

Massachusetts Medicaid Prior Authorization Code List

This document intends to serve as a reference guide for Mass General Brigham Health Plan Medicaid services requiring prior authorization.

Please refer to the table below prior to performing services to Mass General Brigham Health Plan members. You may also refer to the [Mass General Brigham Provider Manual Addendum](#) located on Provider Express for prior authorization requirements. If you have additional questions, please call the Customer Service number on the back of the member's ID card.

Please note that all out-of-network (non-participating) providers must obtain prior authorization approval before providing behavioral health services. Prior authorization is not required when performing emergent or urgent services.

While the services listed below require prior authorization, other services only require notification and/or authorization. Please refer to the Mass General Brigham Provider Manual Addendum for additional information. If you are unsure which service requires prior authorization, authorization, or notification, please contact the Dedicated Massachusetts Provider Services Line at **1-866-860-7308**.

Not all listed services are covered for all Medicaid products. Please refer to plan materials for full coverage information.

Service	REV/CPT Code	Modifier	Service Description
AND	169	N/A	Administratively Necessary Days
Residential Treatment – Psych (Adult)	1001	N/A	ART – Acute Residential Treatment
Transcranial Magnetic Stimulation (TMS)	90867	N/A	Therapeutic Repetitive Transcranial Magnetic Stimulation treatment; planning 1 visit
Transcranial Magnetic Stimulation (TMS)	90868	N/A	Therapeutic Repetitive Transcranial magnetic Stimulation treatment; delivery and management; per session 1 visit
Transcranial Magnetic Stimulation (TMS)	90869	N/A	Therapeutic Repetitive Transcranial Magnetic Stimulation (TMS) treatment; subsequent motor threshold Re-determination with delivery and management 1 visit
Psychological/Neuropsychological Testing (in excess of 5 hours)	96130	None, AH	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

Psychological/Neuropsychological Testing (in excess of 5 hours)	96131	None, AH	Psychological testing evaluation services; by physician or other qualified health care professional; each additional hour
Psychological/Neuropsychological Testing (in excess of 5 hours)	96136	None, AH	Psychological or neuropsychological test admin and scoring by physician or other qualified health care professional; two or more tests; any method; first 30 minutes
Psychological/Neuropsychological Testing (in excess of 5 hours)	96137	None, AH	Psychological or neuropsychological test admin and scoring by physician or other qualified health care professional; two or more tests; any method; each additional 30 minutes
Psychological/Neuropsychological Testing (in excess of 5 hours)	96138	N/A	Psychological or neuropsychological test admin and scoring by technician; two or more tests; any method; first 30 minutes
Psychological/Neuropsychological Testing (in excess of 5 hours)	96139	N/A	Psychological or neuropsychological test admin and scoring by technician; two or more tests; any method; each additional 30 minutes
ABA	97151	N/A	Behavior ID Assessment by PHYS/QHP EA 15 min
ABA	97153	N/A	ADAPTIVE BEHAVIOR TX BY PROTOCOL TECH EA 15 MIN
ABA	97154	N/A	GROUP ADAPTIVE BHV TX BY PROTOCOL TECH EA 15 MIN
ABA	97155	N/A	ADAPT BHV TX PRCL MODIFICA PHYS/QHP EA 15 MIN
ABA	97156	N/A	FAMILY ADAPT BHV TX GDN PHYS/QHP EA 15 MIN
ABA	97157	N/A	MULTIPLE FAM GROUP BHV TX GDN PHYS/QHP EA 15 MIN
ABA	H0031	U2	Mental health assessment; by non-physician
PACT	H0040	U1, U2, H9	Assertive community treatment program; per diem
Family-Intensive Treatment (FIT)	H0046	HT	Family-Intensive Treatment (FIT)
Day Treatment	H2012	N/A	Behavioral Health Day Treatment
Outpatient Services-Specialing	T1004	N/A	Services of a qualified nursing aide; up to 15 minutes

This reference guide is for informational purposes only and is not intended to be an exhaustive list of covered services or prior authorization requirements. Prior authorization approval is not a guarantee of

coverage or payment. Coverage and payment remain subject to member eligibility, benefit coverage, medical necessity criteria, provider participation status, applicable billing and coding requirements, MassHealth requirements, the provider agreement, and applicable Mass General Brigham Health Plan policies and procedures. If there is any inconsistency between this guide and controlling plan documents, MassHealth requirements, the provider agreement, or the applicable Provider Manual/Addendum, those controlling documents govern. Providers are responsible for confirming current authorization, notification, coding, and billing requirements before rendering services, except where emergent or urgent services are provided in accordance with applicable requirements.