

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>  Physician Manual	<b>Subchapter Number and Title</b> 6. Service Codes	<b>Page</b> 6-1
	<b>Transmittal Letter</b> PHY-154	<b>Date</b> 08/01/17

## 601 Introduction

MassHealth providers must refer to the American Medical Association’s *Current Procedural Terminology (CPT) 2017* codebook for the service code descriptions when billing for services provided to MassHealth members. MassHealth pays for all medicine, radiology, surgery, and anesthesia CPT codes in effect at the time of service, subject to all conditions and limitations described in MassHealth regulations at 130 CMR 433.000 and 450.000: *Administrative and Billing Regulations*, **except** for those codes listed in Section 602 of this subchapter, CPT Category II codes ending in F, and CPT Category III codes ending in T.

A physician may request prior authorization for any medically necessary service reimbursable under the federal Medicaid Act, in accordance with 130 CMR 450.144, 42 U.S.C. 1396d(a), and 42 U.S.C. 1396d(r)(5) for a MassHealth Standard or CommonHealth member younger than 21 years of age, even if it is not designated as covered or payable in the *Physician Manual*.

- Section 602 lists CPT codes that are **not** payable under MassHealth.
- Section 603 lists CPT codes that have special requirements or limitations. Beside each service code in Section 603 is an explanation of the requirement or limitation.
- Section 604 lists Level II HCPCS codes that are payable under MassHealth.
- Section 605 lists service code modifiers allowed under MassHealth.

**Note:** Rates paid by MassHealth for covered codes under this Subchapter 6 for drugs, vaccines, and immune globulins administered in a physician’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 physician’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 physician’s office that are listed in Section 603 or 604, below, with “IC”, payment set by IC will apply until such time as the code is listed and a rate set in the Quarterly ASP Medicare Part B Drug Pricing File, consistent with 101 CMR 317.04(1)(a).

## 602 Nonpayable CPT Codes

Regardless of nonpayable status, a physician may request prior authorization for any medically necessary service for a MassHealth Standard or CommonHealth member younger than 21 years of age.

MassHealth does **not** pay for services billed under the following codes.

10040	15792	19396	22526	33930
11922	15793	20930	22527	33933
15776	15824	20936	22841	33940
15780	15825	20985	22856	33944
15781	15826	21121	22858	34839
15782	15828	21122	22861	36415
15783	15829	21123	22864	36416
15786	15847	21245	32491	36468
15787	17340	21246	32850	36591
15788	17360	21248	32855	36592
15789	19355	21249	32856	36598

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>  Physician Manual	<b>Subchapter Number and Title</b> 6. Service Codes	<b>Page</b> 6-2
	<b>Transmittal Letter</b> PHY-154	<b>Date</b> 08/01/17

602 Nonpayable CPT Codes (cont.)

38204	55400	77386	80350	81224
38207	55870	77401	80351	81225
38208	58321	77402	80352	81226
38209	58322	77407	80353	81227
38210	58323	77412	80354	81235
38211	58345	77417	80355	81240
38212	58350	77422	80356	81241
38213	58750	77423	80357	81242
38214	58752	77424	80358	81243
38215	58760	77425	80359	81244
41870	58970	77520	80360	81245
41872	58974	77522	80361	81250
43206	58976	77523	80362	81251
43252	59070	77525	80363	81252
43752	59072	77790	80364	81253
43842	59412	78267	80365	81254
43843	59897	78268	80366	81255
43845	61630	78351	80367	81256
44132	61635	80320	80368	81257
44381	61640	80321	80369	81260
44403	61641	80322	80370	81261
44404	61642	80323	80371	81262
44405	62287	80324	80372	81263
44406	63043	80325	80373	81264
44407	63044	80326	80374	81265
44408	65760	80327	80375	81266
44705	65765	80328	80376	81267
44715	65767	80329	80377	81270
45349	65771	80330	80500	81275
45350	69090	80331	80502	81290
45390	71552	80332	81200	81291
45393	72159	80333	81201	81292
45398	72198	80334	81202	81293
47133	73225	80335	81203	81294
47143	74263	80336	81205	81295
47144	75571	80337	81206	81296
47145	76140	80338	81207	81297
47383	76390	80339	81208	81298
48160	76496	80340	81209	81299
48550	76497	80341	81210	81300
48551	76498	80342	81213	81301
50300	77086	80343	81214	81302
50323	77336	80344	81216	81303
50325	77370	80345	81220	81304
54900	77371	80346	81221	81310
54901	77372	80347	81222	81315
55200	77373	80348	81223	81316
55300	77385	80349	81223	81317

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>	<b>Subchapter Number and Title</b> 6. Service Codes	<b>Page</b> 6-3
	<b>Transmittal Letter</b> PHY-154	<b>Date</b> 08/01/17

