



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



MassHealth
Transmittal Letter MHC-52
July 2023

TO: Mental Health Centers Participating in MassHealth
FROM: Mike Levine, Assistant Secretary for MassHealth
RE: Mental Health Center Manual (2023 HCPCS)

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

Updates to the Service Codes and Descriptions

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

Modify

90791
90791-HA
90832
90834
90836
90837
90839
90840
90846
90847
90853
90853-EP
90882
90887
S9480
H0015
H0015-TF
H0046-HE
S9480
H0015
H0015-TF
H0046-HE
99202
99203
99204
99205
99211

99212
99213
99214
99215

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

Add

- -95
- -93
- -FQ
- -FR
- -GQ
- -GT

3. Effective for dates of service beginning January 1, 2023, the following modifiers have been updated.

Modify

- -AH
- -SA

Rates

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

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

MassHealth Website

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

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Questions

If you have any questions about the information in this transmittal letter, please contact the MassHealth Customer Service Center at (800) 841-2900, email your inquiry to provider@masshealthquestions.com, or fax your inquiry to (617) 988-8974.

NEW MATERIAL

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

Mental Health Center Manual

Pages 6-1 through 6-14

OBSOLETE MATERIAL

(The pages listed here are no longer in effect.)

Mental Health Center Manual

Pages 6-1 through 6-10 — transmitted by Transmittal Letter 50

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601 Service Codes and Descriptions

MassHealth pays for the services represented by the codes listed in Subchapter 6 in effect at the time of service, subject to all conditions and limitations in MassHealth regulations at 130 CMR 429.000, and 450.000.

Service

Code-Modifier Service Description

Psychiatric Evaluation

- 90791 Psychiatric diagnostic evaluation (Must be submitted with one licensure level modifier: -AF, -AH, -HO, or -HL) (Services provided by Behavioral Health Urgent Care providers must be submitted with one licensure level modifier and modifier -GJ).
- 90791 HA Psychiatric evaluation performed with a CANS (Children and Adolescent Needs and Strengths) (Must be submitted with one licensure level modifier: -AF, -AH, -HO, or -HL) (Services provided by Behavioral Health Urgent Care providers must be submitted with one licensure level modifier and modifier -GJ).

Individual Therapy

- 90832 Psychotherapy, 30 minutes with patient (Must be submitted with one licensure level modifier: -AF, -AH, -HO, or -HL.) (Behavioral Health Urgent Care services must be submitted with one licensure level modifier and modifier -GJ)
- 90833 Psychotherapy, 30 minutes with patient and/or family member when performed with an evaluation and management service (List separately in addition to the code for primary procedure.) (Must be submitted with one licensure level modifier: -AF, -AH, -HO, or -HL) (Services provided by Behavioral Health Urgent Care providers must be submitted with one licensure level modifier and modifier -GJ).
- 90834 Psychotherapy, 45 minutes with patient (Must be submitted with one licensure level modifier: -AF, -AH, -HO, or -HL) (Services provided by Behavioral Health Urgent Care providers must be submitted with one licensure level modifier and modifier -GJ).
- 90836 Psychotherapy, 45 minutes with patient and/or family member when performed with an evaluation and management service (List separately in addition to the code for primary procedure.) (Must be submitted with one licensure level modifier: -AF, -AH, -HO, or -HL) (Services provided by Behavioral Health Urgent Care providers must be submitted with one licensure level modifier and modifier -GJ).
- 90837 Psychotherapy, 60 minutes with patient (Must be submitted with one licensure level modifier: -AF, -AH, -HO, or -HL.) (Behavioral Health Urgent Care services must be submitted with one licensure level modifier and modifier -GJ)

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Couple/Family Therapy

- 90846 Family psychotherapy (without the patient present), 50 minutes (Must be submitted with one licensure level modifier: -AF, -AH, -HO, or -HL) (Services provided by Behavioral Health Urgent Care providers must be submitted with one licensure level modifier and modifier -GJ).
- 90847 Family psychotherapy (conjoint psychotherapy) (with patient present), 50 minutes (Must be submitted with one licensure level modifier: -AF, -AH, -HO, or -HL) (Services provided by Behavioral Health Urgent Care providers must be submitted with one licensure level modifier and modifier -GJ).
- 90849 Multiple-family group psychotherapy (per person per session, not to exceed 10 clients) (Must be submitted with one licensure level modifier: -AF, -AH, -HO, or -HL) (Services provided by Behavioral Health Urgent Care providers must be submitted with one licensure level modifier and modifier -GJ).

