



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



MASSHEALTH
TRANSMITTAL LETTER PHY-115
December 2006

TO: Physicians Participating in MassHealth
FROM: Beth Waldman, Medicaid Director *BW*
RE: *Physician Manual (2007 HCPCS Coding Update)*

This letter transmits revisions to Subchapter 6 (Service Codes) of the *Physician Manual*. The Centers for Medicare and Medicaid Services (CMS) have revised the Healthcare Common Procedure Coding System (HCPCS) for 2007.

For dates of service on or after January 1, 2007, service codes that have been discontinued by CMS and deleted by the American Medical Association *Current Procedural Terminology (CPT)* for 2007 are **not payable** by MassHealth. Services described by these codes may be billed with replacement codes. Replacement codes are Level I and Level II HCPCS codes from any year, including 2007, that replace the 2007 "deleted" codes. **MassHealth will pay only for new 2007 HCPCS code additions that are replacing 2007 deleted codes.** Prior-authorization requests may be submitted to MassHealth for any medically necessary service for a MassHealth Standard or CommonHealth member younger than 21 years of age.

MassHealth is not adopting any other 2007 HCPCS code additions at this time.

MassHealth will review the remainder of the 2007 HCPCS code additions and changes and will determine coverage policies and other requirements at a later date. Providers will receive another transmittal letter and updated Subchapter 6 of the *Physician Manual* when the final review of 2007 HCPCS code additions has been completed. The 2007 HCPCS deleted codes and 2007 HCPCS code additions that are payable for dates of service on or after January 1, 2007, are found in Subchapter 6, Section 606 of the *Physician Manual*. In accordance with MassHealth regulations, payment is subject to the terms and conditions of 130 CMR 433.000 and 450.000.

Payment

Payment for most of the new 2007 codes will be determined through individual consideration (I.C.), until the Division of Health Care Finance and Policy (DHCFP) establishes specific rates and these rates are incorporated into the appropriate regulation. However, 2007 HCPCS codes that can be directly crosswalked to a deleted 2006 HCPCS code will be paid the same rate as the 2006 deleted code in accordance with the DHCFP regulation. For more information about payment, you may download the DHCFP informational bulletins at www.mass.gov/dhcfp.

Reminders for Submitting Claims for I.C. Services

Since payment for most of the new 2007 codes will be determined through I.C., we are providing the following reminders.

Claim Attachments. All claims with service codes designated in Subchapter 6 as I.C. must be submitted with documentation suitable for MassHealth to price and evaluate the claim, including but not limited to, invoices, operative notes, and other reports. Providers submitting claims electronically will receive a Claim Attachment Form (CAF). When you receive a CAF, you must attach the necessary documentation and return the CAF to the address designated on the form.

Operative Reports. Operative reports must be submitted in their entirety and must identify all procedures performed, including technical procedures, the name of the member, the date of the procedures, the preoperative diagnosis, the postoperative diagnosis, and the names of the surgeon and assistants. For procedures performed in settings that do not issue formal operative reports, the accompanying documentation must be legible and contain the same information required on an operative report.

Drugs Administered in an Office. For drugs administered in an office, a supplier's invoice must be submitted for each drug billed. Providers must indicate the name, strength, dose, units administered, and NDC (National Drug Code) for the drug. When more than one drug is listed on an invoice, providers must indicate which drug is being billed. This information must be submitted as a separate attachment in addition to the invoice.

Legibility and Completeness. If the documentation is illegible or incomplete, or if no report has been submitted, MassHealth will deny the claim with the applicable error code.

Other Revisions to Subchapter 6

MassHealth has also updated prior-authorization and consent requirements for certain services. Providers should review Section 603 in Subchapter 6 to determine which codes have special requirements or limitations.

Effective Date

The revisions to Subchapter 6 are effective January 1, 2007.

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 vi and 6-1 through 6-18

OBSOLETE MATERIAL

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

Physician Manual

Page vi — transmitted by Transmittal Letter PHY-111

Pages 6-1 through 6-18 — transmitted by Transmittal Letter PHY-113

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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 MassHealth Standard or CommonHealth member younger than 21 years of age. See Section 606 for information about HCPCS codes for 2007.

