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-119
July 2007

TO: Physicians Participating in MassHealth

FROM: Tom Dehner, Medicaid Director TD

RE: *Physician Manual* (2007 HCPCS Codes)

This letter transmits revisions to the service codes in the *Physician Manual*. The Centers for Medicare & Medicaid Services (CMS) have revised the Healthcare Common Procedure Coding System (HCPCS) for 2007. Providers should use the revised Subchapter 6 along with the American Medical Association Current Procedural Terminology (CPT) 2007 code book. Subchapter 6 of the *Physician Manual* contains the following information:

- CPT codes that are not ordinarily payable under MassHealth (All other CPT codes in the CPT 2007 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 MassHealth Standard or CommonHealth member under 21 years of age, even if the service 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 regulation titles are 114.3 CMR 17.00: Medicine; 114.3 CMR 16.00: Surgery and Related Anesthesia Care; 114.3 CMR 18.00: Radiology; and 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 1, 2007. Code changes previously identified in Transmittal Letter PHY-115 that became effective on or after January 1, 2007, have been incorporated into Subchapter 6.

If you have already submitted claims 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.

Infusible and Injectable Drugs and Devices Administered in the Office

To meet compliance standards outlined in the Deficit Reduction Act (DRA) of 2005, MassHealth will begin collecting national drug codes (NDCs) and units for all claims for drugs submitted with a HCPCS Level II code. The DRA requires state Medicaid programs to ensure that providers list physician-administered drugs using the NDC codes and quantity in appropriate units (for example, milliliters or grams) for all electronic and paper claims. The purpose of this requirement is to give MassHealth the information it needs to collect drug rebates from pharmacy manufacturers. MassHealth is also requiring that the NDC and quantity for injectable devices also be reported. An NDC is not required for vaccines. This information will be required for claims with dates of service beginning **January 1, 2008**.

If you bill electronically using the 837P transaction, the NDC and quantity can be entered in Loop 2410 LIN03 and Loop 2410 CTP04, respectively, following the instructions outlined in the 837P Implementation Guide Addendum.

If you bill on paper, you can enter the NDC and quantity in Item 24C (Explain Unusual Circumstances).

When billing Medicare for a dual-eligible individual, providers should enter the NDC and units on the CMS-1500 claim in the shaded area of Items 24A through 24G. This is applicable to claims submitted directly to MassHealth and to claims that will cross over from the coordination of benefits contractor.

MassHealth is not changing the reimbursement amount for infusible and injectable drugs and devices. Claims for these drugs and devices will continue to be priced according to the rate set by the Division of Health Care Finance and Policy's regulation for the Level II HCPCS code. Claims with codes that are suspended for individual consideration (I.C.) will continue to be priced using the submitted current invoice at the acquisition cost for the drug or device.

MassHealth is providing these instructions at this time to give providers ample time to adjust their billing systems and procedures. MassHealth has updated its Billing Guide for Paper Claim Form No. 5 on the MassHealth Web site to reflect this new billing requirement. MassHealth will update its 837 companion guides in the coming weeks to reflect this new requirement. Although these new requirements do not take effect until January 1, 2008, MassHealth providers may begin submitting claims with the NDC information immediately if their billing systems and procedures can accommodate this request.

Neonatal Intensive Care Services

A physician may bill for only one NICU service code per member per day. The service codes are designated for use by the physician directing care of the critically ill neonate or infant. All other providers caring for the neonate or critical care infant should bill with the appropriate evaluation and management service code.

For NICU claims that are suspended for individual-consideration payment, the signature and provider number on the submitted documentation must match the signature and provider number of the physician billing and directing care of the critically ill neonate or infant. MassHealth will deny claims with error code 363 (authorized signature missing) when the signatures do not match.

When a midlevel practitioner bills with a NICU service code, the midlevel practitioner's signature must be documented in the member's record for the date of service being billed. Claims must be submitted under the midlevel practitioner's provider number or the appropriate midlevel modifier must be recorded on the claim. MassHealth will deny claims with error code 135 (modifier required) when the modifier is missing.

Obstetric Services

Providers may claim payment for diagnostic services such as ultrasound or other tests provided before the day of delivery on a fee-for-service basis, in addition to the payment of a global fee for obstetric services. This additional payment is not allowed when performed on the day of delivery. Reimbursement for a fetal stress test is included in the fee for the delivery. For multiple births, payment for a fetal stress test is payable once per day per fetus, when performed on days before the delivery.

Daily Hospital Management of Epidural

Do not enter any units in Item 24F of claim form no. 5 when billing for Service Code 01996 (daily hospital management of epidural or subarachnoid continuous drug administration). There is no reimbursement for time units for this service code; it is reimbursed at three base units.

