



**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-110  
 May 2006

**TO:** Physicians Participating in MassHealth  
**FROM:** Beth Waldman, Medicaid Director *BW*  
**RE:** *Physician Manual* (Revisions to Service Codes in Subchapter 6)

This letter transmits a revised Subchapter 6 of the *Physician Manual*. MassHealth has removed the following codes from Section 602 (Nonpayable CPT Codes) and added them to Section 603 (Codes That Have Special Requirements or Limitations) to indicate that they require prior authorization:

19370  
 19371

In addition, MassHealth has removed the prior-authorization requirement from the following codes:

19330	19366	21182	53852
19340	19367	21183	54240
19342	19368	21184	54250
19357	19369	42140	67923
19361	19380	51715	67924
19364	21181	53850	87999

These revisions are effective for dates of service on or after April 1, 2006.

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 vi and 6-1 through 6-16

OBSOLETE MATERIAL

(The pages listed here are no longer in effect.)

Physician Manual

Page vi — transmitted by Transmittal Letter PHY-103

Pages 6-1 through 6-12, 6-15, and 6-16 — transmitted by Transmittal Letter PHY-105

Pages 6-13 and 6-14 — transmitted by Transmittal Letter PHY-108

<b>Commonwealth of Massachusetts</b> <b>MassHealth</b> <b>Provider Manual Series</b>  Physician Manual	<b>Subchapter Number and Title</b> Table of Contents	<b>Page</b> vi
	<b>Transmittal Letter</b> PHY-110	<b>Date</b> 04/01/06

6. SERVICE CODES

Introduction .....	6-1
Nonpayable CPT Codes .....	6-1
Codes That Have Special Requirements or Limitations.....	6-4
HCPCS Level II Service Codes.....	6-10
Modifiers .....	6-15
Appendix A. DIRECTORY .....	A-1
Appendix B. ENROLLMENT CENTERS .....	B-1
Appendix C. THIRD-PARTY-LIABILITY CODES .....	C-1
Appendix D. (Reserved)	
Appendix E. ADMISSION GUIDELINES .....	E-1
Appendix F. (Reserved)	
Appendix G. (Reserved)	
Appendix H. (Reserved)	
Appendix I. UTILIZATION MANAGEMENT PROGRAM .....	I-1
Appendix J. (Reserved)	
Appendix K. TEACHING PHYSICIANS .....	K-1
Appendix L. (Reserved)	
Appendix W. EPSDT SERVICES: MEDICAL PROTOCOL AND PERIODICITY SCHEDULE	
Appendix X. FAMILY ASSISTANCE COPAYMENTS AND DEDUCTIBLES.....	X-1
Appendix Y. REVS CODES/MESSAGES .....	Y-1
Appendix Z. EPSDT SERVICES LABORATORY CODES .....	Z-1

<b>Commonwealth of Massachusetts</b> <b>MassHealth</b> <b>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-110	<b>Date</b> 04/01/06

601 Introduction

MassHealth providers must refer to the American Medical Association's *Current Procedural Terminology (CPT) 2005* code book for the service codes and service 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 the MassHealth regulations at 130 CMR 433.000 and 450.000, *except* for those codes listed in Section 602 of this subchapter. In addition, a physician may request prior authorization for any medically necessary service for a member under 21 years of age.

- Section 602 lists CPT service codes that are **not** payable under MassHealth.
- Section 603 lists service 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 payable under MassHealth.

