



Commonwealth of Massachusetts
Executive Office of Health and Human Services
Office of Medicaid
600 Washington Street
Boston, MA 02111
www.mass.gov/masshealth



MASSHEALTH
TRANSMITTAL LETTER PHY-113
August 2006

TO: Physicians Participating in MassHealth
FROM: Beth Waldman, Medicaid Director *BW*
RE: *Physician Manual (2006 HCPCS Codes)*

This letter transmits revisions to the service codes and descriptions in the *Physician Manual*. The Centers for Medicare and Medicaid Services (CMS) have revised the Healthcare Common Procedure Coding System (HCPCS) for 2006. Providers should use this revised Subchapter 6 along with the American Medical Association *Current Procedural Terminology (CPT) 2006* code book. Subchapter 6 of the *Physician Manual* contains the following updated information:

- CPT codes that are not payable under MassHealth (all other CPT codes in the CPT 2006 code book are payable, subject to all limitations and conditions of payment in MassHealth regulations at 130 CMR 433.000 and 450.000);
- CPT codes that have special limitations or requirements, such as prior authorization, individual consideration, or attachment requirements; and
- Level II HCPCS codes that are payable under MassHealth and have special limitations or requirements, such as prior authorization, individual consideration, or attachment requirements.

In addition, pursuant to 130 CMR 450.144(A), a physician may request prior authorization for any medically necessary service for a member under 21 years of age, even if it is listed as not payable in Subchapter 6 of the *Physician Manual*.

If you wish to obtain a fee schedule, you may download the Division of Health Care Finance and Policy regulations at no cost at www.mass.gov/dhcfp. You may also purchase a paper copy of Division of Health Care Finance and Policy regulations from either the Massachusetts State bookstore or from the Division of Health Care Finance and Policy (see addresses and telephone numbers below). You must contact them first to find out the price of the paper copy of the publication. The specific regulation titles are: for medicine, 114.3 CMR 17.00: Medicine; for surgery and anesthesia, 114.3 CMR 16.00: Surgery and Related Anesthesia Care; for radiology, 114.3 CMR 18.00: Radiology; and for laboratory, 114.3 CMR 20.00: Laboratory.

Massachusetts State Bookstore
State House, Room 116
Boston, MA 02133
Telephone: 617-727-2834
www.mass.gov/sec/spr

Division of Health Care Finance and Policy
Two Boylston Street
Boston, MA 02116
Telephone: 617-988-3100
www.mass.gov/dhcfp

Effective Date

The changes to codes listed in Subchapter 6 are effective for dates of service on or after July 6, 2006. Code changes previously identified in Physician Bulletin 84 and effective on or after January 1, 2006, have been incorporated into Subchapter 6.

For claims you have already submitted for services furnished on or after these effective dates, you may request a payment adjustment. Follow the procedures in the Administrative and Billing Instructions in Subchapter 5 (Part 7) of your provider manual.

Questions

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, or fax your inquiry to 617-988-8974.

NEW MATERIAL

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

Physician Manual

Pages 6-1 through 6-18

OBSOLETE MATERIAL

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

Physician Manual

Pages 6-1 through 6-14 — transmitted by Transmittal Letter PHY-110

Pages 6-15 and 6-16 — transmitted by Transmittal Letter PHY-111

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601 Introduction

MassHealth providers must refer to the American Medical Association's *Current Procedural Terminology (CPT) 2006* 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 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	0052T	0079T	0105T	0148T
0008T	0053T	0080T	0106T	0149T
0016T	0054T	0081T	0107T	0150T
0017T	0055T	0082T	0108T	0151T
0018T	0056T	0083T	0109T	0152T
0019T	0058T	0084T	0110T	0153T
0021T	0059T	0085T	0111T	0154T
0024T	0060T	0086T	0115T	10040
0026T	0061T	0087T	0116T	11922
0027T	0062T	0088T	0117T	11950
0028T	0063T	0089T	0120T	11951
0029T	0064T	0090T	0123T	11952
0030T	0065T	0091T	0124T	11954
0031T	0066T	0092T	0126T	15775
0032T	0067T	0093T	0130T	15776
0041T	0068T	0094T	0133T	15780
0042T	0069T	0095T	0135T	15781
0043T	0070T	0096T	0137T	15782
0044T	0071T	0097T	0140T	15783
0045T	0072T	0098T	0141T	15786
0046T	0073T	0099T	0142T	15787
0047T	0074T	0100T	0143T	15788
0048T	0075T	0101T	0144T	15789
0049T	0076T	0102T	0145T	15792
0050T	0077T	0103T	0146T	15793
0051T	0078T	0104T	0147T	15819

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602 Nonpayable CPT Codes (cont.)