Billing Guides for Paper Claim Form No. 4

MassHealth has posted to its Web site the Billing Guide for Paper Claim Form No. 4 and the Guide to Remittance Advice and Electronic Equivalents for Claim Form No. 4. Please remove Part 3A of Subchapter 5 of the *Physician Manual*, which contains now outdated instructions, and refer to these Web-based guides for billing Early and Periodic Screening, Diagnosis and Treatment (EPSDT) services on claim form no. 4.

Clarifications for Administrative and Billing Instructions

This letter also transmits revisions to Parts 3 and 5 of the Administrative and Billing Instructions (Subchapter 5 of your provider manual). The revisions clarify that retail pharmacies and 340B providers use the Pharmacy Online Processing System (POPS) to submit their claims to MassHealth. The revisions also refer providers to a document on the MassHealth Web site that identifies, for each type of MassHealth provider, which claim forms are used to bill MassHealth.

MassHealth Web Site

This transmittal letter and attached pages are available on the MassHealth Web site at www.mass.gov/masshealth.

Questions

If you have any questions about 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 6-20

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

Physician Manual

Pages vi and 6-1 through 6-18 – transmitted by Transmittal Letter PHY-115

Pages 5.3-1, 5.3-2, and 5.5-1 through 5.5-4 – transmitted by Transmittal Letter PHY-118

Pages 5.3A-1 through 5.3A-4, 5.3A-7, 5.3A-8, and 5.3A-13 through 5.3A-20 – transmitted by Transmittal Letter PHY-89

Pages 5.3A-5, 5.3A-6, and 5.3A-9 through 5.3A-12 – transmitted by Transmittal Letter PHY-92

Part 3. Billing MassHealth

Electronic Claims

Electronic submission of claims is the most efficient, cost-effective, and accurate method of submitting claims for MassHealth payment. Electronic claims, on average, contain 25% fewer errors, and are processed faster than paper claims, due to reduced data-entry errors and the elimination of mailing and handling times.

Pharmacy Claims

All MassHealth retail and 340B pharmacy claims must be submitted electronically via the Pharmacy Online Processing System (POPS). Affiliated Computer Services (ACS) operates POPS under the general framework of standards and protocols established by the National Council for Prescription Drug Programs (NCPDP). Pharmacy providers must work with their switch and software vendors to ensure compliance.

For information about pharmacy claim submission, visit www.mass.gov/masshealth/pharmacy, or contact the ACS Help Desk using the information found in Appendix A of your MassHealth provider manual.

Dental Claims

All claims for dental services are handled through the dental third-party administrator. For information about dental claim submission and the MassHealth dental program, visit www.masshealth-dental.net, or contact the third-party administrator at the phone number listed in Appendix A of your MassHealth provider manual.

All Other MassHealth Claims

With the exception of pharmacy and dental providers (as directed above), all other MassHealth providers interested in submitting claims electronically should contact MassHealth Customer Service or the provider's software vendor or billing intermediary.

There are several methods of electronic claim submission available, including direct billing, the use of a vendor (billing intermediary or clearinghouse) that submits claims on your behalf, and our free MassHealth Provider Claim Submission Software (PCSS).

Direct Billing

Electronic claims can be submitted directly to MassHealth using the secure Transactions Web site, accessible from www.mass.gov/masshealth. You must go through testing procedures before submitting claims electronically. If you are interested in submitting claims using this method, contact MassHealth Customer Service using the contact information listed in Appendix A of your MassHealth provider manual, to learn more about testing procedures.

Using a Vendor

If you currently submit paper claims through a vendor, MassHealth Customer Service can assist you and your vendor in the transition to electronic billing. If you do not currently have a vendor, but are interested in using one, we encourage you to view the MassHealth approved vendor list on the MassHealth Web site to find a vendor or to see if your vendor currently works with MassHealth.

PCSS

Along with facilitating MassHealth billing, the free MassHealth PCSS can capture and retain your provider and patient data and generate simple reports.

To download the software and find additional product information, including the technical specifications to use PCSS, go to www.mass.gov/masshealth/pcss. If you have additional questions after reviewing these resources, contact MassHealth Customer Service using the information in Appendix A of your MassHealth provider manual.

Additional Resources

More information about electronic billing is available in the MassHealth companion guides, found on the MassHealth Web site in the MassHealth Provider Library.

Paper Claims

Information about which claim forms you should use to bill MassHealth and instructions for completing and submitting paper claim forms to MassHealth are available online at www.mass.gov/masshealthpubs. Click on Provider Library, then on MassHealth Billing Guides for Paper Claim Submitters. The instructions should be used along with the MassHealth regulations. The proper completion and submission of claim forms is essential for timely and accurate claims processing and payment.

