



**Commonwealth of Massachusetts**  
**Executive Office of Health and Human Services**  
**Office of Medicaid**  
600 Washington Street  
Boston, MA 02111  
[www.mass.gov/masshealth](http://www.mass.gov/masshealth)



MassHealth  
Transmittal Letter PHY-121  
July 2008

**TO:** Physicians Participating in MassHealth  
**FROM:** Tom Dehner, Medicaid Director  
**RE:** *Physician Manual* (2008 HCPCS)

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 2008. Providers should use the revised Subchapter 6 along with the American Medical Association Current Procedural Terminology (CPT) 2008 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 2008 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 (PA), individual consideration, or attachment requirements; and
- Level II HCPCS codes that are payable under MassHealth and have special limitations or requirements, such as PA, individual consideration, or attachment requirements.

A physician may request PA 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*.

If you wish to obtain a fee schedule, you may download the Division of Health Care Finance and Policy (DHCFP) regulations at no cost at [www.mass.gov/dhcfp](http://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](http://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](http://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, 2008. Code changes previously identified in Transmittal Letter PHY-120 that became effective on or after January 1, 2008, 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.

## **Subsequent Neonatal Intensive Care (NICU) Services (Service Code 99296)**

Effective for dates of service beginning July 1, 2008, Service Code 99296 (subsequent neonatal intensive care (28 days of age or less) will **no longer** be subject to individual consideration and will not require that documentation be attached to the claim. Documentation must be kept in the member's medical record and must support the use of Service Code 99296.

Please note, as stated in *CPT 2008 Professional*, pages 20 and 21, "when a neonate or infant is **not** critically ill, but requires intensive observation, frequent interventions and other intensive care services, the Continuing Intensive Care Services codes (99298, 99299 and 99300) should be used to report services for those neonates/infants with present body weight of 5000 grams or less. When the present body weight of those neonates/infants exceeds 5000 grams, the Subsequent Hospital Care Services codes (99231-99233) should be used."

## **Infusible and Injectable Drugs and Devices Administered in the Office**

To meet compliance standards outlined in the Deficit Reduction Act (DRA) of 2005, MassHealth is 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 is required for claims with dates of service on or after January 1, 2008. Beginning March 18, 2008, claims for physician-administered drugs with dates of service on or after January 1, 2008, suspend for review with edit 672 (claim under review for NDC information). Claims without the NDC and quantity in appropriate units (for example, milliliters, grams, etc.) will deny for edit 762 (NDC information required for Procedure code/NDC or NDC units missing).

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 DHCFP'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 has updated its Billing Guide for Paper Claim Form No. 5 on the MassHealth Web site to reflect this billing requirement.

### **Reminder for EPSDT Add-on Service Code S0302**

When submitting claims for a completed Early and Periodic Screening, Diagnosis and Treatment service (EPSDT) or Preventive Pediatric Healthcare Screening and Diagnosis service (PPHSD), providers should bill with Service Code S0302 in place of modifiers EP, Y3, R4, R5, S2, S3, W6, and W7. HIPAA eliminated the use of all local modifiers as of November 2003, and therefore they are no longer payable. Refer to Transmittal Letter PHY-97 (November 2003) or the "EPSDT Services and PPHSD Services Billing Guidelines for MassHealth Physicians and Midlevel Providers" (available from the Primary Care Clinician Plan hotline at 1-800-495-0086) for more information.

### **Reminder to Use a Modifier When Billing for Behavioral Health Screening Tools**

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 in Section 605 to indicate whether a behavioral-health need was identified. "Behavioral-health need identified" means the provider administering the screening tool, in his or her professional judgment, identified a child with a potential behavioral health services need. In the future, failure to include a modifier when billing Service Code 96110 will result in denial of the claim.

### **MassHealth Web Site**

This transmittal letter and attached pages are available on the MassHealth Web site at [www.mass.gov/masshealth](http://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](mailto:providersupport@mahealth.net), or fax your inquiry to 617-988-8974.

