

Annual Behavioral Health Wellness Examinations Payment Policy

Applicability

This Policy applies to the following Fallon Health products:

- Fallon Medicare Plus
- MassHealth ACO
- NaviCare HMO SNP
- Summit Eldercare PACE
- Fallon Health Weinberg PACE
- Community Care (Commercial/Exchange)

Policy

This payment policy does not apply to services rendered by providers in community health center settings. For information on the provision and billing of annual behavioral health wellness examinations rendered by providers in community health center settings, please refer to the Plan's Community Health Center Payment Policy.

This payment policy does not apply to Fallon Medicare Plus, NaviCare, Summit Eldercare PACE and Fallon Health Weinberg PACE.

Behavioral health wellness exams rendered by licensed mental health professionals are managed by the Plan's delegated behavioral health vendor.

MassHealth ACO

Effective July 1, 2024, an annual behavioral health wellness examination rendered by a primary care provider or a licensed mental health professional is covered for MassHealth ACO members. The annual behavioral health wellness examination includes a screening or assessment to identify any behavioral or mental health needs and the appropriate resources for treatment. For an overview of the components of the annual behavioral health wellness examination, providers should refer to Appendix A of the [Division of Insurance Bulletin 2024-02](#), which is incorporated here by reference and applicable to providers rendering an annual behavioral health wellness examination to MassHealth ACO members.

One annual behavioral health wellness examination is covered per member per plan year.

The annual behavioral health wellness examination can occur in all settings of care.

Effective July 1, 2024 through September 22, 2025, an annual behavioral health wellness examination may be rendered by a primary care provider as part of an annual preventive visit, or by a licensed mental health professional who is contracted for the service, and can occur in all settings of care (MassHealth All Provider Bulletin 392 June 2024).

Effective September 23, 2025, the annual behavioral health wellness examination may be rendered by a primary care provider either as a standalone service or as part of an office visit or annual preventive visit, or by a licensed mental health professional who is contracted for the service, and can occur in all settings of care (MassHealth All Provider Bulletin 408 September 2025; MassHealth Managed Care Entity Bulletin 136 September 2025).

Primary care providers for the purpose of rendering the annual behavioral health wellness examination include the following:

- Certified nurse practitioners
- Physicians

- Physician assistants (as employed by a group practice organization)
- Clinical nurse specialists (as employed by a group practice organization)

Licensed mental health professionals for the purpose of rendering the annual behavioral health wellness examination include the following:

- Psychiatrists
- Psychologists
- Licensed independent clinical social workers (LICSWs)
- Licensed marriage and family therapists
- Licensed mental health counselors

Community Care

Effective February 15, 2024, an annual behavioral health wellness examination rendered by a primary care provider or by a licensed mental health professional is covered for Community Care members. The annual behavioral health wellness examination includes a screening or assessment to identify any behavioral or mental health needs and the appropriate resources for treatment. For an overview of the components of the annual behavioral health wellness examination, providers should refer to Appendix A of the [Division of Insurance Bulletin 2024-02](#), which is incorporated here by reference and applicable to providers rendering an annual behavioral health wellness examination to Community Care members.

As defined in Massachusetts General Laws, Chapter 176G, Section 4MM, a primary care provider is a health care professional qualified to provide general medical care for common health care problems, who (i) supervises, coordinates, prescribes or otherwise provides or proposes health care services; (ii) initiates referrals for specialist care; and (iii) maintains continuity of care within the scope of practice.

A licensed mental health professional is defined as:

- A licensed physician who specializes in the practice of psychiatry,
- A licensed psychologist,
- A licensed independent clinical social worker,
- A licensed certified social worker,
- A licensed mental health counselor,
- A licensed supervised mental health counselor,
- A licensed psychiatric nurse mental health clinical specialist,
- A licensed psychiatric mental health nurse practitioner,
- A licensed physician assistant who practices in the area of psychiatry,
- A licensed alcohol and drug counselor I, as defined in section 1 of chapter 111J, or
- A licensed marriage and family therapist within the lawful scope of practice for such therapist.

The annual behavioral health wellness examination may be provided by a primary care provider either as a standalone service or on the same date of service as an office visit or annual preventive visit.