15824	38204	58970	77416	88020
15825	38207	58974	77417	88025
15826	38208	58976	77418	88027
15828	38209	59070	77421	88028
15829	38210	59072	77422	88029
15876	38211	59412	77423	88036
15877	38212	59897	77520	88037
15878	38213	61630	77522	88040
15879	38214	61635	77523	88045
17340	38215	61640	77525	88099
17360	41870	61641	77790	88125
17380	41872	61642	78267	88333
19316	43752	62287	78268	88334
19324	43842	63043	78351	89250
19325	43843	63044	78890	89251
19355	43845	65760	78891	89253
19396	44132	65765	80500	89254
20930	44715	65767	80502	89255
20936	47133	65771	82075	89257
21120	47143	69090	82962	89258
21121	47144	71552	84061	89259
21122	47145	72159	84830	89260
21123	48160	72198	86079	89261
21125	48550	73225	86890	89264
21127	48551	76140	86891	89268
21245	50300	76150	86910	89272
21246	50323	76350	86911	89280
21248	50325	76390	86927	89281
21249	51701	76400	86930	89290
22841	51702	76496	86931	89291
32491	54900	76497	86932	89300
32850	54901	76498	86945	89310
32855	55200	77336	86950	89320
32856	55300	77370	86960	89321
33930	55400	77401	86965	89325
33933	55870	77402	86985	89329
33940	55970	77403	87900	89330
33944	55980	77404	87901	89335
36415	58321	77406	87903	89342
36416	58322	77407	87904	89343
36468	58323	77408	88000	89344
36469	58345	77409	88005	89346
36540	58350	77411	88007	89352
36598	58750	77412	88012	89353
37765	58752	77413	88014	89354
37766	58760	77414	88016	89356

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602 Nonpayable CPT Codes (cont.)

90281	91132	95824	98940	99357
90283	91133	95965	98941	99358
90287	92314	95966	98942	99359
90379	92315	95967	98943	99360
90384	92316	96000	98960	99361
90386	92317	96001	98961	99362
90389	92325	96002	98962	99371
90396	92352	96003	99001	99372
90586	92353	96004	99002	99373
90633	92354	96101	99024	99374
90634	92355	96102	99026	99375
90636	92358	96103	99027	99377
90645	92371	96105	99051	99378
90646	92531	96110	99053	99379
90647	92532	96111	99056	99380
90648	92533	96116	99058	99401
90669	92534	96118	99060	99402
90680	92548	96119	99071	99403
90698	92559	96120	99075	99404
90700	92560	96150	99078	99411
90701	92561	96151	99080	99412
90702	92562	96152	99082	99420
90708	92564	96153	99090	99429
90710	92597	96154	99091	99450
90712	92605	96155	99100	99455
90715	92606	96567	99116	99456
90718	92613	96902	99135	99500
90720	92615	97005	99140	99501
90721	92617	97006	99143	99502
90723	92630	97014	99144	99503
90744	92633	97537	99145	99504
90748	93660	97545	99148	99505
90845	93668	97546	99149	99506
90865	93760	97597	99150	99507
90875	93762	97598	99172	99509
90876	93770	97602	99190	99510
90880	93786	97605	99191	99511
90885	94015	97606	99192	99512
90889	95052	97755	99288	99601
90901	95120	97802	99315	99602
90911	95125	97803	99316	
90940	95130	97804	99339	
90989	95131	97810	99340	
90993	95132	97811	99354	
90997	95133	97813	99355	
90999	95134	97814	99356	

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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 \geq 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 Code 99050 may be used only for urgent care provided in the office after hours, in addition to the basic service.

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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>	
01999	IC	21143	PA
11920	PA	21145	PA
11921	PA	21146	PA
15431	IC	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

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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>	
21299	IC; PA	38205	PA
21499	IC	38230	PA
21742	IC	38240	PA
21743	IC	38241	PA
21899	IC	38242	PA
22899	IC	38589	IC
22999	IC	38999	IC
23929	IC	39499	IC
24940	IC	39599	IC
24999	IC	40799	IC
25999	IC	40840	PA
26989	IC	40842	PA
27299	IC	40843	PA
27599	IC	40844	PA
27899	IC	40845	PA
28890	PA	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	43770	PA
32852	PA	43771	PA
32853	PA	43772	PA
32854	PA	43773	PA
32999	IC	43774	PA
33935	PA	43846	PA
33945	PA	43847	PA
33999	IC	43848	PA
36299	IC	43886	PA
36470	PA	43887	PA
36471	PA	43888	PA
37501	IC	43999	IC
37799	IC	44133	IC; PA
38129	IC	44135	IC; PA