NEW MATERIAL

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

Physician Manual

Pages vi, and 6-1 through 6-20

OBSOLETE MATERIAL

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

Physician Manual

Pages vi and 6-1 through 6-22 — transmitted by Transmittal Letter PHY-120

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#### 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 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	0058T	0081T	0107T	0151T
0017T	0059T	0084T	0108T	0155T
0019T	0060T	0085T	0109T	0156T
0026T	0061T	0086T	0110T	0157T
0027T	0062T	0087T	0111T	0158T
0028T	0063T	0088T	0123T	0159T
0029T	0064T	0089T	0124T	0160T
0030T	0066T	0090T	0126T	0161T
0031T	0067T	0092T	0130T	0162T
0032T	0068T	0093T	0137T	0163T
0041T	0069T	0095T	0140T	0164T
0042T	0070T	0096T	0141T	0165T
0043T	0071T	0098T	0142T	0166T
0046T	0072T	0099T	0143T	0167T
0047T	0073T	0100T	0144T	0168T
0048T	0075T	0101T	0145T	0169T
0049T	0076T	0102T	0146T	
0050T	0077T	0103T	0147T	
0051T	0078T	0104T	0148T	
0052T	0079T	0105T	0149T	
0053T	0080T	0106T	0150T	

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602 Nonpayable CPT Codes (cont.)

0170T	19316	38212	59897	77422
0171T	19324	38213	61630	77423
0172T	19325	38214	61635	77520
0173T	19355	38215	61640	77522
0174T	19396	41870	61641	77523
0175T	20930	41872	61642	77525
0176T	20936	43752	62287	77790
0177T	20985	43842	63043	78267
0178T	20986	43843	63044	78268
0179T	20987	43845	65760	78351
0180T	21120	44132	65765	78890
0181T	21121	44715	65767	78891
0182T	21122	47133	65771	80500
0183T	21123	47143	69090	80502
10040	21125	47144	71552	82075
11922	21127	47145	72159	82962
11950	21245	48160	72198	84061
11951	21246	48550	73225	84830
11952	21248	48551	76140	86079
11954	21249	50300	76150	86890
15775	22526	50323	76350	86891
15776	22527	50325	76390	86910
15780	22841	51701	76496	86911
15781	32491	51702	76497	86927
15782	32850	54900	76498	86930
15783	32855	54901	77336	86931
15786	32856	55200	77370	86932
15787	33930	55300	77371	86945
15788	33933	55400	77372	86950
15789	33940	55870	77373	86960
15792	33944	55970	77401	86965
15793	36415	55980	77402	86985
15819	36416	58321	77403	87900
15824	36468	58322	77404	87901
15825	36469	58323	77406	87903
15826	36591	58345	77407	87904
15828	36592	58350	77408	88000
15829	36598	58750	77409	88005
15847	37765	58752	77411	88007
15876	37766	58760	77412	88012
15877	38204	58970	77413	88014
15878	38207	58974	77414	88016
15879	38208	58976	77416	88020
17340	38209	59070	77417	88025
17360	38210	59072	77418	88027
17380	38211	59412	77421	88028

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602 Nonpayable CPT Codes (cont.)

88029	90284	90989	95052	97605
88036	90287	90993	95120	97606
88037	90379	90997	95125	97755
88040	90384	90999	95130	97810
88045	90386	91132	95131	97811
88099	90389	91133	95132	97813
88125	90396	92314	95133	97814
88333	90586	92315	95134	98940
88334	90633	92316	95824	98941
89250	90634	92317	95965	98942
89251	90636	92325	95966	98943
89253	90645	92352	95967	98960
89254	90646	92353	96000	98961
89255	90647	92354	96001	98962
89257	90648	92355	96002	98966
89258	90665	92358	96003	98967
89259	90669	92371	96004	98968
89260	90680	92531	96040	98969
89261	90698	92532	96101	99001
89264	90700	92533	96102	99002
89268	90701	92534	96103	99024
89272	90702	92548	96105	99026
89280	90708	92559	96111	99027
89281	90710	92560	96116	99053
89290	90712	92561	96118	99056
89291	90718	92562	96119	99058
89300	90720	92564	96120	99060
89310	90721	92597	96125	99071
89320	90723	92605	96150	99075
89321	90732	92606	96151	99078
89322	90744	92613	96152	99080
89325	90748	92615	96153	99082
89329	90769	92617	96154	99090
89330	90770	92630	96155	99091
89331	90771	92633	96567	99100
89335	90776	93660	96902	99116
89342	90845	93668	96904	99135
89343	90865	93760	97005	99140
89344	90875	93762	97006	99143
89346	90876	93770	97014	99144
89352	90880	93786	97537	99145
89353	90885	94005	97545	99148
89354	90889	94015	97546	99149
89356	90901	94644	97597	99150
90281	90911	94645	97598	99172
90283	90940	95012	97602	99190



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602 Nonpayable CPT Codes (cont.)