602 Nonpayable CPT Codes (cont.)

81318	81511	88749	90653	92559
81319	81512	89250	90680	92560
81321	81599	89251	90685	92561
81322	82075	89253	90687	92562
81323	82962	89254	90697	92564
81324	83987	89255	90698	92597
81325	84061	89257	90700	92605
81326	84145	89258	90702	92606
81330	84431	89259	90710	92613
81331	84830	89260	90723	92615
81332	86079	89261	90739	92617
81340	86305	89264	90743	92630
81341	86890	89268	90744	92633
81342	86891	89272	90748	93660
81350	86910	89280	90845	93668
81355	86911	89281	90863	93702
81370	86927	89290	90865	93770
81371	86930	89291	90875	93786
81372	86931	89321	90876	93895
81373	86932	89322	90880	94005
81374	86945	89325	90885	94015
81375	86950	89329	90889	94644
81376	86960	89330	90901	94645
81377	86965	89331	90911	95012
81378	86985	89335	90940	95052
81379	87150	89342	90989	95120
81380	87153	89343	90993	95125
81381	87493	89344	90997	95130
81382	88000	89346	90999	95131
81383	88005	89352	91112	95132
81400	88007	89353	91132	95133
81401	88012	89354	91133	95134
81402	88014	89356	92314	95824
81403	88016	89398	92315	95965
81404	88020	90281	92316	95966
81405	88025	90283	92317	95967
81406	88027	90284	92325	95992
81407	88028	90287	92352	96000
81408	88029	90384	92353	96001
81413	88036	90386	92354	96002
81414	88037	90389	92355	96003
81422	88040	90396	92358	96004
81500	88045	90586	92371	96040
81503	88099	90633	92531	96101
81506	88125	90634	92532	96102
81508	88333	90644	92533	96103
81509	88334	90647	92534	96105
81510	88738	90648	92548	96111

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>  Physician Manual	<b>Subchapter Number and Title</b> 6. Service Codes	<b>Page</b> 6-4
	<b>Transmittal Letter</b> PHY-154	<b>Date</b> 08/01/17

602 Nonpayable CPT Codes (cont.)

96116	98961	99155	99360	99450
96118	98962	99156	99363	99455
96119	98966	99157	99364	99456
96120	98967	99172	99366	99485
96125	98968	99174	99367	99486
96127	98969	99177	99368	99487
96150	99000	99190	99374	99489
96151	99001	99191	99375	99490
96152	99002	99192	99377	99495
96153	99024	99241	99378	99496
96154	99026	99242	99379	99497
96155	99027	99243	99380	99498
96376	99053	99244	99401	99500
96567	99056	99245	99402	99501
96902	99058	99251	99403	99502
96904	99060	99252	99404	99503
97014	99071	99253	99406	99504
97169	99075	99254	99408	99505
97170	99078	99255	99409	99506
97171	99080	99288	99411	99507
97172	99082	99315	99412	99509
97537	99090	99316	99429	99510
97545	99091	99339	99441	99511
97546	99100	99340	99442	99512
97755	99116	99354	99443	99601
98940	99135	99355	99444	99602
98941	99140	99356	99446	99605
98942	99151	99357	99447	99606
98943	99152	99358	99448	99607
98960	99153	99359	99449	

603 Codes That Have Special Requirements or Limitations

The service codes in this section are payable by MassHealth, subject to all conditions and limitations in MassHealth regulations at 130 CMR 433.000 and 450.000: *Administrative and Billing Regulations*, but require specific attachments or prior authorization, or have other specific instructions or limitations. Refer to Section 604 for specific requirements or limitations for HCPCS Level II codes.

**Legend**

CD: MassHealth-specified clinical documentation must be submitted.  
 Covered for members birth to age 21: This code is payable only for members aged birth to 21 years; used to claim for the administration and scoring of a standardized behavioral health-screening

tool from the approved menu of tools found in Appendix W of your provider manual; must be accompanied by modifiers found in Section 605 under Modifiers for Behavioral Health Screening.

<p align="center"><b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b></p> <p align="center">Physician Manual</p>	<p><b>Subchapter Number and Title</b></p> <p>6. Service Codes</p>	<p><b>Page</b></p> <p>6-5</p>
	<p><b>Transmittal Letter</b></p> <p>PHY-154</p>	<p><b>Date</b></p> <p>08/01/17</p>

**Legend**

Covered for members  $\geq 19$ . This code is older; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age.

CPA-2: A completed Certification of Payable Abortion Form must be completed for all induced abortions, except medically induced abortions.

CS-18 or CS-21: A completed Sterilization Consent Form (CS-18 for members aged 18 through 20 years; CS-21 form for members aged 21 and older) must be submitted. See 130 CMR 433.456 through 433.458 for more information. payable only for members aged 19 or

CS-18\* or CS-21\*: A completed Sterilization Consent Form (CS-18 form for members aged 18 through 20; CS-21 for members aged 21 and older) must be submitted, except if the conditions of 130 CMR 433.458(D)(2) and (3) are met. See 130 CMR 433.456 through 433.458 for more information and other submission requirements.

HI-1: A completed Hysterectomy Information Form must be completed. See 130 CMR 450.235: *Overpayments* through 450.260: *Monies Owed by Providers* and 130 CMR 433.459 for more information.

IC: Claim requires individual consideration. See 130 CMR 433.406 for more information.

PA for OMT > 20: Prior authorization is required for more than 20 osteopathic manipulative therapy visits in a 12-month period.

PA for OT > 20: Prior authorization is required for more than 20 occupational therapy visits in a 12-month period.

PA for PT > 20: Prior authorization is required for more than 20 physical therapy visits, regardless of modality, in a 12-month period.

PA for ST > 35: Prior authorization is required for more than 35 speech/language therapy visits in a 12-month period.

PA for Units > 8: Prior authorization is required for claims submitted with greater than 8 units on a given date of service.

PA: Service requires prior authorization. See 130 CMR 433.408 for more information.

Urgent Care Only: Service Codes 99050 and 99051 may be used only for urgent care provided in the office after hours, in addition to the basic service.