Reimbursement

As defined by Massachusetts General Laws, an annual behavioral health wellness examination includes a screening or assessment to identify any behavioral or mental health needs and the appropriate resources for treatment.

The rendering provider must ensure that the plan member is informed that they are receiving their annual behavioral health wellness examination and that the annual behavioral health wellness examination is separate from their annual preventive visit.

Documentation for the behavioral health wellness examination must include explicit next steps and reference any outcomes and/or recommendations as evidence that the behavioral health wellness examination was performed as a separately identifiable service.

Annual behavioral health wellness examinations may be rendered by a primary care provider or a licensed mental health professional.

Referral/notification/prior authorization requirements

Referral/notification/prior authorization is not required when the annual behavioral health wellness examination is rendered by a plan provider.

All services rendered by non-contracted providers require prior authorization.

Billing/coding guidelines

Claims for annual behavioral health wellness examinations rendered by primary care providers must be submitted to Fallon Health.

Claims for annual behavioral health wellness examinations rendered by licensed mental health professionals must be submitted to Fallon Health's delegated behavioral health vendor.

This billing guidance does not apply to behavioral health wellness examinations billed by Community Health Centers. For information on the provision and billing of annual behavioral health wellness examinations rendered by providers in community health center settings, please refer to the Plan's Community Health Center Payment Policy.

MassHealth ACO

Providers must not use modifier 33 on claims for MassHealth ACO members. Modifier 33 is not recognized by MassHealth.

Effective September 23, 2025, the annual behavioral health wellness examination may be provided by a primary care provider as either a standalone service or on the same date of service as an office visit or annual preventive visit, or by a licensed mental health professional who is contracted for the service, and can occur in all settings of care. Effective for dates of service on or after September 23, 2025, providers should follow billing guidance outlined in [MassHealth All Provider Bulletin 408](#).

Billing Guidance for Annual Behavioral Health Wellness Examinations Rendered by Licensed Mental Health Professionals, Primary Care Providers as a Standalone Service, and Hospital Outpatient Billing Through a Facility Claim

Effective September 23, 2025, providers should use the following procedure and diagnosis code combination when billing for annual behavioral health wellness examinations:

- Procedure code 90791, and
- Diagnosis code Z13.30.

Effective September 23, 2025, diagnosis code Z13.30 may be used in any diagnosis code position. It is not required to be listed as the primary diagnosis code.

The provider of the annual behavioral health wellness examination should add any additional applicable diagnosis codes if a condition is discovered during the screening.

Billing Guidance for Annual Behavioral Health Wellness Examinations Rendered by Primary Care Providers on the Same Date of Service as an Office Visit or Annual Preventive Visit

Effective September 23, 2025, providers should bill for the annual behavioral health wellness exam using the appropriate procedure code and modifier combination listed in the table below.

CPT 90791 should not be billed on the same day as an office visit or annual preventive visit when performed by the same primary care provider for the same member.

The billing guidance in this payment policy does not apply to annual behavioral health wellness examinations billed by community health centers or to hospital outpatient billing through a facility claim.

Service Code	Modifier	Description
99202	U4	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. (To be billed when behavioral health wellness examination is performed in combination with a visit for evaluation and management.)
99203	U4	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using time for code selection, 30-44 minutes of total time is spent on the date of the encounter. (To be billed when behavioral health wellness examination is performed in combination with a visit for evaluation and management.)
99204	U4	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using time for code selection, 45-59 minutes of total time is spent on the date of the encounter. (To be billed when behavioral health wellness examination is performed in combination with a visit for evaluation and management.)
99205	U4	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using time for code selection, 60-74 minutes of total time is spent on the date of the encounter. (To be billed when behavioral health wellness examination is performed in combination with a visit for evaluation and management.)
99211	U4	Office or other outpatient visit for the evaluation and management of an established patient that may not require the presence of a physician or other qualified health care professional. (To be billed when behavioral health wellness examination is performed in combination with a visit for evaluation and management.)
99212	U4	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 is spent on the date of the encounter. (To be billed when behavioral health wellness examination is performed in combination with a visit for evaluation and management.)