Part 5. Claim Status and Payment

Claim Status

After MassHealth processes a claim, the claim status is reported through the 276/277 transaction in the Recipient Eligibility Verification System (REVS) and on the MassHealth-issued remittance advice (RA).

Pharmacy Claims

For retail and 340B pharmacy claims, refer to the *POPS Billing Guide* for information about claim status (claim response formats). See page 5.5-2 for information about MassHealth payment to all providers, including pharmacy providers.

All Other Claims

This section explains how to determine the status of a nonpharmacy claim. See page 5.5-2 for information about MassHealth payment to all providers. MassHealth reports claim status and payment information through the 276/277 transaction and through its paper RAs.

276/277 Transaction

The 276/277 HIPAA-compliant electronic transaction is the standard for claim-status inquiries to determine if a claim is paid, denied, or suspended. Claim status can be verified 24 hours a day, seven days a week through the 276/277 transaction using the claim status system in REVS. REVS can be accessed via the Web (WebREVS), or through REVS PC software. The 276/277 transaction provides fast and accurate information about the status of a claim.

In order to use REVS for the 276/277 transaction, the submitter must be a MassHealth trading partner with a valid user ID and password. If you have questions about REVS or the claim status subsystem, contact the REVS Help Desk (see Appendix A of your MassHealth provider manual). If you do not have a user ID and password, contact EDI Support (see Appendix A).

Remittance Advice

The RA is a helpful tool when reconciling accounts, as it reports the status of a claim submitted to MassHealth. The RA is available in three forms: the 835 electronic RA, the supplemental electronic RA, and the paper RA.

835 Remittance Advice

The 835 RA can be downloaded from the secure MassHealth Web site by a provider who has a signed trading partner agreement (TPA) on file with MassHealth. Testing for this transaction is not required. Format requirements and applicable standard codes are listed in the Implementation Guide, which can be accessed from the HIPAA section of the Washington Publishing Company (WPC) Web site. If you are not able to download this transaction from the MassHealth Web site, contact MassHealth Customer Service using the contact information listed in Appendix A of your MassHealth provider manual. The MassHealth 835 Companion Guide provides MassHealth-specific information for the data content, codes, business rules, characteristics of the 835 transaction, technical requirements, and transmission options. The guide is available on the

MassHealth Web site or by contacting MassHealth Customer Service using the contact information in Appendix A of your MassHealth provider manual.

Electronic Supplemental Remittance Advice

The electronic supplemental RA file reports paid, denied, and suspended claims in the MassHealth RA format.

Paper Remittance Advice

The paper RA also displays information about claim status, although it appears in a format that is unique to MassHealth. The paper RA is sent to the "check mailing" address listed on your provider file. Generally, claims appear on an RA within 30 days of receipt by MassHealth (with the exception of Medicare crossover claims forwarded by the Medicare intermediary).

For more information about account reconciliation using the paper RA, review the applicable MassHealth remittance advice and electronic equivalents guide for the claim type on which you bill. These documents are available in the Provider Library on www.mass.gov/masshealth. Click on MassHealth Regulations and Other Publications, then on Provider Library, then on MassHealth Billing Guides for Paper Claim Submitters. Both billing instructions and guides to remittance advices and electronic equivalents for each claim type are available from this page.

Payment

MassHealth offers two options for receiving payment for services provided to MassHealth members: electronic funds transfer (EFT) and paper checks. MassHealth strongly encourages providers to choose EFT for payment.

Please note that all payments, whether electronic or paper check, are issued by the Office of the Comptroller. Account reconciliation is the provider's responsibility. Although MassHealth does not reconcile provider accounts, if you have a claim-related issue, contact MassHealth Customer Service using the information provided in Appendix A of your MassHealth provider manual.

Electronic Funds Transfer (EFT)

EFT is a safe and secure payment method that allows MassHealth to directly deposit payment into a bank account designated by the provider. To receive payment through EFT, you must submit an application with an original signature to MassHealth. It will take approximately 14 business days to start receiving EFT payments after a completed application has been processed. Mail the EFT form to MassHealth Customer Service at the address listed in Appendix A of your MassHealth provider manual. More information is available on the MassHealth Web site at www.mass.gov/masshealth or the VendorWeb site, which can be accessed from https://massfinance.state.ma.us.

Paper Check

Providers who do not sign up for EFT receive payment through traditional paper checks. Paper checks are sent via U.S. mail and, therefore, may encounter time delays that the electronic methods of payment avoid. Reconciling the RA should be done with a corresponding check stub or transaction notification from the submitter's financial institution.

If you have additional questions about how to determine the status of a claim or which payment method is best for you, please contact MassHealth Customer Service using the contact information provided in Appendix A of your MassHealth provider manual.

