




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-120
December 2007

TO: Physicians Participating in MassHealth
FROM: Tom Dehner, Medicaid Director 
RE: *Physician Manual* (New Behavioral Health Screening Fee and 2008 HCPCS Coding Update)

This letter transmits a revised Subchapter 6 (Service Codes) for the *Physician Manual*. The revised Subchapter 6 incorporates the new behavioral health screening fee and reflects the 2008 revisions to the Centers for Medicare & Medicaid Services (CMS) Healthcare Common Procedure Coding System (HCPCS). Please read below for a more detailed description of the new codes, including the new tobacco-cessation counseling codes. In addition, MassHealth has updated prior-authorization requirements for certain services.

Behavioral Health Screening

Effective for dates of service on or after December 31, 2007, all primary-care providers serving MassHealth-enrolled members under the age of 21 (except MassHealth Limited) must offer to use a standardized behavioral health screening tool when performing the behavioral health screening component of an Early and Periodic Screening, Diagnosis and Treatment (EPSDT) or Pediatric Preventive Health-care Screening and Diagnosis (PPHSD) visit according to Appendix W of your MassHealth provider manual. Appendix W contains a menu of screening tools from which to choose. MassHealth will pay for the administration and scoring of the standardized behavioral health screening tool in addition to, and separately from, the office visit.

MassHealth provided detailed information about the new requirements surrounding the standardized behavioral health screening tool in Transmittal Letter ALL-155, which communicated updates to the EPSDT/PPHSD regulations (130 CMR 450.140 through 450.150), Appendix W, and Appendix Z.

To implement this new requirement, Subchapter 6 of the *Physician Manual* has been revised as follows.

- Service Code 96110 has been removed from Section 602: Nonpayable CPT Codes, and has been added to Section 603: Codes That Have Special Requirements or Limitations. Its use is limited to the administration and scoring of a standardized behavioral health screening tool selected from the approved menu of tools found in Appendix W of your provider manual when delivered to members under the age of 21 as part of the EPSDT/PPHSD visit. Service Code 96110 must be billed with distinct modifiers that are provider-specific and that indicate whether the administration of the screen identified a behavioral health need or not.

- The modifiers that must be billed with Service Code 96110 have been added to the list of modifiers in Section 605: Modifiers in a section entitled Behavioral Health Modifiers. Effective July 1, 2008, failure to include one of these modifiers will result in denial of the claim. For your convenience, the list of modifiers has been reproduced below.

Behavioral Health Screening of Members < 21 Years Service Code 96110 and Modifier		
Servicing Provider	When No Behavioral Health Need Identified*	When Behavioral Health Need Identified*
Physician, Independent Nurse Midwife, Independent Nurse Practitioner	96110 U1	96110 U2
Nurse Midwife employed by Physician	96110 U3	96110 U4
Nurse Practitioner employed by Physician	96110 U5	96110 U6
Physician Assistant employed by Physician	96110 U7	96110 U8

**Behavioral health need identified includes needs in the areas of behavioral health, social-emotional well-being, or mental health.*

If you wish to obtain a fee schedule for Service Code 96110, you may download the Division of Health Care Finance and Policy (DHCFP) regulations at no cost at www.mass.gov/dhcfp. You may also purchase a paper copy of DHCFP regulations from either the Massachusetts State Bookstore or from DHCFP (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

2008 HCPCS

For dates of service on or after January 1, 2008, service codes that have been discontinued by CMS and deleted by the American Medical Association *Current Procedural Terminology (CPT)* for 2008 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 2008, that replace the 2008 "deleted" codes. MassHealth will pay only for new 2008 HCPCS code additions that are replacing 2008 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 2008 HCPCS code additions at this time. MassHealth will review the remainder of the 2008 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 2008 HCPCS code additions has been completed. The 2008 HCPCS deleted codes and 2008 HCPCS code additions that are payable for dates of service on or after January 1, 2008, are found in Section 606 of Subchapter 6 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 2008 HCPCS codes that can be directly crosswalked to a deleted 2007 HCPCS code will be paid the same rate as the deleted code in accordance with DHCFP regulation.

When relative value units are not available, DHCFP will apply individual consideration (IC) in reimbursing for these new codes until appropriate rates can be developed. 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 some of the new 2008 codes will be determined through I.C., we are providing the following reminders.