Group Therapy

- 90853 Group psychotherapy (other than multiple-family group) (per person per session not to exceed 12 clients) (Must be submitted with one licensure level modifier: -AF, -AH, -HO, or -HL) (Services provided by Behavioral Health Urgent Care providers must be submitted with one licensure level modifier and modifier -GJ).
- 90853 EP Group psychotherapy (other than of a multiple-family group) (per person not to exceed 12 clients) (preventive behavioral health session) (Must be submitted with one licensure level modifier: -AF, -AH, -HO, or -HL) (Services provided by Behavioral Health Urgent Care providers must be submitted with one licensure level modifier and modifier -GJ).

Case Consultation

- 90882 Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers, or institutions (Must be submitted with one licensure level modifier: -AF, -AH, -HO, or -HL) (Services provided by Behavioral Health Urgent Care providers must be submitted with one licensure level modifier and modifier -GJ).

Family Consultation

- 90887 Interpretation or explanation of results of psychiatric, other medical examinations and procedures, or other accumulated data to family or other responsible persons, or advising them how to assist patient (Must be submitted with one licensure level modifier: -AF, -AH, -HO, or -HL) (Services provided by Behavioral Health Urgent Care providers must be submitted with one licensure level modifier and modifier -GJ).

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Crisis Intervention for Youth Services (for youths up to 21 years of age only)

- H2011-U1 Crisis intervention service, per 15 minutes. Youth Mobile Crisis intervention modifier for service provided by a Master Level Clinician (used with H2011 only)
- H2011-U2 Crisis intervention services, per 15 minutes. Youth Mobile Crisis intervention modifier for service provided by a paraprofessional (used with H2011 only)

Psychotherapy for Crisis

- 90839 Psychotherapy for crisis, first 60 minutes (Must be submitted with one licensure level modifier: -AF, -AH, -HO, or -HL) (Services provided by Behavioral Health Urgent Care providers must be submitted with one licensure level modifier and modifier -GJ).
- 90840 Psychotherapy for crisis, 30 minutes (List separately in addition to the code for primary procedure) (Must be submitted with one licensure level modifier: -AF, -AH, -HO, or -HL) (Services provided by Behavioral Health Urgent Care providers must be submitted with one licensure level modifier and modifier -GJ).

Note: Do not report 90839, 90840 in conjunction with 90791, psychotherapy codes 90832 through 90836, or other psychiatric services. Only use 90840 in conjunction with 90839.

Emergency Service Program

- S9485 Crisis interventional mental health services, per diem. (The ESP provides crisis assessment, intervention, and stabilization services 24 hours per day, seven days per week, and 365 days per year, to individuals of all ages who are experiencing a behavioral health crisis. The purpose of the ESP is to respond rapidly, assess effectively, and deliver a course of treatment intended to promote recovery, ensure safety, and stabilize the crisis in a manner that allows an individual to receive medically necessary services in the community, or if medically necessary, in an inpatient or 24-hour diversionary level of care (per 24-hour encounter))

Specialty Services

- S9480 Intensive outpatient psychiatric services, per diem (Services provided by Behavioral Health Urgent Care providers must be submitted with modifier -GJ).
- H0015 Alcohol and/or drug services; intensive outpatient (treatment program that operates at least 3 hours/day and at least 3 days/week and is based on an individualized treatment plan), including assessment, counseling; crisis intervention, and activity therapies or education (Structured Outpatient Addiction Program, 3.5 hours, not to exceed 2 units a day). (Services provided by Behavioral Health Urgent Care providers must be submitted with modifier -GJ).

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

H0046-HE Mental health services, not otherwise specified (Certified Peer Specialist Services). (Services provided by Behavioral Health Urgent Care providers must be submitted with modifier -GJ)

(To view the rates for these services, please refer to [101 CMR 346.00: Rates for Certain Substance-Related and Addictive Disorders Programs.](#))

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

(To view the rates for these services, please refer to [101 CMR 444.00: Rates for Certain Substance Use Disorder Services.](#))

