



**Commonwealth of Massachusetts**  
**Executive Office of Health and Human Services**  
**Office of Medicaid**

*www.mass.gov/masshealth*



MassHealth  
Transmittal Letter CHC-113  
February 2020

**TO:** Community Health Centers Participating in MassHealth

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

**RE:** *Community Health Center Manual* (New MassHealth Third-Party Administrator for Prior Authorization; New Prior Authorization Requirements)

### **Summary**

This letter transmits updates to Subchapter 6 of the *Community Health Center Manual* regarding new requirements for prior authorization (PA) for the provision of advanced imaging services, non-obstetric ultrasounds, polysomnography, and cardiology services. This PA requirement applies to outpatient services only and does not apply to services rendered in an emergency department or an inpatient setting.

This change will impact only those members enrolled in MassHealth fee-for-service, a Primary Care ACO plan, or the Primary Care Clinician (PCC) plan. Providers serving members enrolled in a MassHealth-contracted accountable care partnership plan (ACPP), managed care organization (MCO), integrated care organization (ICO), senior care organization (SCO), or Program of All-inclusive Care for the Elderly (PACE) should refer to the ACPP's, MCO's, ICO's, SCO's, or PACE's medical policies for covered services.

### **New MassHealth Third-Party Administrator for Prior Authorization**

As part of MassHealth's efforts to provide its members with access to high quality, cost-effective care, MassHealth has contracted with eviCore healthcare (eviCore) to provide utilization management programs for advanced imaging services, non-obstetric ultrasounds, polysomnography, and cardiology services. Among other things, eviCore will evaluate all requests for PA for the services identified in this letter.

In the coming weeks, eviCore will be leading training sessions designed to assist provider organizations in fulfilling the new utilization management program requirements, such as the new PA requirements communicated by this letter. eviCore will offer these online training sessions on a variety of dates and times to accommodate provider availability and to encourage participation.

During these sessions, eviCore will provide a detailed overview of the new PA requirements, along with instructions for navigating the eviCore website at [www.evicore.com](http://www.evicore.com). Providers will also have the opportunity to ask questions and seek additional clarification where needed.

The training session offerings for each program are outlined in the following table.

Web Training Sessions			
Date	Day	Program	Time
2/11/2020	Tuesday	Radiology/Cardiology	2 p.m.–3 p.m.
2/11/2020	Tuesday	Sleep	1 p.m.–2 p.m.
2/13/2020	Thursday	Radiology/Cardiology	11 a.m.–12 p.m.
2/13/2020	Thursday	Sleep	9 a.m.–10 a.m.
2/18/2020	Tuesday	Radiology/Cardiology	11 a.m.–12 p.m.
2/18/2020	Tuesday	Sleep	9 a.m.–10 a.m.
2/19/2020	Wednesday	Radiology/Cardiology	10 a.m.–11 a.m.
2/19/2020	Wednesday	Sleep	12 p.m.–1 p.m.
2/21/2020	Friday	Radiology/Cardiology	2 p.m.–3 p.m.
2/21/2020	Friday	Sleep	3 p.m.–4 p.m.

Forums			
Date	Day	Program	Time
4/2/2020	Thursday	Radiology/Cardiology	9 a.m.–10 a.m.
4/6/2020	Monday	Sleep	1 p.m.–2 p.m.

### How to Register

Please read the following instructions to register for and participate in a session:

1. Once you have selected a session, please go to <http://eviCore.webex.com/>
2. Click on the menu bar on the upper left hand side—the three horizontal lines underneath the eviCore healthcare logo. Then choose “Webex Training”
3. Under Live Sessions, click the “Upcoming” tab, then enter the desired topic name exactly as listed in the table and search
4. Click “Register” next to the session(s) with the date and time you wish to attend
5. Complete the registration information

After you have registered for the online training session, you will receive an email containing the toll-free phone number and meeting number, conference password, and a link to access the web portion of the session. **Please keep the registration email with the link to the Web conference and the call-in number for the session in which you will be participating.** This information will not be sent a second time in advance of the training.

## **New Prior Authorization Requirements**

**Effective March 1, 2020**, MassHealth will require PA for the services and Current Procedural Terminology (CPT) codes listed below. Between March 1, 2020, and May 31, 2020, MassHealth will implement an informational edit that will not deny claims for services and codes requiring PA, but instead will inform providers of the PA requirement for those services and codes.

**Beginning June 1, 2020**, MassHealth will deny claims for services and codes requiring PA if the provider has not obtained PA. MassHealth and eviCore will provide technical assistance to providers during the rollout phase.