- 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.
- Section 606 lists service codes that have been discontinued by the Centers for Medicare and Medicaid Services (CMS) and deleted by the American Medical Association's CPT for 2007. These codes are **not** payable by MassHealth effective January 1, 2007. Section 606 also lists new service codes that replace certain service codes discontinued on January 1, 2007. These codes are payable by MassHealth effective January 1, 2007.

602 Nonpayable CPT Codes

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

0016T	0051T	0071T	0093T	0117T
0017T	0052T	0072T	0095T	0123T
0019T	0053T	0073T	0096T	0124T
0024T	0054T	0074T	0098T	0126T
0026T	0055T	0075T	0099T	0130T
0027T	0056T	0076T	0100T	0133T
0028T	0058T	0077T	0101T	0135T
0029T	0059T	0078T	0102T	0137T
0030T	0060T	0079T	0103T	0140T
0031T	0061T	0080T	0104T	0141T
0032T	0062T	0081T	0105T	0142T
0041T	0063T	0084T	0106T	0143T
0042T	0064T	0085T	0107T	0144T
0043T	0065T	0086T	0108T	0145T
0046T	0066T	0087T	0109T	0146T
0047T	0067T	0088T	0110T	0147T
0048T	0068T	0089T	0111T	0148T
0049T	0069T	0090T	0115T	0149T
0050T	0070T	0092T	0116T	0150T

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602 Nonpayable CPT Codes (cont.)

0151T	21125	48550	73225	86891
0152T	21127	48551	76140	86910
0153T	21245	50300	76150	86911
0154T	21246	50323	76350	86927
10040	21248	50325	76390	86930
11922	21249	51701	76496	86931
11950	22841	51702	76497	86932
11951	32491	54900	76498	86945
11952	32850	54901	77336	86950
11954	32855	55200	77370	86960
15775	32856	55300	77401	86965
15776	33930	55400	77402	86985
15780	33933	55870	77403	87900
15781	33940	55970	77404	87901
15782	33944	55980	77406	87903
15783	36415	58321	77407	87904
15786	36416	58322	77408	88000
15787	36468	58323	77409	88005
15788	36469	58345	77411	88007
15789	36540	58350	77412	88012
15792	36598	58750	77413	88014
15793	37765	58752	77414	88016
15819	37766	58760	77416	88020
15824	38204	58970	77417	88025
15825	38207	58974	77418	88027
15826	38208	58976	77421	88028
15828	38209	59070	77422	88029
15829	38210	59072	77423	88036
15876	38211	59412	77520	88037
15877	38212	59897	77522	88040
15878	38213	61630	77523	88045
15879	38214	61635	77525	88099
17340	38215	61640	77790	88125
17360	41870	61641	78267	88333
17380	41872	61642	78268	88334
19316	43752	62287	78351	89250
19324	43842	63043	78890	89251
19325	43843	63044	78891	89253
19355	43845	65760	80500	89254
19396	44132	65765	80502	89255
20930	44715	65767	82075	89257
20936	47133	65771	82962	89258
21120	47143	69090	84061	89259
21121	47144	71552	84830	89260
21122	47145	72159	86079	89261
21123	48160	72198	86890	89264

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602 Nonpayable CPT Codes (cont.)

89268	90712	92605	96155	99100
89272	90715	92606	96567	99116
89280	90718	92613	96902	99135
89281	90720	92615	97005	99140
89290	90721	92617	97006	99143
89291	90723	92630	97014	99144
89300	90744	92633	97537	99145
89310	90748	93660	97545	99148
89320	90845	93668	97546	99149
89321	90865	93760	97597	99150
89325	90875	93762	97598	99172
89329	90876	93770	97602	99190
89330	90880	93786	97605	99191
89335	90885	94015	97606	99192
89342	90889	95052	97755	99288
89343	90901	95120	97802	99315
89344	90911	95125	97803	99316
89346	90940	95130	97804	99339
89352	90989	95131	97810	99340
89353	90993	95132	97811	99354
89354	90997	95133	97813	99355
89356	90999	95134	97814	99356
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

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602 Nonpayable CPT Codes (cont.)

