601 Introduction and Explanation of Abbreviations

MassHealth providers must refer to the American Medical Association’s Current Procedural Terminology (CPT) code book for the service codes and service descriptions when billing for services provided to MassHealth members. MassHealth pays for all medicine, radiology, laboratory, surgery, and anesthesia CPT codes in effect at the time of service, except for those codes listed in Section 602 of this Subchapter, including Category II codes ending in F and Category III codes ending in T as noted, subject to all conditions and limitations described in MassHealth regulations at 130 CMR 410.000 and 450.000.

A chronic disease and rehabilitation outpatient hospital provider 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. s 1396d(a) and 42 U.S.C. s 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 *Chronic Disease and Rehabilitation Outpatient Hospital Manual*.

* Section 602 lists CPT service codes that are *not payable* under MassHealth.
* Section 603 lists Level II HCPCS codes that *are payable* under MassHealth.
* Section 604 lists service code Modifiers allowed under MassHealth.

602 Nonpayable Evaluation and Management (E/M) Service Codes

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20900-20999

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21120-21299

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21685-21936

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26449-26596

26820-26863

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58541-58579

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58660-58679

58700-52770

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58925-58976

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59400-59430

59510-59899

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64809

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64868

64885-64911

65091-65175

65273

65710-65782

66220

66225

66680

66682

66821

66825

66982

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66984

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66986

67101-67121

67250

67255

67311-67345

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67900-67924

67871

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69310

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69501-69554

69601-69676

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69955

605 Nonpayable Radiology Service Codes

71552

72159

72198

73225

74263

75571

75900

75952

75953

75954

75956

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76140

76496

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78267

78268

78351

606 Nonpayable Pathology and Laboratory Service Codes

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80101

80104

80502

81200-81393

81400-81400

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84145

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86079

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87904

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607 Nonpayable Medicine Services Codes

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99512

99600

99601

99602

99605

99606

99607

608 Nonpayable CPT Category I and III Codes

0001F

0005F

0012F

0014F

0015F

0500F

0501F

0502F

0503F

0505F

0507F

0509F

0513F

0514F

0516F

0517F

0518F

0519F

0520F

0521F

0001F

0005F

0012F

0014F

0015F

0500F

0501F

0502F

0503F

0505F

0507F

0509F

0513F

0514F

0516F

0517F

0518F

0519F

0520F

0521F

0525F

0526F

0528F

0529F

0535F

0540F

0550F

0551F

0556F

0557F

0575F

1000F

1002F

1003F

1004F

1005F

1006F

1007F

1008F

1010F

1011F

1012F

1015F

1018F

1019F

1022F

1026F

1030F

1034F

1035F

1036F

1050F

1052F

1060F

1061F

1065F

1066F

1070F

1071F

1110F

1111F

1116F

1118F

1119F

1121F

1125F

1126F

1127F

1128F

1150F

1151F

1153F

1157F

1159F

1160F

2019F

2020F

2021F

2022F

2024F

2026F

3014F

3015F

3016F

3017F

3018F

3019F

3020F

3021F

3022F

3023F

3025F

3027F

3073F

3100F

3110F

3111F

3112F

3125F

3150F

3155F

3160F

3250F

3260F

3265F

3266F

3267F

3268F

3269F

3270F

3271F

3272F

3273F

3274F

3278F

3279F

3280F

3281F

3284F

3285F

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3492F

3493F

3494F

3496F

3497F

3498F

3500F

3502F

3503F

3511F

3512F

3513F

3514F

3515F

3550F

3551F

3552F

3555F

4000F

4001F

4003F

4004F

4005F

4006F

4009F

4011F

4012F

4014F

4017F

4041F

4042F

4043F

4044F

4046F

4047F

4048F

4049F

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4100F

4115F

4120F

4124F

4131F

4132F

4148F

4149F

4150F

4151F

4153F

4155F

4157F

4159F

4163F

4164F

4165F

4167F

4168F

4169F

4171F

4172F

4175F

4178F

4179F

4181F

4182F

4191F

4192F

4193F

4194F

4200F

4201F

4250F

4255F

4256F

4260F

4261F

4275F

4276F

4279F

4280F

4290F

4293F

4300F

4301F

4306F

4320F

4325F

5005F

5010F

5060F

6040F

6045F

7020F

7025F

0019T

0030T

0042T

0048T

0050T

0051T

0052T

0053T

0071T

0072T

0073T

0075T

0076T

0078T

0079T

0080T

0081T

0085T

0092T

0095T

0098T

0099T

0100T

0101T

0102T

0103T

0104T

0105T

0106T

0107T

0108T

0109T

0110T

0111T

0123T

0124T

0126T

0141T

0142T

0143T

0155T

0156T

0157T

0158T

0159T

0163T

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0167T

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0186T

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0189T

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0192T

0195T

0196T

0197T

0198T

0199T

0200T

0201T

0202T

0205T

0206T

0207T

0208T

0209T

0210T

0211T

0212T

0213T

0214T

0215T

0216T

0217T

0218T

0219T

0220T

0221T

0222T

0223T

0224T

0225T

0226T

0227T

0228T

0229T

0230T

0231T

0232T

0233T

0234T

0235T

0236T

0237T

0238T

0239T

0240T

0241T

0242T

0243T

0244T

0245T

0246T

0247T

0248T

0249T

0250T

0251T

0252T

0253T

0254T

0255T

0256T

0257T

0258T

0259T

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609 Payable HCPCS Level II Codes

This section lists Level II HCPCS codes that are payable under MassHealth when provided by CDR outpatient hospitals.