VendorWeb

VendorWeb is the Commonwealth's online source for financial information. Once assigned a vendor code, providers can access information about payments issued to them by the Commonwealth through the VendorWeb site at https://massfinance.state.ma.us. For example, providers who receive payment via EFT can view their payment schedules online and download payment histories at their convenience.

Providers receiving payment via paper checks can find their vendor code on their checks. Vendor codes are alpha-numeric, beginning with the letters "VC" followed by a 10-digit number. Vendor codes are not related to your federal tax identification number. If you receive EFT reimbursement, but are unsure of your vendor code, contact MassHealth Customer Service.

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601 Introduction

MassHealth providers must refer to the American Medical Association's *Current Procedural Terminology* (CPT) *2007* 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 provider may request prior authorization for any medically necessary service reimbursable under the federal Medicaid Act in accordance with 130 CMR 450.144, 42 U.S.C.1396d(a), and 42 U.S.C. 1396d(r)(5) for a MassHealth Standard or CommonHealth member younger than 21 years of age even if it is not designated as covered or payable in the Physician Manual.

- 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

Regardless of nonpayable status, a physician may request prior authorization for any medically necessary service for a MassHealth Standard or CommonHealth member younger than 21 years of age.

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

602 Nonpayable CPT Codes (cont.)

0151T	15824	36598	58750	77409
0152T	15825	37765	58752	77411
0153T	15826	37766	58760	77412
0154T	15828	38204	58970	77413
0155T	15829	38207	58974	77414
0156T	15847	38208	58976	77416
0157T	15876	38209	59070	77417
0158T	15877	38210	59072	77418
0159T	15878	38211	59412	77421
0160T	15879	38212	59897	77422
0161T	17340	38213	61630	77423
0162T	17360	38214	61635	77520
0163T	17380	38215	61640	77522
0164T	19316	41870	61641	77523
0165T	19324	41872	61642	77525
0166T	19325	43752	62287	77790
0167T	19355	43842	63043	78267
0168T	19396	43843	63044	78268
0169T	20930	43845	65760	78351
0170T	20936	44132	65765	78890
0171T	21120	44715	65767	78891
0172T	21121	47133	65771	80500
0173T	21122	47143	69090	80502
0174T	21123	47144	71552	82075
0175T	21125	47145	72159	82962
0176T	21127	48160	72198	84061
0177T	21245	48550	73225	84830
10040	21246	48551	76140	86079
11922	21248	50300	76150	86890
11950	21249	50323	76350	86891
11951	22526	50325	76390	86910
11952	22527	51701	76496	86911
11954	22841	51702	76497	86927
15775	32491	54900	76498	86930
15776	32850	54901	77336	86931
15780	32855	55200	77370	86932
15781	32856	55300	77371	86945
15782	33930	55400	77372	86950
15783	33933	55870	77373	86960
15786	33940	55970	77401	86965
15787	33944	55980	77402	86985
15788	36415	58321	77403	87900
15789	36416	58322	77404	87901
15792	36468	58323	77406	87903
15793	36469	58345	77407	87904
15819	36540	58350	77408	88000

602 Nonpayable CPT Codes (cont.)

88005	89346	90989	95052	97605
88007	89352	90993	95120	97606
88012	89353	90997	95125	97755
88014	89354	90999	95130	97810
88016	89356	91132	95131	97811
88020	90281	91133	95132	97813
88025	90283	92314	95133	97814
88027	90287	92315	95134	98940
88028	90379	92316	95824	98941
88029	90384	92317	95965	98942
88036	90386	92325	95966	98943
88037	90389	92352	95967	98960
88040	90396	92353	96000	98961
88045	90586	92354	96001	98962
88099	90633	92355	96002	99001
88125	90634	92358	96003	99002
88333	90636	92371	96004	99024
88334	90645	92531	96040	99026
89250	90646	92532	96101	99027
89251	90647	92533	96102	99053
89253	90648	92534	96103	99056
89254	90669	92548	96105	99058
89255	90680	92559	96110	99060
89257	90698	92560	96111	99071
89258	90700	92561	96116	99075
89259	90701	92562	96118	99078
89260	90702	92564	96119	99080
89261	90708	92597	96120	99082
89264	90710	92605	96150	99090
89268	90712	92606	96151	99091
89272	90718	92613	96152	99100
89280	90720	92615	96153	99116
89281	90721	92617	96154	99135
89290	90723	92630	96155	99140
89291	90744	92633	96567	99143
89300	90748	93660	96902	99144
89310	90845	93668	96904	99145
89320	90865	93760	97005	99148
89321	90875	93762	97006	99149
89325	90876	93770	97014	99150
89329	90880	93786	97537	99172
89330	90885	94005	97545	99190
89335	90889	94015	97546	99191
89342	90901	94644	97597	99192
89343	90911	94645	97598	99288
89344	90940	95012	97602	99315

602 Nonpayable CPT Codes (cont.)

99316	99361	99378	99429	99506
99339	99362	99379	99450	99507
99340	99363	99380	99455	99509
99354	99364	99401	99456	99510
99355	99371	99402	99500	99511
99356	99372	99403	99501	99512
99357	99373	99404	99502	99601
99358	99374	99411	99503	99602
99359	99375	99412	99504	
99360	99377	99420	99505	

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

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 members ≥ 19: This code is payable only for members aged 19 or older; available free of charge through the Massachusetts Immunization Program for children under 19 years of age.