99455	99502	99506	99511
99456	99503	99507	99512
99500	99504	99509	99601
99501	99505	99510	99602

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. Refer to Section 606 for specific requirements or limitations for 2007 HCPCS codes.

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 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	21146	PA
11920	PA	21147	PA
11921	PA	21150	PA
15431	IC	21151	PA
15820	PA	21154	PA
15821	PA	21155	PA
15822	PA	21159	PA
15823	PA	21160	PA
15832	PA	21172	PA
15833	PA	21175	PA
15834	PA	21179	PA
15835	PA	21180	PA
15836	PA	21188	PA
15837	PA	21193	PA
15838	PA	21194	PA
15839	PA	21195	PA
15999	IC	21196	PA
17999	IC	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
21145	PA	21499	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>
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
38205 PA	44136 IC; PA
38230 PA	44137 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>
44238 IC	58240 HI-1
44799 IC	58260 HI-1
44899 IC	58262 HI-1
44979 IC	58263 HI-1
45499 IC	58267 HI-1
45999 IC	58270 HI-1
46999 IC	58275 HI-1
47135 PA	58280 HI-1
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
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	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	
58200 HI-1	
58210 HI-1	

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

Service Code and Req. or Limit

Service Code and Req. or Limit

59898	IC	77799	IC
59899	IC	78099	IC
60659	IC	78199	IC
60699	IC	78299	IC
64650	PA	78399	IC
64653	PA	78499	IC
64999	IC	78599	IC
66999	IC	78699	IC
67299	IC	78799	IC
67399	IC	78999	IC
67599	IC	79999	IC
67900	PA	81099	IC
67901	PA	82045	IC
67902	PA	82271	IC
67903	PA	82272	IC
67904	PA	82656	IC
67906	PA	83009	IC
67908	PA	83037	IC
67909	PA	83630	IC
67911	PA	83631	IC
67916	PA	83695	IC
67917	PA	83704	IC
67961	PA	83900	IC
67966	PA	83907	IC
67971	PA	83908	IC
67973	PA	83909	IC
67974	PA	83914	IC
67975	PA	84163	IC
67999	IC	84999	IC
68399	IC	85999	IC
68899	IC	86200	IC
69300	PA	86355	IC
69399	IC	86357	IC
69710	IC	86367	IC
69799	IC	86480	IC
69930	PA	86849	IC
69949	IC	86923	IC
69979	IC	86999	IC
70336	PA	87209	IC
75556	IC	87807	IC
76499	IC	87999	IC
76999	IC	88199	IC
77299	IC	88299	IC
77399	IC	88380	IC
77499	IC	88384	IC, PA

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

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88385 PA	92065 PA
88386 PA	92250 PA
88399 IC	92310 PA
89230 IC	92311 PA; includes supply of lenses
89240 IC	92312 PA; includes supply of lenses
90288 IC	92313 PA; includes supply of lenses
90291 IC	92326 PA
90296 IC	92499 IC
90371 Covered for adults >17	92506 PA for ST >35
90378 IC; PA	92507 PA for ST >35
90393 IC, PA	92508 PA for ST >35
90399 IC	92526 PA for ST >35
90476 IC	92610 PA for ST >35
90477 IC	92700 IC
90581 IC	92992 IC
90632 Covered for adults >17	92993 IC
90649 IC	93745 IC
90660 PA	93799 IC
90665 IC	94642 IC
90676 IC	94772 IC
90690 IC	94799 IC
90692 IC	95199 IC
90693 IC	95251 PA
90707 Covered for adults >17	95999 IC
90713 Covered for adults ≥17	96549 IC
90716 Covered for adults ≥17	96999 IC
90719 IC	97001 PA for PT >20
90725 IC	97002 PA for PT >20
90727 IC	97003 PA for OT >20
90734 IC	97004 PA for OT >20
90736 IC	97010 PA for PT >20
90749 IC	97012 PA for PT >20
90779 IC	97016 PA for PT >20
90899 IC	97018 PA for PT >20
90935 For hospitalized member only; not for chronic maintenance	97022 PA for PT >20
90937 For hospitalized member only; not for chronic maintenance	97024 PA for PT >20
90945 For hospitalized member only; not for chronic maintenance	97026 PA for PT >20
90947 For hospitalized member only; not for chronic maintenance	97028 PA for PT >20
	97032 PA for PT >20
	97033 PA for PT >20
	97034 PA for PT >20
	97035 PA for PT >20
91110 PA	97036 PA for PT >20
91123 IC	97039 PA for PT >20; IC
91299 IC	97110 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>	
97112	PA for PT >20	98927	PA for OMT >20
97113	PA for PT >20	98928	PA for OMT >20
97116	PA for PT >20	98929	PA for OMT >20
97124	PA for PT >20	99000	Centrifuging required
97139	PA for PT >20; IC	99050	Urgent care only
97140	PA for PT >20	99070	IC; excluding family planning supplies, such as trays, used in the collection of specimens
97150	PA for PT >20		
97530	PA for OT >20		
97532	PA for OT >20	99195	For hematologic disorders only
97533	PA for OT >20	99199	IC
97535	PA for OT >20	99296	IC
97542	PA for OT >20	99344	IC
97760	PA for OT >20	99345	IC
97761	PA for OT >20	99350	IC
97762	PA for OT >20	99499	IC
97799	IC	99600	IC
98925	PA for OMT >20		
98926	PA for OMT >20		