- **Turnaround Time:** eviCore will render a decision within 2 business days of a timely, complete request for PA.
- **Urgent and Emergent Care:** MassHealth is committed to ensuring patient access to necessary care and is working closely in partnership with eviCore to ensure that PA requests are processed in a timely manner and that there are appropriate processes in place to address urgent service needs. PA will not be required for services rendered in the emergency department, and there will be an option to submit same-day urgent PA requests, which will be processed within a maximum of 4 hours. If urgent requests meet medical necessity criteria and all required documentation is submitted, urgent requests can be approved in real time.
- **Window to Submit PA:** PA can be requested for a service rendered up to 14 days after the date of service.
- **Technical & Professional:** When a code requires a professional and a technical component (TC), PA is required for the technical component only, and the TC modifier must be included on the PA request.
- **Referrals:** If Primary Care Provider (PCP) referrals are required for the service requested, the PA will not override the referral requirement. For such services, MassHealth still requires a referral in addition to the PA.

## **Prior Authorization Denials and Appeals Process**

If a PA request is lacking necessary documentation, eviCore will contact the provider to obtain the missing information. If the provider fails to submit the requested documentation within 10 days of eviCore's request, eviCore will issue an administrative denial of the request for PA. Upon receipt of a timely, complete submission, eviCore will review and approve, deny, or modify the request within 2 business days.

Once eviCore has rendered a decision, eviCore will notify the provider by fax or eviCore's web portal. If eviCore has denied or modified a PA request, eviCore will also notify the member of this fact by mail. This communication will also explain the member's appeal rights and include an appeal form. The member will have 30 days to appeal that decision to the Board of Hearings (BOH).

If eviCore has denied or modified a request for PA, the provider may request a peer-to-peer consultation with an eviCore clinician to review the clinical aspects of the case. Providers may request such consultations through eviCore's online portal. A provider's request for a peer-to-peer consultation does not alter or enlarge the time in which the member can request a fair hearing related to the denial or modification of the prior authorization request.

If eviCore overturns the denial or modification after the peer-to-peer consultation, the provider will be notified through the web portal and eviCore will work with the member to withdraw any requests for a hearing through the BOH.

### **Clinical Guidelines to Evaluate PA Requests**

eviCore's Clinical Guidelines will be used to determine medical necessity and evaluate requests for PA by service category. Provider requests for authorization of the following services and codes must adhere to eviCore's clinical guidelines, which are available on eviCore's website and can be found at the following URL: <https://www.evicore.com/provider/clinical-guidelines>.

### **Advanced Imaging CPT Codes**

70336	70553	72192	73725	76376
70450	70554	72193	74150	76377
70460	70555	72194	74160	76380
70470	71550	72195	74170	77021
70480	71551	72196	74174	77022
70481	71555	72197	74176	77046
70482	72125	73200	74177	77047
70486	72126	73201	74178	77048
70487	72127	73202	74181	77049
70488	72128	73218	74182	77078
70490	72129	73219	74183	78451
70491	72130	73220	74185	78452
70492	72131	73221	74261	78491
70540	72132	73222	74262	78492
70542	72133	73223	74712	78494
70543	72141	73700	74713	78608
70544	72142	73701	75557	78609
70545	72146	73702	75559	78811
70546	72147	73718	75561	78812
70547	72148	73719	75563	78813
70548	72149	73720	75565	78814
70549	72156	73721	75572	78815
70551	72157	73722	75573	78816
70552	72158	73723	75574	

### **Non-obstetric Ultrasound CPT Codes**

78453	78459	78469	78473	78483
78454	78466	78472	78481	78496

### **Cardiac Stress Tests CPT Codes**

78451	78453	78491	78459
78452	78454	78492	

Providers must submit clinical documentation with PA requests for these services. Follow the links below for further guidance.

<https://www.evicore.com/insights/how-to-speed-up-prior-authorization>  
<https://www.evicore.com/resources/healthplan/masshealth>

To submit a PA request for these services, follow the link below.

<https://www.evicore.com/>

MassHealth reviews requests for PA on the basis of medical necessity. If MassHealth approves the request, payment is still subject to all general conditions of MassHealth, including member eligibility, other insurance, and program restrictions.

### **MassHealth Website**

This transmittal letter and attached pages are available on the MassHealth website at [www.mass.gov/masshealth-transmittal-letters](http://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](mailto:join-masshealth-provider-pubs@listserv.state.ma.us). No text in the body or subject line is needed.