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>  Physician Manual	<b>Subchapter Number and Title</b> 6. Service Codes	<b>Page</b> 6-6
	<b>Transmittal Letter</b> PHY-154	<b>Date</b> 08/01/17

603 Codes That Have Special Requirements or Limitations (cont.)

<u>Service Code</u>	<u>Req. or Limit</u>		
		11971	PA (for gender dysphoria-related services only)
01999	IC	15820	PA
11920	PA	15821	PA
11921	PA	15822	PA
11950	CD (covered with diagnosis of lipodystrophy associated with or secondary to HIV only)	15823	PA
		15830	PA
		15832	PA
		15833	PA
11951	CD (covered with diagnosis of lipodystrophy associated with or secondary to HIV only)	15834	PA
		15835	PA
		15836	PA
		15837	PA
11952	CD (covered with diagnosis of lipodystrophy associated with or secondary to HIV only)	15838	PA
		15839	PA
		15876	CD; IC (covered with diagnosis of lipodystrophy associated with or secondary to HIV only)
11954	CD (covered with diagnosis of lipodystrophy associated with or secondary to HIV only)	15877	CD; IC (covered with diagnosis of lipodystrophy associated with or secondary to HIV only)
11970	PA (for gender dysphoria-related services only)		
15878	CD; IC (covered with diagnosis of lipodystrophy associated with or secondary to HIV only)	19350	PA
		19499	IC
		20999	IC
15879	CD; IC (covered with diagnosis of lipodystrophy associated with or secondary to HIV only)	21088	IC
		21089	IC
		21137	PA
		21138	PA
		21139	PA
15999	IC	21146	PA
17380	PA (covered in preparation for gender affirming surgery only)	21147	PA
		21150	PA
		21151	PA
17999	PA; IC	21154	PA
19300	PA	21155	PA
19303	PA (for gender dysphoria-related services only)	21159	PA
		21160	PA
19304	PA (for gender dysphoria-related services only)	21172	PA
		21175	PA
19316	PA	21188	PA
19318	PA	21193	PA
19324	PA	21194	PA
19325	PA	21195	PA
19328	PA	21196	PA
19340	PA		

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>  Physician Manual	<b>Subchapter Number and Title</b> 6. Service Codes	<b>Page</b> 6-7
	<b>Transmittal Letter</b> PHY-154	<b>Date</b> 08/01/17

603 Codes That Have Special Requirements or Limitations (cont.)

<u>Service Code</u>	<u>Req. or Limit</u>	<u>Service Code</u>	<u>Req. or Limit</u>
21198	PA	30430	PA
21199	PA	30435	PA
21206	PA	30450	PA
21208	PA	30999	IC
21209	PA	31299	IC
21210	PA	31599	IC
21215	PA	31899	IC
21230	PA	32851	PA
21235	PA	32852	PA
21240	PA	32853	PA
21242	PA	32854	PA
21243	PA	32999	IC
21244	PA	33935	PA
21247	PA	33945	PA
21255	PA	33981	IC
21256	PA	33982	IC
21299	PA; IC	33983	IC
21499	IC	33999	IC
21742	IC	34841	IC
21743	IC	34842	IC
21899	IC	34843	IC
22857	PA	34844	IC
22862	PA	34845	IC
22865	PA	34846	IC
22899	IC	34847	IC
22999	IC	34848	IC
23929	IC	36299	IC
24940	IC	36470	PA
24999	IC	36471	PA
25999	IC	37195	IC
26989	IC	37501	IC
27299	IC	37799	IC
27599	IC	38129	IC
27899	IC	38230	PA
28890	PA	38240	PA
28899	IC	38241	PA
29799	IC	38242	PA
29800	PA	38589	IC
29804	PA	38999	IC
29999	IC	39499	IC
30400	PA	39599	IC
30410	PA	40799	IC
30420	PA	40840	PA

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>  Physician Manual	<b>Subchapter Number and Title</b> 6. Service Codes	<b>Page</b> 6-8
	<b>Transmittal Letter</b> PHY-154	<b>Date</b> 08/01/17

603 Codes That Have Special Requirements or Limitations (cont.)

<u>Service Code</u>	<u>Req. or Limit</u>	<u>Service Code</u>	<u>Req. or Limit</u>
40842	PA	44799	IC
40843	PA	44899	IC
40844	PA	44979	IC
40845	PA	45399	IC
40899	IC	45499	IC
41599	IC	45999	IC
41820	PA; IC	46999	IC
41821	IC	47135	PA
41850	IC	47379	IC
41899	IC	47399	IC
42280	PA	47579	IC
42281	PA	47999	IC
42299	IC	48554	PA
42699	IC	48999	IC
42999	IC	49329	IC
43289	IC	49659	IC
43496	IC	49906	IC
43499	IC	49999	IC
43644	PA	50549	IC
43645	PA	50949	IC
43647	PA; IC	51925	HI-1
43648	IC	51999	IC
43659	IC	53430	PA (for gender dysphoria-related services only)
43770	PA		
43771	PA	53899	IC
43772	PA	54125	PA (for gender dysphoria-related services only)
43773	PA		
43774	PA	54400	PA
43775	PA	54401	PA
43846	PA	54405	PA
43847	PA	54440	IC
43848	PA	54520	PA (for gender dysphoria-related services only)
43881	PA; IC		
43882	IC	54660	PA (for gender dysphoria-related services only)
43886	PA		
43887	PA	54690	PA (for gender dysphoria-related services only)
43888	PA		
43999	IC	54699	IC
44133	IC	55175	PA (for gender dysphoria-related services only)
44135	PA; IC		
44136	PA; IC	55180	PA (for gender dysphoria-related services only)
44137	PA; IC		
44238	IC	55250	CS-18 or CS-21



<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>  Physician Manual	<b>Subchapter Number and Title</b> 6. Service Codes	<b>Page</b> 6-9
	<b>Transmittal Letter</b> PHY-154	<b>Date</b> 08/01/17

