080
82507	82747	83021	83690	84081
82523	82757	83026	83695	84085
82525	82759	83030	83698	84087
82528	82760	83033	83700	84100
82530	82775	83036	83701	84105
82533	82776	83037	83704	84106
82540	82777	83045	83718	84110
82542	82784	83050	83719	84112
82550	82785	83051	83721	84119
82552	82787	83060	83727	84120
82553	82800	83065	83735	84127
82554	82803	83068	83775	84132
82565	82805	83069	83785	84133
82570	82810	83070	83789	84134
82575	82820	83080	83825	84135
82585	82930	83088	83835	84138
82595	82938	83090	83857	84140
82600	82941	83150	83861	84143
82607	82943	83491	83864	84144
82608	82945	83497	83866	84146
82610	82946	83498	83872	84150
82615	82947	83500	83873	84152
82626	82948	83505	83874	84153
82627	82950	83516	83876	84154
82633	82951	83518	83880	84155
82634	82952	83519	83883	84156
82638	82953	83520	83885	84157
82652	82955	83525	83915	84160
82656	82960	83527	83916	84163
82657	82963	83528	83918	84165
82658	82965	83540	83919	84166
82664	82975	83550	83921	84181
82668	82977	83570	83930	84182
82670	82978	83582	83935	84202
82671	82979	83586	83937	84203
82672	82985	83593	83945	84206
82677	83001	83605	83950	84207
82679	83002	83615	83951	84210

Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title 6. Service Codes and Descriptions	Page 6-6
Community Health Center Manual	Transmittal Letter CHC-111	Date 01/01/18

603 Payable Laboratory Service Codes (cont.)

84220	84488	85210	85525	86161
84228	84490	85220	85530	86162
84233	84510	85230	85536	86171
84234	84512	85240	85540	86200
84235	84520	85244	85547	86215
84238	84525	85245	85549	86225
84244	84540	85246	85555	86226
84252	84545	85247	85557	86235
84255	84550	85250	85576	86243
84260	84560	85260	85597	86255
84270	84577	85270	85598	86256
84275	84578	85280	85610	86277
84285	84580	85290	85611	86280
84295	84583	85291	85612	86294
84300	84585	85292	85613	86300
84302	84586	85293	85635	86301
84305	84588	85300	85651	86304
84307	84590	85301	85652	86308
84311	84591	85302	85660	86309
84315	84597	85303	85670	86310
84375	84620	85305	85675	86316
84376	84630	85306	85705	86317
84377	84681	85307	85730	86318
84378	84702	85335	85732	86320
84379	84703	85337	85732	86320
84392	84704	85345	85810	86325
84402	84704	85347	85999 (IC)	86327
84403	84999 (IC)	85348	86000	86329
84425	85002	85360	86001	86331
84430	85004	85362	86003	86332
84432	85007	85366	86005	86334
84436	85008	85370	86008	86335
84437	85009	85378	86021	86336
84439	85013	85379	86022	86337
84442	85014	85380	86023	86340
84443	85018	85384	86038	86341
84445	85025	85385	86039	86343
84446	85027	85390	86060	86344
84449	85032	85396	86063	86352
84450	85041	85397	86140	86353
84460	85044	85400	86141	86355
84466	85045	85410	86146	86356
84478	85046	85415	86147	86357
84479	85048	85420	86148	86359
84480	85049	85421	86152	86360
84481	85055	85441	86153	86361
84482	85060	85445	86155	86367
84484	85097	85460	86156	86376
84485	85130	85461	86157	86382
	85170	85475	86160	86384
	85175	85520		

Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title 6. Service Codes and Descriptions	Page 6-7
Community Health Center Manual	Transmittal Letter CHC-111	Date 01/01/18

