



**Commonwealth of Massachusetts**  
**Executive Office of Health and Human Services**  
**Office of Medicaid**  
600 Washington Street  
Boston, MA 02111  
[www.mass.gov/masshealth](http://www.mass.gov/masshealth)



MASSHEALTH  
TRANSMITTAL LETTER PHY-108  
November 2005

**TO:** Physicians Participating in MassHealth  
**FROM:** Beth Waldman, Medicaid Director *BW*  
**RE:** *Physician Manual* (Changes to Program Regulations)

This letter transmits revisions to the *Physician Manual* program regulations. These revisions are effective for dates of service on or after **December 1, 2005**.

Effective December 1, 2005, audiologists providing services under 130 CMR 433.426 should refer to the regulations at 130 CMR 426.404 in the *Audiologist Manual* for provider eligibility requirements.

This letter transmits a revision to Subchapter 6 (Service Codes and Descriptions) of the *Physician Manual*. Effective for dates of service on or after **November 1, 2005**, Service Code J7303, contraceptive supply, hormone containing vaginal ring, is payable on an individual consideration (I.C.) basis and requires a copy of the invoice to be submitted.

This letter also transmits a revised Appendix I: Utilization Management Program and Appendix K: Teaching Physicians. In Appendix I, minor revisions are being made for consistency with other MassHealth publications. In Appendix K, two service codes, 99261 and 99262, have been deleted in the American Medical Association Current Procedural Terminology (CPT) 2006 book.

If you have any questions about the information in this transmittal letter please contact MassHealth Customer Service at 1-800-841-2900, e-mail your inquiry to [providersupport@mahealth.net](mailto:providersupport@mahealth.net), or fax your inquiry to 617-988-8974.

#### NEW MATERIAL

(The pages listed here contain new or revised language.)

##### Physician Manual

Pages 4-17, 4-18, 6-13, 6-14, I-1, I-2, K-1, and K-2

#### OBSOLETE MATERIAL

(The pages listed here are no longer in effect.)

##### Physician Manual

Pages 4-17 and 4-18 — transmitted by Transmittal Letter PHY-93

Pages 6-13 and 6-14 — transmitted by Transmittal Letter PHY-105

Pages I-1 and I-2 — transmitted by Transmittal Letter PHY-85

Pages K-1 and K-2 — transmitted by Transmittal Letter PHY-88

<b>Commonwealth of Massachusetts</b> <b>Division of Medical Assistance</b> <b>Provider Manual Series</b>  PHYSICIAN MANUAL	<b>SUBCHAPTER NUMBER AND TITLE</b> 4 PROGRAM REGULATIONS (130 CMR 433.000)	<b>PAGE</b> 4-17
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433.424: Obstetric Services: Fee-for-Service Method of Payment

The fee-for-service method of payment is always available to a provider for obstetric services covered by the MassHealth agency. If the global-fee requirements in 130 CMR 433.421 are not met, the provider or providers may claim payment from the MassHealth agency only on a fee-for-service basis, as specified below.

- (A) When there is no primary provider for the obstetric services performed for the member, each provider may claim payment only on a fee-for-service basis.
- (B) If the pregnancy is terminated by an event other than a delivery, each provider involved in performing obstetric services for the member may claim payment only on a fee-for-service basis.
- (C) When an independent nurse midwife is the primary provider and the collaborating physician performs a cesarean section, the independent nurse midwife may claim payment for the prenatal visits only on a fee-for-service basis. The collaborating physician may claim payment for the cesarean section only on a fee-for-service basis.
- (D) When additional services (for example, ultrasound or special tests) are performed, the provider may claim payment for these only on a fee-for-service basis.

433.425: Ophthalmology Services: Service Limitations

The MassHealth agency pays for eye examinations, subject to the following limitations.

- (A) The MassHealth agency requires prior authorization for a comprehensive eye examination if the service has been provided:
  - (1) within the preceding 12 months, for a member under 21 years of age; or
  - (2) within the preceding 24 months, for a member 21 years of age or older.
- (B) The MassHealth agency pays for ophthalmology services designated as separate procedures only if they are provided independently of a comprehensive eye examination.
- (C) The MassHealth agency pays for a titmus vision test or similar screening device only once per year per member.
- (D) (1) The MassHealth agency pays for eyeglasses and other ophthalmic materials, only when provided to members who are under the age of 21 as set out in 130 CMR 433.425(D)(2), except over-the-counter items such as magnifiers, only upon prescription, even if the prescriber dispensed the materials. The prescription must be based upon the results of a vision examination performed by the prescriber. The prescription must include all information that is necessary to enable a dispensing practitioner to fill the prescription. The prescriber must give the member a signed copy of the prescription without extra charge. The date or dates upon which the prescription is filled or refilled must be recorded on the member's copy of the prescription. (For further regulations about ophthalmic materials, see the MassHealth regulations governing vision care services at 130 CMR 402.000.)