A. 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.

B. 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.

C. 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.

D. 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 requirements for certain services. Providers should review Section 603 in Subchapter 6 to determine which codes have special requirements or limitations.

Tobacco Cessation

The MassHealth tobacco-cessation benefit covers both pharmacotherapy and counseling services. Effective January 1, 2008, the code for counseling used in combination with provider-specific modifiers is changing from Service Code G0376 to Service Code 99407. Please see the chart below for the modifier definitions.

Because Service Code 99407 represents distinct services for tobacco cessation, it can be reported in addition to other evaluation-and-management service codes.

	Tobacco Cessation Counseling Services		
	Individual tobacco cessation counseling visit, at least 30 minutes	Individual tobacco cessation intake/assessment counseling visit, at least 45 minutes	Group tobacco cessation counseling visit, at least 60-90 minutes
Servicing Provider	Service Code + Modifier	Service Code + Modifier	Service Code + Modifier
Physician, Independent NP, Independent Nurse Midwife	99407 (no required modifier)	99407 TF	99407 HQ
Nurse Practitioner	99407 SA	99407 U2	99407 U3
Nurse Midwife	99407 SB	99407 U2	99407 U3
Physician Assistant	99407 HN	99407 U2	99407 U3
Registered Nurse	99407 TD	99407 U2	99407 U3
Tobacco Cessation Counselor	99407 U1	99407 U2	99407 U3

Effective Date

The revisions to Subchapter 6 are effective for dates of service on or after January 1, 2008, with the exception of the change to Service Code 96110 for behavioral health. This change is effective for dates of service on or after December 31, 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 6-22

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-119

Commonwealth of Massachusetts MassHealth Provider Manual Series Physician Manual	Subchapter Number and Title Table of Contents	Page vi
	Transmittal Letter PHY-120	Date 01/01/08

6. Service Codes

Introduction	6-1
Nonpayable CPT Codes	6-1
Codes That Have Special Requirements or Limitations.....	6-4
HCPCS Level II Service Codes.....	6-11
Modifiers	6-18
HCPCS Service Codes for 2008.....	6-20
Appendix A. Directory	A-1
Appendix B. Enrollment Centers	B-1
Appendix C. Third-Party-Liability Codes	C-1
Appendix D. (Reserved)	
Appendix E. Admission Guidelines	E-1
Appendix F. (Reserved)	
Appendix G. (Reserved)	
Appendix H. (Reserved)	
Appendix I. Utilization Management Program	I-1
Appendix J. (Reserved)	
Appendix K. Teaching Physicians	K-1
Appendix L. (Reserved)	
Appendix W. EPSDT Services: Medical Protocol and Periodicity Schedule.....	W-1
Appendix X. Family Assistance Copayments and Deductibles	X-1
Appendix Y. REVS Codes/Messages	Y-1
Appendix Z. EPSDT/PPHSD Screening Services Codes.....	Z-1

Commonwealth of Massachusetts MassHealth Provider Manual Series Physician Manual	Subchapter Number and Title 6. Service Codes	Page 6-1
	Transmittal Letter PHY-120	Date 01/01/08

601 Introduction

MassHealth providers must refer to the American Medical Association's *Current Procedural Terminology (CPT) 2008* 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*. See Section 606 for information about HCPCS codes for 2008.

- 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 2008. These codes are **not payable** by MassHealth effective January 1, 2008. Section 606 also lists new service codes that replace certain service codes discontinued on January 1, 2008. These codes are payable by MassHealth effective January 1, 2008.

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	0047T	0066T	0081T	0100T
0017T	0048T	0067T	0084T	0101T
0019T	0049T	0068T	0085T	0102T
0026T	0050T	0069T	0086T	0103T
0027T	0051T	0070T	0087T	0104T
0028T	0052T	0071T	0088T	0105T
0029T	0053T	0072T	0089T	0106T
0030T	0058T	0073T	0090T	0107T
0031T	0059T	0075T	0092T	0108T
0032T	0060T	0076T	0093T	0109T
0041T	0061T	0077T	0095T	0110T
0042T	0062T	0078T	0096T	0111T
0043T	0063T	0079T	0098T	0123T
0046T	0064T	0080T	0099T	0124T

Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title 6. Service Codes	Page 6-2
	Transmittal Letter PHY-120	Date 01/01/08