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

Covid-19 Vaccine Codes

- 91300 SL Pfizer-BioNTech Covid-19 Vaccine (SARSCOV2 VAC 30MCG/0.3ML IM)
- 0001A Pfizer-BioNTech Covid-19 Vaccine Administration – First Dose (ADM SARSCOV2 30MCG/0.3ML 1ST)
- 0002A Pfizer-BioNTech Covid-19 Vaccine Administration – Second Dose (ADM SARSCOV2 30MCG/0.3ML 2ND)
- 0003A Pfizer-BioNTech Covid-19 Vaccine Administration – Third Dose
- 0004A Pfizer-BioNTech Covid-19 Vaccine Administration – Booster
- 91307 SL Pfizer-BioNTech Covid-19 Pediatric Vaccine
- 0071A Pfizer-BioNTech Covid-19 Pediatric Vaccine - Administration - First dose
- 0072A Pfizer-BioNTech Covid-19 Pediatric Vaccine - Administration - Second dose
- 91301 SL Moderna Covid-19 Vaccine (SARSCOV2 VAC 100MCG/0.5ML IM)
- 0011A Moderna Covid-19 Vaccine Administration – First Dose (ADM SARSCOV2 100MCG/0.5ML 1ST)
- 0012A Moderna Covid-19 Vaccine Administration – Second Dose (ADM SARSCOV2 100M0CG/0.5ML 2ND)
- 0013A Moderna Covid-19 Vaccine Administration – Third Dose
- 91306 SL Moderna Covid-19 Vaccine (Low Dose)
- 0064A Moderna Covid-19 Vaccine (Low Dose) Administration – Booster
- 91303 SL Janssen Covid-19 Vaccine (SARSCOV2 VAC AD26 .5ML IM)
- 0031A Janssen Covid-19 Vaccine Administration (ADM SARSCOV2 VAC AD26 .5ML)
- 0034A Janssen Covid-19 Vaccine Administration – Booster (ADM SARSCOV2 VAC AD26 .5ML)

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Evaluation and Management Codes

Medication Visits—Services for medication visits shall be billed using the following appropriate Evaluation and Management Codes.

New Patient

- 99202 Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using time for code selection, 15-29 minutes of total time is spent on the date of the encounter. (Services provided by Behavioral Health Urgent Care providers must be submitted with one licensure level modifier and modifier -GJ).
- 99203 Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using time for code selection, 30-44 minutes of total time spent on the date of the encounter. (Services provided by Behavioral Health Urgent Care providers must be submitted with one licensure level modifier and modifier -GJ).
- 99204 Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using time for code selection, 45-59 minutes of total time spent on the date of the encounter.
- 99205 Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using time for code selection, 60-74 minutes of total time spent on the date of the encounter. (Services provided by Behavioral Health Urgent Care providers must be submitted with one licensure level modifier and modifier -GJ).

Established Patient

- 99211 Office or other outpatient visit for the evaluation and management of an established patient that may not require the presence of a physician. Usually, the presenting problem(s) are minimal. (Services provided by Behavioral Health Urgent Care providers must be submitted with one licensure level modifier and modifier -GJ).
- 99212 Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using time for code selection, 10-19 minutes of total time spent on the date of the encounter. (Services provided by Behavioral Health Urgent Care providers must be submitted with one licensure level modifier and modifier -GJ).
- 99213 Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using time for code selection, 20-29 minutes of total time spent on the date of the encounter. (Services provided by Behavioral Health Urgent Care providers must be submitted with one licensure level modifier and modifier -GJ).

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- 99214 Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using time for code selection, 30-39 minutes of total time spent on the date of the encounter. (Services provided by Behavioral Health Urgent Care providers must be submitted with one licensure level modifier and modifier -GJ).
- 99215 Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using time for code selection, 40-54 minutes of total time spent on the date of the encounter. (Services provided by Behavioral Health Urgent Care providers must be submitted with one licensure level modifier and modifier -GJ).
- 99417 Prolonged office or other outpatient evaluation and management service(s) beyond the minimum required time of the primary procedure which has been selected using total time, requiring total time with or without direct patient contact beyond the usual service, on the date of the primary service, each 15 minutes of total time (List separately in addition to codes 99205, 99215 for office or other outpatient Evaluation and Management services). (Services provided by Behavioral Health Urgent Care providers must be submitted with one licensure level modifier and modifier -GJ).

Nursing Facility Care–New Patient

- 99304 Initial nursing facility care, per day, for the evaluation and management of a patient, which requires these three key components: a detailed or comprehensive history; a detailed or comprehensive examination; and medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of low severity. Physicians typically spend 25 minutes at the bedside and on the patient's facility floor or unit.
- 99305 Initial nursing facility care, per day, for the evaluation and management of a patient, which requires these three key components: a comprehensive history; a comprehensive examination; and medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of moderate severity. Physicians typically spend 35 minutes at the bedside and on the patient's facility floor or unit.
- 99306 Initial nursing facility care, per day, for the evaluation and management of a patient, which requires these three key components: a comprehensive history; a comprehensive examination; and medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of high severity. Physicians typically spend 45 minutes at the bedside and on the patient's facility floor or unit.