### **Questions or Concerns**

If you have any questions or concerns about the information in this transmittal letter, please contact the MassHealth Customer Service Center at (800) 841-2900, email your inquiry to [providersupport@mahealth.net](mailto: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 6-22

OBSOLETE MATERIAL

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

Community Health Center Manual

Pages 6-1 through 6-22 — transmitted by Transmittal Letter CHC-112

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## 601 Introduction and Explanation of Abbreviations

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

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

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## 602 Payable Radiology Service Codes

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

70030	70540 PA <sup>1</sup>	72120	73050
70100	70542 PA <sup>1</sup>	72125 PA <sup>1</sup>	73060
70110	70543 PA <sup>1</sup>	72126 PA <sup>1</sup>	73070
70120	70544 PA <sup>1</sup>	72127 PA <sup>1</sup>	73080
70130	70545 PA <sup>1</sup>	72128 PA <sup>1</sup>	73085
70134	70546 PA <sup>1</sup>	72129 PA <sup>1</sup>	73090
70140	70547 PA <sup>1</sup>	72130 PA <sup>1</sup>	73092
70150	70548 PA <sup>1</sup>	72131 PA <sup>1</sup>	73100
70160	70549 PA <sup>1</sup>	72132 PA <sup>1</sup>	73110
70190	70551 PA <sup>1</sup>	72133 PA <sup>1</sup>	73115
70200	70552 PA <sup>1</sup>	72141 PA <sup>1</sup>	73120
70210	70553 PA <sup>1</sup>	72142 PA <sup>1</sup>	73130
70220	70554 PA <sup>1</sup>	72146 PA <sup>1</sup>	73140
70240	70555 PA <sup>1</sup>	72147 PA <sup>1</sup>	73200 PA <sup>1</sup>
70250	71045	72148 PA <sup>1</sup>	73201 PA <sup>1</sup>
70260	71046	72149 PA <sup>1</sup>	73202 PA <sup>1</sup>
70300	71047	72156 PA <sup>1</sup>	73218 PA <sup>1</sup>
70310	71048	72157 PA <sup>1</sup>	73219 PA <sup>1</sup>
70320	71100	72158 PA <sup>1</sup>	73220 PA <sup>1</sup>
70328	71101	72170	73221 PA <sup>1</sup>
70330	71110	72190	73222 PA <sup>1</sup>
70332	71111	72192 PA <sup>1</sup>	73223 PA <sup>1</sup>
70336 PA <sup>1</sup>	71120	72193 PA <sup>1</sup>	73501
70350	71130	72194 PA <sup>1</sup>	73502
70355	71550 PA <sup>1</sup>	72195 PA <sup>1</sup>	73503
70360	71551 PA <sup>1</sup>	72196 PA <sup>1</sup>	73521
70370	71555 PA <sup>1</sup>	72197 PA <sup>1</sup>	73522
70371	72010	72200	73523
70380	72020	72202	73525
70390	72040	72220	73551
70450 PA <sup>1</sup>	72050	72240	73552
70460 PA <sup>1</sup>	72070	72255	73560
70470 PA <sup>1</sup>	72072	72265	73562
70480 PA <sup>1</sup>	72074	72270	73564
70481 PA <sup>1</sup>	72080	72275	73565
70482 PA <sup>1</sup>	72081	72285	73580
70486 PA <sup>1</sup>	72082	72295	73590
70487 PA <sup>1</sup>	72083	73000	73592
70488 PA <sup>1</sup>	72084	73010	73600
70490 PA <sup>1</sup>	72100	73020	73610
70491 PA <sup>1</sup>	72110	73030	73615
70492 PA <sup>1</sup>	72114	73040	73620

<sup>1</sup>PA is required for dates of service on or after March 1, 2020. If a code comprises both a professional component and a technical component, PA is required for the technical component only, and the TC modifier must be included on the PA request.



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602 Payable Radiology Service Codes (cont.)