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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>	
44136	IC; PA	58180	HI-1
44137	IC	58200	HI-1
44238	IC	58210	HI-1
44799	IC	58240	HI-1
44899	IC	58260	HI-1
44979	IC	58262	HI-1
45499	IC	58263	HI-1
45999	IC	58267	HI-1
46999	IC	58270	HI-1
47135	PA	58275	HI-1
47136	PA	58280	HI-1
47140	PA	58285	HI-1
47141	PA	58290	HI-1
47142	PA	58291	HI-1
47379	IC	58292	HI-1
47399	IC	58293	HI-1
47579	IC	58294	HI-1
47999	IC	58550	HI-1
48554	PA	58552	HI-1
48556	PA	58553	HI-1
48999	IC	58554	HI-1
49329	IC	58565	CS-18 or CS-21
49659	IC	58578	IC
49906	IC	58579	IC
49999	IC	58600	CS-18 or CS-21
50549	IC	58605	CS-18 or CS-21
50949	IC	58611	CS-18 or CS-21
51597	HI-1	58615	CS-18 or CS-21
51925	HI-1	58661	CS-18 or CS-21
51999	IC	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		
56805	IC; PA	59851	CPA-2 (second trimester, third trimester in hospital only)
57335	IC; PA		
58150	HI-1	59852	CPA-2 (second trimester, third trimester in hospital only)
58152	HI-1		

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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>	
59855	CPA-2	76094	PA
59856	CPA-2	76499	IC
59857	CPA-2	76999	IC
59898	IC	77299	IC
59899	IC	77399	IC
60659	IC	77499	IC
60699	IC	77799	IC
64614	PA	78099	IC
64650	PA	78199	IC
64653	PA	78299	IC
64999	IC	78399	IC
66999	IC	78499	IC
67299	IC	78599	IC
67399	IC	78699	IC
67599	IC	78799	IC
67900	PA	78999	IC
67901	PA	79999	IC
67902	PA	81099	IC
67903	PA	82045	IC
67904	PA	82271	IC
67906	PA	82272	IC
67908	PA	82656	IC
67909	PA	83009	IC
67911	PA	83037	IC
67916	PA	83630	IC
67917	PA	83631	IC
67961	PA	83695	IC
67966	PA	83704	IC
67971	PA	83900	IC
67973	PA	83907	IC
67974	PA	83908	IC
67975	PA	83909	IC
67999	IC	83914	IC
68399	IC	84163	IC
68899	IC	84999	IC
69300	PA	85999	IC
69399	IC	86200	IC
69710	IC	86355	IC
69799	IC	86357	IC
69930	PA	86367	IC
69949	IC	86480	IC
69979	IC	86849	IC
70336	PA	86923	IC
75556	IC	86999	IC
76093	PA	87209	IC

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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>
87807 IC	90945 For hospitalized member only; not for chronic maintenance
87999 IC	
88199 IC	90947 For hospitalized member only; not for chronic maintenance
88299 IC	
88380 IC	91110 PA
88384 IC, PA	91123 IC
88385 PA	91299 IC
88386 PA	92065 PA
88399 IC	92250 PA
89230 IC	92310 PA
89240 IC	92311 PA; includes supply of lenses
90288 IC	92312 PA; includes supply of lenses
90291 IC	92313 PA; includes supply of lenses
90296 IC	92326 PA
90371 Covered for adults >17	92499 IC
90378 IC; PA	92506 PA for ST >35
90393 IC, PA	92507 PA for ST >35
90399 IC	92508 PA for ST >35
90476 IC	92526 PA for ST >35
90477 IC	92610 PA for ST >35
90581 IC	92700 IC
90632 Covered for adults >17	92992 IC
90649 IC	92993 IC
90660 PA	93745 IC
90665 IC	93799 IC
90676 IC	94642 IC
90690 IC	94772 IC
90692 IC	94799 IC
90693 IC	95199 IC
90707 Covered for adults >17	95251 PA
90713 Covered for adults ≥17	95999 IC
90716 Covered for adults ≥17	96549 IC
90719 IC	96999 IC
90725 IC	97001 PA for PT >20
90727 IC	97002 PA for PT >20
90734 IC	97003 PA for OT >20
90736 IC	97004 PA for OT >20
90749 IC	97010 PA for PT >20
90779 IC	97012 PA for PT >20
90899 IC	97016 PA for PT >20
90935 For hospitalized member only; not for chronic maintenance	97018 PA for PT >20
	97022 PA for PT >20
90937 For hospitalized member only; not for chronic maintenance	97024 PA for PT >20
	97026 PA for PT >20
	97028 PA for PT >20