602 Nonpayable CPT Codes (cont.)

0126T	15776	32850	55200	77370
0130T	15780	32855	55300	77371
0137T	15781	32856	55400	77372
0140T	15782	33930	55870	77373
0141T	15783	33933	55970	77401
0142T	15786	33940	55980	77402
0143T	15787	33944	58321	77403
0144T	15788	36415	58322	77404
0145T	15789	36416	58323	77406
0146T	15792	36468	58345	77407
0147T	15793	36469	58350	77408
0148T	15819	36598	58750	77409
0149T	15824	37765	58752	77411
0150T	15825	37766	58760	77412
0151T	15826	38204	58970	77413
0152T	15828	38207	58974	77414
0155T	15829	38208	58976	77416
0156T	15847	38209	59070	77417
0157T	15876	38210	59072	77418
0158T	15877	38211	59412	77421
0159T	15878	38212	59897	77422
0160T	15879	38213	61630	77423
0161T	17340	38214	61635	77520
0162T	17360	38215	61640	77522
0163T	17380	41870	61641	77523
0164T	19316	41872	61642	77525
0165T	19324	43752	62287	77790
0166T	19325	43842	63043	78267
0167T	19355	43843	63044	78268
0168T	19396	43845	65760	78351
0169T	20930	44132	65765	78890
0170T	20936	44715	65767	78891
0171T	21120	47133	65771	80500
0172T	21121	47143	69090	80502
0173T	21122	47144	71552	82075
0174T	21123	47145	72159	82962
0175T	21125	48160	72198	84061
0176T	21127	48550	73225	84830
0177T	21245	48551	76140	86079
10040	21246	50300	76150	86890
11922	21248	50323	76350	86891
11950	21249	50325	76390	86910
11951	22526	51701	76496	86911
11952	22527	51702	76497	86927
11954	22841	54900	76498	86930
15775	32491	54901	77336	86931

Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title 6. Service Codes	Page 6-3
	Transmittal Letter PHY-120	Date 01/01/08

602 Nonpayable CPT Codes (cont.)

86932	89300	90732	92630	96567
86945	89310	90744	92633	96902
86950	89320	90748	93660	96904
86960	89321	90845	93668	97005
86965	89325	90865	93760	97006
86985	89329	90875	93762	97014
87900	89330	90876	93770	97537
87901	89335	90880	93786	97545
87903	89342	90885	94005	97546
87904	89343	90889	94015	97597
88000	89344	90901	94644	97598
88005	89346	90911	94645	97602
88007	89352	90940	95012	97605
88012	89353	90989	95052	97606
88014	89354	90993	95120	97755
88016	89356	90997	95125	97810
88020	90281	90999	95130	97811
88025	90283	91132	95131	97813
88027	90287	91133	95132	97814
88028	90379	92314	95133	98940
88029	90384	92315	95134	98941
88036	90386	92316	95824	98942
88037	90389	92317	95965	98943
88040	90396	92325	95966	98960
88045	90586	92352	95967	98961
88099	90633	92353	96000	98962
88125	90634	92354	96001	99001
88333	90636	92355	96002	99002
88334	90645	92358	96003	99024
89250	90646	92371	96004	99026
89251	90647	92531	96040	99027
89253	90648	92532	96101	99053
89254	90665	92533	96102	99056
89255	90669	92534	96103	99058
89257	90680	92548	96105	99060
89258	90698	92559	96111	99071
89259	90700	92560	96116	99075
89260	90701	92561	96118	99078
89261	90702	92562	96119	99080
89264	90708	92564	96120	99082
89268	90710	92597	96150	99090
89272	90712	92605	96151	99091
89280	90718	92606	96152	99100
89281	90720	92613	96153	99116
89290	90721	92615	96154	99135
89291	90723	92617	96155	99140

Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title 6. Service Codes	Page 6-4
	Transmittal Letter PHY-120	Date 01/01/08

602 Nonpayable CPT Codes (cont.)

99143	99315	99363	99404	99503
99144	99316	99364	99411	99504
99145	99339	99374	99412	99505
99148	99340	99375	99420	99506
99149	99354	99377	99429	99507
99150	99355	99378	99450	99509
99172	99356	99379	99455	99510
99190	99357	99380	99456	99511
99191	99358	99401	99500	99512
99192	99359	99402	99501	99601
99288	99360	99403	99502	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 2008 HCPCS codes.