73630	74283	75743	76511
73650	74290	75746	76512
73660	74300	75756	76513
73700 PA <sup>1</sup>	74301	75774	76514
73701 PA <sup>1</sup>	74330	75801	76516
73702 PA <sup>1</sup>	74340	75803	76519
73718 PA <sup>1</sup>	74355	75805	76529
73719 PA <sup>1</sup>	74400	75807	76536
73720 PA <sup>1</sup>	74410	75809	76604
73721 PA <sup>1</sup>	74415	75810	76641
73722 PA <sup>1</sup>	74420	75820	76642
73723 PA <sup>1</sup>	74425	75822	76700
73725 PA <sup>1</sup>	74430	75825	76705
74018	74440	75827	76706
74019	74445	75831	76770
74021	74450	75833	76775
74022	74455	75840	76776
74150 PA <sup>1</sup>	74470	75842	76800
74160 PA <sup>1</sup>	74485	75860	76801
74170 PA <sup>1</sup>	74710	75870	76802
74174 PA <sup>1</sup>	74712 PA <sup>1</sup>	75872	76805
74176 PA <sup>1</sup>	74713 PA <sup>1</sup>	75880	76810
74177 PA <sup>1</sup>	74740	75885	76811
74178 PA <sup>1</sup>	74742	75887	76812
74181 PA <sup>1</sup>	74775	75889	76813
74182 PA <sup>1</sup>	75557 PA <sup>1</sup>	75891	76814
74183 PA <sup>1</sup>	75559 PA <sup>1</sup>	75893	76815
74185 PA <sup>1</sup>	75561 PA <sup>1</sup>	75898	76816
74190	75563 PA <sup>1</sup>	75901	76817
74210	75565 PA <sup>1</sup>	75902	76818
74220	75572 PA <sup>1</sup>	76000	76820
74230	75573 PA <sup>1</sup>	76010	76821
74235	75574 PA <sup>1</sup>	76080	76825
74240	75600	76098	76826
74245	75605	76100	76827
74246	75625	76101	76828
74247	75630	76102	76830
74249	75705	76120	76831
74250	75710	76125	76856
74251	75716	76376 PA <sup>1</sup>	76857
74260	75726	76377 PA <sup>1</sup>	76870
74261 PA <sup>1</sup>	75731	76380 PA <sup>1</sup>	76872
74262 PA <sup>1</sup>	75733	76499 IC	76873
74270	75736	76506	76881
74280	75741	76510	76882

<sup>1</sup>PA is required for dates of service on or after March 1, 2020. If a code comprises both a professional component and a technical component, PA is required for the technical component only, and the TC modifier must be included on the PA request.

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602 Payable Radiology Service Codes (cont.)

76885	77080	78195	78472 PA <sup>1</sup>
76886	77081	78199 IC	78473 PA <sup>1</sup>
76937	77085	78201	78481 PA <sup>1</sup>
76942	77086	78202	78483 PA <sup>1</sup>
76945	77293	78205	78491 PA <sup>1</sup>
76946	77299 IC	78206	78492 PA <sup>1</sup>
76948	77306	78215	78494 PA <sup>1</sup>
76965	77307	78216	78496 PA <sup>1</sup>
76970	77316	78226	78499 IC
76977	77317	78227	78579
76978	77318	78230	78580
76979	77387 IC	78231	78582
76981	77399 IC	78232	78597
76982	77499 IC	78258	78598
76983	77767	78261	78599 IC
76999 IC	77768	78262	78600
77001	77770	78264	78601
77002	77771	78265	78605
77003	77772	78266	78607
77011	77799 IC	78278	78608 PA <sup>1</sup>
77012	78012	78282	78609 PA <sup>1</sup>
77013	78013	78290	78610
77014	78014	78291	78630
77021 PA <sup>1</sup>	78015	78299 IC	78635
77022 PA <sup>1</sup>	78016	78300	78645
77046 PA <sup>1</sup>	78018	78305	78647
77047 PA <sup>1</sup>	78020	78306	78650
77048 PA <sup>1</sup>	78070	78315	78660
77049 PA <sup>1</sup>	78071	78320	78699 IC
77053	78072	78350	78700
77054	78075	78399 IC	78701
77061 IC	78099 IC	78414	78707
77062 IC	78102	78428 PA <sup>1</sup>	78708
77063	78103	78445	78709
77065	78104	78451 PA <sup>1</sup>	78710
77066	78110	78452 PA <sup>1</sup>	78725
77067	78111	78453 PA <sup>1</sup>	78730
77071	78120	78454 PA <sup>1</sup>	78740
77072	78121	78456	78761
77073	78122	78457	78799 IC
77074	78130	78458	78800
77075	78135	78459 PA <sup>1</sup>	78801
77076	78140	78466 PA <sup>1</sup>	78802
77077	78185	78468	78803
77078 PA <sup>1</sup>	78191	78469 PA <sup>1</sup>	78804

<sup>1</sup>PA is required for dates of service on or after March 1, 2020. If a code comprises both a professional component and a technical component, PA is required for the technical component only, and the TC modifier must be included on the PA request.

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602 Payable Radiology Service Codes (cont.)