602 Nonpayable CPT Codes

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

0003T	0040T	0066T	11950	15877
0008T	0041T	0067T	11951	15878
0010T	0042T	0068T	11952	15879
0016T	0043T	0069T	11954	17340
0017T	0044T	0070T	15775	17360
0018T	0045T	0071T	15776	17380
0019T	0046T	0072T	15780	19316
0020T	0047T	0073T	15781	19324
0021T	0048T	0074T	15782	19325
0023T	0049T	0075T	15783	19355
0024T	0050T	0076T	15786	19396
0026T	0051T	0077T	15787	20930
0027T	0052T	0078T	15788	20936
0028T	0053T	0079T	15789	21120
0029T	0054T	0080T	15792	21121
0030T	0055T	0081T	15793	21122
0031T	0056T	0082T	15810	21123
0032T	0058T	0083T	15811	21125
0033T	0059T	0084T	15819	21127
0034T	0060T	0085T	15824	21245
0035T	0061T	0086T	15825	21246
0036T	0062T	0087T	15826	21248
0037T	0063T	0088T	15828	21249
0038T	0064T	10040	15829	22841
0039T	0065T	11922	15876	32491

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>	<b>Subchapter Number and Title</b> 6 Service Codes	<b>Page</b> 6-2
	<b>Transmittal Letter</b> PHY-110	<b>Date</b> 04/01/06

602 Nonpayable CPT Codes (cont.)

32850	55200	77370	87901	89343
32855	55300	77401	87903	89344
32856	55400	77402	87904	89346
33930	55870	77403	88000	89352
33933	55970	77404	88005	89353
33944	55980	77406	88007	89354
33940	58321	77407	88012	89356
36415	58322	77408	88014	90281
36416	58323	77409	88016	90283
36468	58345	77411	88020	90287
36469	58350	77412	88025	90379
36540	58750	77413	88027	90384
37765	58752	77414	88028	90386
37766	58760	77416	88029	90389
38204	58970	77417	88036	90396
38207	58974	77418	88037	90586
38208	58976	77520	88040	90633
38209	59070	77522	88045	90634
38210	59072	77523	88099	90636
38211	59412	77525	88125	90645
38212	59897	77790	89250	90646
38213	62287	78267	89251	90647
38214	63043	78268	89253	90648
38215	63044	78351	89254	90669
41870	65760	78890	89255	90680
41872	65765	78891	89257	90698
43752	65767	80500	89258	90700
43842	65771	80502	89259	90701
43843	69090	82075	89260	90702
43845	71552	82962	89261	90708
44132	72159	84061	89264	90710
44715	72198	84830	89268	90712
47133	73225	86079	89272	90715
47143	76082	86585	89280	90718
47144	76083	86890	89281	90720
47145	76093	86891	89290	90721
48160	76094	86910	89291	90723
48550	76140	86911	89300	90744
48551	76150	86927	89310	90748
50300	76350	86930	89320	90845
50323	76390	86931	89321	90865
50325	76400	86932	89325	90875
51701	76496	86945	89329	90876
51702	76497	86950	89330	90880
54900	76498	86965	89335	90885
54901	77336	86985	89342	90889

<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-110	<b>Date</b> 04/01/06
Physician Manual		

602 Nonpayable CPT Codes (cont.)

90901	92605	96153	99091	99411
90911	92606	96154	99100	99412
90939	92613	96155	99116	99420
90940	92615	96567	99135	99429
90989	92617	96902	99140	99450
90993	93660	97005	99141	99455
90997	93668	97006	99142	99456
90999	93760	97014	99172	99500
91132	93762	97537	99190	99501
91133	93770	97545	99191	99502
92314	93784	97546	99192	99503
92315	93786	97597	99271	99504
92316	93788	97598	99272	99505
92317	93790	97602	99273	99506
92325	94015	97605	99274	99507
92330	95052	97606	99275	99509
92335	95120	97755	99288	99510
92352	95125	97802	99315	99511
92353	95130	97803	99316	99512
92354	95131	97804	99354	99601
92355	95132	97810	99355	99602
92358	95133	97811	99356	
92371	95134	97813	99357	
92390	95824	97814	99358	
92391	95965	98940	99359	
92392	95966	98941	99360	
92393	95967	98942	99361	
92395	96000	98943	99362	
92396	96001	99001	99371	
92510	96002	99002	99372	
92531	96003	99024	99373	
92532	96004	99026	99374	
92533	96100	99027	99375	
92534	96105	99056	99377	
92548	96110	99058	99378	
92559	96111	99071	99379	
92560	96115	99075	99380	
92561	96117	99078	99401	
92562	96150	99080	99402	
92564	96151	99082	99403	
92597	96152	99090	99404	

<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-110	<b>Date</b>  04/01/06

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, 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.