Covered for members 19 to 26: This code is payable only for members aged 19 to 26 years; available free of charge through the Massachusetts Immunization Program for children under 19 years of age.

Covered for members ≥12: This code is payable only for members aged 12 years or older; available free of charge through the Massachusetts Immunization Program for children under 12 years of age.

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.

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

Legend (cont.)

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 and 99051 may be used only for urgent care provided in the office after hours, in addition to the basic service.

Service Code and Req. or Limit	
01999	IC
11920	PA
11921	PA
15431	IC
15820	PA
15821	PA
15822	PA
15823	PA
15830	PA
15832	PA
15833	PA
15834	PA
15835	PA
15836	PA
15837	PA
15838	PA
15839	PA
15999	IC
17999	IC
19300	PA
19318	PA
19328	PA
19350	PA
19370	PA
19371	PA
19499	IC
20999	IC
21076	PA
21077	PA
21079	PA
21080	PA
21081	PA
21082	PA
21083	PA
21084	PA

Service Code and Req. or Limit	
21085	PA
21086	PA
21087	PA
21088	IC; PA
21089	IC; PA
21137	PA
21138	PA
21139	PA
21141	PA
21142	PA
21143	PA
21145	PA
21146	PA
21147	PA
21150	PA
21151	PA
21154	PA
21155	PA
21159	PA
21160	PA
21172	PA
21175	PA
21179	PA
21180	PA
21188	PA
21193	PA
21194	PA
21195	PA
21196	PA
21198	PA
21206	PA
21208	PA
21209	PA
21210	PA
21215	PA

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

Service Code and Req. or Limit		Service Code and Req. or Limit	
21230	PA	30410	PA
21235	PA	30420	PA
21240	PA	30430	PA
21242	PA	30435	PA
21243	PA	30450	PA
21244	PA	30999	IC
21247	PA	31299	IC
21255	PA	31599	IC
21256	PA	31899	IC
21260	PA	32851	PA
21261	PA	32852	PA
21263	PA	32853	PA
21267	PA	32854	PA
21268	PA	32999	IC
21270	PA	33935	PA
21275	PA	33945	PA
21280	PA	33999	IC
21282	PA	36299	IC
21295	PA	36470	PA
21296	PA	36471	PA
21299	IC; PA	37501	IC
21499	IC	37799	IC
21742	IC	38129	IC
21743	IC	38205	PA
21899	IC	38230	PA
22857	PA	38240	PA
22862	PA	38241	PA
22865	PA	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

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

Service Code and Req. or Limit		Service Code and Req. or Limit	
42281	PA	48556	PA
42299	IC	48999	IC
42699	IC	49329	IC
42999	IC	49659	IC
43289	IC	49906	IC
43499	IC	49999	IC
43644	PA	50549	IC
43645	PA	50949	IC
43647	IC; PA	51925	HI-1
43648	IC; PA	51999	IC
43659	IC	53899	IC
43770	PA	54400	PA
43771	PA	54401	PA
43772	PA	54405	PA
43773	PA	54440	IC
43774	PA	54699	IC
43846	PA	55250	CS-18 or CS-21
43847	PA	55450	CS-18 or CS-21
43848	PA	55559	IC
43881	IC; PA	55899	IC
43882	IC; PA	56800	PA
43886	PA	56805	IC; PA
43887	PA	57335	IC; PA
43888	PA	58150	HI-1
43999	IC	58152	HI-1
44133	IC; PA	58180	HI-1
44135	IC; PA	58200	HI-1
44136	IC; PA	58210	HI-1
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	58541	HI-1
47999	IC	58542	HI-1
48554	PA	58543	HI-1