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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>	
97032	PA for PT >20	97532	PA for OT >20
97033	PA for PT >20	97533	PA for OT >20
97034	PA for PT >20	97535	PA for OT >20
97035	PA for PT >20	97542	PA for OT >20
97036	PA for PT >20	97760	PA for OT >20
97039	PA for PT >20; IC	97761	PA for OT >20
97110	PA for PT >20	97762	PA for OT >20
97112	PA for PT >20	97799	IC
97113	PA for PT >20	98925	PA for OMT >20
97116	PA for PT >20	98926	PA for OMT >20
97124	PA for PT >20	98927	PA for OMT >20
97139	PA for PT >20; IC	98928	PA for OMT >20
97140	PA for PT >20	98929	PA for OMT >20
97150	PA for PT >20	99000	Centrifuging required
97530	PA for OT >20	99050	Urgent care only

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 for more detailed descriptions when billing for Level II HCPCS codes provided to MassHealth members.

<u>Service 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, technetium Tc 99m sestamibi, per dose (IC)
A9502	Supply of radiopharmaceutical diagnostic imaging agent technetium Tc 99m tetrofosmin, per unit dose (IC)

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604 HCPCS Level II Service Codes (cont.)

Service

<u>Code</u>	<u>Service Description</u>
A9503	Supply of radiopharmaceutical diagnostic imaging agent technetium Tc 99m medronate, up to 30 millicurie (IC)
A9505	Supply of radiopharmaceutical diagnostic imaging agent thallous chloride Tl-201, per millicurie (IC)
A9512	Technetium Tc 99m pertechnetate, diagnostic, per millicurie (IC)
A9537	Technetium Tc 99m mebrofenin, diagnostic, per study dose, up to 15 millicuries (IC)
G0105	Colorectal cancer screening: colonoscopy on individual at high risk
G0121	Colorectal cancer screening: colonoscopy on individual not meeting criteria for high risk
G0376	Tobacco cessation individual counseling provided by a physician, an independent practitioner, or an independent nurse midwife
G0376-HG	Tobacco cessation group counseling, at least 60-90 minutes in duration, provided by a physician
G0376-HN	Tobacco cessation individual counseling provided by a physician's assistant (PA)
G0376-SA	Tobacco cessation individual counseling provided by an independent practitioner
G0376-SB	Tobacco cessation individual counseling provided by a nurse midwife
G0376-TD	Tobacco cessation individual counseling provided by a registered nurse
G0376-TF	Tobacco cessation individual counseling, intermediate level of care (intake/assessment counseling, at least 45 minutes in duration) provided by a physician
G0376-U1	Tobacco cessation individual counseling provided by a tobacco cessation counselor
G0376-U2	Tobacco cessation individual intake/assessment counseling, at least 45 minutes in duration, provided by a nurse practitioner, nurse midwife, physician's assistant, registered nurse, or a tobacco cessation counselor, under the supervision of a physician
G0376-U3	Tobacco cessation group counseling, at least 60-90 minutes in duration, provided by a nurse practitioner, nurse midwife, physician's assistant, registered nurse, or a tobacco cessation counselor, under the supervision of a physician
H2011	Crisis intervention service, per 15 minutes
J0135	Injection, adalimumab, 20 mg (PA)
J0215	Injection, alefacept, 0.5 mg (PA)
J0256	Injection, alpha 1-proteinase inhibitor-human, 10 mg
J0290	Injection, ampicillin sodium, 500 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
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)
J0592	Injection, buprenorphine hydrochloride, 0.1 mg
J0640	Injection, leucovorin calcium, per 50 mg

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Service

<u>Code</u>	<u>Service Description</u>
J0690	Injection, cefazolin sodium, 500 mg
J0694	Injection, ceftioxin 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
J0835	Injection, cosyntropin, per 0.25 mg
J0881	Injection, darbepoetin alfa, 1 mcg (non-ESRD use) (PA)
J0882	Injection, darbepoetin alfa, 1 mcg (for ESRD on dialysis) (PA)
J0885	Injection, epoetin alfa, (for non-ESRD use), 1000 units (PA)
J0886	Injection, epoetin alfa, 1000 units (for ESRD on dialysis) (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
J1566	Injection, immune globulin, intravenous, lyophilized (e.g., powder), 500 mg (PA)
J1567	Injection, immune globulin, intravenous, non-lyophilized (e.g., liquid), 500 mg (PA)
J1580	Injection, garamycin, gentamicin, up to 80 mg