78805	78811 PA <sup>1</sup>	78815 PA <sup>1</sup>
78806	78812 PA <sup>1</sup>	78816 PA <sup>1</sup>
78807	78813 PA <sup>1</sup>	78999 IC
78808	78814 PA <sup>1</sup>	79999 IC

603 Payable Laboratory Service Codes

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

80047	80190	80438	81207	81272
80048	80192	80439	81208	81273
80050	80194	80440	81209	81275PA
80051	80195	81000	81210	81276
80053	80197	81001	81212 PA	81287 PA
80055	80198	81002	81215 PA	81288 PA
80061	80199	81003	81216 PA	81292 PA
80069	80200	81005	81217 PA	81293 PA
80074	80201	81007	81218	81294 PA
80076	80202	81015	81219	81295 PA
80081	80203	81020	81220	81296 PA
80150	80299	81025	81221	81297 PA
80155	80305	81050	81228 PA	81298 PA
80156	80306	81099 IC	81229 PA	81299 PA
80157	80307	81107 PA	81238 PA	81300 PA
80158	80400	81108 PA	81240 PA	81301 PA
80159	80402	81109 PA	81241 PA	81302 PA
80162	80406	81110 PA	81242 PA	81303 PA
80163	80408	81111 PA	81243 PA	81304 PA
80164	80410	81112 PA	81244 PA	81310 PA
80165	80412	81120 PA	81245 PA	81311
80168	80414	81121 PA	81246 PA	81314
80169	80415	81161 PA, IC	81248 PA	81315 PA
80170	80416	81162 PA	81249 PA	81316 PA
80171	80417	81163 PA	81250 PA	81317 PA
80173	80418	81164 PA	81251 PA	81318 PA
80175	80420	81165 PA	81252 PA	81319 PA
80176	80422	81166 PA	81253 PA	81321 PA
80177	80424	81167 PA	81254 PA	81322 PA
80178	80426	81170	81255 PA	81323 PA
80180	80428	81200	81256 PA	81324 PA
80183	80430	81201	81257 PA	81325 PA
80184	80432	81202	81258 PA	81326 PA
80185	80434	81203	81260 PA	81330 PA
80186	80435	81205	81269 PA	81331 PA
80188	80436	81206	81275 PA	81332 PA

<sup>1</sup>PA is required for dates of service on or after March 1, 2020. If a code comprises both a professional component and a technical component, PA is required for the technical component only, and the TC modifier must be included on the PA request.

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603 Payable Laboratory Service Codes (cont.)

81361	82136	82383	82657	82952
81362	82139	82384	82658	82953
81363	82140	82387	82664	82955
81364	82143	82390	82668	82960
81400 PA, IC	82150	82397	82670	82963
81401 PA, IC	82154	82415	82671	82965
81403 PA, IC	82157	82435	82672	82975
81404 PA, IC	82160	82436	82677	82977
81405 PA, IC	82163	82438	82679	82978
81407 PA, IC	82164	82441	82693	82979
81408 PA, IC	82172	82465	82696	82985
81420 PA, IC	82175	82480	82705	83001
81479 PA, IC	82180	82482	82710	83002
81507 PA, IC	82190	82485	82715	83003
81508 PA, IC	82232	82495	82725	83006
81509 IC	82239	82507	82726	83008
81510 IC	82240	82523	82728	83009
81511 IC	82247	82525	82731	83010
81512 IC	82248	82528	82735	83012
81519 PA	82252	82530	82746	83013
82009	82261	82533	82747	83014
82010	82270	82540	82757	83015
82013	82271	82542	82759	83018
82016	82272	82550	82760	83020
82017	82274	82552	82775	83021
82024	82286	82553	82776	83026
82030	82300	82554	82777	83030
82040	82306	82565	82784	83033
82042	82308	82570	82785	83036
82043	82310	82575	82787	83037
82044	82330	82585	82800	83045
82045	82331	82595	82803	83050
82085	82340	82600	82805	83051
82088	82355	82607	82810	83060
82103	82360	82608	82820	83065
82104	82365	82610	82930	83068
82105	82370	82615	82938	83069
82106	82373	82626	82941	83070
82107	82374	82627	82943	83080
82108	82375	82633	82945	83088
82120	82376	82634	82946	83090
82127	82378	82638	82947	83150
82128	82379	82642	82948	83491
82131	82380	82652	82950	83497
82135	82382	82656	82951	83498