603 Codes That Have Special Requirements or Limitations (cont.)

<u>Service Code</u>	<u>Req. or Limit</u>	<u>Service Code</u>	<u>Req. or Limit</u>
55450	CS-18 or CS-21	58291	HI-1; PA (for gender dysphoria-related services only)
55559	IC		
55899	IC; PA (for gender dysphoria-related services only)	58292	HI-1
55970	PA, IC	58293	HI-1
55980	PA, IC	58294	HI-1
56620	PA (for gender dysphoria-related services only)	58541	HI-1; PA (for gender dysphoria-related services only)
56625	PA (for gender dysphoria-related services only)	58542	HI-1; PA (for gender dysphoria-related services only)
56800	PA		
56805	IC		
57110	PA (for gender dysphoria-related services only)	58543	HI-1; PA (for gender dysphoria-related services only)
57291	PA (for gender dysphoria-related services only)	58544	HI-1; PA (for gender dysphoria-related services only)
57292	PA (for gender dysphoria-related services only)		
57335	IC	58548	HI-1
58150	HI-1; PA (for gender dysphoria-related services only)	58550	HI-1; PA (for gender dysphoria-related services only)
58152	HI-1	58552	HI-1; PA (for gender dysphoria-related services only)
58180	HI-1; PA (for gender dysphoria-related services only)	58553	HI-1; PA (for gender dysphoria-related services only)
58200	HI-1		
58210	HI-1		
58240	HI-1	58554	HI-1; PA (for gender dysphoria-related services only)
58260	HI-1; PA (for gender dysphoria-related services only)	58565	CS-18 or CS-21
58262	HI-1; PA (for gender dysphoria-related services only)	58570	HI-1; PA (for gender dysphoria-related services only)
58263	HI-1	58571	HI-1; PA (for gender dysphoria-related services only)
58267	HI-1		
58270	HI-1		
58275	HI-1	58572	HI-1; PA (for gender dysphoria-related services only)
58280	HI-1		
58285	HI-1		
58290	HI-1; PA (for gender dysphoria-related services only)		

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>  Physician Manual	<b>Subchapter Number and Title</b> 6. Service Codes	<b>Page</b> 6-10
	<b>Transmittal Letter</b> PHY-154	<b>Date</b> 08/01/17

603 Codes That Have Special Requirements or Limitations (cont.)

<u>Service Code</u>	<u>Req. or Limit</u>	<u>Service Code</u>	<u>Req. or Limit</u>
58573	HI-1; PA (for gender dysphoria-related services only)	67399	IC
		67599	IC
		67900	PA
58578	IC	67901	PA
58579	IC	67902	PA
58600	CS-18 or CS-21	67903	PA
58605	CS-18 or CS-21	67904	PA
58611	CS-18 or CS-21	67906	PA
58615	CS-18 or CS-21	67908	PA
58661	CS-18* or CS-21*; PA (for gender dysphoria-related services only)	67999	IC
		68399	IC
		68899	IC
58670	CS-18 or CS-21	69300	PA
58671	CS-18 or CS-21	69399	IC
58679	IC	69710	IC
58720	CS-18* or CS-21*; PA (for gender dysphoria-related services only)	69799	IC
		69930	PA
		69949	IC
58951	HI-1	69979	IC
58956	HI-1	74261	PA
58999	IC; PA (for gender dysphoria-related services only)	74262	PA
		76499	IC
59135	HI-1	76999	IC
59525	HI-1	77058	PA
59840	CPA-2	77059	PA
59841	CPA-2	77061	IC
59850	CPA-2	77062	IC
59851	CPA-2	77299	IC
59852	CPA-2	77387	IC
59855	CPA-2	77399	IC
59856	CPA-2	77499	IC
59857	CPA-2	77799	IC
59898	IC	78099	IC
59899	IC	78199	IC
60659	IC	78299	IC
60699	IC	78399	IC
64650	PA	78499	IC
64653	PA	78599	IC
64999	IC	78699	IC
65757	IC	78799	IC
65785	PA	78999	IC
66999	IC	79999	IC
67299	IC	81099	IC

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>  Physician Manual	<b>Subchapter Number and Title</b> 6. Service Codes	<b>Page</b> 6-11
	<b>Transmittal Letter</b> PHY-154	<b>Date</b> 08/01/17

603 Codes That Have Special Requirements or Limitations (cont.)

<u>Service Code</u>	<u>Req. or Limit</u>	<u>Service Code</u>	<u>Req. or Limit</u>
81211	PA	90636	Covered for members $\geq$ 19; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age
81212	PA		
81215	PA		
81217	PA		
81228	IC		
81229	IC		Covered for members aged 19 to 26 years; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age
81420	PA; IC	90649	
81479	IC		
81507	PA		
81519	PA		
84999	IC		Covered for female members aged 19 to 26 years; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age
85999	IC		
86849	IC	90650	
86999	IC		
87999	PA; IC		
88199	IC		Covered for female members aged 19 to 26 years; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age
88299	IC		
88399	IC		
89240	IC	90651	
90288	IC		
90291	IC		Covered for members $\geq$ 19; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age
90296	IC		
90378	PA; IC		
90393	PA; IC		
90399	IC		
90476	IC	90654	Covered for members $\geq$ 19; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age
90477	IC		
90581	IC		
90620	IC		
90621	IC		
90625	IC		Covered for members $\geq$ 19; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age
90630	Covered for members $\geq$ 19; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age	90655	
		90657	
		90658	
		90660	
		90661	Covered for adults $\geq$ 19; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age
		90664	
90632	Covered for adults $\geq$ 19; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age	90666	
		90667	
		90668	

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>  Physician Manual	<b>Subchapter Number and Title</b> 6. Service Codes	<b>Page</b> 6-12
	<b>Transmittal Letter</b> PHY-154	<b>Date</b> 08/01/17