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(2) Age Limitations. In addition to any other restrictions and limitations set forth in MassHealth regulations, the MassHealth agency covers the following services only when provided to eligible MassHealth members who are under age 21: ophthalmic materials, specifically including, but not limited to, complete eyeglasses or eyeglass parts; the dispensing of ophthalmic materials; contact lenses; and other visual aids, except that this age limitation does not apply to visual magnifying aids for use by members who are both diabetic and legally blind. Visual magnifying aids do not include eyeglasses or contact lenses.

433.426: Audiology Services: Service Limitations

The MassHealth agency pays for audiology services only when they are provided either by a physician, or by an audiologist licensed or certified in accordance with 130 CMR 426.404 who is employed by a physician. This limitation does not apply to an audiometric hearing test, pure-tone, air only.

433.427: Allergy Testing: Service Limitations

(A) The MassHealth agency pays for allergy testing only when performed by a physician or under a physician's direct supervision. All fees include payment for physician observation and interpretation of the tests in relation to the member's history and physical examination. A physician may bill for an initial consultation in addition to allergy testing.

(B) The MassHealth agency does not pay for more than three blood tests and pulmonary function tests (such as spirometry and expirogram) used only for diagnosis and periodic evaluation per member per year.

(C) Immunotherapy and desensitization (extracts) are covered services. The provider must indicate the amount and anticipated duration of the supply for immunotherapy and desensitization (extracts) on the claim form.

(D) The MassHealth agency pays for follow-up office visits for injections and reevaluation as office visits.

(E) The MassHealth agency pays for sensitivity tests only once per member per year regardless of the type of tests performed or the number of visits required.

433.428: Psychiatry Services: Introduction

(A) Covered Services. The MassHealth agency pays for the psychiatry services described in 130 CMR 433.429.

(B) Noncovered Services.

(1) Nonphysician Services. The MassHealth agency does not pay a physician for services provided by a social worker, psychologist, or other nonphysician mental health professional employed or supervised by the physician.

(2) Research and Experimental Treatment. The MassHealth agency does not pay for research or experimental treatment. This includes, but is not limited to, any method not generally accepted or widely used in the field, or any session conducted for research rather than for a member's clinical need.

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604 HCPCS Level II Service Codes (cont.)

Service

Code

Service Description

J1800	Injection, propranolol HCl, up to 1 mg
J1885	Injection, ketorolac, tromethamine, per 15 mg
J1890	Injection, cephalothin sodium, up to 1 g
J1950	Injection, leuprolide acetate (for depot suspension), per 3.75 mg (PA)
J1956	Injection, levofloxacin, 250 mg
J1990	Injection, chlordiazepoxide HCl, up to 100 mg
J2060	Injection, lorazepam, 2 mg
J2150	Injection, mannitol, 25% in 50 ml
J2175	Injection, meperidine HCl, per 100 mg
J2250	Injection, midazolam HCl, per 1 mg
J2270	Injection, morphine sulfate, up to 10 mg
J2271	Injection, morphine sulfate, 100 mg
J2275	Injection, morphine sulfate (preservative-free sterile solution), per 10 mg
J2300	Injection, nalbuphine HCl, per 10 mg
J2310	Injection, naloxone HCl, per 1 mg
J2357	Injection, omalizumab, 5 mg (PA)
J2405	Injection, ondansetron HCl, per 1 mg
J2430	Injection, pamidronate disodium, per 30 mg
J2440	Injection, papaverine HCl, up to 60 mg
J2469	Injection, palonosetron, HCl, 25 mcg
J2505	Injection, pegfilgrastim, 6 mg (PA)
J2510	Injection, penicillin G procaine, aqueous, up to 600,000 units
J2515	Injection, pentobarbital sodium, per 50 mg
J2550	Injection, promethazine HCl, up to 50 mg
J2560	Injection, phenobarbital sodium, up to 120 mg
J2675	Injection, progesterone, per 50 mg
J2760	Injection, phentolamine mesylate, up to 5 mg
J2765	Injection, metoclopramide HCl, up to 10 mg
J2780	Injection, ranitidine HCl, 25 mg
J2788	Injection, Rho D immune globulin, human, minidose, 50 mcg
J2790	Injection, Rho D immune globulin, human, full dose, 300 mcg
J2792	Injection, Rho D immune globulin, intravenous, human, solvent detergent, 100 IU
J2820	Injection, sargramostim (GM-CSF), 50 mcg (PA)
J2910	Injection, aurothioglucose, up to 50 mg
J2916	Injection, sodium ferric gluconate complex in sucrose injection, 12.5 mg
J2920	Injection, methylprednisolone sodium succinate, up to 40 mg
J2930	Injection, methylprednisolone sodium succinate, up to 125 mg
J2940	Injection, somatrem, 1 mg (PA)
J2941	Injection, somatropin, 1 mg (PA)
J3030	Injection, sumatriptan succinate, 6 mg
J3110	Injection, teriparatide, 10 mcg (PA)
J3120	Injection, testosterone enanthate, up to 100 mg
J3130	Injection, testosterone enanthate, up to 200 mg
J3230	Injection, chlorpromazine HCl, up to 50 mg

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604 HCPCS Level II Service Codes (cont.)