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 birth to 21: This code is payable only for members aged birth to 21 years; used to claim for the administration and scoring of a standardized behavioral health screening tool from the approved menu of tools found in Appendix W of your provider manual, must be accompanied by modifiers found in Section 605 under Behavioral Health Screening Modifiers to indicate whether a behavioral health need was identified.

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.

Commonwealth of Massachusetts MassHealth Provider Manual Series Physician Manual	Subchapter Number and Title 6. Service Codes	Page 6-5
	Transmittal Letter PHY-120	Date 01/01/08

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

Legend (cont.)

CS-21: A completed Sterilization Consent Form (for members aged 21 and older) must be completed. See 130 CMR 450.234 through 450.260 and 130 CMR 433.456 through 433.458 for more information.

HI-1: A completed Hysterectomy Information Form must be completed. See 130 CMR 450.234 through 450.260 and 130 CMR 433.459 for more information.

IC: Claim requires individual consideration. See 130 CMR 433.406 for more information.

PA for OMT >20: Prior authorization is required for more than 20 osteopathic manipulative therapy visits in a 12-month period.

PA for OT >20: Prior authorization is required for more than 20 occupational therapy visits in a 12-month period.

PA for PT >20: Prior authorization is required for more than 20 physical therapy visits, regardless of modality, in a 12-month period.

PA for ST >35: Prior authorization is required for more than 35 speech/language therapy visits in a 12-month period.

PA: Service requires prior authorization. See 130 CMR 433.408 for more information.

Urgent Care Only: Service Codes 99050 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
 19499 IC

Service Code and Req. or Limit

20999 IC
 21076 PA
 21077 PA
 21079 PA
 21080 PA
 21081 PA
 21082 PA
 21083 PA
 21084 PA
 21085 PA
 21086 PA
 21087 PA
 21088 PA; IC
 21089 PA; IC
 21137 PA
 21138 PA
 21139 PA
 21146 PA
 21147 PA
 21150 PA
 21151 PA
 21155 PA
 21159 PA
 21160 PA

Commonwealth of Massachusetts MassHealth Provider Manual Series Physician Manual	Subchapter Number and Title 6. Service Codes	Page 6-6
	Transmittal Letter PHY-120	Date 01/01/08

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

Service Code and Req. or Limit

Service Code and Req. or Limit

21172	PA	29804	PA
21175	PA	29999	IC
21188	PA	30400	PA
21193	PA	30410	PA
21194	PA	30420	PA
21195	PA	30430	PA
21196	PA	30435	PA
21198	PA	30450	PA
21206	PA	30999	IC
21208	PA	31299	IC
21209	PA	31599	IC
21210	PA	31899	IC
21215	PA	32851	PA
21230	PA	32852	PA
21235	PA	32853	PA
21240	PA	32854	PA
21242	PA	32999	IC
21243	PA	33935	PA
21244	PA	33945	PA
21247	PA	33999	IC
21255	PA	36299	IC
21256	PA	36470	PA
21260	PA	36471	PA
21299	PA; IC	37501	IC
21499	IC	37799	IC
21742	IC	38129	IC
21743	IC	38230	PA
21899	IC	38240	PA
22857	PA	38241	PA
22862	PA	38242	PA
22865	PA	38589	IC
22899	IC	38999	IC
22999	IC	39499	IC
23929	IC	39599	IC
24940	IC	40799	IC
24999	IC	40840	PA
25999	IC	40842	PA
26989	IC	40843	PA
27299	IC	40844	PA
27599	IC	40845	PA
27899	IC	40899	IC
28890	PA	41599	IC
28899	IC	41820	PA; IC
29799	IC	41821	IC
29800	PA	41850	IC

Commonwealth of Massachusetts MassHealth Provider Manual Series Physician Manual	Subchapter Number and Title 6. Service Codes	Page 6-7
	Transmittal Letter PHY-120	Date 01/01/08