603 Codes That Have Special Requirements or Limitations (cont.)

<u>Service Code</u>	<u>Req. or Limit</u>	<u>Service Code</u>	<u>Req. or Limit</u>
90670	Covered for members $\geq$ 19; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age	90690 90696 90707	IC IC IC; Covered for members $\geq$ 19; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age
90672	Covered for members $>$ 19 $<$ 49; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age	90713	Covered for members $\geq$ 19; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age
90673	Covered for members $\geq$ 19; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age	90715	Covered for members $\geq$ 19; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age
90676 90681	IC IC; Covered for members $\geq$ 19; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age	90716	IC; Covered for members $\geq$ 19; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age
90682	IC; Covered for members $\geq$ 19; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age	90717	IC; Covered for members $\geq$ 19; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age
90686	Covered for members $\geq$ 19; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age	90732	Covered for members $\geq$ 19; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age
90688	Covered for members $\geq$ 19; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age	90733	IC; Covered for members $\geq$ 19; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>  Physician Manual	<b>Subchapter Number and Title</b> 6. Service Codes	<b>Page</b> 6-13
	<b>Transmittal Letter</b> PHY-154	<b>Date</b> 08/01/17

603 Codes That Have Special Requirements or Limitations (cont.)

<u>Service Code</u>	<u>Req. or Limit</u>	<u>Service Code</u>	<u>Req. or Limit</u>
90734	IC; Covered for members $\geq$ 19; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age	92524	PA for ST >35
		92526	PA for ST >35
		92588	IC
		92610	PA for ST >35
		92700	IC
		92921	IC
90736	IC; PA is required for members less than age 50	92925	IC
		92929	IC
90738	IC	92934	IC
90749	IC	92938	IC
90750	IC	92944	IC
90867	IC	93229	IC
90868	IC	93299	IC
90899	IC	93745	IC
90935	For hospitalized member only; not for chronic maintenance	93799	IC
		93998	IC
		94669	PA
90937	For hospitalized member only; not for chronic maintenance	94772	IC
		94774	IC
		94775	IC
90945	For hospitalized member only; not for chronic maintenance	94776	IC
		94777	IC
		94799	IC
90947	For hospitalized member only; not for chronic maintenance	95199	IC
		95803	IC
		95999	IC
90952	IC	96377	IC
90953	IC	96379	IC
91110	PA	96549	IC
91111	PA	96931	IC
91299	IC	96932	IC
92065	PA	96933	IC
92250	PA	96934	IC
92310	PA; includes supply of lenses	96935	IC
92311	PA; includes supply of lenses	96936	IC
92312	PA; includes supply of lenses	96999	IC
92313	PA; includes supply of lenses	97010	PA for PT >20
92326	PA	97012	PA for PT >20
92499	IC	97016	PA for PT >20
92507	PA for ST >35	97018	PA for PT >20
92508	PA for ST >35	97022	PA for PT >20
92521	PA for ST >35	97024	PA for PT >20
92522	PA for ST >35	97026	PA for PT >20
92523	PA for ST >35	97028	PA for PT >20

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>  Physician Manual	<b>Subchapter Number and Title</b> 6. Service Codes	<b>Page</b> 6-14
	<b>Transmittal Letter</b> PHY-154	<b>Date</b> 08/01/17

603 Codes That Have Special Requirements or Limitations (cont.)

<u>Service Code</u>	<u>Req. or Limit</u>	<u>Service Code</u>	<u>Req. or Limit</u>
97032	PA for PT >20	99188	Once per three-month period
97033	PA for PT >20	99195	For hematologic disorders only
97034	PA for PT >20		
97035	PA for PT >20	99199	IC
97036	PA for PT >20	99499	IC
97039	PA for PT >20; IC	99600	IC
97110	PA for PT >20	96110	Developmental screening, with interpretation and report, per standardized instrument form. Covered for members birth to age 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; must be accompanied by modifiers found in Section 605 under Behavioral Health Screening Modifiers to indicate whether a behavioral health need was identified.
97112	PA for PT >20		
97113	PA for PT >20		
97116	PA for PT >20		
97124	PA for PT >20		
97139	PA for PT >20; IC		
97140	PA for PT >20		
97150	PA for PT >20		
97161	PA for PT >20		
97162	PA for PT >20		
97163	PA for PT >20		
97164	PA for PT >20		
97165	PA for PT >20		
97166	PA for PT >20		
97167	PA for PT >20		
97168	PA for PT >20		
97530	PA for OT >20		
97532	PA for OT >20		
97533	PA for OT >20		
97535	PA for OT >20		
97542	PA for OT >20		
97607	IC		
97608	IC		
97610	IC		
97760	PA for OT >20		
97761	PA for OT >20		
97762	PA for OT >20		
97799	IC		
98925	PA for OMT >20		
98926	PA for OMT >20		
98927	PA for OMT >20		
98928	PA for OMT >20		
98929	PA for OMT >20		
99050	Urgent care only		
99051	Urgent care only		
99070	IC; excluding family planning supplies, such as trays, used in used in the collection of specimens		

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>  Physician Manual	<b>Subchapter Number and Title</b> 6. Service Codes	<b>Page</b> 6-15
	<b>Transmittal Letter</b> PHY-154	<b>Date</b> 08/01/17

604 Payable HCPCS Level II Service Codes

This section lists Level II HCPCS codes that are payable under MassHealth. For more detailed descriptions when billing for Level II HCPCS codes provided to MassHealth members, refer to the Centers for Medicare & Medicaid Services website at [www.cms.gov/Medicare/Coding/HCPCSReleaseCodeSets/Alpha-Numeric-HCPCS.html](http://www.cms.gov/Medicare/Coding/HCPCSReleaseCodeSets/Alpha-Numeric-HCPCS.html).