Service Code	Modifier	Description
99213	U4	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using time for code selection, 20-29 minutes of total time is spent on the date of the encounter. (To be billed when behavioral health wellness examination is performed in combination with a visit for evaluation and management.)
99214	U4	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using time for code selection, 30-39 minutes of total time is spent on the date of the encounter. (To be billed when behavioral health wellness examination is performed in combination with a visit for evaluation and management.)
99215	U4	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using time for code selection, 40-54 minutes of total time is spent on the date of the encounter. (To be billed when behavioral health wellness examination is performed in combination with a visit for evaluation and management.)
99381	U4	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; infant (age younger than 1 year). (To be billed when behavioral health wellness examination is performed in combination with initial comprehensive preventive medicine evaluation and management.)
99382	U4	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; early childhood (age 1 through 4 years). (To be billed when behavioral health wellness examination is performed in combination with initial comprehensive preventive medicine evaluation and management.)
99383	U4	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; late childhood (age 5 through 11 years). (To be billed when behavioral health wellness examination is performed in combination with initial comprehensive preventive medicine evaluation and management.)

Service Code	Modifier	Description
99384	U4	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; adolescent (age 12 through 17 years). (To be billed when behavioral health wellness examination is performed in combination with initial comprehensive preventive medicine evaluation and management.)
99385	U4	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; 18-39 years. (To be billed when behavioral health wellness examination is performed in combination with initial comprehensive preventive medicine evaluation and management.)
99386	U4	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; 40-64 years. (To be billed when behavioral health wellness examination is performed in combination with initial comprehensive preventive medicine evaluation and management.)
99387	U4	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; 65 years and older. (To be billed when behavioral health wellness examination is performed in combination with initial comprehensive preventive medicine evaluation and management.)
99391	U4	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; infant (age younger than 1 year). (To be billed when behavioral health wellness examination is performed in combination with periodic comprehensive preventive medicine evaluation and management.)
99392	U4	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; early childhood (age 1 through 4 years). (To be billed when behavioral health wellness examination is performed in combination with periodic comprehensive preventive medicine evaluation and management.)

Service Code	Modifier	Description
99393	U4	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; late childhood (age 5 through 11 years). (To be billed when behavioral health wellness examination is performed in combination with periodic comprehensive preventive medicine evaluation and management.)
99394	U4	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; adolescent (age 12 through 17 years). (To be billed when behavioral health wellness examination is performed in combination with periodic comprehensive preventive medicine evaluation and management.)
99395	U4	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; 18-39 years. (To be billed when behavioral health wellness examination is performed in combination with periodic comprehensive preventive medicine evaluation and management.)
99396	U4	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; 40-64 years. (To be billed when behavioral health wellness examination is performed in combination with periodic comprehensive preventive medicine evaluation and management.)
99397	U4	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; 65 years and older. (To be billed when behavioral health wellness examination is performed in combination with periodic comprehensive preventive medicine evaluation and management.)

Community Care

Effective February 15, 2024, primary care providers and licensed mental health professionals should bill for annual behavioral health wellness examinations using the following procedure code, diagnosis code and modifier:

- Procedure code 90791
- Diagnosis code Z13.30
- Modifier 33

The annual behavioral health wellness examination may be provided by a primary care provider either as a standalone service or on the same date of service as an office visit or annual preventive visit. When the annual behavioral health wellness exam is billed with an office visit or annual preventive visit, providers should append modifier 25 to the office visit or annual preventive visit to indicate a significant separately identifiable service.

Place of service

This policy applies to annual behavioral health wellness examinations in any setting.

Policy history

Origination date: January 1, 2026

Connection date & details: January 2026 – Introduced as new payment policy.

The criteria listed above apply to Fallon Health plan and its subsidiaries. This payment policy has been developed to provide information regarding general billing, coding, and documentation guidelines for the Plan. Even though this payment policy may indicate that a particular service or supply is considered covered, specific provider contract terms and/or member individual benefit plans may apply and this policy is not a guarantee of payment. The Plan reserves the right to apply this payment policy to all of the Plan companies and subsidiaries. The Plan routinely verifies that charges billed are in accordance with the guidelines stated in this payment policy and are appropriately documented in the medical records. Payments are subject to post-payment audits and retraction of overpayments.