Legend:

- \*: Available free of charge through the Massachusetts Immunization Program for children under 19 years of age.
- Centrifuging required: Service Code 99000 may be used only to pay a physician who centrifuges and mails a specimen to a laboratory for analysis. (See 130 CMR 433.439.)
- Covered for adults ≥ 19: This code is payable only for adults aged 19 or older.
- CPA-2: A completed Certification of Payable Abortion Form must be completed. See 130 CMR 450.234 through 450.260 and 130 CMR 433.455 for more information.
- CS-18: A completed Sterilization Consent Form (for members aged 18 through 20) must be completed. See 130 CMR 450.234 through 450.260 and 130 CMR 433.456 through 433.458 for more information.
- CS-21: A completed Sterilization Consent Form (for members aged 21 and older) must be completed. See 130 CMR 450.234 through 450.260 and 130 CMR 433.456 through 433.458 for more information.
- HI-1: A completed Hysterectomy Information Form must be completed. See 130 CMR 450.234 through 450.260 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: Service requires prior authorization. See 130 CMR 433.408 for more information.
- Urgent Care Only: Service Codes 99050, 99052, and 99054 may be used only for urgent care provided in the office after hours, in addition to the basic service.

<b>Commonwealth of Massachusetts</b> <b>MassHealth</b> <b>Provider Manual Series</b>  Physician Manual	<b>Subchapter Number and Title</b> 6 Service Codes	<b>Page</b> 6-5
	<b>Transmittal Letter</b> PHY-110	<b>Date</b> 04/01/06

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

Service Code and Req. or Limit

Service Code and Req. or Limit

01999	IC	21145	PA
11920	PA	21146	PA
11921	PA	21147	PA
15820	PA	21150	PA
15821	PA	21151	PA
15822	PA	21154	PA
15823	PA	21155	PA
15831	PA	21159	PA
15832	PA	21160	PA
15833	PA	21172	PA
15834	PA	21175	PA
15835	PA	21179	PA
15836	PA	21180	PA
15837	PA	21188	PA
15838	PA	21193	PA
15839	PA	21194	PA
15999	IC	21195	PA
17999	IC	21196	PA
19140	PA	21198	PA
19318	PA	21206	PA
19328	PA	21208	PA
19350	PA	21209	PA
19370	PA	21210	PA
19371	PA	21215	PA
19499	IC	21230	PA
20999	IC	21235	PA
21076	PA	21240	PA
21077	PA	21242	PA
21079	PA	21243	PA
21080	PA	21244	PA
21081	PA	21247	PA
21082	PA	21255	PA
21083	PA	21256	PA
21084	PA	21260	PA
21085	PA	21261	PA
21086	PA	21263	PA
21087	PA	21267	PA
21088	IC; PA	21268	PA
21089	IC; PA	21270	PA
21137	PA	21275	PA
21138	PA	21280	PA
21139	PA	21282	PA
21141	PA	21295	PA
21142	PA	21296	PA
21143	PA	21299	IC; PA



<b>Commonwealth of Massachusetts</b> <b>MassHealth</b> <b>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-110	<b>Date</b> 04/01/06