Service Code

A4261	IC	J0215	PA; IC	J0640	
A4266		J0221	PA	J0641	
A4267		J0256		J0670	
A4268		J0257		J0690	
A4269		J0285		J0692	
A4641	IC	J0287		J0694	
A4648	IC	J0289		J0696	
A9500	IC	J0290		J0697	
A9502	IC	J0295		J0702	
A9503	IC	J0348		J0712	
A9505	IC	J0364	IC	J0713	
A9512	IC	J0400	IC	J0715	PA; IC
A9537	IC	J0401		J0716	IC
A9576		J0456		J0717	PA
A9577		J0461		J0720	
A9578		J0470		J0740	
A9579		J0475		J0743	
A9581		J0476		J0770	
G0027		J0485	PA	J0775	PA
G0105		J0490	PA	J0780	
G0108		J0558		J0833	IC
G0109		J0561		J0834	
G0121		J0570	PA	J0840	
G0270		J0571	IC; PA	J0850	
G0271		J0572	IC	J0878	
G0279		J0573	IC	J0881	PA
G0297		J0574	IC	J0882	PA
G0455	IC	J0575	IC	J0883	IC
G0480		J0585	PA	J0884	IC
G0481		J0586	PA	J0885	PA
G0482		J0587	PA	J0887	PA
G0483		J0588	PA	J0888	PA
J0129	PA	J0592		J0890	PA; IC
J0131	IC	J0594		J0894	
J0135	PA; IC	J0596	PA ; IC	J0895	
J0153		J0598	PA	J0897	PA
J0171		J0636		J1000	
J0178		J0637		J1020	
J0202	PA	J0638	PA	J1030	

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>  Physician Manual	<b>Subchapter Number and Title</b> 6. Service Codes	<b>Page</b> 6-16
	<b>Transmittal Letter</b> PHY-154	<b>Date</b> 08/01/17

604 Payable HCPCS Level II Service Codes (cont)

Service Code

J1040		J1644		J2300	
J1050		J1645		J2310	
J1071	PA	J1650		J2315	
J1094	IC	J1652		J2323	
J1100		J1655	IC	J2353	
J1130	PA; IC	J1670		J2354	
J1160		J1700	IC	J2355	PA
J1170		J1710	IC	J2357	PA
J1190		J1720		J2358	PA
J1200		J1725	PA; IC	J2400	
J1212		J1740	PA	J2405	
J1240		J1743		J2426	PA
J1260	IC	J1744	PA ; IC	J2430	
J1290		J1745	PA	J2440	IC
J1300		J1750		J2460	IC
J1320	IC	J1756	PA	J2469	
J1322	PA ; IC	J1786	PA	J2502	PA; IC
J1438	PA	J1790	IC	J2503	
J1439	PA	J1800		J2504	
J1442	PA	J1815		J2505	
J1447		J1826	IC	J2507	PA; IC
J1453		J1830	IC	J2510	
J1455	IC	J1840	IC	J2515	
J1458		J1850	IC	J2540	
J1459		J1885		J2543	
J1460		J1890	IC	J2545	
J1556		J1930		J2550	
J1557	PA ; IC	J1931		J2560	
J1559	PA	J1942	PA	J2562	
J1561	PA	J1950	PA	J2675	
J1562	PA ; IC	J1956		J2680	
J1566	PA	J1990	IC	J2700	
J1568	PA	J2060		J2704	
J1569	PA	J2150		J2760	IC
J1571		J2170	IC	J2778	
J1572		J2175		J2785	
J1573	IC	J2182	PA; IC	J2786	PA; IC
J1575		J2212	IC; PA	J2788	
J1580		J2248		J2790	
J1599	PA; IC	J2250		J2791	
J1602	PA	J2265	IC	J2792	
J1626		J2270		J2793	PA ; IC
J1630		J2274		J2794	
J1642		J2278		J2795	



<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>  Physician Manual	<b>Subchapter Number and Title</b> 6. Service Codes	<b>Page</b> 6-17
	<b>Transmittal Letter</b> PHY-154	<b>Date</b> 08/01/17

604 Payable HCPCS Level II Service Codes (cont)

Service Code

J2796	PA	J3490	IC	J7512	
J2820		J3490-FP	IC	J7515	
J2840	PA; IC	J3590	IC	J7517	
J2910	IC	J7030		J7518	
J2916		J7040		J7520	
J2920		J7050		J7527	
J2930		J7060		J7599	IC
J2940	PA ; IC	J7070		J7608	
J2941	PA ; IC	J7120		J7614	PA
J2997		J7131	IC	J7620	
J3000		J7297	IC	J7626	
J3010		J7298	IC	J7633	IC
J3030	IC	J7301	IC	J7639	
J3060	PA	J7303	IC	J7644	
J3095	PA	J7304	IC	J7665	IC
J3110	PA ; IC	J7307	IC	J7669	IC
J3121	PA	J7309	IC	J7676	IC
J3145	PA; IC	J7310	IC	J7682	
J3230		J7311	IC	J7686	PA
J3240		J7312	IC	J7699	IC
J3243		J7313		J7799	IC
J3250		J7315	IC	J7999	IC
J3262	PA	J7316		J8562	IC
J3285		J7320	PA	J8655	
J3300		J7321	PA	J8670	PA; IC
J3301		J7322	PA; IC	J9000	
J3302	IC	J7323	PA	J9015	IC
J3303		J7324	PA	J9017	
J3315		J7325	PA	J9019	PA
J3357	PA	J7326	PA	J9020	IC
J3360		J7327	PA	J9025	
J3370		J7328	PA; IC	J9031	
J3385	PA	J7336	PA	J9033	
J3396		J7340	IC	J9034	
J3410		J7342	IC	J9035	
J3411		J7500		J9040	
J3430		J7502		J9041	
J3465		J7503		J9042	PA
J3471		J7504		J9043	PA; IC
J3472	IC	J7507		J9045	
J3473		J7508		J9047	PA
J3475		J7509		J9050	
J3486		J7510		J9055	
J3489	PA	J7511		J9060	