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Service

<u>Code</u>	<u>Service Description</u>
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)
J1751	Injection, iron dextran 165, 50 mg
J1752	Injection, iron dextran 267, 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
J2355	Injection, oprelvekin, 5 mg (PA)
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
J2503	Injection, pegaptanib sodium, 0.3 mg
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
J2680	Injection, fluphenazine decanoate, up to 25 mg
J2760	Injection, phentolamine mesylate, up to 5 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

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Service

<u>Code</u>	<u>Service Description</u>
J2794	Injection, risperidone, long acting, 0.5 mg
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 (IC, PA)
J2941	Injection, somatropin, 1 mg (PA)
J3030	Injection, sumatriptan succinate, 6 mg
J3110	Injection, teriparatide, 10 mcg (IC, 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
J3411	Injection, thiamine HCl, 100 mg
J3430	Injection, phytonadione, (vitamin K), per 1 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 ₀ (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)
J7060	5% dextrose/water (500 ml = 1 unit)
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)
J7320	Hylan G-F 20, 16 mg, for intra-articular injection (PA)
J7340	Dermal and epidermal, (substitute) tissue of human origin, with or without bioengineered or processed elements, with metabolically active elements, per square centimeter
J7341	Dermal (substitute) tissue of nonhuman origin, with or without other bioengineered or processed elements, with metabolically active elements, per square centimeter
J7342	Dermal (substitute) tissue of human origin, with or without other bioengineered or processed elements, with metabolically active elements, per square centimeter
J7343	Dermal and epidermal, (substitute) tissue of nonhuman origin, with or without other bioengineered or processed elements, without metabolically active elements, per square centimeter
J7344	Dermal (substitute) tissue of human origin, with or without other bioengineered or processed elements, without metabolically active elements, per square centimeter
J7350	Dermal (substitute) tissue of human origin, injectable, with or without other bioengineered or processed elements, but without metabolized active elements, per 10 mg
J7599	Immunosuppressive drug, NOC (IC)

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Service

<u>Code</u>	<u>Service Description</u>
J9000	Doxorubicin HCl, 10 mg
J9001	Doxorubicin HCl, all lipid formulations, 10 mg
J9025	Injection, azacitidine, 1 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 (IC)
J9094	Cyclophosphamide, lyophilized, 200 mg (IC)
J9095	Cyclophosphamide, lyophilized, 500 mg (IC)
J9096	Cyclophosphamide, lyophilized, 1 g (IC)
J9097	Cyclophosphamide, lyophilized, 2 g (IC)
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 HCl, 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 (IC)
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
J9264	Injection, paclitaxel protein-bound particles, 1 mg
J9265	Paclitaxel, 30 mg
J9293	Injection, mitoxantrone HCL, per 5mg

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Service

<u>Code</u>	<u>Service Description</u>
J9300	Gemtuzumab ozogamicin, 5 mg
J9305	Injection, pemetrexed, 10 mg
J9310	Rituximab, 100 mg (PA)
J9340	Thiotepa, 15 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)
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
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

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605 Modifiers (cont)

- 82 Assistant surgeon (when qualified resident surgeon not available)
- 99 Multiple modifiers
- FP Services provided as part of Medicaid Family Planning Program
- HG In connection with HCPC code G0376 the modifier HG represents tobacco cessation group counseling, at least 60-90 minutes in duration, provided by a physician.
- 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.)
- 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.)
- TD In connection with HCPC code G0376 the modifier TD represents tobacco cessation individual counseling provided by a Registered Nurse (RN).
- TF In connection with HCPC code G0376 the modifier TF represents tobacco cessation individual counseling, intermediate level of care (intake/assessment counseling, at least 45 minutes in duration) provided by a physician.
- U1 In connection with HCPC code G0376 the modifier U1 represents tobacco cessation individual counseling services provided by a tobacco cessation counselor.
- U2 In connection with HCPC code G0376 the modifier U2 represents tobacco cessation individual intake/assessment counseling, at least 45 minutes in duration, provided by a Nurse Practitioner, Nurse Midwife, Physician's Assistant, Registered Nurse, or a tobacco cessation counselor, under the supervision of a Physician.
- U3 In connection with HCPC code G0376 the modifier U3 represents tobacco cessation group counseling, at least 60-90 minutes in duration, provided by a Nurse Practitioner, Nurse Midwife, Physician's Assistant, Registered Nurse, or a tobacco cessation counselor, under the supervision of a Physician.

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