



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



MassHealth
Transmittal Letter CHC-114
July 2020

TO: Community Health Centers Participating in MassHealth
FROM: Amanda Cassel Kraft, Acting Medicaid Director
RE: *Community Health Centers Manual* (2020 HCPCS Code Updates: Telephonic, Home Visit, and Diagnostic Codes)

Updates to Subchapter 6

This letter transmits a revision to Subchapter 6 in the *Community Health Centers Manual*. The Centers for Medicare & Medicaid Services (CMS) has revised the Healthcare Common Procedures Coding System (HCPCS) for 2020. MassHealth has updated Subchapter 6 to incorporate coding updates for telephonic and home visit codes, as well as clinical laboratory services administering diagnostic tests for the 2019 novel Coronavirus Disease (COVID-19).

MassHealth providers must refer to the American Medical Association's 2020 *Current Procedural Terminology* (CPT) codebook or the *Healthcare Common Procedure Coding System (HCPCS) Level II* codebook for service descriptions of the codes listed in Subchapter 6 of the *Community Health Centers Manual*.

If you wish to obtain a fee schedule, you may download the Executive Office of Health and Human Services regulations at no cost at www.mass.gov/service-details/eohhs-regulations. The regulation title for Community Health Centers is 101 CMR 304.00, for Clinical Laboratory Services is 101 CMR 320.00; for Medicine is 101 CMR 317.00; and for Surgery and Anesthesia is 101 CMR 316.00.

1. Certain Telephonic, and Home Visit Codes

In accordance with All Provider Bulletins 289 and 291, effective April 1, 2020, for dates of service beginning March 12, 2020, Community Health Center providers may bill for the following telephonic, and home visit, codes:

Telephonic Codes

99441, 99442, 99443, 98966, 98967, 98968

Home Visits:

99500, 99501, 99502, 99503, 99504, 99505, 99506, 99507, 99509, 99511, and 99512

2. COVID-19 Remote Patient Monitoring Bundle Services

Effective for dates of service on or after March 12, 2020, MassHealth will pay Community Health Centers for COVID-19 remote patient monitoring bundle services rendered in accordance with the standards and limitations set forth in All Provider Bulletin 294. Providers should bill CPT code 99423 with modifier U9 when rendering COVID-19 remote patient monitoring bundle services. Please refer to [All Provider Bulletin 294](#) for additional information and limitations on the uses of code 99423 with modifier U9.

3. Diagnostic Laboratory Services for the 2019 novel Coronavirus Disease (COVID-19)

Community Health Center providers may bill for the following diagnostic codes for the dates of service shown below:

G2023 and G2024. Effective for dates of service on or after March 1, 2020.

G2023 CG and G2024 CG. Effective for dates of service on or after May 22, 2020.

87635 and U0002. Beginning April 1, 2020, effective for dates of service on or after March 12, 2020.

U0003 and U0004. Effective for dates of service on or after March 18, 2020.

86328 (IC) and 86769 (IC). Effective for dates of service on or after April 10, 2020

MassHealth Website

This transmittal letter and attached pages are available on the MassHealth website at 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. No text in the body or subject line is needed.

Questions

If you have any questions about this transmittal letter, please contact the MassHealth Customer Service Center at (800) 841-2900, email your inquiry to 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 to 6-22

OBSOLETE MATERIAL

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

Community Health Center Manual

Pages 6-1 to 6-22 — transmitted by Transmittal Letter CHC-113

Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title 6. Service Codes and Descriptions	Page 6-2
Community Health Center Manual	Transmittal Letter CHC-114	Date 07/01/2020

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 *Community Health Center Services* 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).

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).

Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title 6. Service Codes and Descriptions	Page 6-2
Community Health Center Manual	Transmittal Letter CHC-114	Date 07/01/2020

602 Payable Radiology Service Codes

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

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

¹PA 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.

Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title 6. Service Codes and Descriptions	Page 6-3
Community Health Center Manual	Transmittal Letter CHC-114	Date 07/01/2020

602 Payable Radiology Service Codes (cont.)

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

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Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title 6. Service Codes and Descriptions	Page 6-4
Community Health Center Manual	Transmittal Letter CHC-114	Date 07/01/2020

602 Payable Radiology Service Codes (cont.)

76885	77080	78195	78472 PA ¹
76886	77081	78199 IC	78473 PA ¹
76937	77085	78201	78481 PA ¹
76942	77086	78202	78483 PA ¹
76945	77293	78205	78491 PA ¹
76946	77299 IC	78206	78492 PA ¹
76948	77306	78215	78494 PA ¹
76965	77307	78216	78496 PA ¹
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 ¹
77012	78012	78282	78609 PA ¹
77013	78013	78290	78610
77014	78014	78291	78630
77021 PA ¹	78015	78299 IC	78635
77022 PA ¹	78016	78300	78645
77046 PA ¹	78018	78305	78647
77047 PA ¹	78020	78306	78650
77048 PA ¹	78070	78315	78660
77049 PA ¹	78071	78320	78699 IC
77053	78072	78350	78700
77054	78075	78399 IC	78701
77061 IC	78099 IC	78414	78707
77062 IC	78102	78428 PA ¹	78708
77063	78103	78445	78709
77065	78104	78451 PA ¹	78710
77066	78110	78452 PA ¹	78725
77067	78111	78453 PA ¹	78730
77071	78120	78454 PA ¹	78740
77072	78121	78456	78761
77073	78122	78457	78799 IC
77074	78130	78458	78800
77075	78135	78459 PA ¹	78801
77076	78140	78466 PA ¹	78802
77077	78185	78468	78803
77078 PA ¹	78191	78469 PA ¹	78804

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Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title 6. Service Codes and Descriptions	Page 6-5
Community Health Center Manual	Transmittal Letter CHC-114	Date 07/01/2020

602 Payable Radiology Service Codes (cont.)

78805	78811 PA ¹	78815 PA ¹
78806	78812 PA ¹	78816 PA ¹
78807	78813 PA ¹	78999 IC
78808	78814 PA ¹	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

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Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title 6. Service Codes and Descriptions	Page 6-6
Community Health Center Manual	Transmittal Letter CHC-114	Date 07/01/2020

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

Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title 6. Service Codes and Descriptions	Page 6-7
Community Health Center Manual	Transmittal Letter CHC-114	Date 07/01/2020

603 Payable Laboratory Service Codes (cont.)

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

Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title 6. Service Codes and Descriptions	Page 6-8
Community Health Center Manual	Transmittal Letter CHC-114	Date 07/01/2020

603 Payable Laboratory Service Codes (cont.)

85270	85547	86161	86361	86663
85280	85549	86162	86367	86664
85290	85555	86171	86376	86665
85291	85557	86200	86382	86666
85292	85576	86215	86384	86668
85293	85597	86225	86386	86671
85300	85598	86226	86403	86674
85301	85610	86235	86406	86677
85302	85611	86243	86430	86682
85303	85612	86255	86431	86684
85305	85613	86256	86480	86687
85306	85635	86277	86481	86688
85307	85651	86280	86485	86689
85335	85652	86294	86486	86692
85337	85660	86300	86490	86694
85345	85670	86301	86510	86695
85347	85675	86304	86590	86696
85348	85705	86308	86592	86698
85360	85730	86309	86593	86701
85362	85732	86310	86602	86702
85366	85810	86316	86603	86703
85370	85999 IC	86317	86606	86704
85378	86000	86318	86609	86705
85379	86001	86320	86611	86706
85380	86003	86325	86612	86707
85384	86005	86327	86615	86708
85385	86008	86328 IC	86617	86709
85390	86021	86329	86618	86710
85396	86022	86331	86619	86711
85397	86023	86332	86622	86713
85400	86038	86334	86625	86717
85410	86039	86335	86628	86720
85415	86060	86336	86631	86723
85420	86063	86337	86632	86727
85421	86140	86340	86635	86732
85441	86141	86341	86638	86734
85445	86146	86343	86641	86735
85460	86147	86344	86644	86738
85461	86148	86352	86645	86741
85475	86152	86353	86648	86744
85520	86153	86355	86651	86747
85525	86155	86356	86652	86750
85530	86156	86357	86653	86753
85536	86157	86359	86654	86756
85540	86160	86360	86658	86757

Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title 6. Service Codes and Descriptions	Page 6-9
Community Health Center Manual	Transmittal Letter CHC-114	Date 07/01/2020

603 Payable Laboratory Service Codes (cont.)

86759	86900	87140	87279	87485
86762	86901	87143	87280	87486
86765	86902	87147	87281	87487
86768	86904	87149	87283	87490
86769 IC	86905	87152	87285	87491
86771	86906	87158	87290	87492
86774	86920	87164	87299	87495
86777	86921	87166	87300	87496
86778	86922	87168	87301	87497
86780	86923	87169	87305	87498
86784	86940	87172	87320	87500
86787	86941	87176	87324	87501
86788	86970	87177	87327	87502
86789	86971	87181	87328	87503
86790	86972	87184	87329	87505
86793	86975	87185	87332	87506
86800	86976	87186	87335	87507
86803	86977	87187	87336	87510
86804	86978	87188	87337	87511
86805	86999 IC	87190	87338	87512
86806	87003	87197	87339	87516
86807	87015	87205	87340	87517
86808	87040	87206	87341	87520
86812	87045	87207	87350	87521
86813	87046	87209	87380	87522
86816	87070	87210	87385	87525
86817	87071	87220	87389	87526
86821	87073	87230	87390	87527
86825	87075	87250	87391	87528
86826	87076	87252	87400	87529
86828	87077	87253	87420	87530
86829	87081	87254	87425	87531
86830	87084	87255	87427	87532
86831	87086	87260	87430	87533
86832	87088	87265	87449	87534
86833	87101	87267	87450	87535
86834	87102	87269	87451	87536
86835	87103	87270	87471	87537
86849 IC	87106	87271	87472	87538
86850	87107	87272	87475	87539
86860	87109	87273	87476	87540
86870	87110	87274	87480	87541
86880	87116	87275	87481	87542
86885	87118	87276	87482	87550
86886		87278	87483	87551

Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title 6. Service Codes and Descriptions	Page 6-10
Community Health Center Manual	Transmittal Letter CHC-114	Date 07/01/2020

603 Payable Laboratory Service Codes (cont.)

87552	87810	88177	88312	89240 IC
87555	87850	88182	88313	89300
87556	87880	88184	88314	89310
87557	87899	88185	88319	89320
87560	87900	88187	88341	93000
87561	87901	88188	88342	93005
87562	87902	88189	88344	93010
87580	87903	88199 IC	88346	93015
87581	87904	88230	88348	93016
87582	87905	88233	88350	93017
87590	87906	88235	88355	93018
87591	87910	88237	88356	93024
87592	87912	88239	88358	93040
87623	87999 PA, IC	88240	88360	93041
87624	88104	88241	88361	93042
87625	88106	88245	88362	93224
87631	88108	88248	88363	93225
87632	88112	88249	88364	93226
87633	88120	88261	88365	93227
87634	88121	88262	88367	93228
87635	88130	88263	88368	93229 IC
87640	88140	88264	88369	93268
87641	88141	88267	88371	93278
87650	88142	88269	88372	93724
87651	88143	88271	88380 IC	93799 IC
87652	88147	88272	88381	G0027
87653	88148	88273	88387	G0480
87660	88150	88274	88388	G0481
87661	88152	88275	88399 IC	G0482
87662	88153	88280	88720	G0483
87797	88155	88283	88740	G2023
87798	88160	88285	88741	G2023 CG
87799	88161	88289	89049	G2024
87800	88162	88291	89050	G2024 CG
87801	88164	88299 IC	89051	P9604
87802	88165	88300	89055	U0002
87803	88166	88302	89060	U0003
87804	86167	88304	89125	U0004
87806	88172	88305	89160	
87807	88173	88307	89190	
87808	88174	88309	89220 IC	
87809	88175	88311	89230 IC	

Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title 6. Service Codes and Descriptions	Page 6-11
Community Health Center Manual	Transmittal Letter CHC-114	Date 07/01/2020

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)

Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title 6. Service Codes and Descriptions	Page 6-12
Community Health Center Manual	Transmittal Letter CHC-114	Date 07/01/2020

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.

Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title 6. Service Codes and Descriptions	Page 6-13
Community Health Center Manual	Transmittal Letter CHC-114	Date 07/01/2020

604 Payable Visit and Vaccine Service Codes (cont.)

(B) This section lists evaluation and management visit service codes that are payable under MassHealth.

98966	99231	99324	99347	99503
98967	99232	99325	99348	99504
98968	99233	99326	99349	99505
99218	99238	99327	99350 IC	99506
99219	99239	99334	99423	99507
99220	99304	99335	99441	99509
99221	99305	99336	99442	99511
99222	99306	99337	99443	99512
99223	99307	99341	99460	
99224	99308	99342	9946299500	
99225	99309	99343	99501	
99226	99310	99345 IC	99502	

(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)

Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title 6. Service Codes and Descriptions	Page 6-14
Community Health Center Manual	Transmittal Letter CHC-114	Date 07/01/2020

604 Payable Visit and Vaccine Service Codes (cont.)

- 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)
- 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)

Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title 6. Service Codes and Descriptions	Page 6-15
Community Health Center Manual	Transmittal Letter CHC-114	Date 07/01/2020

604 Payable Visit and Vaccine Service Codes (cont.)

Service
Code

Special Requirement or Limitation

90714	Covered for members >19; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age. (IC)
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.

Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title 6. Service Codes and Descriptions	Page 6-16
Community Health Center Manual	Transmittal Letter CHC-114	Date 07/01/2020

606 Payable Surgery Service Codes (cont.)

11976 (SP)	58100 (SP)
11981	58120
11982	58140
11983	58146
19100	58150 (HI-1 form required; PA for Gender Dysphoria-Related Services Only)
44955	58180 (HI-1 form required; PA or Gender Dysphoria-Related Services Only)
49082	
49083	
49084	58300
49255	58301
49320	58340
54050	58353
54057	58541 (HI-1 form required; PA for Gender Dysphoria-Related Services Only)
54150	58542 (HI-1 form required; PA for Gender Dysphoria-Related Services Only)
54160	58543 (HI-1 form required; PA for Gender Dysphoria-Related Services Only)
55250 (CS-18 or CS-21 required) (SP)	58544 (HI-1 form required; PA for Gender Dysphoria-Related Services Only)
56420	58555 (SP)
56440	58558
56501	58560
56515	58561
56605	58562
57061	58565 (CS-18 or CS-21 required)
57100	58600 (CS-18 or CS-21 required)
57240	58605 (CS-18 or CS-21 required) (SP)
57250	58611 (CS-18 or CS-21 required)
57260	58615 (CS-18 or CS-21 required)
57420	58660
57421	58661 (CS-18* or CS-21* required; PA for Gender Dysphoria-Related Services Only)
57425	58670 (CS-18 or CS-21 required)
57452	58671 (CS-18 or CS-21 required)
57454	58700
57455	58720 (CS-18* or CS-21* required; PA for Gender Dysphoria-Related Services Only)
57456	
57460	
57461	
57500	
57505	
57510	
57511	
57513	
57520	58940
57522	59000
57700	59012
57800 (SP)	59015

Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title 6. Service Codes and Descriptions	Page 6-18
Community Health Center Manual	Transmittal Letter CHC-114	Date 03/01/20

92551 92552 92587 99173
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),

Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title 6. Service Codes and Descriptions	Page 6-19
Community Health Center Manual	Transmittal Letter CHC-114	Date 07/01/2020

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

individual, face-to-face with patient, each 15 minutes.

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

Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title 6. Service Codes and Descriptions	Page 6-20
Community Health Center Manual	Transmittal Letter CHC-114	Date 07/01/2020

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

Service

<u>Code</u>	<u>Modifier</u>	<u>Special Requirement or Limitation</u>
96110	U4	community health centers.) 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.

Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title 6. Service Codes and Descriptions	Page 6-21
Community Health Center Manual	Transmittal Letter CHC-114	Date 07/01/2020

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

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

Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title 6. Service Codes and Descriptions	Page 6-22
Community Health Center Manual	Transmittal Letter CHC-114	Date 07/01/2020

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.