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>  Physician Manual	<b>Subchapter Number and Title</b> 6. Service Codes	<b>Page</b> 6-18
	<b>Transmittal Letter</b> PHY-154	<b>Date</b> 08/01/17

604 Payable HCPCS Level II Service Codes (cont)

Service Code

J9065		J9264		Q2049	IC
J9070		J9266		Q2050	
J9098		J9267		Q4074	
J9100		J9268		Q4081	
J9120		J9280		Q4101	
J9130		J9293		Q4102	
J9145	PA	J9295	PA	Q4103	IC
J9155	PA	J9300	IC	Q4104	IC
J9160	IC	J9301	PA	Q4106	
J9171		J9302	PA ; IC	Q4107	
J9176	PA	J9303		Q4108	IC
J9178		J9305		Q4110	IC
J9179	PA	J9306	PA	Q4121	
J9181		J9307		Q4131	
J9185		J9310	PA	Q4132	
J9190		J9315	PA	Q4133	
J9200		J9320		Q4161	IC
J9201		J9325	PA	Q4162	IC
J9202	PA	J9328		Q4163	IC
J9205	PA	J9330		Q4164	IC
J9206		J9340	IC	Q4165	IC
J9207		J9351		Q5101	
J9208		J9354	PA	Q9950	
J9209		J9355		Q9980	PA; IC
J9211		J9357		S0020	IC
J9212	IC	J9360		S0021	IC
J9213		J9370		S0023	IC
J9214		J9371	PA	S0077	IC
J9215	IC	J9390		S0190	IC
J9216	IC	J9395	PA	S0191	IC
J9217	PA	J9400	PA	S0199	
J9218	PA	J9999	IC	S0302	
J9219	PA ; IC	Q0138		S2260 (CPA-2); IC	
J9225		Q0139		S3005	
J9226		Q0162		S4989	IC
J9228	IC	Q2009	IC	S4993	
J9230		Q2017	IC	T1023	
J9250		Q2035		V2600	PA; IC
J9260		Q2036	IC	V2610	PA; IC
J9261	PA	Q2037		V2615	PA; IC
J9262	PA ; IC	Q2038	IC	V2799	PA; IC
J9263		Q2043	PA		

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>  Physician Manual	<b>Subchapter Number and Title</b> 6. Service Codes	<b>Page</b> 6-19
	<b>Transmittal Letter</b> PHY-154	<b>Date</b> 08/01/17

## 605 Modifiers

The following service code modifiers are allowed for billing under MassHealth. See the [MassHealth Billing Guide for Paper Claim Submitters](#) for billing instructions on the use of modifiers.

<u>Modifier</u>	<u>Modifier Description</u>
22	Increased Procedural Services
24	Unrelated evaluation and management service by the same physician or other qualified health care professional 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
52	Reduced services
53	Discontinued service
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
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
AA	Anesthesia services performed personally by an anesthesiologist. (This allows payment of 100% of the Total Anesthesia Fee for the anesthesiologist's services)
E1	Upper left, eyelid
E2	Lower left, eyelid
E3	Upper right, eyelid
E4	Lower right eyelid
F1	Left hand, second digit
F2	Left hand, third digit
F3	Left hand, fourth digit
F4	Left hand, fifth digit
F5	Right hand, thumb
F6	Right hand, second digit

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>  Physician Manual	<b>Subchapter Number and Title</b> 6. Service Codes	<b>Page</b> 6-20
	<b>Transmittal Letter</b> PHY-154	<b>Date</b> 08/01/17

605 Modifiers (cont.)

<u>Modifier</u>	<u>Modifier Description</u>
F7	Right hand, third digit
F8	Right hand, fourth digit
F9	Right hand, fifth digit
FA	Left hand, thumb
FP	Service provided as part of family planning program
LC	Left circumflex coronary artery
LD	Left anterior descending coronary artery
LT	Left side (used to identify procedures performed on the left side of the body)
LM	Left main coronary artery
QK	Medical direction by a physician of two, three or four concurrent anesthesia procedures. (Use to indicate physician medical direction of multiple CRNAs. This allows payment of 50% of the Total Anesthesia Fee for the physician's services).
QY	Medical direction of one CRNA by a physician. (Use to indicate physician medical direction of one CRNA. This allows payment of 50% of the Total Anesthesia Fee for the physician's services).
QX	CRNA anesthesia services with medical direction by a physician. (Use to indicate CRNA anesthesia services with medical direction by a physician. This allows payment of 50% of the Total Anesthesia Fee for the CRNA's services. Not for use if CRNA is employed by the facility in which the anesthesia services were performed).
QZ	CRNA anesthesia services without medical direction by a physician. (This allows payment of 100% of the Total Anesthesia Fee for the CRNA's services. Not for use if CRNA is employed by the facility in which the anesthesia services were performed.)
RB	Replacement of a DME, orthotic, or prosthetic item furnished as part of a repair (This modifier should only be used with 92340, 92341, and 92342 to bill for the dispensing of replacement lenses.)
RC	Right coronary artery
RI	Ramus intermedius coronary artery
RT	Right side (used to identify procedures performed on the right side of the body)
SA	Nurse practitioner rendering service in collaboration with a physician. (This modifier is to be applied to service codes billed by a physician that were performed by a certified nurse practitioner employed by the physician (the physician employer must be practicing as an individual and not practicing as a professional corporation or as a member of a group practice.) A certified nurse practitioner billing under his/her own individual provider number, or a group practice, should not use this modifier.)
SL	State supplied vaccine (This modifier should only be applied to codes 90460, 90461, 90471, 90472, 90473, and 90474 to identify administration of vaccines provided at no cost by the Massachusetts Department of Public Health for individuals aged 18 years and younger, including those administered under the Vaccine for Children Program (VFC).)
T1	Left foot, second digit

