601 Payable Surgery Services

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 423.000 and 450.000. A freestanding ambulatory surgery 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 *Freestanding Ambulatory Surgery Center Manual*.

**Legend**

CPA-2: A completed *Certification for Payable Abortion* form is required. See 130 CMR 423.419 for additional information.

CS-18 or CS-21: 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 423.416, through 423.418 for more information.

CS-18\* or CS-21\*: A completed *Sterilization Consent Form* (CS-18 form for members 18 through 20; CS-21 form for members aged 21 and older) must be submitted, except if the conditions of 130 CMR 423.418(D)(2) and (3) are met. See 130 CMR 423.416 through 423.418 for more information and other submission requirements.

HI-1: A *Hysterectomy Information Form* must be completed.

IC: Claim requires individual consideration. See 130 CMR 423.402 and 450.271 for more information.

PA: Service requires the practitioner performing the procedure to obtain prior authorization. See 130 CMR 420.410, 423.406, 424.000, 433.408, and 450.303 in the *Dental Manual*, *Freestanding Ambulatory Surgery Center Manual*, *Podiatrist Manual*, and *Physician Manual*, respectively, for more information.

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11970 (PA for Gender Dysphoria-Related Services Only)

11971 (PA for Gender Dysphoria-Related Services Only)

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53430 (PA for Gender Dysphoria-Related Services Only)

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53502

53505

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53520

53605

53665

53850 (PA)

54000

54001

54015

54057

54060

54065

54100

54105

54110

54111

54112

54115

54120

54150

54160

54161

54162

54163

54164

54205

54220

54300

54304

54308

54312

54316

54318

54322

54324

54326

54328

54340

54344

54348

54352

54360

54380

54385

54400 (PA)

54401 (PA)

54405 (PA)

54406

54408

54410

54415

54416

54420

54435

54440

54450

54500

54505

54512

54520 (PA for Gender Dysphoria-Related Services Only)

54522

54530

54550

54600

54620

54640

54660 (PA for Gender Dysphoria-Related Services Only)

54670

54680

54690 (PA for Gender Dysphoria-Related Services Only)

54700

54800

54830

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55041

55060

55100

55110

55120

55150

55175 (PA for Gender Dysphoria-Related Services Only)

55180 (PA for Gender Dysphoria-Related Services Only)

55250 (CS-18 or CS-21)

55500

55520

55530

55535

55540

55550

55680

55700

55705

55720

55725

55875

56440

56441

56442

56515

56620 (PA for Gender Dysphoria-Related Services Only)

56625 (PA for Gender Dysphoria-Related Services Only)

56700

56740

56800

56810

57000

57010

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57023

57065

57105

57130

57135

57180

57200

57210

57220

57230

57240

57250

57260

57265

57268

57289

57291 (PA for Gender Dysphoria-Related Services Only)

57300

57400

57410

57415

57513

57520

57522

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57556

57558

57700

57720

58120

58145

58350

58353

58545

58546

58550 (HI-1; PA for Gender Dysphoria-Related Services Only)

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58561

58562

58563

58565 (CS-18 or CS-21)

58660

58661 (CS-18\* or CS-21\*; PA for Gender Dysphoria-Related Services Only)

58662

58670 (CS-18 or CS-21)

58671 (CS-18 or CS-21)

58672

58673

58800

58820

58900

59160

59320

59812

59820

59821

59840 (CPA-2)

59841 (CPA-2)

59870

59871

60000

60200

60280

60281

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61026

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61070

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61790

61791

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62194

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65285

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65400

65410

65420

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65750

65755

65770

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66850

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66986

67005

67010

67015

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67107

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67115

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67400

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67412

67413

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67420

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67450

67550

67560

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67808

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67835

67880

67882

67900 (PA)

67901 (PA)

67902 (PA)

67903 (PA)

67904 (PA)

67906 (PA)

67908 (PA)

67909 (PA)

67911 (PA)

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67916 (PA)

67917 (PA)

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67923 (PA)

67924 (PA)

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67961 (PA)

67966 (PA)

67971 (PA)

67973 (PA)

67974 (PA)

67975 (PA)

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68325

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68340

68360

68362

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68700

68720

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68750

68770

68810

68811

68815

69110

69120

69140

69145

69150

69205

69300 (PA)

69310

69320

69421

69436

69440

69450

69501

69502

69505

69511

69530

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69552

69601

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69700

69711

69714

69717

69720

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50 Bilateral procedure

51 Multiple procedures

73 Discontinued outpatient hospital/ambulatory surgery center (ASC) procedure before the

administration of anesthesia

74 Discontinued outpatient hospital/ambulatory surgery center (ASC) procedure after

administration of anesthesia

SG Ambulatory surgical center (ASC) facility service

603 Modifiers for Provider Preventable Conditions that Are National Coverage Determinations

Modifier Description

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](https://www.mass.gov/guides/masshealth-all-provider-manual-appendices) of your provider manual.

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