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

Service Code and Req. or Limit		Service Code and Req. or Limit	
58544	HI-1	67901	PA
58548	HI-1	67902	PA
58550	HI-1	67903	PA
58552	HI-1	67904	PA
58553	HI-1	67906	PA
58554	HI-1	67908	PA
58565	CS-18 or CS-21	67909	PA
58578	IC	67911	PA
58579	IC	67916	PA
58600	CS-18 or CS-21	67917	PA
58605	CS-18 or CS-21	67961	PA
58611	CS-18 or CS-21	67966	PA
58615	CS-18 or CS-21	67971	PA
58661	CS-18 or CS-21	67973	PA
58670	CS-18 or CS-21	67974	PA
58671	CS-18 or CS-21	67975	PA
58679	IC	67999	IC
58951	HI-1	68399	IC
58956	HI-1	68899	IC
58999	IC	69300	PA
59135	HI-1	69399	IC
59525	HI-1	69710	IC
59840	CPA-2 (first trimester)	69799	IC
59841	CPA-2 (first trimester)	69930	PA
59850	CPA-2 (second trimester, third trimester in hospital only)	69949	IC
		69979	IC
59851	CPA-2 (second trimester, third trimester in hospital only)	70336	PA
		70554	PA
59852	CPA-2 (second trimester, third trimester in hospital only)	70555	PA
		75556	IC
59855	CPA-2	76499	IC
59856	CPA-2	76999	IC
59857	CPA-2	77058	PA
59898	IC	77059	PA
59899	IC	77299	IC
60659	IC	77399	IC
60699	IC	77499	IC
64650	PA	77799	IC
64653	PA	78099	IC
64999	IC	78199	IC
66999	IC	78299	IC
67299	IC	78399	IC
67399	IC	78499	IC
67599	IC	78599	IC
67900	PA	78699	IC

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

Service Code	Req. or Limit
78799	IC
78999	IC
79999	IC
81099	IC
82045	IC
82271	IC
82272	IC
82656	IC
83009	IC
83037	IC
83630	IC
83631	IC
83695	IC
83704	IC
83900	IC
83907	IC
83908	IC
83909	IC
83914	IC
84163	IC
84999	IC
85999	IC
86200	IC
86355	IC
86357	IC
86367	IC
86480	IC
86849	IC
86923	IC
86999	IC
87209	IC
87807	IC
87999	IC
88199	IC
88299	IC
88380	IC
88384	IC, PA
88385	PA
88386	PA
88399	IC
89240	IC
90288	IC
90291	IC
90296	IC
90378	IC; PA
90393	IC, PA
90399	IC
90476	IC
90477	IC
90581	IC
90632	Covered for adults ≥19
90649	IC; Covered for members aged 19 to 26; available free of charge through the Massachusetts Immunization Program for children under 19 years of age.
90660	PA
90665	IC
90676	IC
90690	IC
90692	IC
90693	IC
90707	Covered for members ≥ 19; available free of charge through the Massachusetts Immunization Program for children under 19 years of age.
90713	Covered for members ≥ 19; available free of charge through the Massachusetts Immunization Program for children under 19 years of age.
90715	Covered for members ≥12; available free of charge through the Massachusetts Immunization Program for children under 12 years of age.
90719	IC
90725	IC
90727	IC
90734	IC; Covered for members ≥ 19; available free of charge through the Massachusetts Immunization Program for children under 19 years of age.
90736	IC
90749	IC
90779	IC
90899	IC

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

Service Code and Req. or Limit		Service Code and Req. or Limit	
90935	For hospitalized member only; not for chronic maintenance	97010	PA for PT >20
90937	For hospitalized member only; not for chronic maintenance	97012	PA for PT >20
90945	For hospitalized member only; not for chronic maintenance	97016	PA for PT >20
90947	For hospitalized member only; not for chronic maintenance	97018	PA for PT >20
91110	PA	97022	PA for PT >20
91111	PA	97024	PA for PT >20
91123	IC	97026	PA for PT >20
91299	IC	97028	PA for PT >20
92065	PA	97032	PA for PT >20
92250	PA	97033	PA for PT >20
92310	PA	97034	PA for PT >20
92311	PA; includes supply of lenses	97035	PA for PT >20
92312	PA; includes supply of lenses	97036	PA for PT >20
92313	PA; includes supply of lenses	97039	PA for PT >20; IC
92326	PA	97110	PA for PT >20
92499	IC	97112	PA for PT >20
92506	PA for ST >35	97113	PA for PT >20
92507	PA for ST >35	97116	PA for PT >20
92508	PA for ST >35	97124	PA for PT >20
92526	PA for ST >35	97139	PA for PT >20; IC
92610	PA for ST >35	97140	PA for PT >20
92700	IC	97150	PA for PT >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
94772	IC	97542	PA for OT >20
94774	IC	97760	PA for OT >20
94775	IC	97761	PA for OT >20
94776	IC	97762	PA for OT >20
94777	IC	97799	IC
94799	IC	98925	PA for OMT >20
95199	IC	98926	PA for OMT >20
95251	PA	98927	PA for OMT >20
95999	IC	98928	PA for OMT >20
96549	IC	98929	PA for OMT >20
96999	IC	99000	Centrifuging required
97001	PA for PT >20	99050	Urgent care only
97002	PA for PT >20	99051	Urgent care only
97003	PA for OT >20	99070	IC; excluding family planning supplies, such as trays, used in the collection of specimens
97004	PA for OT >20	99195	For hematologic disorders only
		99199	IC
		99296	IC

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

Service Code and Req. or Limit		Service Code and Req. or Limit	
99344	IC	99499	IC
99345	IC	99600	IC
99350	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.