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

Service Code and Req. or Limit

Service Code and Req. or Limit

21499	IC	38240	PA
21742	IC	38241	PA
21743	IC	38242	PA
21899	IC	38589	IC
22899	IC	38999	IC
22999	IC	39499	IC
23929	IC	39599	IC
24940	IC	40799	IC
24999	IC	40840	PA
25999	IC	40842	PA
26989	IC	40843	PA
27299	IC	40844	PA
27599	IC	40845	PA
27899	IC	40899	IC
28899	IC	41599	IC
29799	IC	41820	IC; PA
29800	PA	41821	IC
29804	PA	41850	IC
29999	IC	41899	IC
30400	PA	42280	PA
30410	PA	42281	PA
30420	PA	42299	IC
30430	PA	42699	IC
30435	PA	42999	IC
30450	PA	43289	IC
30999	IC	43499	IC
31299	IC	43644	PA
31599	IC	43645	PA
31899	IC	43659	IC
32851	PA	43846	PA
32852	PA	43847	PA
32853	PA	43848	PA
32854	PA	43999	IC
32999	IC	44133	IC; PA
33935	PA	44135	IC; PA
33945	PA	44136	IC; PA
33999	IC	44137	IC
36299	IC	44238	IC
36470	PA	44239	IC
36471	PA	44799	IC
37501	IC	44899	IC
37799	IC	44979	IC
38129	IC	45999	IC
38205	PA	46999	IC
38230	PA	47135	PA

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>	<b>Subchapter Number and Title</b> 6 Service Codes	<b>Page</b> 6-7
	<b>Transmittal Letter</b> PHY-110	<b>Date</b> 04/01/06
Physician Manual		

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

<u>Service Code and Req. or Limit</u>	<u>Service Code and Req. or Limit</u>
47136 PA	58285 HI-1
47140 PA	58290 HI-1
47141 PA	58291 HI-1
47142 PA	58292 HI-1
47379 IC	58293 HI-1
47399 IC	58294 HI-1
47579 IC	58550 HI-1
47999 IC	58552 HI-1
48554 PA	58553 HI-1
48556 PA	58554 HI-1
48999 IC	58565 CS-18 or CS-21
49329 IC	58578 IC
49659 IC	58579 IC
49906 IC	58600 CS-18 or CS-21
49999 IC	58605 CS-18 or CS-21
50549 IC	58611 CS-18 or CS-21
50949 IC	58615 CS-18 or CS-21
51597 HI-1	58661 CS-18 or CS-21
51925 HI-1	58670 CS-18 or CS-21
53899 IC	58671 CS-18 or CS-21
54400 PA	58679 IC
54401 PA	58951 HI-1
54405 PA	58956 HI-1
54440 IC	58999 IC
54699 IC	59135 HI-1
55250 CS-18 or CS-21	59525 HI-1
55450 CS-18 or CS-21	59840 CPA-2 (first trimester)
55559 IC	59841 CPA-2 (first trimester)
55899 IC	59850 CPA-2 (second trimester, third trimester in hospital only)
56800 PA	59851 CPA-2 (second trimester, third trimester in hospital only)
56805 IC; PA	59852 CPA-2 (second trimester, third trimester in hospital only)
57335 IC; PA	59855 CPA-2
58150 HI-1	59856 CPA-2
58152 HI-1	59857 CPA-2
58180 HI-1	59898 IC
58200 HI-1	59899 IC
58210 HI-1	60659 IC
58240 HI-1	60699 IC
58260 HI-1	64999 IC
58262 HI-1	66999 IC
58263 HI-1	67299 IC
58267 HI-1	67399 IC
58270 HI-1	
58275 HI-1	
58280 HI-1	

<b>Commonwealth of Massachusetts</b> <b>MassHealth</b> <b>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-110	<b>Date</b> 04/01/06

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

<u>Service Code and Req. or Limit</u>	<u>Service Code and Req. or Limit</u>
67599 IC	78799 IC
67900 PA	78999 IC
67901 PA	79999 IC
67902 PA	81099 IC
67903 PA	82045 IC
67904 PA	82656 IC
67906 PA	83009 IC
67908 PA	83630 IC
67909 PA	84163 IC
67911 PA	84999 IC
67916 PA	85999 IC
67917 PA	86064 IC
67961 PA	86379 IC
67966 PA	86587 IC
67971 PA	86849 IC
67973 PA	86999 IC
67974 PA	87807 IC
67975 PA	87999 IC
67999 IC	88199 IC
68399 IC	88299 IC
68899 IC	88380 IC
69300 PA	88399 IC
69399 IC	89230 IC
69710 IC	89240 IC
69799 IC	90288 IC
69930 PA	90291 IC
69949 IC	90296 IC
69979 IC	90371 Covered for adults >17
70336 PA	90378 IC; PA
75556 IC	90393 IC, PA
76499 IC	90399 IC
76999 IC	90467 IC
77299 IC	90468 IC
77399 IC	90473 IC
77499 IC	90474 IC
77799 IC	90476 IC
78099 IC	90477 IC
78199 IC	90581 IC
78299 IC	90632 Covered for adults >17
78399 IC	90660 IC; PA
78499 IC	90665 IC
78599 IC	90690 IC
78608 IC	90692 IC
78609 IC	90693 IC
78699 IC	90707 Covered for adults >17