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83500	83857	84133	84315	84586
83505	83861	84134	84375	84588
83516	83864	84135	84376	84590
83518	83866	84138	84377	84591
83519	83872	84140	84378	84597
83520	83873	84143	84379	84620
83525	83874	84144	84392	84630
83527	83876	84146	84402	84681
83528	83880	84150	84403	84702
83540	83883	84152	84425	84703
83550	83885	84153	84430	84704
83570	83915	84154	84432	84999 IC
83582	83916	84155	84436	85002
83586	83918	84156	84437	85004
83593	83919	84157	84439	85007
83605	83921	84160	84442	85008
83615	83930	84163	84443	85009
83625	83935	84165	84445	85013
83630	83937	84166	84446	85014
83631	83945	84181	84449	85018
83632	83950	84182	84450	85025
83633	83951	84202	84460	85027
83655	83970	84203	84466	85032
83661	83986	84206	84478	85041
83662	83992	84207	84479	85044
83663	83993	84210	84480	85045
83664	84030	84220	84481	85046
83670	84035	84228	84482	85048
83690	84060	84233	84484	85049
83695	84066	84234	84485	85055
83698	84075	84235	84488	85060
83700	84078	84238	84490	85097
83701	84080	84244	84510	85130
83704	84081	84252	84512	85170
83718	84085	84255	84520	85175
83719	84087	84260	84525	85210
83721	84100	84270	84540	85220
83722	84105	84275	84545	85230
83727	84106	84285	84550	85240
83735	84110	84295	84560	85244
83775	84112	84300	84577	85245
83785	84119	84302	84578	85246
83789	84120	84305	84580	85247
83825	84127	84307	84583	85250
83835	84132	84311	84585	85260

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603 Payable Laboratory Service Codes (cont.)

85270	85547	86161	86367	86664
85280	85549	86162	86376	86665
85290	85555	86171	86382	86666
85291	85557	86200	86384	86668
85292	85576	86215	86386	86671
85293	85597	86225	86403	86674
85300	85598	86226	86406	86677
85301	85610	86235	86430	86682
85302	85611	86243	86431	86684
85303	85612	86255	86480	86687
85305	85613	86256	86481	86688
85306	85635	86277	86485	86689
85307	85651	86280	86486	86692
85335	85652	86294	86490	86694
85337	85660	86300	86510	86695
85345	85670	86301	86590	86696
85347	85675	86304	86592	86698
85348	85705	86308	86593	86701
85360	85730	86309	86602	86702
85362	85732	86310	86603	86703
85366	85810	86316	86606	86704
85370	85999 IC	86317	86609	86705
85378	86000	86318	86611	86706
85379	86001	86320	86612	86707
85380	86003	86325	86615	86708
85384	86005	86327	86617	86709
85385	86008	86329	86618	86710
85390	86021	86331	86619	86711
85396	86022	86332	86622	86713
85397	86023	86334	86625	86717
85400	86038	86335	86628	86720
85410	86039	86336	86631	86723
85415	86060	86337	86632	86727
85420	86063	86340	86635	86732
85421	86140	86341	86638	86734
85441	86141	86343	86641	86735
85445	86146	86344	86644	86738
85460	86147	86352	86645	86741
85461	86148	86353	86648	86744
85475	86152	86355	86651	86747
85520	86153	86356	86652	86750
85525	86155	86357	86653	86753
85530	86156	86359	86654	86756
85536	86157	86360	86658	86757
85540	86160	86361	86663	86759

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86762	86902	87149	87283	87490
86765	86904	87152	87285	87491
86768	86905	87158	87290	87492
86771	86906	87164	87299	87495
86774	86920	87166	87300	87496
86777	86921	87168	87301	87497
86778	86922	87169	87305	87498
86780	86923	87172	87320	87500
86784	86940	87176	87324	87501
86787	86941	87177	87327	87502
86788	86970	87181	87328	87503
86789	86971	87184	87329	87505
86790	86972	87185	87332	87506
86793	86975	87186	87335	87507
86800	86976	87187	87336	87510
86803	86977	87188	87337	87511
86804	86978	87190	87338	87512
86805	86999 IC	87197	87339	87516
86806	87003	87205	87340	87517
86807	87015	87206	87341	87520
86808	87040	87207	87350	87521
86812	87045	87209	87380	87522
86813	87046	87210	87385	87525
86816	87070	87220	87389	87526
86817	87071	87230	87390	87527
86821	87073	87250	87391	87528
86825	87075	87252	87400	87529
86826	87076	87253	87420	87530
86828	87077	87254	87425	87531
86829	87081	87255	87427	87532
86830	87084	87260	87430	87533
86831	87086	87265	87449	87534
86832	87088	87267	87450	87535
86833	87101	87269	87451	87536
86834	87102	87270	87471	87537
86835	87103	87271	87472	87538
86849 IC	87106	87272	87475	87539
86850	87107	87273	87476	87540
86860	87109	87274	87480	87541
86870	87110	87275	87481	87542
86880	87116	87276	87482	87550
86885	87118	87278	87483	87551
86886	87140	87279	87485	87552
86900	87143	87280	87486	87555
86901	87147	87281	87487	87556