Service

Code

Service Description

J3250	Injection, trimethobenzamide HCl, up to 200 mg
J3301	Injection, triamcinolone acetonide, per 10 mg
J3302	Injection, triamcinolone diacetate, per 5 mg
J3303	Injection, triamcinolone hexacetonide, per 5 mg
J3396	Injection, verteporfin, 0.1 mg
J3410	Injection, hydroxyzine HCl, up to 25 mg
J3487	Injection, zoledronic acid, 1 mg
J3490	Unclassified drugs (IC)
J3490-FP	Unclassified drugs (service provided as part of Medicaid family planning program) (Use for medications and injectibles related to family planning services, with the exception of Rh <sub>0</sub> (D) human immune globulin, and contraceptive injectables such as Depo-Provera, items for which MassHealth will pay the provider's costs.) (IC)
J3590	Unclassified biologics (IC)
J7030	Infusion, normal saline solution, 1,000 cc
J7070	Infusion, D-5-W, 1,000 cc
J7303	Contraceptive supply, hormone containing vaginal ring, each (IC)
J7304	Contraceptive supply, hormone containing patch, each (IC)
J7317	Sodium hyaluronate, per 20 to 25 mg dose for intra-articular injection (PA)
J7320	Hylan G-F 20, 16 mg, for intra-articular injection (PA)
J7599	Immunosuppressive drug, NOC (IC)
J9000	Doxorubicin HCl, 10 mg
J9001	Doxorubicin HCl, all lipid formulations, 10 mg
J9031	BCG live (intravesical), per instillation
J9035	Injection, bevacizumab, 10 mg
J9040	Bleomycin sulfate, 15 units
J9041	Injection, bortezomib, 0.1 mg
J9045	Carboplatin, 50 mg
J9055	Injection, cetuximab, 10 mg
J9060	Cisplatin, powder or solution, per 10 mg
J9062	Cisplatin, 50 mg
J9070	Cyclophosphamide, 100 mg
J9080	Cyclophosphamide, 200 mg
J9090	Cyclophosphamide, 500 mg
J9091	Cyclophosphamide, 1 g
J9092	Cyclophosphamide, 2 g
J9093	Cyclophosphamide, lyophilized, 100 mg
J9094	Cyclophosphamide, lyophilized, 200 mg
J9095	Cyclophosphamide, lyophilized, 500 mg
J9096	Cyclophosphamide, lyophilized, 1 g
J9097	Cyclophosphamide, lyophilized, 2 g
J9130	Dacarbazine, 100 mg
J9140	Dacarbazine, 200 mg
J9170	Docetaxel, 20 mg

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## Information Required for Admission Screening

The following is a list of information the admitting provider or designee must give the MassHealth Utilization Management contractor when proposing an elective admission. MassHealth may request additional information at any time to clarify the details of any admission. See 130 CMR 450.208 for regulations about admission screening.

- the member's name and address
- the member's sex
- the member's date of birth
- the member's MassHealth identification number
- the guardian's name and address, if applicable
- if applicable, the name of the member's primary care clinician (PCC) and one of the following:
  - the telephone number of the PCC;
  - the provider number of the PCC; or
  - the address of the PCC.
- if applicable, whether the PCC has been notified of the proposed admission
- other health-insurance information
- whether the member is being treated as a result of an accident, and if available, the date and type of accident
- the expected or actual dates of admission and discharge
- the name and provider number of the attending physician
- the name of the hospital
- the primary and secondary diagnoses
- the primary and secondary procedures, if applicable
- the ICD-9-CM codes for both the diagnoses and procedures, if available
- clinical information that supports the medical necessity of the proposed admission and/or procedure
- other pertinent information the admitting provider has considered in deciding to admit the member

**\*Please note:** Information about the member's PCC is not required if the admission is for dental, oral-surgery, family-planning, or abortion services.

## Contact for Utilization Management Program

Contact information for the MassHealth Utilization Management Program contractor is given below. (See 130 CMR 450.207 through 450.209 for the Utilization Management Program regulations.)

MassPRO, Inc.  
 235 Wyman Street  
 Waltham, MA 02451-1231

Telephone: 1-800-732-7337  
 Fax: 1-800-752-6334

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### **Physician Service Codes Exempted from the Physical-Presence Requirement**

This appendix contains service codes for which a teaching physician may bill MassHealth even though he or she is not physically present for the key portions of the service. Note: This exception does not apply in certain circumstances if the teaching physician is also a primary care clinician in the Primary Care Clinician Plan. (See 130 CMR 450.275.)

99201	99232	99392	90807
99202	99234	99393	90808
99203	99235	99394	90809
99211	99241	99395	90816
99212	99242	99396	90817
99213	99243	99397	90818
99214	99251	99431	90819
99218	99252	99433	90821
99219	99253	99435	90822
99221	99281	90804	90847
99222	99282	90805	90849
99231	99391	90806	90853



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