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>	<b>Subchapter Number and Title</b> 6 Service Codes	<b>Page</b> 6-9
	<b>Transmittal Letter</b> PHY-110	<b>Date</b> 04/01/06
Physician Manual		

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

<u>Service Code and Req. or Limit</u>	<u>Service Code and Req. or Limit</u>		
90713	Covered for adults $\geq 17$	96999	IC
90716	Covered for adults $\geq 17$	97001	PA for PT >20
90719	IC	97002	PA for PT >20
90725	IC	97003	PA for OT >20
90727	IC	97004	PA for OT >20
90734	IC	97010	PA for PT >20
90749	IC	97012	PA for PT >20
90799	IC	97016	PA for PT >20
90899	IC	97018	PA for PT >20
90935	For hospitalized member only; not for chronic maintenance	97020	PA for PT >20
90937	For hospitalized member only; not for chronic maintenance	97022	PA for PT >20
90945	For hospitalized member only; not for chronic maintenance	97024	PA for PT >20
90947	For hospitalized member only; not for chronic maintenance	97026	PA for PT >20
91110	PA	97028	PA for PT >20
91123	IC	97032	PA for PT >20
91299	IC	97033	PA for PT >20
92065	PA	97034	PA for PT >20
92250	PA	97035	PA for PT >20
92310	PA	97036	PA for PT >20
92311	PA; includes supply of lenses	97039	PA for PT >20
92312	PA; includes supply of lenses	97110	PA for PT >20
92313	PA; includes supply of lenses	97112	PA for PT >20
92326	PA	97113	PA for PT >20
92499	IC	97116	PA for PT >20
92506	PA for ST >35	97124	PA for PT >20
92507	PA for ST >35	97139	PA for PT >20
92508	PA for ST >35	97140	PA for PT >20
92526	PA for ST >35	97150	PA for PT >20
92610	PA for ST >35	97504	PA for OT >20
92700	IC	97520	PA for OT >20
92992	IC	97530	PA for OT >20
92993	IC	97532	PA for OT >20
93745	IC	97533	PA for OT >20
93799	IC	97535	PA for OT >20
94642	IC	97542	PA for OT >20
94772	IC	97799	IC
94799	IC	98925	PA for OMT >20
95199	IC	98926	PA for OMT >20
95999	IC	98927	PA for OMT >20
96545	IC	98928	PA for OMT >20
96549	IC	98929	PA for OMT >20
		99000	Centrifuging required
		99050	Urgent care only
		99052	Urgent care only
		99054	Urgent care only

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>	<b>Subchapter Number and Title</b> 6 Service Codes	<b>Page</b> 6-10
	<b>Transmittal Letter</b> PHY-110	<b>Date</b> 04/01/06

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

Service Code and Req. or Limit

99070	IC; excluding family planning supplies, such as trays, used in the collection of specimens
99195	For hematologic disorders only
99199	IC
99296	IC
99344	IC
99345	IC
99350	IC
99499	IC
99600	IC

604 HCPCS Level II Service Codes

This section lists Level II HCPCS codes that are payable under MassHealth. Refer to the Centers for Medicare and Medicaid Web site at [www.cms.gov/medicare/hcpcs](http://www.cms.gov/medicare/hcpcs) for more detailed descriptions when billing for Level II HCPCS codes provided to MassHealth members.