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>
41899 IC	49329 IC
42280 PA	49659 IC
42281 PA	49906 IC
42299 IC	49999 IC
42699 IC	50549 IC
42999 IC	50949 IC
43289 IC	51925 HI-1
43499 IC	51999 IC
43644 PA	53899 IC
43645 PA	54400 PA
43647 PA; IC	54401 PA
43648 IC	54405 PA
43659 IC	54440 IC
43770 PA	54699 IC
43771 PA	55250 CS-18 or CS-21
43772 PA	55450 CS-18 or CS-21
43773 PA	55559 IC
43774 PA	55899 IC
43846 PA	56800 PA
43847 PA	56805 IC
43848 PA	57335 IC
43881 PA; IC	58150 HI-1
43882 IC	58152 HI-1
43886 PA	58180 HI-1
43887 PA	58200 HI-1
43888 PA	58210 HI-1
43999 IC	58240 HI-1
44133 IC	58260 HI-1
44135 PA; IC	58262 HI-1
44136 PA; IC	58263 HI-1
44238 IC	58267 HI-1
44799 IC	58270 HI-1
44899 IC	58275 HI-1
44979 IC	58280 HI-1
45499 IC	58285 HI-1
45999 IC	58290 HI-1
46999 IC	58291 HI-1
47135 PA	58292 HI-1
47136 PA	58293 HI-1
47379 IC	58294 HI-1
47399 IC	58541 HI-1
47579 IC	58542 HI-1
47999 IC	58543 HI-1
48554 PA	58544 HI-1
48999 IC	58548 HI-1

Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title 6. Service Codes	Page 6-8
	Transmittal Letter PHY-120	Date 01/01/08
Physician Manual		

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

<u>Service Code and Req. or Limit</u>	<u>Service Code and Req. or Limit</u>
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	
58578 IC	67999 IC
58579 IC	68399 IC
58600 CS-18 or CS-21	68899 IC
58605 CS-18 or CS-21	69300 PA
58611 CS-18 or CS-21	69399 IC
58615 CS-18 or CS-21	69710 IC
58661 CS-18 or CS-21	69799 IC
58670 CS-18 or CS-21	69930 PA
58671 CS-18 or CS-21	69949 IC
58679 IC	69979 IC
58951 HI-1	76499 IC
58956 HI-1	76999 IC
58999 IC	77058 PA
59135 HI-1	77059 PA
59525 HI-1	77299 IC
59840 CPA-2 (first trimester)	77399 IC
59841 CPA-2 (first trimester)	77499 IC
59850 CPA-2 (second trimester, third trimester in hospital only)	77799 IC
	78099 IC
59851 CPA-2 (second trimester, third trimester in hospital only)	78199 IC
	78299 IC
59852 CPA-2 (second trimester, third trimester in hospital only)	78399 IC
	78499 IC
59855 CPA-2	78599 IC
59856 CPA-2	78699 IC
59857 CPA-2	78799 IC
59898 IC	78999 IC
59899 IC	79999 IC
60659 IC	81099 IC
60699 IC	84999 IC
64650 PA	85999 IC
64653 PA	86849 IC
64999 IC	86999 IC
66999 IC	87999 IC
67299 IC	88199 IC
67399 IC	88299 IC
67599 IC	88380 IC
67900 PA	88384 IC
67901 PA	88399 IC
67902 PA	89100 IC

Commonwealth of Massachusetts MassHealth Provider Manual Series Physician Manual	Subchapter Number and Title 6. Service Codes	Page 6-9
	Transmittal Letter PHY-120	Date 01/01/08

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>
89220 IC	90725 IC
89230 IC	90727 IC
89240 IC	90734 IC; Covered for members \geq 19; available free of charge through the Massachusetts Immunization Program for children under 19 years of age.
90288 IC	
90291 IC	
90296 IC	
90378 PA; IC	90736 IC; PA is required for members less than age 60
90393 PA; IC	
90399 IC	90749 IC
90476 IC	90779 IC
90477 IC	90899 IC
90581 IC	90935 For hospitalized member only; not for chronic maintenance
90632 Covered for adults \geq 19	90937 For hospitalized member only; not for chronic maintenance
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.	90945 For hospitalized member only; not for chronic maintenance
90660 PA	90947 For hospitalized member only; not for chronic maintenance
90676 IC	
90690 IC	91110 PA
90692 IC	91111 PA
90693 IC	91123 IC
90707 Covered for members \geq 19; available free of charge through the Massachusetts Immunization Program for children under 19 years of age.	91299 IC
90713 Covered for members \geq 19; available free of charge through the Massachusetts Immunization Program for children under 19 years of age.	92065 PA
	92250 PA
	92310 PA
	92311 PA; includes supply of lenses
	92312 PA; includes supply of lenses
	92313 PA; includes supply of lenses
	92326 PA
	92499 IC
	92506 PA for ST >35
90715 Covered for members \geq 19; available free of charge through the Massachusetts Immunization Program for children under 19 years of age.	92507 PA for ST >35
	92508 PA for ST >35
	92526 PA for ST >35
	92610 PA for ST >35
	92700 IC
90716 Covered for members \geq 19; available free of charge through the Massachusetts Immunization Program for children under 19 years of age.	92992 IC
	92993 IC
	93745 IC
	93799 IC
	94772 IC
90719 IC	94774 IC
	94775 IC