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87557	87880	88177	88309	89160
87560	87899	88182	88311	89190
87561	87900	88184	88312	89220 IC
87562	87901	88185	88313	89230 IC
87580	87902	88187	88314	89240 IC
87581	87903	88188	88319	89300
87582	87904	88189	88341	89310
87590	87905	88199 IC	88342	89320
87591	87906	88230	88344	93000
87592	87910	88233	88346	93005
87623	87912	88235	88348	93010
87624	87999 PA, IC	88237	88350	93015
87625	88104	88239	88355	93016
87631	88106	88240	88356	93017
87632	88108	88241	88358	93018
87633	88112	88245	88360	93024
87634	88120	88248	88361	93040
87640	88121	88249	88362	93041
87641	88130	88261	88363	93042
87650	88140	88262	88364	93224
87651	88141	88263	88365	93225
87652	88142	88264	88367	93226
87653	88143	88267	88368	93227
87660	88147	88269	88369	93228
87661	88148	88271	88371	93229 IC
87662	88150	88272	88372	93268
87797	88152	88273	88380 IC	93278
87798	88153	88274	88381	93724
87799	88155	88275	88387	93799 IC
87800	88160	88280	88388	G0027
87801	88161	88283	88399 IC	G0480
87802	88162	88285	88720	G0481
87803	88164	88289	88740	G0482
87804	88165	88291	88741	G0483
87806	88166	88299 IC	89049	P9604
87807	86167	88300	89050	
87808	88172	88302	89051	
87809	88173	88304	89055	
87810	88174	88305	89060	
87850	88175	88307	89125	



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#### 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>
A4261		Cervical cap for contraceptive use (IC)
A4266		Diaphragm for contraceptive use (includes applicator and cream or jelly)
A4267		Contraceptive supply, condom, male, each
A4268		Contraceptive supply, condom, female, each
A4269		Contraceptive supply, spermicide (e.g., foam, gel), each (per package/tube)
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.
J1050		Injection, medroxyprogesterone acetate, 1 mg (IC)
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)
J3490	FP	Use for medications and injectables related to family planning services, with the exception of (a) Rho(D) human immune globulin; and (b) contraceptive injectables such as Depo-Provera, items for which MassHealth will pay the provider's cost.) (IC)
J7296		Levonorgestrel-releasing intrauterine contraceptive system, (Kyleena), 19.5 mg
J7297		Levonorgestrel-releasing intrauterine contraceptive system, 52 mg, 3 year duration (IC)
J7298		Levonorgestrel-releasing intrauterine contraceptive system, 52 mg, 5 year duration (IC)
J7300		Intrauterine copper contraceptive (use for Paragard) (IC)
J7301		Levonorgestrel-releasing intrauterine contraceptive system (Skyla), 13.5 mg (IC)
J7303		Contraceptive supply, hormone-containing vaginal ring, each (IC)
J7304		Contraceptive supply, hormone-containing patch, each (IC)
J7307		Etonogestrel (contraceptive) implant system, including implant and supplies (must be billed with either 11981 or 11983) (IC)
S4989		Contraceptive intrauterine device (e.g., Progestacert IUD), including implants and supplies (IC)
S4993		Contraceptive pills for birth control
G0469		Use for individual mental health visit, new patient (This code can be billed via telehealth)

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604 Payable Visit and Vaccine Service Codes (cont.)

Service

<u>Code</u>	<u>Modifier</u>	<u>Special Requirement or Limitation</u>
G0470		Use for individual mental health visit, established patient. (This code can be billed via telehealth)
T1015		Use for individual medical visit.
T1015	HQ	Use for group clinic visit.
90791		Use for psychiatric diagnostic evaluation. (This code can be billed via telehealth)
90832		Use for psychotherapy, 30 minutes with patient and/or family member. (This code can be billed via telehealth)
90834		Use for psychotherapy, 45 minutes with patient and/or family member. (This code can be billed via telehealth)
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). (This code can be billed via telehealth)
90837		Use for psychotherapy, 60 minutes with patient and/or family. (This code can be billed via telehealth)
90853		Use for group psychotherapy (other than of a multiple-family group) (per person not to exceed 10 clients). (This code can be billed via telehealth)
90882		Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers, or institutions. (This code can be billed via telehealth)
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
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
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.
99402		Use for HIV counseling visits.