A4641

A9500

A9502

A9503

A9505

A9512

A9537

G0105

G0108

G0109

G0121

G0202

G0206

G0270

G0271

J0129

J0135

J0171

J0207

J0215

J0256

J0290

J0295

J0348

J0456

J0461

J0475

J0476

J0558

J0561

J0585

J0586

J0587

J0592

J0597

J0598

J0638

J0640

J0690

J0694

J0696

J0697

J0702

J0715

J0718

J0775

J0780

J0833

J0834

J0840

J0881

J0882

J0885

J0886

J0897

J0900

J1020

J1030

J1040

J1055

J1056

J1060

J1070

J1080

J1094

J1100

J1160

J1170

J1200

J1260

J1290

J1300

J1320

J1438

J1440

J1441

J1460

J1557

J1559

J1561

J1562

J1566

J1569

J1571

J1580

J1599

J1626

J1630

J1650

J1655

J1670

J1710

J1720

J1725

J1740

J1743

J1745

J1750

J1786

J1790

J1800

J1826

J1885

J1890

J1950

J1956

J1990

J2060

J2150

J2175

J2248

J2250

J2270

J2271

J2275

J2300

J2310

J2315

J2323

J2355

J2357

J2358

J2405

J2426

J2430

J2440

J2469

J2503

J2505

J2507

J2510

J2515

J2550

J2560

J2562

J2675

J2680

J2760

J2778

J2785

J2788

J2790

J2792

J2793

J2794

J2796

J2820

J2910

J2916

J2920

J2930

J2940

J2941

J3010

J3030

J3095

J3110

J3120

J3130

J3230

J3240

J3243

J3250

J3262

J3301

J3302

J3303

J3357

J3360

J3385

J3396

J3410

J3411

J3430

J3487

J3490

J3590

J7030

J7060

J7070

J7302

J7303

J7304

J7307

J7309

J7312

J7321

J7323

J7324

J7325

J7326

J7335

J7599

J7608

J7614

J7620

J7626

J7633

J7639

J7644

J7665

J7669

J7676

J7682

J7686

J7699

J7799

J8561

J8562

J9000

J9001

J9025

J9031

J9035

J9040

J9041

J9043

J9045

J9055

J9060

J9070

J9130

J9155

J9171

J9178

J9179

J9181

J9190

J9201

J9202

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J9206

J9212

J9213

J9214

J9215

J9216

J9217

J9218

J9219

J9228

J9250

J9260

J9261

J9263

J9264

J9265

J9293

J9300

J9302

J9305

J9307

J9310

J9315

J9340

J9351

J9355

J9360

J9370

J9390

J9395

J9999

L8614

L8615

L8616

L8617

L8618

L8619

L8690

L8691

Q0081

Q0083

Q0084

Q4100

Q4101

Q4102

Q4103

Q4104

Q4105

Q4106

Q4107

Q4108

Q4110

Q4111

Q4112

Q4113

Q4114

Q4115

S0023

S0028

S0077

S0302

S2083

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610 Modifiers

The following service code modifiers are allowed for billing under MassHealth. See Subchapter 5 of the *Chronic Disease and Rehabilitation Outpatient Hospital Manual* for billing instructions related to the use of modifiers. Modifiers are required to be used with procedure codes in some circumstances and should be used only as applicable and when appropriate. The patient’s records must support the use of a modifier.

Modifiers for General Outpatient Use

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

27 Multiple outpatient hospital evaluation and management encounters on the same date

50 Bilateral procedure

57 Decision for surgery

58 Staged or related procedure or service by the same physician or other qualified health care

 professional during postoperative period

59 Distinct procedural service

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

91 Repeat clinical diagnostic laboratory test

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

F7 Right hand, third digit

F8 Right hand, fourth digitF9 Right hand, fifth digit

FA Left hand, thumb

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)

RC Right coronary artery

RT Right side (used to identify procedures performed on the right side of the body)

T1 Left foot, second digit

T2 Left foot, third digit

T3 Left foot, fourth digit

T4 Left foot, fifth digit

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| --- | --- | --- |
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610 Modifiers (cont.)

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

Modifiers for Therapy Services

HCPCS codes for therapy services are required to be differentiated according to the type of therapist

providing the service (occupational, physical, or speech/language therapy). The following modifiers

should be used to differentiate between the therapy services.

GN Speech/language therapy

GO Occupational therapy

GP Physical therapy

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 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. “Behavioral health need identified” means the provider administering the screening tool, in her or his 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 MassHealth provider manual with *no* behavioral health need identified.

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 MassHealth provider

Modifiers for Provider Preventable Conditions that Are National Coverage Determinations

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.

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