Commonwealth of Massachusetts MassHealth Provider Manual Series Physician Manual	Subchapter Number and Title 6. Service Codes	Page 6-10
	Transmittal Letter PHY-120	Date 01/01/08

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>	
94776	IC	97035	PA for PT >20
94777	IC	97036	PA for PT >20
94799	IC	97039	PA for PT >20; IC
95199	IC	97110	PA for PT >20
95999	IC	97112	PA for PT >20
96549	IC	97113	PA for PT >20
96110	Developmental testing; limited (e.g., Developmental Screening Test II, Early Language Milestone Screen), with interpretation and report; Covered for members birth to 21 for the administration and scoring of a standardized behavioral health screening tool from the approved menu of tools found in Appendix W of your MassHealth provider manual; must be accompanied by modifiers found in Section 605 under Behavioral Health Screening Modifiers to indicate whether a behavioral health need was identified.	97116	PA for PT >20
		97124	PA for PT >20
		97139	PA for PT >20; IC
		97140	PA for PT >20
		97150	PA for PT >20
		97530	PA for OT >20
		97532	PA for OT >20
		97533	PA for OT >20
		97535	PA for OT >20
		97542	PA for OT >20
		97760	PA for OT >20
		97761	PA for OT >20
		97762	PA for OT >20
		97799	IC
		98925	PA for OMT >20
		98926	PA for OMT >20
		98927	PA for OMT >20
96999	IC	98928	PA for OMT >20
97001	PA for PT >20	98929	PA for OMT >20
97002	PA for PT >20	99000	Centrifuging required
97003	PA for OT >20	99050	Urgent care only
97004	PA for OT >20	99051	Urgent care only
97010	PA for PT >20	99070	IC; excluding family planning supplies, such as trays, used in the collection of specimens
97012	PA for PT >20		
97016	PA for PT >20		
97018	PA for PT >20	99195	For hematologic disorders only
97022	PA for PT >20	99199	IC
97024	PA for PT >20	99296	IC
97026	PA for PT >20	99344	IC
97028	PA for PT >20	99345	IC
97032	PA for PT >20	99350	IC
97033	PA for PT >20	99499	IC
97034	PA for PT >20	99600	IC

Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title 6. Service Codes	Page 6-11
	Transmittal Letter PHY-120	Date 01/01/08

604 HCPCS Level II Service Codes

This section lists Level II HCPCS codes that are payable under MassHealth. Refer to the Centers for Medicare & Medicaid Services 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	Radiopharmaceutical, diagnostic, not otherwise classified (IC)
A9500	Technetium Tc-99m sestamibi, diagnostic, per study dose, up to 40 millicuries (IC)
A9502	Technetium Tc-99m tetrofosmin, diagnostic, per study dose, up to 40 millicuries (IC)
A9503	Technetium Tc-99m medronate, diagnostic, per study, up to 30 millicuries (IC)
A9505	Thallium Tl-201 thallos chloride, diagnostic, 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
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

Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title 6. Service Codes	Page 6-12
	Transmittal Letter PHY-120	Date 01/01/08

604 HCPCS Level II Service Codes (cont.)

Service

<u>Code</u>	<u>Service Description</u>
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 HCL, 0.1 mg
J0640	Injection, leucovorin calcium, per 50 mg
J0690	Injection, cefazolin sodium, 500 mg
J0694	Injection, ceftiofur 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, 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 (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

Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title 6. Service Codes	Page 6-13
	Transmittal Letter PHY-120	Date 01/01/08

604 HCPCS Level II Service Codes (cont.)

Service

Code

Service Description

J1530	Injection, gamma globulin, intramuscular, 8 cc
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)
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 (IC)
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 HCl, 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

Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title 6. Service Codes	Page 6-14
	Transmittal Letter PHY-120	Date 01/01/08