Service

<u>Code</u>	<u>Service Description</u>
A4261	Cervical cap for contraceptive use (IC)
A4266	Diaphragm for contraceptive use
A4267	Contraceptive supply, condom, male, each
A4268	Contraceptive supply, condom, female, each
A4269	Contraceptive supply, spermicide (e.g., foam, gel), each
A4641	Supply of radiopharmaceutical diagnostic imaging agent, not otherwise classified (IC)
A9500	Supply of radiopharmaceutical diagnostic imaging agent, technetiumTc 99m sestamibi, per dose (IC)
A9502	Supply of radiopharmaceutical diagnostic imaging agent technetiumTc 99m tetrofosmin, per unit dose (IC)
A9503	Supply of radiopharmaceutical diagnostic imaging agent technetiumTc 99m medronate, up to 30 millicurie (IC)
A9505	Supply of radiopharmaceutical diagnostic imaging agent thallous chloride Tl-201, per millicurie (IC)
H2011	Crisis intervention service, per 15 minutes
J0128	Injection, abarelix, 10 mg (PA)
J0135	Injection, adalimumab, 20 mg (PA)
J0215	Injection, alefacept, 0.5 mg (PA)
J0256	Injection, alpha 1-proteinase inhibitor-human, 10 mg
J0295	Injection, ampicillin sodium / sulbactam sodium, per 1.5 g
J0456	Injection, azithromycin, 500 mg
J0475	Injection, baclofen, 10 mg
J0476	Injection, baclofen, 50 mcg for intrathecal trial
J0530	Injection, penicillin G benzathine and penicillin G procaine, up to 600,000 units
J0540	Injection, penicillin G benzathine and penicillin G procaine, up to 1,200,000 units
J0550	Injection, penicillin G benzathine and penicillin G procaine, up to 2,400,000 units

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>	<b>Subchapter Number and Title</b> 6 Service Codes	<b>Page</b> 6-11
	<b>Transmittal Letter</b> PHY-110	<b>Date</b> 04/01/06

604 HCPCS Level II Service Codes (cont.)

Service

<u>Code</u>	<u>Service Description</u>
J0560	Injection, penicillin G benzathine, up to 600,000 units
J0570	Injection, penicillin G benzathine, up to 1,200,000 units
J0580	Injection, penicillin G benzathine, up to 2,400,000 units
J0585	Botulinum toxin type A, per unit (PA)
J0587	Botulinum toxin type B, per 100 units (PA)
J0640	Injection, leucovorin calcium, per 50 mg
J0694	Injection, cefoxitin sodium, 1 g
J0696	Injection, ceftriaxone sodium, per 250 mg
J0697	Injection, sterile cefuroxime sodium, per 750 mg
J0702	Injection, betamethasone acetate and betamethasone sodium phosphate, per 3 mg
J0704	Injection, betamethasone sodium phosphate, per 4 mg
J0780	Injection, prochlorperazine, up to 10 mg
J0880	Injection, darbepoetin alfa, 5 mcg (PA)
J0900	Injection, testosterone enanthate and estradiol valerate, up to 1 cc
J1020	Injection, methylprednisolone acetate, 20 mg
J1030	Injection, methylprednisolone acetate, 40 mg
J1040	Injection, methylprednisolone acetate, 80 mg
J1055	Injection, medroxyprogesterone acetate for contraceptive use, 150 mg (150 mg Depo-Provera) (IC)
J1056	Injection, medroxyprogesterone acetate/estradiol cypionate, 5 mg/25 mg (5 mg/25 mg Lunelle) (IC)
J1060	Injection, testosterone cypionate and estradiol cypionate, up to 1 ml
J1070	Injection, testosterone cypionate, up to 100 mg
J1080	Injection, testosterone cypionate, 1 cc, 200 mg
J1094	Injection, dexamethasone, acetate, 1 mg
J1100	Injection, dexamethasone sodium phosphate, 1 mg
J1160	Injection, digoxin, up to 0.5 mg
J1170	Injection, hydromorphone, up to 4 mg
J1200	Injection, diphenhydramine HCl, up to 50 mg
J1260	Injection, dolasetron mesylate, 10 mg
J1320	Injection, amitriptyline HCl, up to 20 mg
J1438	Injection, etanercept, 25 mg (PA)
J1440	Injection, filgrastim (G-CSF), 300 mcg (PA)
J1441	Injection, filgrastim (G-CSF), 480 mcg (PA)
J1460	Injection, gamma globulin, intramuscular, 1 cc
J1470	Injection, gamma globulin, intramuscular, 2 cc
J1480	Injection, gamma globulin, intramuscular, 3 cc
J1490	Injection, gamma globulin, intramuscular, 4 cc
J1500	Injection, gamma globulin, intramuscular, 5 cc
J1510	Injection, gamma globulin, intramuscular, 6 cc
J1520	Injection, gamma globulin, intramuscular, 7 cc
J1530	Injection, gamma globulin, intramuscular, 8 cc
J1540	Injection, gamma globulin, intramuscular, 9 cc
J1550	Injection, gamma globulin, intramuscular, 10 cc
J1563	Injection, immune globulin, intravenous, 1 g (PA)