99191	99359	99380	99441	99505
99192	99360	99401	99442	99506
99288	99363	99402	99443	99507
99315	99364	99403	99444	99509
99316	99366	99404	99450	99510
99339	99367	99406	99455	99511
99340	99368	99408	99456	99512
99354	99374	99409	99500	99601
99355	99375	99411	99501	99602
99356	99377	99412	99502	99605
99357	99378	99420	99503	99606
99358	99379	99429	99504	99607

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 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.

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.

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.

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

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  
 20999 IC  
 21076 PA  
 21077 PA  
 21079 PA  
 21080 PA

Service Code and Req. or Limit

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  
 21172 PA  
 21175 PA  
 21188 PA  
 21193 PA  
 21194 PA  
 21195 PA  
 21196 PA  
 21198 PA  
 21206 PA  
 21208 PA

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

<u>Service Code and Req. or Limit</u>	<u>Service Code and Req. or Limit</u>
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
29804 PA	41899 IC
29999 IC	42280 PA
30400 PA	42281 PA
30410 PA	42299 IC
30420 PA	42699 IC
30430 PA	42999 IC
30435 PA	43289 IC
30450 PA	43499 IC
30999 IC	43644 PA
31299 IC	43645 PA

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

<u>Service Code and Req. or Limit</u>	<u>Service Code and Req. or Limit</u>
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
49329 IC	58550 HI-1
49659 IC	58552 HI-1
49906 IC	58553 HI-1
49999 IC	58554 HI-1
50549 IC	58565 CS-18 or CS-21
50949 IC	58570 HI-1
51925 HI-1	58571 HI-1
51999 IC	58572 HI-1
53899 IC	58573 HI-1
54400 PA	58578 IC

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

<u>Service Code and Req. or Limit</u>	<u>Service Code and Req. or Limit</u>		
58579	IC	68899	IC
58600	CS-18 or CS-21	69300	PA
58605	CS-18 or CS-21	69399	IC
58611	CS-18 or CS-21	69710	IC
58615	CS-18 or CS-21	69799	IC
58661	CS-18 or CS-21	69930	PA
58670	CS-18 or CS-21	69949	IC
58671	CS-18 or CS-21	69979	IC
58679	IC	76499	IC
58951	HI-1	76999	IC
58956	HI-1	77058	PA
58999	IC	77059	PA
59135	HI-1	77299	IC
59525	HI-1	77399	IC
59840	CPA-2 (first trimester)	77499	IC
59841	CPA-2 (first trimester)	77799	IC
59850	CPA-2 (second trimester, third trimester in hospital only)	78099	IC
59851	CPA-2 (second trimester, third trimester in hospital only)	78199	IC
59852	CPA-2 (second trimester, third trimester in hospital only)	78299	IC
		78399	IC
59855	CPA-2	78499	IC
59856	CPA-2	78599	IC
59857	CPA-2	78699	IC
59898	IC	78799	IC
59899	IC	78999	IC
60659	IC	79999	IC
60699	IC	81099	IC
64650	PA	84999	IC
64653	PA	85999	IC
64999	IC	86849	IC
66999	IC	86999	IC
67299	IC	87999	IC
67399	IC	88199	IC
67599	IC	88299	IC
67900	PA	88384	IC
67901	PA	88399	IC
67902	PA	88400	IC
67903	PA	89240	IC
67904	PA	90288	IC
67906	PA	90291	IC
67908	PA	90296	IC
67999	IC	90378	PA; IC
68399	IC	90393	PA; IC
		90399	IC
		90476	IC

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

<u>Service Code and Req. or Limit</u>	<u>Service Code and Req. or Limit</u>
90477 IC	90734 IC; Covered for members $\geq$ 19;
90581 IC	available free of charge through
90632 Covered for adults $\geq$ 19; available free of charge through the Massachusetts Immunization Program for children under 19 years of age.	the Massachusetts Immunization Program for children under 19 years of age.
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.	90736 IC; PA is required for members less than age 60
90660 PA	90749 IC
90661 IC	90779 IC
90662 IC	90899 IC
90663 IC	90935 For hospitalized member only; not for chronic maintenance
90676 IC	90937 For hospitalized member only; not for chronic maintenance
90690 IC	90945 For hospitalized member only; not for chronic maintenance
90692 IC	90947 For hospitalized member only; not for chronic maintenance
90693 IC	91110 PA
90707 Covered for members $\geq$ 19; available free of charge through the Massachusetts Immunization Program for children under 19 years of age.	91111 PA
90713 Covered for members $\geq$ 19; available free of charge through the Massachusetts Immunization Program for children under 19 years of age.	91123 IC
90715 Covered for members $\geq$ 19; available free of charge through the Massachusetts Immunization Program for children under 19 years of age.	91299 IC
90716 Covered for members $\geq$ 19; available free of charge through the Massachusetts Immunization Program for children under 19 years of age.	92065 PA
90719 IC	92250 PA
90725 IC	92310 PA; includes supply of lenses
90727 IC	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
	92507 PA for ST >35
	92508 PA for ST >35
	92526 PA for ST >35
	92610 PA for ST >35
	92700 IC
	92992 IC
	92993 IC
	93745 IC
	93799 IC
	94772 IC
	94774 IC
	94775 IC
	94776 IC
	94777 IC