Service Code	Service Description
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 T1-201, 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
G0108	Diabetes outpatient self-management training services, individual, per 30 minutes
G0109	Diabetes self-management training services, group session (two or more), per 30 minutes
G0121	Colorectal cancer screening: colonoscopy on individual not meeting criteria for high risk
G0270	Medical nutrition therapy; reassessment and subsequent intervention(s) following second referral in same year for change in diagnosis, medical condition, or treatment regimen (including additional hours needed for renal disease), individual, face-to-face with the patient, each 15 minutes
G0271	Medical nutrition therapy, reassessment and subsequent intervention(s) following second referral in same year for change in diagnosis, medical condition, or treatment regimen (including additional hours needed for renal disease), group (two or more individuals), each 30 minutes
G0376	Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes (at least 30 minutes). (Eligible providers are physician, independent nurse practitioner, and independent nurse midwife.)

604 HCPCS Level II Service Codes (cont.)

Service Code	Service Description
G0376-HQ	Smoking and tobacco use cessation counseling visit; intensive (for an individual in a group setting, 60-90 minutes). (Eligible providers are physician, independent nurse practitioner, and independent nurse midwife.)
G0376-HN	Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes (at least 30 minutes). (Eligible providers are physician assistants employed by an eligible billing entity.)
G0376-SA	Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes (at least 30 minutes). (Eligible providers are nurse practitioners employed by an eligible billing entity.)
G0376-SB	Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes (at least 30 minutes). (Eligible providers are nurse midwives employed by an eligible billing entity.)
G0376-TD	Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes (at least 30 minutes). (Eligible providers are registered nurses employed by an eligible billing entity.)
G0376-TF	Smoking and tobacco use cessation counseling visit; intensive (intake assessment for an individual, at least 45 minutes). (Eligible providers are physician, independent nurse practitioner, and independent nurse midwife.)
G0376-U1	Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes (at least 30 minutes). (Eligible providers are tobacco cessation counselors employed by an eligible billing entity.)
G0376-U2	Smoking and tobacco use cessation counseling visit; intensive (intake assessment for an individual, at least 45 minutes). (Eligible providers are nurse practitioner, nurse midwife, physician assistant, registered nurse, and tobacco cessation counselor.)
G0376-U3	Smoking and tobacco use cessation counseling visit; intensive (for an individual in a group setting, 60-90 minutes). (Eligible providers are nurse practitioner, nurse midwife, physician assistant, registered nurse, and tobacco cessation counselor.)
H2011	Crisis intervention service, per 15 minutes
J0129	Injection, abatacept, 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
J0290	Injection, ampicillin sodium, 500 mg
J0295	Injection, ampicillin sodium / sulbactam sodium, per 1.5 g
J0348	Injection, anidulafungin, 1 mg
J0456	Injection, azithromycin, 500 mg
J0460	Injection, atropine sulfate, up to 0.3 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

604 HCPCS Level II Service Codes (cont.)

Service Code	Service Description
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
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 (IC)
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, testerone 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, dexamethosone sodium phosphate, 1 mg
J1160	Injection, digoxin, up to 0.5 mg
J1170	Injection, hydromorphone, up to 4 mg
J1200	Injection, diphendydramine HCl, up to 50 mg
J1260	Injection, dolasetron mesylate, 10 mg
J1320	Injection, amitriptyline HCl, up to 20 mg (IC)
J1438	Injection, etanercept, 25 mg (PA)
J1440	Injection, filgrastim (G-CSF), 300 mcg
J1441	Injection, filgrastim (G-CSF), 480 mcg
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

604 HCPCS Level II Service Codes (cont.)

Service Code	Service Description
J1540	Injection, gamma globulin, intramuscular, 9 cc
J1550	Injection, gamma globulin, intramuscular, 10 cc
J1562	Injection, immune globulin, subcutaneous, 100 mg (IC; PA)
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 (I.C.)
J1720	Injection, hydrocortisone sodium succinate, up to 100 mg
J1740	Injection, ibandronate sodium, 1 mg (PA)
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 (IC)
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
J2248	Injection, micafungin sodium, 1 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
J2315	Injection, naltrexone, depot form, 1 mg (PA)
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 HC1, up to 60 mg
J2469	Injection, palonosetron, HCl, 25 mcg
J2503	Injection, pegaptanib sodium, 0.3 mg
J2505	Injection, pegfilgrastim, 6 mg
J2510	Injection, penicillin G procaine, aqueous, up to 600,000 units