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>	<b>Subchapter Number and Title</b> 6 Service Codes	<b>Page</b> 6-12
	<b>Transmittal Letter</b> PHY-110	<b>Date</b> 04/01/06

604 HCPCS Level II Service Codes (cont.)

Service

<u>Code</u>	<u>Service Description</u>
J1564	Injection, immune globulin, 10 mg (PA)
J1626	Injection, granisetron HCl, 100 mcg
J1630	Injection, haloperidol, up to 5 mg
J1650	Injection, enoxaparin sodium, 10 mg
J1655	Injection, tinzaparin sodium, 1000 IU
J1670	Injection, tetanus immune globulin, human, up to 250 units
J1710	Injection, hydrocortisone sodium phosphate, up to 50 mg
J1720	Injection, hydrocortisone sodium succinate, up to 100 mg
J1745	Injection, infliximab, 10 mg (PA)
J1750	Injection, iron dextran, 50 mg
J1790	Injection, droperidol, up to 5 mg
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

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>	<b>Subchapter Number and Title</b> 6 Service Codes	<b>Page</b> 6-13
	<b>Transmittal Letter</b> PHY-110	<b>Date</b> 04/01/06

604 HCPCS Level II Service Codes (cont.)

Service

<u>Code</u>	<u>Service Description</u>
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
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



<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>	<b>Subchapter Number and Title</b> 6 Service Codes	<b>Page</b> 6-14
	<b>Transmittal Letter</b> PHY-110	<b>Date</b> 04/01/06

604 HCPCS Level II Service Codes (cont.)

Service

<u>Code</u>	<u>Service Description</u>
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
J9181	Etoposide, 10 mg
J9182	Etoposide, 100 mg
J9190	Fluorouracil, 500 mg
J9201	Gemcitabine HC1, 200 mg
J9202	Goserelin acetate implant, per 3.6 mg (PA)
J9206	Irinotecan, 20 mg
J9212	Injection, interferon Alfacon-1, recombinant, 1 mcg
J9213	Interferon alfa-2A, recombinant, 3 million units
J9214	Interferon alfa-2B, recombinant, 1 million units
J9215	Interferon alfa-N3 (human leukocyte derived), 250,000 IU
J9216	Interferon gamma-1B, 3 million units
J9217	Leuprolide acetate (for depot suspension), 7.5 mg (PA)
J9218	Leuprolide acetate, per 1 mg (PA)
J9219	Leuprolide acetate implant, 65 mg (PA)
J9250	Methotrexate sodium, 5 mg
J9260	Methotrexate sodium, 50 mg
J9263	Injection, oxaliplatin, 0.5 mg
J9265	Paclitaxel, 30 mg
J9293	Injection, mitoxantrone HCL, per 5mg
J9300	Gemtuzumab ozogamicin, 5 mg
J9305	Injection, pemetrexed, 10 mg
J9310	Rituximab, 100 mg
J9355	Trastuzumab, 10 mg
J9360	Vinblastine sulfate, 1 mg
J9370	Vincristine sulfate, 1 mg
J9375	Vincristine sulfate, 2 mg
J9380	Vincristine sulfate, 5 mg
J9390	Vinorelbine tartrate, per 10 mg
J9395	Injection, fulvestrant, 25 mg (PA)
J9999	NOC, antineoplastic drug (IC)
Q0136	Injection, epoetin alpha (for non ESRD use), per 1,000 units (PA)