603 Payable Laboratory Service Codes (cont.)

86386	86684	86790	86978	87207
86403	86687	86793	86999 (IC)	87209
86406	86688	86800	87003	87210
86430	86689	86803	87015	87220
86431	86692	86804	87040	87230
86480	86694	86805	87045	87250
86481	86695	86806	87046	87252
86485	86696	86807	87070	87253
86486	86698	86808	87071	87254
86490	86701	86812	87073	87255
86510	86702	86813	87075	87260
86590	86703	86816	87076	87265
86592	86704	86817	87077	87267
86593	86705	86821	87081	87269
86602	86706	86825	87084	87270
86603	86707	86826	87086	87271
86606	86708	86828	87088	87272
86609	86709	86829	87101	87273
86611	86710	86830	87102	87274
86612	86711	86831	87103	87275
86615	86713	86832	87106	87276
86617	86717	86833	87107	87278
86618	86720	86834	87109	87279
86619	86723	86835	87110	87280
86622	86727	86849 (IC)	87116	87281
86625	86732	86850	87118	87283
86628	86734	86860	87140	87285
86631	86735	86870	87143	87290
86632	86738	86880	87147	87299
86635	86741	86885	87149	87300
86638	86744	86886	87152	87301
86641	86747	86900	87158	87305
86644	86750	86901	87164	87320
86645	86753	86902	87166	87324
86648	86756	86904	87168	87327
86651	86757	86905	87169	87328
86652	86759	86906	87172	87329
86653	86762	86920	87176	87332
86654	86765	86921	87177	87335
86658	86768	86922	87181	87336
86663	86771	86923	87184	87337
86664	86774	86940	87185	87338
86665	86777	86941	87186	87339
86666	86778	86970	87187	87340
86668	86780	86971	87188	87341
86671	86784	86972	87190	87350
86674	86787	86975	87197	87380
86677	86788	86976	87205	87385
86682	86789	86977	87206	87389

Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title 6. Service Codes and Descriptions	Page 6-8
Community Health Center Manual	Transmittal Letter CHC-111	Date 01/01/18

603 Payable Laboratory Service Codes (cont.)

87390	87531	87803	88182	88355
87391	87532	87804	88184	88356
87400	87533	87806	88185	88358
87420	87534	87807	88187	88360
87425	87535	87808	88188	88361
87427	87536	87809	88189	88362
87430	87537	87810	88199 (IC)	88363
87449	87538	87850	88230	88364
87450	87539	87880	88233	88365
87451	87540	87899	88235	88367
87471	87541	87900	88237	88368
87472	87542	87901	88239	88369
87475	87550	87902	88240	88371
87476	87551	87903	88241	88372
87480	87552	87904	88245	88380 (IC)
87481	87555	87905	88248	88381
87482	87556	87906	88249	88387
87483	87557	87910	88261	88388
87485	87560	87912	88262	88399 (IC)
87486	87561	87999 PA)(IC)	88263	88720
87487	87562	88104	88264	88740
87490	87580	88106	88267	88741
87491	87581	88108	88269	89049
87492	87582	88112	88271	89050
87495	87590	88120	88272	89051
87496	87591	88121	88273	89055
87497	87592	88130	88274	89060
87498	87623	88140	88275	89125
87500	87624	88141	88280	89160
87501	87625	88142	88283	89190
87502	87631	88143	88285	89220 (IC)
87503	87632	88147	88289	89230 (IC)
87505	87633	88148	88291	89240 (IC)
87506	87634	88150	88299 (IC)	89300
87507	87640	88152	88300	89310
87510	87641	88153	88302	89320
87511	87650	88155	88304	93000
87512	87651	88160	88305	93005
87516	87652	88161	88307	93010
87517	87653	88162	88309	93015
87520	87660	88164	88311	93016
87521	87661	88165	88312	93017
87522	87662	88166	88313	93018
87525	87797	86167	88314	93024
87526	87798	88172	88319	93040
87527	87799	88173	88342	93041
87528	87800	88174	88346	93042
87529	87801	88175	88348	93224
87530	87802	88177	88350	93225

Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title 6. Service Codes and Descriptions	Page 6-9
Community Health Center Manual	Transmittal Letter CHC-111	Date 01/01/18

603 Payable Laboratory Service Codes (cont.)

93226	93228	93268	93724	G0027
93227	93229 (IC)	93278	93799 (IC)	
G0480	G0481	G0482	G0483	P9604

604 Payable Visit and Vaccine Service Codes

This section lists visit and vaccine service codes that are payable under MassHealth.

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.) The cost of the administration of the vaccine is included in the CHC visit rate and is not separately payable.

(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>
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.
90791		Use for psychiatric diagnostic evaluation.
90792		Use for psychiatric diagnostic evaluation with medical services.
90832		Use for psychotherapy, 30 minutes with patient and/or family member.
90834		Use for psychotherapy, 45 minutes with patient and/or family member.
90836		Use for psychotherapy, 45 minutes with patient and/or family member when performed with an evaluation and management services (list separately in addition to the code for primary procedure).
90837		Use for psychotherapy, 60 minutes with patient and/or family.
90853		Use for group psychotherapy (other than of a multiple-family group) (per person not to exceed 10 clients).
90882		Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers, or institutions.
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.
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.
99213		Use for medication management visit.
99402		Use for HIV counseling visits.

Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title 6. Service Codes and Descriptions	Page 6-10
Community Health Center Manual	Transmittal Letter CHC-111	Date 01/01/18

604 Payable Visit and Vaccine Service Codes (cont.)

(B) This section lists evaluation and management visit service codes that are payable under MassHealth.

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	

(C) This section lists evaluation and management visit service codes that are payable under MassHealth.

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	90471	90473
90461	90472	90474

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

Service
Code

Special Requirement or Limitation

90476	Adenovirus vaccine, type 4, live, for oral use (IC)
90477	Adenovirus vaccine, type 7, live, for oral use (IC)
90581	Anthrax vaccine, for subcutaneous or intramuscular use (IC)
90585	Bacillus Calmette-Guerin vaccine (BCG) for tuberculosis, live, for percutaneous use
90620	Meningococcal recombinant protein and outer membrane vesicle vaccine, serogroup B (men), 2 dose schedule for intramuscular use. (IC)
90621	Meningococcal recombinant lipoprotein vaccine, serogroup B (MenB), 3 dose schedule, for intramuscular use. (IC)
90625	Cholera vaccine, live, adult dosage, 1 dose schedule for oral use. (IC)
90630	Covered for members >19; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age. (IC)
90632	Covered for members >19; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age. (IC)
90633	Covered for members >19; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age (IC)
90636	Covered for members >19; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age. (IC)
90651	Covered for members aged 19 to 26; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age. (IC)
90654	Covered for adults >19; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age. (IC)
90656	Covered for members >19; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age.
90658	Covered for members >19; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age. (IC)

Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title 6. Service Codes and Descriptions	Page 6-11
Community Health Center Manual	Transmittal Letter CHC-111	Date 01/01/18

604 Payable Visit and Vaccine Service Codes (cont.)

Service
Code

Special Requirement or Limitation

90660	Covered for members >19; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age. (IC)
90661	Covered for members >19; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age. (IC)
90662	Covered for members >19; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age. (IC)
90664	Covered for members >19; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age. (IC)
90666	Covered for members >19; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age. (IC)
90667	Covered for members >19; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age. (IC)
90668	Covered for members >19; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age. (IC)
90670	Covered for members >19; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age. (IC)
90672	Covered for members aged 19 to 49; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age. (IC)
90673	Covered for members >19; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age. (IC)
90676	Covered for members >19; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age. (IC)
90682	Covered for members >19; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age. (IC)
90686	Covered for members >19; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age. (IC)
90688	Covered for members >19; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age. (IC)
90690	Covered for members >19; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age. (IC)
90696	Covered for members >19; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age. (IC)
90707	Covered for members >19; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age. (IC)
90710	Covered for members >19; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age. (IC)
90713	Covered for members >19; available free of charge through the Massachusetts Immunization Program for children under 19 years of age. (IC)
90714	Covered for members >19; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age. (IC)
90715	Covered for members > 19; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age. (IC)
90716	Covered for members >19; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age. (IC)
90732	Covered for members >19; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age.
90733	Covered for members >19; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age. (IC)

Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title 6. Service Codes and Descriptions	Page 6-12
Community Health Center Manual	Transmittal Letter CHC-111	Date 01/01/18

604 Payable Visit and Vaccine Service Codes (cont.)

Service

Code Special Requirement or Limitation

90734	Covered for members >19; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age. (IC)
90736	PA is required for members < age 50. (IC)
90738	Japanese encephalitis virus vaccine, inactivated, for intramuscular use (IC)
90739	Covered for members >19 (IC)
90746	Covered for members >19; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age.
90749	Unlisted vaccine/toxoid (IC)
90750	PA is required for members < age 50. (IC)
90756	Covered for members >19; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age.

605 Payable Obstetrics Service Codes

This section lists obstetrics service codes that are payable under MassHealth.

See 130 CMR 405.422 through 405.426 for other requirements.

Fee-for-Service Deliveries

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

Global Deliveries

59400	59610
59510	59618

606 Payable Surgery Service Codes

This section lists surgery service codes that are payable under MassHealth.