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Subsequent Nursing Facility Care

- 99307 Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least two of these three key components: a problem-focused interval history; a problem-focused examination; straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is stable, recovering, or improving. Physicians typically spend 10 minutes at the bedside and on the patient's facility floor or unit.
- 99308 Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least two of these three key components: an expanded problem-focused interval history; an expanded problem-focused examination; medical decision making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is responding inadequately to therapy or has developed a minor complication. Physicians typically spend 15 minutes at the bedside and on the patient's facility floor or unit.
- 99309 Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least two of these three key components: a detailed interval history; a detailed examination; medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient has developed a significant complication or a significant new problem. Physicians typically spend 25 minutes at the bedside and on the patient's facility floor or unit.
- 99310 Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least two of these three key components: a comprehensive interval history; a comprehensive examination; medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. The patient may be unstable or may have developed a significant new problem requiring immediate physician attention. Physicians typically spend 35 minutes at the bedside and on the patient's facility floor or unit.

Rest Home–New Patient

- 99324 Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these three key components: a problem-focused history; a problem-focused examination; and straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low severity. Physicians typically spend 20 minutes with the patient and/or family or caregiver.

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- 99325 Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these three key components: an expanded problem-focused history; an expanded problem-focused examination; and medical decision making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Physicians typically spend 30 minutes with the patient and/or family or caregiver.
- 99326 Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these three key components: a detailed history; a detailed examination; and medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 45 minutes with the patient and/or family or caregiver.
- 99327 Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these three key components: a comprehensive history; a comprehensive examination; and medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity. Physicians typically spend 60 minutes with the patient and/or family or caregiver.
- 99328 Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these three key components: a comprehensive history; a comprehensive examination; and medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is unstable or has developed a significant new problem requiring immediate physician attention. Physicians typically spend 75 minutes with the patient and/or family or caregiver.

Rest Home–Established Patient

- 99334 Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least two of these three key components: a problem-focused interval history; a problem-focused examination; straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self-limited or minor. Physicians typically spend 15 minutes with the patient and/or family or caregiver.
- 99335 Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least two of these three key components: an expanded problem-focused interval history; an expanded problem-focused examination; medical decision making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Physicians typically spend 25 minutes with the patient and/or family or caregiver.

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- 99336 Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least two of these three key components: a detailed interval history; a detailed examination; medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 40 minutes with the patient and/or family or caregiver.
- 99337 Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least two of these three key components: a comprehensive interval history; a comprehensive examination; medical decision making of moderate to high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. The patient may be unstable or may have developed a significant new problem requiring immediate physician attention. Physicians typically spend 60 minutes with the patient and/or family or caregiver.

Home Visits–New Patient

- 99341 Home visit for the evaluation and management of a new patient, which requires these three key components: a problem-focused history; a problem-focused examination; and straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low severity. Physicians typically spend 20 minutes face-to-face with the patient and/or family.
- 99342 Home visit for the evaluation and management of a new patient, which requires these three key components: an expanded problem-focused history; an expanded problem-focused examination; and medical decision making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Physicians typically spend 30 minutes face-to-face with the patient and/or family.
- 99343 Home visit for the evaluation and management of a new patient, which requires these three key components: a detailed history; a detailed examination; and medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 45 minutes face-to-face with the patient and/or family.
- 99344 Home visit for the evaluation and management of a new patient, which requires these three key components: a comprehensive history; a comprehensive examination; and medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity. Physicians typically spend 60 minutes face-to-face with the patient and/or family.

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99345 Home visit for the evaluation and management of a new patient, which requires these three key components: a comprehensive history; a comprehensive examination; and medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is unstable or has developed a significant new problem requiring immediate physician attention. Physicians typically spend 75 minutes face-to-face with the patient and/or family.

Home Visit–Established Patient

99347 Home visit for the evaluation and management of an established patient, which requires at least two of these three key components: a problem-focused interval history; a problem-focused examination; straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self-limited or minor. Physicians typically spend 15 minutes face-to-face with the patient and/or family.

99348 Home visit for the evaluation and management of an established patient, which requires at least two of these three key components: an expanded problem-focused interval history; an expanded problem-focused examination; medical decision making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Physicians typically spend 25 minutes face-to-face with the patient and/or family.