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

<u>Service Code and Req. or Limit</u>	<u>Service Code and Req. or Limit</u>
94799 IC	97139 PA for PT >20; IC
95199 IC	97140 PA for PT >20
95999 IC	97150 PA for PT >20
96549 IC	97530 PA for OT >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.	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
	98928 PA for OMT >20
	98929 PA for OMT >20
	99000 Centrifuging required
	99050 Urgent care only
	99051 Urgent care only
	99070 IC; excluding family planning supplies, such as trays, used in the collection of specimens
96999 IC	
97001 PA for PT >20	99174 PA
97002 PA for PT >20	99195 For hematologic disorders only
97003 PA for OT >20	99199 IC
97004 PA for OT >20	99344 IC
97010 PA for PT >20	99345 IC
97012 PA for PT >20	99350 IC
97016 PA for PT >20	99499 IC
97018 PA for PT >20	99600 IC
97022 PA for PT >20	
97024 PA for PT >20	
97026 PA for PT >20	
97028 PA for PT >20	
97032 PA for PT >20	
97033 PA for PT >20	
97034 PA for PT >20	
97035 PA for PT >20	
97036 PA for PT >20	
97039 PA for PT >20; IC	
97110 PA for PT >20	
97112 PA for PT >20	
97113 PA for PT >20	
97116 PA for PT >20	
97124 PA for PT >20	

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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](http://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)
J0170	Injection, adrenalin, epinephrine, up to 1 ml ampule
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



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604 HCPCS Level II Service Codes (cont.)

Service

<u>Code</u>	<u>Service Description</u>
J0560	Injection, penicillin G benzathine, up to 600,000 units
J0570	Injection, penicillin G benzathine, up to 1,200,000 units
J0580	Injection, penicillin G benzathine, up to 2,400,000 units
J0585	Botulinum toxin type A, per unit (PA)
J0587	Botulinum toxin type B, per 100 units (PA)
J0592	Injection, buprenorphine HCL, 0.1 mg
J0640	Injection, leucovorin calcium, per 50 mg
J0690	Injection, cefazolin sodium, 500 mg
J0694	Injection, ceftioxin sodium, 1 g
J0696	Injection, ceftriaxone sodium, per 250 mg
J0697	Injection, sterile cefuroxime sodium, per 750 mg
J0702	Injection, betamethasone acetate and betamethasone sodium phosphate, per 3 mg
J0704	Injection, betamethasone sodium phosphate, per 4 mg
J0780	Injection, prochlorperazine, up to 10 mg
J0835	Injection, cosyntropin, per 0.25 mg
J0881	Injection, darbepoetin alfa, 1 mcg (non-ESRD use) (PA)
J0882	Injection, darbepoetin alfa, 1 mcg (for ESRD on dialysis) (PA)
J0885	Injection, epoetin alfa, (for non-ESRD use), 1000 units (PA)
J0886	Injection, epoetin alfa, 1000 units (for ESRD on dialysis) (PA)
J0900	Injection, testosterone enanthate and estradiol valerate, up to 1 cc (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

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604 HCPCS Level II Service Codes (cont.)