44955	57520
49255	57522
49320	57700
54057	58120
54150	58140
54160	58146
55250 (CS-18 or CS-21 required) (SP)	58150 (HI-1 form required; PA for Gender Dysphoria-Related Services Only)
56420	
56440	58180 (HI-1 form required; PA or Gender Dysphoria-Related Services Only)
57240	
57250	58353
57260	

Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title 6. Service Codes and Descriptions	Page 6-13
Community Health Center Manual	Transmittal Letter CHC-111	Date 01/01/18

606 Payable Surgery Service Codes (cont.)

58541 (HI-1 form required; PA for Gender Dysphoria- Related Services Only)	58615 (CS-18 or CS-21 required)
58542 (HI-1 form required; PA for Gender Dysphoria- Related Services Only)	58660
58543 (HI-1 form required; PA for Gender Dysphoria-Related Services Only)	58661 (CS-18* or CS-21* required; PA for Gender Dysphoria-Related Services Only)
58544 (HI-1 form required; PA for Gender Dysphoria-Related Services Only)	58670 (CS-18 or CS-21 required)
58555	58671 (CS-18 or CS-21 required)
58558	58700
58560	58720 (CS-18* or CS-21* required; PA for Gender Dysphoria-Related Services Only)
58561	58940
58600 (CS-18 or CS-21 required)	59000
58605 (CS-18 or CS-21 required) (SP)	59012
58611 (CS-18 or CS-21 required)	59015
	59025
	59870

607 Payable Nurse-Midwife Service Codes

This section lists nurse-midwife service codes that are payable under MassHealth.

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.

See 130 CMR 405.461 through 405.463 for other requirements.

92551	92552	92553	92567
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Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title 6. Service Codes and Descriptions	Page 6-14
Community Health Center Manual	Transmittal Letter CHC-111	Date 01/01/18

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

This section lists health assessment service codes that are payable under MassHealth. The cost of the administration of the vaccine is included in the EPSDT visit rate and is not separately payable.

See 130 CMR 450.140 through 450.149 for other requirements.

99381	99383	99385	99392	99394
99382	99384	99391	99393	99395

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

This section lists audiometric hearing and vision test service codes that are payable under MassHealth.

92551	92552	92587	99173
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611 Payable Tobacco-Cessation Service Codes

This section lists tobacco-cessation service codes that are payable under MassHealth.

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.

Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title 6. Service Codes and Descriptions	Page 6-15
Community Health Center Manual	Transmittal Letter CHC-111	Date 01/01/18

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.

G0108	G0270	97802	97804
G0109	G0271	97803	

613 Payable Behavioral Health Screening Tool Service Codes

This section lists behavioral health screening tool service codes that are payable under MassHealth.

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 Code 96110** must be accompanied by one of the modifiers listed below to indicate whether a behavioral health need was identified.*

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.)

Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title 6. Service Codes and Descriptions	Page 6-16
Community Health Center Manual	Transmittal Letter CHC-111	Date 01/01/18

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

Service

<u>Code</u>	<u>Modifier</u>	<u>Special Requirement or Limitation</u>
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.)
96110	UD	Covered for members birth to 6 months for the administration and scoring of the Edinburgh Postnatal Depression Scale. UD must be used together with one of the above modifiers, U1–U8.

* “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 Postpartum Depression Screening Tools

Service Code S3005 is used for the performance measurement and evaluation of patient self-assessment and depression. **Code S3005** must be accompanied by one of the modifiers below to indicate whether a behavioral health need was identified.

<u>Modifier</u>	<u>Description</u>
U1	Perinatal Care Provider – Positive Screen: completed prenatal or postpartum depression screening and behavioral health need identified.
U2	Perinatal Care Provider – Negative Screen: completed prenatal or postpartum depression screening with no behavioral health need identified.

Please refer to the Massachusetts Department of Public Health’s (DPH) postpartum depression (PPD) screening tool grid for any revisions to the list of MassHealth-approved screening tools:
www.mass.gov/eohhs/gov/departments/dph/programs/family-health/postpartum-depression/postpartum-depression-tools.html.

Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title 6. Service Codes and Descriptions	Page 6-17
Community Health Center Manual	Transmittal Letter CHC-111	Date 01/01/18

615 Payable Acupuncture Service Codes

This section lists acupuncture service codes that are payable under MassHealth.

97810 97811 97813 97814

616 Modifiers

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

<u>Modifier</u>	<u>Description</u>
24	Unrelated evaluation and management service by the same physician during a 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
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 (may be used only with service code 81211)
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)
QW	CLIA waived test
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

Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title 6. Service Codes and Descriptions	Page 6-18
Community Health Center Manual	Transmittal Letter CHC-111	Date 01/01/18

616 Modifiers (cont.)

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

<u>Modifier</u>	<u>Description</u>
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.