99349 Home visit for the evaluation and management of an established patient, which requires at least two of these three key components: a detailed interval history; a detailed examination; medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are moderate to high severity. Physicians typically spend 40 minutes face-to-face with the patient and/or family.

99350 Home visit for the evaluation and management of an established patient, which requires at least two of these three key components: a comprehensive interval history; a comprehensive examination; medical decision making of moderate to high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. The patient may be unstable or may have developed a significant new problem requiring immediate physician attention. Physicians typically spend 60 minutes face-to-face with the patient and/or family.

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Psychological Assessment

(To view the rates for these services, please refer to [101 CMR 329.00: Rates for Psychological and Independent Clinical Social Work Services.](#))

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

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602 Service Code Modifiers and Descriptions

<u>Modifier</u>	<u>Modifier Description</u>
-25	Significant, separately identifiable Evaluation and Management Service by the same physician or other qualified health professional on the same day of the procedure or other service. Modifier '-25' applies to two E/M services provided on the same day.
-59	Distinct Procedure Service. To identify a procedure distinct or independent from other services performed on the same day add the modifier '-59' to the end of the appropriate service code. Modifier '-59' is used to identify services/procedures that are not normally reported together but are appropriate under certain circumstances. However, when another already established modifier is appropriate, it should be used rather than modifier '-59'.
- 95	Counseling and therapy services rendered via audio-video telecommunications
- 93	Services rendered via audio-only telehealth
-AF	Specialty physician (This modifier is to be applied to service codes billed by the mental health center which were performed by a psychiatrist)
-AH	Clinical psychologist (This modifier is to be applied to service codes billed by the mental health center which were performed by doctoral level clinician, including PhD, PsyD, EdD)
- FQ	Counseling and therapy services provided using audio-only telecommunications
-FR	A supervising practitioner was present through a real-time two-way, audio and video communication technology
-GJ	Opt-out physician or practitioner emergency or urgent service. (Urgent Care services. To identify services provided by Mental Health Centers that are designated as Behavioral Health Urgent Care provider sites.)
-GQ	Services rendered via asynchronous telehealth
- GT	Services rendered via interactive audio and video telecommunications systems
-HA	Service Code 90791 must be accompanied by this modifier to indicate that the Child and Adolescent Needs and Strengths (CANS) is included in the psychiatric diagnostic interview examination. This modifier may be billed only by psychiatrists or psychiatric clinical nurse specialists.
-HE	Mental health program (Certified Peer Specialist Services)
-HL	Intern (This modifier is to be applied to service codes billed by the mental health center which were performed by intern level clinicians, including Post-Doctoral Fellows and Psychology Interns, Post-Master's Mental Health Counselors and Mental Health Counselor Interns, Post-Master's Marriage and Family Therapist, Licensed Alcohol and Drug Counselor IIs (LADC II), Certified Addiction Counselor / Certified Alcohol & Drug Abuse Counselor)
-HO	Master's degree level (This modifier is to be applied to service codes billed by the mental health center which were performed by Master's level clinician, including Licensed Clinical Social Workers (LCSWs), Licensed Independent Clinical Social Workers (LICSWs), Licensed Alcohol and Drug Counselor I, Licensed Mental Health Counselor, Licensed Marriage and Family Therapist)
-EP	Group psychotherapy modifier for preventive behavioral health session (only used with 90853)

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- SA Nurse Practitioner rendering service in collaboration with a physician. (This modifier is to be applied to service codes billed by the mental health center which were performed by a psychiatric nurse mental health clinical specialist.)
- U1 Youth Mobile Crisis intervention modifier for service provided by a Master Level Clinician (only used with H2011)
- U2 Youth Mobile Crisis intervention modifier for service provided by a paraprofessional (only used with H2011)

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603 Telephonic Service Codes and Descriptions

Service

Code-Modifier Service Description

98966	Telephone assessment and management service provided by a qualified non physician care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days not leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion.
98967	Telephone assessment and management service provided by a qualified non physician care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days not leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion.
98968	Telephone assessment and management service provided by a qualified non physician care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days not leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 21-30 minutes of medical discussion.
99441	Telephone evaluation and management services by a physician or other qualified Health care professional who may report evaluation and management services Provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion.
99442	Telephone evaluation and management services by a physician or other qualified Health care professional who may report evaluation and management services Provided to and established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion.
99443	Telephone evaluation and management services by a physician or other qualified Health care professional who may report evaluation and management services Provided to and established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 21-30 minutes of medical discussion.

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