Service

<u>Code</u>	<u>Service Description</u>
J1520	Injection, gamma globulin, intramuscular, 7 cc
J1530	Injection, gamma globulin, intramuscular, 8 cc
J1540	Injection, gamma globulin, intramuscular, 9 cc
J1550	Injection, gamma globulin, intramuscular, 10 cc
J1561	Injection, immune globulin, (Gamunex), intravenous, nonlyophilized (e.g., liquid) 500mg
J1562	Injection, immune globulin, subcutaneous, 100 mg PA)
J1566	Injection, immune globulin, intravenous, lyophilized (e.g., powder), 500 mg (PA)
J1569	Injection, immune globulin, (Gammagard liquid), intravenous, nonlyophilized (e.g., liquid) 500mg
J1571	Injection , hepatitis B immune globulin (Hepagam B), intramuscular, 0.5 ml
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)
J2323	Injection, natalizumab, 1 mg
J2355	Injection, oprelvekin, 5 mg (PA)
J2357	Injection, omalizumab, 5 mg (PA)
J2405	Injection, ondansetron HCl, per 1 mg

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604 HCPCS Level II Service Codes (cont.)

Service

<u>Code</u>	<u>Service Description</u>
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
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
J2778	Injection, ranibizumab, 0.1 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)

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604 HCPCS Level II Service Codes (cont.)

Service

Code

Service Description

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)
J7307	Etonogestrel (contraceptive) implant system, including implant and supplies (IC)
J7321	Hyaluronan or derivative, Hyalgan or Supartz, for intra-articular injection, per dose (PA)
J7322	Hyaluronan or derivative, Synvisc, for intra-articular injection, per dose (PA)
J7323	Hyaluronan or derivative, Euflexxa, for intra-articular injection, per dose (PA)
J7324	Hyaluronan or derivative, Orthovisc, for intra-articular injection, per dose (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
J7346	Dermal (substitute) tissue of human origin, injectable, with or without other bioengineered or processed elements, but without metabolically active elements, 1 cc
J7347	Dermal (substitute) tissue of nonhuman origin, with or without other bioengineered or processed elements, without metabolically active elements (Integra Matrix), per sq. cm.
J7348	Dermal (substitute) tissue of nonhuman origin, with or without other bioengineered or processed elements, without metabolically active elements (TissueMend), per sq. cm.
J7349	Dermal (substitute) tissue of nonhuman origin, with or without other bioengineered or processed elements, without metabolically active elements, (PriMatrix), per sq. cm
J7599	Immunosuppressive drug, NOC (IC)
J7608	Acetylcysteine, inhalation solution administered through DME, unit-dose form, per g
J7614	Albuterol, all formulations including separated isomers, inhalation solution, FDA-approved final product, noncompounded, administered through DME, unit dose, per 1 mg (Albuterol) or per 0.5 mg (Levalbuterol) (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

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604 HCPCS Level II Service Codes (cont.)

Service

<u>Code</u>	<u>Service Description</u>
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
J7676	Pentamidine isethionate, inhalation solution, compounded product, administered through DME, unit dose form, per 300 mg (IC)
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
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)

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604 HCPCS Level II Service Codes (cont.)

Service

<u>Code</u>	<u>Service Description</u>
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
J9350	Topotecan, 4 mg
J9355	Trastuzumab, 10 mg
J9360	Vinblastine sulfate, 1 mg
J9370	Vincristine sulfate, 1 mg
J9375	Vincristine sulfate, 2 mg
J9380	Vincristine sulfate, 5 mg
J9390	Vinorelbine tartrate, per 10 mg
J9395	Injection, fulvestrant, 25 mg (PA)
J9999	NOC, antineoplastic drug (IC)
R0070	Transportation of portable x-ray equipment and personnel to home or nursing home, per trip to facility or location, one patient seen
S0020	Injection, bupivacaine HCl, 30 ml
S0021	Injection, ceftoperazone sodium, 1 gram (IC)
S0023	Injection, cimetidine HCl, 300 mg
S0077	Injection, clindamycin phosphate, 300 mg
S0162	Injection, efalizumab, 125 mg (IC), (PA)
S0302	Completed early periodic screening diagnosis and treatment (EPSDT) service or preventative pediatric healthcare screening and diagnosis (PPHSD) 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
V2600	Hand-held low-vision aids and other nonspectacle-mounted aids (PA) (IC)
V2610	Single-lens spectacle-mounted low-vision aids (PA) (IC)
V2615	Telescopic and other compound lens system, including distance vision telescopic, near vision telescopes, and compound microscopic lens system (PA) (IC)
V2799	Vision service, miscellaneous (PA) (IC)

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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 only be applied to codes 90465, 90467, 90471 and 90473 to identify vaccines provided at no cost by the Massachusetts Department of Public Health for individuals ages 18 years and under, including those administered under the Vaccine for Children Program (VFC).
- 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.

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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” means the provider administering the screening tool, in his or her professional judgment, identified a child with a potential behavioral health services need.

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



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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