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>  Physician Manual	<b>Subchapter Number and Title</b> 6. Service Codes	<b>Page</b> 6-21
	<b>Transmittal Letter</b> PHY-154	<b>Date</b> 08/01/17

605 Modifiers (cont.)

<u>Modifier</u>	<u>Modifier Description</u>
T2	Left foot, third digit
T3	Left foot, fourth digit
T4	Left foot, fifth digit
T5	Right foot, great toe
T6	Right foot, second digit
T7	Right foot, third digit
T8	Right foot, fourth digit
T9	Right foot, fifth digit
TA	Left foot, great toe
TC	<p>Technical component. Under certain circumstances, a charge may be made for the technical component alone. Under those circumstances the technical component charge is identified by adding modifier 'TC' to the usual procedure number.</p> <p>Technical component charges are institutional charges and not billed separately by physicians. However, portable x-ray suppliers only bill for technical component and should utilize modifier TC. The charge data from portable x-ray suppliers will then be used to build customary and prevailing profiles</p>
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

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>  Physician Manual	<b>Subchapter Number and Title</b> 6. Service Codes	<b>Page</b> 6-22
	<b>Transmittal Letter</b> PHY-154	<b>Date</b> 08/01/17

### **Modifiers for Tobacco-Cessation Services**

The following modifiers are used in combination with **Service Code 99407** to report tobacco-cessation counseling. Service Code 99407 (smoking and tobacco-use cessation counseling visit; intensive, greater than 10 minutes) may also be billed without a modifier to report an individual smoking and tobacco-use cessation counseling visit of at least 30 minutes.

<u>Modifier</u>	<u>Modifier Description</u>
HQ	Group counseling, at least 60–90 minutes in duration, provided by a physician, physician assistant, certified nurse practitioner, clinical nurse specialist, psychiatric clinical nurse specialist or certified nurse midwife.
TD	Individual counseling provided by a registered nurse (RN) under the supervision of a physician.
TF	Individual counseling, intensive (intake/assessment counseling, at least 45 minutes in duration) provided by a physician, physician assistant, certified nurse practitioner, clinical nurse specialist, psychiatric clinical nurse specialist or certified nurse midwife

605 Modifiers (cont.)

<u>Modifier</u>	<u>Modifier Description</u>
U1	Individual counseling services provided by a tobacco-cessation counselor under the supervision of a physician
U2	Individual counseling; intensive (intake/assessment counseling, at least 45 minutes in duration), provided by a registered nurse or a tobacco-cessation counselor, under the supervision of a physician
U3	Group counseling, at least 60-90 minutes in duration, provided by a registered nurse, or a tobacco-cessation counselor, under the supervision of a physician

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>  Physician Manual	<b>Subchapter Number and Title</b> 6. Service Codes	<b>Page</b> 6-23
	<b>Transmittal Letter</b> PHY-154	<b>Date</b> 08/01/17

### Modifiers for Behavioral Health Screening

The administration and scoring of standardized behavioral health-screening tools selected from the approved menu of tools found in Appendix W of your 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. “Behavioral health need identified” means the provider administering the screening tool, in his or her professional judgment, identified a child with a potential behavioral health services need.

- U1            Completed behavioral health screening using a standardized behavioral health-screening tool selected from the approved menu of tools found in Appendix W of your provider manual with “no behavioral health need identified” when administered by a physician, certified nurse midwife, certified nurse practitioner or physician assistant.
- U2            Completed behavioral health screening using a standardized behavioral health screening tool selected from the approved menu of tools found in Appendix W of your provider manual and a behavioral health need was identified when administered by a physician, certified nurse midwife, certified nurse practitioner or physician assistant.
- U5            Completed behavioral health screening using a standardized behavioral health-screening tool selected from the approved menu of tools found in Appendix W of your provider manual with “no behavioral health need identified” when administered by a certified nurse practitioner employed by a physician.
- U6            Completed behavioral health screening using a standardized behavioral health-screening tool selected from the approved menu of tools found in Appendix W of your provider manual and a behavioral health need was identified when administered by a certified nurse practitioner employed by a physician.
- 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, U2, U5 or U6.

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>  Physician Manual	<b>Subchapter Number and Title</b> 6. Service Codes	<b>Page</b> 6-24
	<b>Transmittal Letter</b> PHY-154	<b>Date</b> 08/01/17

### **Modifiers for Administration of MassHealth-Approved Screening Tools**

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

<u>Modifier</u>	<u>Modifier 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 at [www.mass.gov/eohhs/gov/departments/dph/programs/family-health/postpartum-depression/postpartum-depression-tools.html](http://www.mass.gov/eohhs/gov/departments/dph/programs/family-health/postpartum-depression/postpartum-depression-tools.html).

### **Modifier for Child and Adolescent Needs and Strengths (CANS)**

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

- |    |  |
|----|--|
| 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. |
|----|--|

### **Modifiers for Provider Preventable Conditions That Are National Coverage Determinations**

<u>Modifier</u>	<u>Modifier 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 are defined in the *Current Procedural Terminology (CPT)* codebook.