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(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.

<u>Service Code</u>	<u>Special Requirement or Limitation</u>
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 (MenB-4C), 2 dose schedule, for intramuscular use. (IC)
90621	Meningococcal recombinant lipoprotein vaccine, serogroup B (MenB-FHbp), 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)

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<u>Service Code</u>	<u>Special Requirement or Limitation</u>
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)
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)

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<u>Service Code</u>	<u>Special Requirement or Limitation</u>
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)
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.

11976 (SP)	11982
11981	11983

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606 Payable Surgery Service Codes ( cont.)

19100	58146
44955	58150 (HI-1 form required; PA for Gender Dysphoria-Related Services Only)
49082	
49083	58180 (HI-1 form required; PA or Gender Dysphoria-Related Services Only)
49084	
49255	58300
49320	58301
54050	58340
54057	58353
54150	58541 (HI-1 form required; PA for Gender Dysphoria-Related Services Only)
54160	
55250 (CS-18 or CS-21 required) (SP)	58542 (HI-1 form required; PA for Gender Dysphoria-Related Services Only)
56420	
56440	58543 (HI-1 form required; PA for Gender Dysphoria-Related Services Only)
56501	
56515	58544 (HI-1 form required; PA for Gender Dysphoria-Related Services Only)
56605	
57061	58555 (SP)
57100	58558
57240	58560
57250	58561
57260	58562
57420	58565 (CS-18 or CS-21 required)
57421	58600 (CS-18 or CS-21 required)
57425	58605 (CS-18 or CS-21 required) (SP)
57452	58611 (CS-18 or CS-21 required)
57454	58615 (CS-18 or CS-21 required)
57455	58660
57456	58661 (CS-18* or CS-21* required; PA for Gender Dysphoria-Related Services Only)
57460	
57461	
57500	58670 (CS-18 or CS-21 required)
57505	58671 (CS-18 or CS-21 required)
57510	58700
57511	58720 (CS-18* or CS-21* required; PA for Gender Dysphoria-Related Services Only)
57513	
57520	
57522	58940
57700	59000
57800 (SP)	59012
58100 (SP)	59015
58120	59025
58140	59870

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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

Code      Modifier      Special Requirement or Limitation

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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609 Payable Early and Periodic Screening, Diagnostic 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, Diagnostic 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.

#### 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.

##### Service

<u>Code</u>	<u>Special Requirement or Limitation</u>
G0108	Diabetes outpatient self-management training services, individual, per 30 minutes.
G0109	Diabetes outpatient self-management training services, group session (2 or more, per 30 minutes).
G0270	Medical nutrition therapy; reassessment and subsequent intervention(s) following second referral in same year for change in diagnosis, medical condition or treatment regimen (including additional hours, needed for renal disease), individual, face-to-face with patient, each 15 minutes.



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612 Payable Medical Nutrition Therapy and Diabetes Self-Management Training Service Codes (cont.)

Service  
Code

Special Requirement or Limitation

G0271	Medical nutrition therapy; reassessment and subsequent intervention(s) following second referral in same year for change in diagnosis, medical condition or treatment regimen (including additional hours, needed for renal disease), group (2 or more individuals), each 30 minutes.
97802	Medical nutrition therapy; initial assessment and intervention, individual, face-to-face with the patient, each 15 minutes.
97803	Medical nutrition therapy; reassessment and intervention, individual, face-to-face with the patient, each 15 minutes.
97804	Medical nutrition therapy; group (2 or more individuals), each 30 minutes

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  
Code

Modifier

Special Requirement or Limitation

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.)

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

Service

<u>Code</u>	<u>Modifier</u>	<u>Special Requirement or Limitation</u>
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.)
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.

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#### 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/service-details/postpartum-depression-resources-for-healthcare-providers](http://www.mass.gov/service-details/postpartum-depression-resources-for-healthcare-providers)

#### 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
62	Two surgeons
66	Surgical team

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616 Modifiers (cont.)

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

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.

This publication contains codes that are copyrighted by the American Medical Association. Certain terms used in the service descriptions for HCPCS codes are defined in the *Current Procedural Terminology (CPT) Professional* codebook.