604 HCPCS Level II Service Codes (cont.)

Service

<u>Code</u>	<u>Service Description</u>
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 (PA, IC)
J2941	Injection, somatropin, 1 mg (PA)
J3010	Injection, fentanyl citrate, 0.1 mg
J3030	Injection, sumatriptan succinate, 6 mg
J3110	Injection, teriparatide, 10 mcg (PA, IC)
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 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 injectables related to family planning services, with the exception of Rho (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)

Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title 6. Service Codes	Page 6-15
	Transmittal Letter PHY-120	Date 01/01/08

604 HCPCS Level II Service Codes (cont.)

Service

<u>Code</u>	<u>Service Description</u>
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
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
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	NOC drugs, inhalation solution administered through DME (IC)
J7799	NOC 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
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

Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title 6. Service Codes	Page 6-16
	Transmittal Letter PHY-120	Date 01/01/08

604 HCPCS Level II Service Codes (cont.)

Service

<u>Code</u>	<u>Service Description</u>
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 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
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 5 mg
J9300	Gemtuzumab ozogamicin, 5 mg
J9305	Injection, pemetrexed, 10 mg
J9310	Rituximab, 100 mg (PA)
J9340	Thiotepa, 15 mg
J9355	Trastuzumab, 10 mg
J9360	Vinblastine sulfate, 1 mg
J9370	Vincristine sulfate, 1 mg
J9375	Vincristine sulfate, 2 mg
J9380	Vincristine sulfate, 5 mg
J9390	Vinorelbine tartrate, per 10 mg
J9395	Injection, fulvestrant, 25 mg (PA)
J9999	NOC, antineoplastic drug (IC)
R0070	Transportation of portable x-ray equipment and personnel to home or nursing home, per trip to facility or location, one patient seen
S0020	Injection, bupivacaine HCl, 30 ml

Commonwealth of Massachusetts MassHealth Provider Manual Series Physician Manual	Subchapter Number and Title 6. Service Codes	Page 6-17
	Transmittal Letter PHY-120	Date 01/01/08

604 HCPCS Level II Service Codes (cont.)

Service

Code

Service Description

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)
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, (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

Commonwealth of Massachusetts MassHealth Provider Manual Series Physician Manual	Subchapter Number and Title 6. Service Codes	Page 6-18
	Transmittal Letter PHY-120	Date 01/01/08

605 Modifiers

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

- 26 Professional component
- 50 Bilateral procedure
- 51 Multiple procedures
- 54 Surgical care only
- 62 Two surgeons
- 66 Surgical team
- 80 Assistant surgeon
- 82 Assistant surgeon (when qualified resident surgeon not available)
- 99 Multiple modifiers
- FP Services provided as part of Medicaid Family Planning Program
- HN Bachelor's degree level (Use to indicate physician assistant.) (This modifier is to be applied to codes for services 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 dispensing of replacement lenses.)
- SA Nurse practitioner rendering service in collaboration with a physician (This modifier is to be applied to codes for services billed by a physician that 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 codes for services billed by a physician that 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 be applied only to Service Codes 90465, 90467, 90471, and 90473 to identify vaccines administered under the Vaccine for Children Program (VFC) for individuals aged 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.)

Modifiers for Tobacco-Cessation Services

The following modifiers are used in combination with Service Code 99407 to report tobacco-cessation counseling. Service Code 99407 (Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes) may also be billed without a modifier to report an individual smoking and tobacco-use cessation counseling visit of at least 30 minutes.

Commonwealth of Massachusetts MassHealth Provider Manual Series Physician Manual	Subchapter Number and Title 6. Service Codes	Page 6-19
	Transmittal Letter PHY-120	Date 01/01/08

605 Modifiers (cont.)

Modifiers for Tobacco-Cessation Services (cont.)