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)
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

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Code Service Description

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-HQ	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
J0690	Injection, cefazolin sodium, 500 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

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Service Description

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
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

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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
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)

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<u>Code</u>	<u>Service Description</u>
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)
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
J7599	Immunosuppressive drug, NOC (IC)
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

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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
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

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Service

<u>Code</u>	<u>Service Description</u>
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
- HQ In connection with HCPC code G0376 the modifier HQ 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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606 HCPCS Service Codes for 2007

Discontinued Service Codes. The following service codes have been discontinued by CMS for 2007. These codes are **not** payable by MassHealth effective January 1, 2007. Refer to the CMS Web site at www.cms.gov/medicare/hcpcs for more details.

01995	21300	35541	76005	76083	76778
15000	25611	35546	76006	76086	76986
15001	25620	35641	76012	76088	78704
15831	26504	44152	76013	76090	78715
17304	27315	44153	76020	76091	78760
17305	27320	47716	76040	76092	91060
17306	28030	48005	76061	76093	92573
17307	31700	48180	76062	76094	94656
17310	31708	49085	76065	76095	94657
19140	31710	54152	76066	76096	95078
19160	33200	54820	76070	76355	J7317
19162	33201	55859	76071	76360	J7320
19180	33245	56720	76075	76362	J7350
19182	33246	57820	76076	76370	
19200	33253	67350	76077	76393	
19220	35381	75998	76078	76394	
19240	35507	76003	76082	76400	

Replacement Codes. The following service codes are replacement codes for certain HCPCS codes that have been discontinued by CMS for 2007. Only these 2007 HCPCS codes are payable by MassHealth for dates of service on or after January 1, 2007. Refer to the CMS Web site at www.cms.gov/medicare/hcpcs for more detailed descriptions. Refer to the legend in Subsection 603 for definitions of IC and PA.

15002 IC	19306	35537 IC	72291	77053	77081
15003 IC	19307	35538 IC	72292	77054	77082
15004 IC	25606	35539 IC	76776	77055	77083
15005 IC	25607 IC	35540 IC	76998	77056	94002 IC
15830 PA; IC	25608 IC	35637 IC	77001	77057	94003 IC
15847 PA; IC	25609 IC	35638 IC	77002	77058 PA	94004 IC
17311 IC	27325	44157 IC	77003	77059 PA	J7319 PA; IC
17312 IC	27326	44158 IC	77011	77071	J7346 IC
17313 IC	28055	47719	77012	77072	Q4083 PA; IC
17314 IC	33254 IC	48105	77013	77073	Q4084 PA; IC
17315	33255 IC	48548	77014	77074	Q4085 PA; IC
19300 PA	33256 IC	49402	77021	77075	Q4086 PA; IC
19301	35302 IC	54865	77022	77076	
19302	35303 IC	55875	77031	77077	
19303	35304 IC	56442	77032	77078	
19304	35305 IC	57558	77051	77079	
19305	35306 IC	67346	77052	77080	