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>  Physician Manual	<b>Subchapter Number and Title</b>  6 Service Codes	<b>Page</b>  6-15
	<b>Transmittal Letter</b>  PHY-110	<b>Date</b>  04/01/06

604 HCPCS Level II Service Codes (cont.)

Service

Code      Service Description

R0070	Transportation of portable X-ray equipment and personnel to home or nursing home, per trip to facility or location, one patient seen
S0020	Injection, bupivacaine HCl, 30 ml
S0021	Injection, ceftoperazone sodium, 1 gram (IC)
S0023	Injection, cimetidine HCl, 300 mg (IC)
S0028	Injection, famotidine, 20 mg (IC)
S0077	Injection, clindamycin phosphate, 300 mg (IC)
S0162	Injection, efalizumab, 125 mg (IC), (PA)
S0302	Completed early periodic screening diagnosis and treatment (EPSDT) service (List in addition to code for appropriate evaluation and management services.)
S2260	Induced abortion, 17 to 24 weeks, any surgical method (CPA-2) (second trimester, third trimester in hospital only)
S4989	Contraceptive intrauterine device (e.g., Progestacert IUD), including implants and supplies (IC)
S4993	Contraceptive pills for birth control
T1023	Screening to determine the appropriateness of consideration of an individual for participation in a specified program, project or treatment protocol, per encounter

605 Modifiers

The following service code modifiers are allowed for billing under MassHealth. See Subchapter 5 of the *Physician Manual* for billing instructions related to the use of modifiers.

- 26 Professional component
- 50 Bilateral procedure
- 51 Multiple procedures
- 54 Surgical care only
- 62 Two surgeons
- 66 Surgical team
- 80 Assistant surgeon
- 82 Assistant surgeon (when qualified resident surgeon not available)
- 99 Multiple modifiers
- FP Services provided as part of Medicaid Family Planning Program
- HN Bachelor's degree level (Use to indicate physician assistant.) (This modifier is to be applied to service codes billed by a physician that were performed by a physician assistant employed by the physician or group practice.)
- RP Replacement and repair (This modifier should only be used with 92340, 92341, and 92342 to bill for the displacement of replacement lenses.)
- SA Nurse practitioner rendering service in collaboration with a physician (This modifier is to be applied to service codes billed by a physician which were performed by a non-independent nurse practitioner employed by the physician or group practice.) (An independent nurse practitioner billing under his/her own individual provider number should not use this modifier.)

<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-110	<b>Date</b> 04/01/06

605 Modifiers (cont.)

- SB Nurse midwife (This modifier is to be applied to service codes billed by a physician which were performed by a non-independent nurse midwife employed by the physician or group practice.) (An independent nurse midwife billing under his/her own individual provider number should not use this modifier.)
- SL State supplied vaccine (This modifier should only be applied to Service codes 90465, 90467, 90471 and 90473 to identify vaccines administered under the Vaccine for Children Program (VFC) for individuals age 18 and under.)
- TC Technical component (The component of a service or procedure representing the cost of rent, equipment, utilities, supplies, administrative and technical salaries and benefits, and other overhead expenses of the service or procedures, excluding the physician's professional component. When the technical component is reported separately the addition of modifier '-TC' to the service code will let the technical component allowable fee contained in 114.3 CMR 17.04 be paid.)