Modifier Modifier Description

- HQ Group counseling, at least 60-90 minutes in duration, provided by a physician
- TD Individual counseling provided by a registered nurse (RN)
- TF Individual counseling, intermediate level of care (intake/assessment counseling, at least 45 minutes in duration) provided by a physician
- U1 Individual counseling services provided by a tobacco-cessation counselor
- U2 Individual intake/assessment counseling, at least 45 minutes in duration, provided by a nurse practitioner, nurse midwife, physician assistant, registered nurse, or a tobacco-cessation counselor, under the supervision of a physician
- U3 Group counseling, at least 60-90 minutes in duration, provided by a nurse practitioner, nurse midwife, physician assistant, registered nurse, or a tobacco-cessation counselor, under the supervision of a physician

Modifiers for Behavioral-Health Screening

The administration and scoring of standardized behavioral-health screening tools selected from the approved menu of tools found in Appendix W of your provider manual is covered for members (except MassHealth Limited) from birth to 21 years of age. Service Code 96110 must be accompanied by one of the modifiers listed below to indicate whether a behavioral-health need was identified. Behavioral-health need identified includes needs in the areas of behavioral health, social-emotional well-being, or mental health.

Modifier Modifier Description

- U1 Completed behavioral health screening using a standardized behavioral health screening tool selected from the approved menu of tools found in Appendix W of your provider manual with **no** behavioral health need identified
- U2 Completed behavioral health screening using a standardized behavioral health screening tool selected from the approved menu of tools found in Appendix W of your provider manual and a behavioral health need was identified
- U3 Completed behavioral health screening using a standardized behavioral health screening tool selected from the approved menu of tools found in Appendix W of your provider manual with **no** behavioral health need identified
- U4 Completed behavioral health screening using a standardized behavioral health screening tool selected from the approved menu of tools found in Appendix W of your provider manual and a behavioral health need was identified
- U5 Completed behavioral health screening using a standardized behavioral health screening tool selected from the approved menu of tools found in Appendix W of your provider manual with **no** behavioral health need identified

Commonwealth of Massachusetts MassHealth Provider Manual Series Physician Manual	Subchapter Number and Title 6. Service Codes	Page 6-20
	Transmittal Letter PHY-120	Date 01/01/08

605 Modifiers (cont.)

Modifiers for Behavioral-Health Screening (cont.)

Modifier Modifier Description

- U6 Completed behavioral health screening using a standardized behavioral health screening tool selected from the approved menu of tools found in Appendix W of your provider manual and a behavioral health need was identified
- U7 Completed behavioral health screening using a standardized behavioral health screening tool selected from the approved menu of tools found in Appendix W of your provider manual with **no** behavioral health need identified
- U8 Completed a behavioral health screening using a standardized behavioral health screening tool selected from the approved menu of tools found in Appendix W of your provider manual and a behavioral health need was identified

606 HCPCS Service Codes for 2008

Discontinued Service Codes. The following service codes have been discontinued by CMS for 2008. These codes are **not** payable by MassHealth effective January 1, 2008. Refer to the CMS Web site at www.cms.gov/medicare/hcpcs for more details.

01905	67038
24350	74350
24351	75552
24352	75553
24354	75554
24356	75555
32000	75556
32002	78615
32005	86586
32019	G0376
32020	J1567
36550	J7319
43750	J7345
47719	J7612
49200	J7614
49201	Q4079
51000	Q4083
51005	Q4084
51010	Q4085
52510	Q4086
60001	S0180

Commonwealth of Massachusetts MassHealth Provider Manual Series Physician Manual	Subchapter Number and Title 6. Service Codes	Page 6-21
	Transmittal Letter PHY-120	Date 01/01/08

606 HCPCS Service Codes for 2008 (cont.)

Replacement Codes. The following service codes are replacement codes for certain HCPCS codes that have been discontinued by CMS for 2008. Only these 2008 HCPCS codes are payable by MassHealth for dates of service on or after January 1, 2008. Refer to the CMS Web site at www.cms.gov/medicare/hcpcs for more detailed descriptions. Refer to the legend in Section 603 for definitions of PA and IC.

01935	75558
01936	75559
24357	75560
24358	75561
24359	75562
32421	75563
32422	75564
32550	86356
32551	86486
32560	99407
36593	J 1561 PA; IC
49203	J 1569 PA; IC
49204	J 2323 IC
49205	J 7307 IC
51100	J 7321 PA; IC
51101	J 7322 PA; IC
51102	J 7323 PA; IC
60300	J 7324 PA; IC
67041	J 7347 IC
67042	J 7602 PA; IC
67043	J 7603 PA; IC
75557	

Commonwealth of Massachusetts MassHealth Provider Manual Series Physician Manual	Subchapter Number and Title 6. Service Codes	Page 6-22
	Transmittal Letter PHY-120	Date 01/01/08

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