604 HCPCS Level II Service Codes (cont.)

Service Code	Service Description
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
J2910	Injection, aurothioglucose, up to 50 mg (IC)
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)
J3010	Injection, fentanyl citrate, 0.1 mg
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
J3243	Injection, tigecycline, 1 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
J3360	Injection, diazepam, up to 5 mg
J3396	Injection, verteporfin, 0.1 mg
J3410	Injection, hydroxyzine HCl, up to 25 mg
J3411	Injection, thiamine HCI, 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_o(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
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)

604 HCPCS Level II Service Codes (cont.)

Service Code	Service Description
J7319	Hyaluronan (sodium hyaluronate) or derivative, intra-articular injection, per injection (IC; 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
J7345	Dermal (substitute) tissue of nonhuman origin, with or without other bioengineered or processed elements, without metabolically active elements, per square centimeter
J7346	Dermal (substitute) tissue of human origin, injectable, with or without other bioengineered or processed elements, but without metabolically active elements, 1 cc
J7599	Immunosuppressive drug, NOC (IC)
J7608	Acetylcysteine, inhalation solution administered through DME, unit-dose form, per g
J7612	Levalbuterol, inhalation solution, FDA-approved final product, noncompounded, administered through DME, concentrated form, 0.5 mg (PA)
J7614	Levalbuterol, inhalation solution, FDA-approved final product, noncompounded, administered through DME, unit dose, 0.5 mg (PA)
J7620	Albuterol, up to 2.5 mg and ipratropium bromide, up to 0.5 mg, FDA-approved final product, noncompounded, administered through DME
J7626	Budesonide, inhalation solution, FDA-approved final product, noncompounded, administered through DME, unit-dose form, up to 0.5 mg
J7633	Budesonide, inhalation solution, FDA-approved final product, noncompounded, administered through DME, concentrated form, per 0.25 mg (IC)
J7639	Dornase alpha, inhalation solution administered through DME, unit-dose form, per mg
J7644	Ipratropium bromide, inhalation solution, FDA-approved final product, noncompounded, administered through DME, unit-dose form, per mg
J7669	Metaproterenol sulfate, inhalation solution, FDA-approved final product, noncompounded, administered through DME, unit-dose form, per 10 mg
J7682	Tobramycin, inhalation solution, FDA-approved final product, noncompounded, unit-dose form, administered through DME, per 300 mg
J7699	Not otherwise classified drugs, inhalation solution administered through DME (IC)
J7799	Not otherwise classified drugs, other than inhalation drugs, administered through DME (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

604 HCPCS Level II Service Codes (cont.)

Service Code	Service Description
J9060	Cisplatin, powder or solution, per 10 mg
J9062	Cisplatin, 50 mg
J9070	Cyclophosphamide, 100 mg
J9080	Cyclophosphamide, 200 mg
J9090	Cyclophosphamide, 500 mg
J9091	Cyclophosphamide, 1 g
J9092	Cyclophosphamide, 2 g
J9093	Cyclophosphamide, lyophilized, 100 mg
J9094	Cyclophosphamide, lyophilized, 200 mg
J9095	Cyclophosphamide, lyophilized, 500 mg
J9096	Cyclophosphamide, lyophilized, 1 g
J9097	Cyclophosphamide, lyophilized, 2 g
J9130	Dacarbazine, 100 mg
J9140	Dacarbazine, 200 mg
J9170	Docetaxel, 20 mg
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 (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
J9261	Injection, nelarabine, 50 mg (PA)
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

604 HCPCS Level II Service Codes (cont.)

Service Code	Service Description
J9380	Vincristine sulfate, 5 mg
J9390	Vinorelbine tartrate, per 10 mg
J9395	Injection, fulvestrant, 25 mg (PA)
J9999	NOC, antineoplastic drug (IC)
Q4079	Injection, natalizumab, per 1 mg
Q4083	Hyaluronan or derivative, Hyalgan or Supartz, for intra-articular injection, per dose (PA)
Q4084	Hyaluronan or derivative, Synvisc, for intra-articular injection, per dose (PA)
Q4085	Hyaluronan or derivative, Euflexxa, for intra-articular injection, per dose (PA)
Q4086	Hyaluronan or derivative, Orthovisc, for intra-articular injection, per dose (PA)
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, bupivicaine HCl, 30 ml
S0021	Injection, ceftoperazone sodium, 1 gram (IC)
S0023	Injection, cimetidine HCl, 300 mg
S0077	Injection, clindamycin phosphate, 300 mg (IC)
S0162	Injection, efalizumab, 125 mg (IC), (PA)
S0180	Etonogestrel (contraceptive) implant system, including implants and supplies (IC)
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
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.

605 Modifiers (cont.)

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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