



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-125
January 2009

TO: Physicians Participating in MassHealth
FROM: Tom Dehner, Medicaid Director
RE: *Physician Manual* (2009 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 2009. Providers should use the revised Subchapter 6 along with the American Medical Association Current Procedural Terminology (CPT) 2009 code book. Subchapter 6 of the *Physician Manual* contains the following information:

- CPT codes that are not ordinarily payable under MassHealth (All other numeric CPT codes in the CPT 2009 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. You may also purchase a paper copy of Division of Health Care Finance and Policy regulations from either the Massachusetts State Bookstore or from the Division of Health Care Finance and Policy (see addresses and telephone numbers below). You must contact them first to find out the price of the paper copy of the publication. The regulation titles are 114.3 CMR 17.00: Medicine; 114.3 CMR 16.00: Surgery and Related Anesthesia Care; 114.3 CMR 18.00: Radiology; and 114.3 CMR 20.00: Laboratory.

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

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

Effective Date of Code Changes

The changes to codes listed in Subchapter 6 are effective for dates of service on or after January 1, 2009

Reminder for Routine Drugs Dispensed in a Physician's Office

MassHealth does not pay for routine supplies separately when they are integral to the physician's professional services in the course of diagnosis and treatment. Such supplies are commonly provided by the physician without charge, and payment for such supplies is included in the MassHealth payment of the physician's fee for the service.

Reminder for Vaccines Provided in a Physician's Office

Vaccines supplied by the Massachusetts Department of Public Health (DPH) free of charge are not reimbursable by MassHealth. Information regarding availability of DPH-supplied vaccines can be found at the following MDPH web sites:

<http://www.mass.gov/dph>

http://www.mass.gov/Eeohhs2/docs/dph/cdc/immunization/vaccine_availability_adult.pdf

http://www.mass.gov/Eeohhs2/docs/dph/cdc/immunization/vaccine_availability_childhood.pdf

MassHealth reimburses physicians for vaccines not supplied by DPH and not listed in Subchapter 6, Section 602, of the *Physician Manual*.

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 an appropriate U-modifier, as 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.

2009 HCPCS Revisions to Neonatal and Pediatric Evaluation and Management Codes

Effective January 1, 2009, significant revisions were made to the neonatal and pediatric inpatient evaluation and management codes. MassHealth's Medicaid Management Information System (MMIS) has been updated to reflect these changes as indicated below.

Crosswalk

New Code	New Code Description	Obsolete Code
99460	Initial hospital or birthing center care, per day, for evaluation and management of normal newborn infant	99431
99461	Initial care, per day, for evaluation and management of normal newborn infant seen in other than hospital or birthing center	99432
99462	Subsequent hospital care, per day, for evaluation and management of normal newborn	99433
99463	Initial hospital or birthing center care, per day, for evaluation and management of normal newborn infant admitted and discharged on the same date	99435
99464	Attendance at delivery (when requested by the delivering physician) and initial stabilization of newborn	99436
99465	Delivery/birthing room resuscitation, provision of positive pressure ventilation and/or chest compressions in the presence of acute inadequate ventilation and/or cardiac output	99440
99466	Critical care services delivered by a physician, face-to-face, during an interfacility transport of critically ill or critically injured pediatric patient, 24 months of age or less; first 30-74 minutes of hands-on care during transport	99289
99467	Critical care services delivered by a physician, face-to-face, during an interfacility transport of critically ill or critically injured pediatric patient, 24 months of age or less; each additional 30 minutes (list separately in addition to code for primary service)	99290
99468	Initial inpatient neonatal critical care, per day, for the evaluation and management of a critically ill neonate, 28 days of age or less	99295
99469	Subsequent inpatient neonatal critical care, per day, for the evaluation and management of a critically ill neonate, 28 days of age or less	99296
99471	Initial inpatient pediatric critical care, per day, for the evaluation and management of a critically ill infant or young child, 29 days through 24 months of age	99293
99472	Subsequent inpatient pediatric critical care, per day, for the evaluation and management of a critically ill infant or young child, 29 days through 24 months of age	99294
99475	Initial inpatient pediatric critical care, per day, for the evaluation and management of a critically ill infant or young child, two through five years of age	
99476	Subsequent inpatient pediatric critical care, per day, for the evaluation and management of a critically ill infant or young child, two through five years of age	
99478	Subsequent intensive care, per day, for the evaluation and management of the recovering very low birth weight infant (present body weight less than 1500 grams)	99298
99479	Subsequent intensive care, per day, for the evaluation and management of the recovering low birth weight infant (present body weight of 1500-2500 grams)	99299
99480	Subsequent intensive care, per day, for the evaluation and management of the recovering infant (present body weight of 2501-5000 grams)	99300

MassHealth Web Site

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

Questions

If you have any questions about this transmittal letter, please contact MassHealth Customer Service at 1-800-841-2900, e-mail your inquiry to providersupport@mahealth.net, or fax your inquiry to 617-988-8974.

NEW MATERIAL

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

Physician Manual

Pages 6-1 through 6-20

OBSOLETE MATERIAL

(The pages listed here are no longer in effect)

Physician Manual

Pages 6-1 through 6-20 — transmitted by Transmittal Letter PHY-121

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601 Introduction

MassHealth providers must refer to the American Medical Association’s *Current Procedural Terminology (CPT) 2009* 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	0075T	0106T	0151T	0176T
0017T	0076T	0107T	0155T	0177T
0019T	0077T	0108T	0156T	0178T
0030T	0078T	0109T	0157T	0179T
0042T	0079T	0110T	0158T	0180T
0048T	0080T	0111T	0159T	0181T
0050T	0081T	0123T	0160T	0182T
0051T	0084T	0124T	0161T	0183T
0052T	0085T	0126T	0163T	0188T
0053T	0086T	0130T	0164T	0189T
0062T	0087T	0140T	0165T	0190T
0063T	0092T	0141T	0166T	0191T
0064T	0095T	0142T	0167T	0192T
0066T	0098T	0143T	0168T	0193T
0067T	0099T	0144T	0169T	0194T
0068T	0100T	0145T	0170T	0195T
0069T	0101T	0146T	0171T	0196T
0070T	0102T	0147T	0172T	0197T
0071T	0103T	0148T	0173T	0198T
0072T	0104T	0149T	0174T	10040
0073T	0105T	0150T	0175T	11922

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602 Nonpayable CPT Codes (cont.)

11950	21248	47145	72159	82962
11951	21249	48160	72198	84061
11952	22526	48550	73225	84830
11954	22527	48551	76140	86079
15775	22841	50300	76150	86890
15776	22856	50323	76350	86891
15780	22861	50325	76390	86910
15781	22864	51701	76496	86911
15782	32491	51702	76497	86927
15783	32850	54900	76498	86930
15786	32855	54901	77336	86931
15787	32856	55200	77370	86932
15788	33930	55300	77371	86945
15789	33933	55400	77372	86950
15792	33940	55870	77373	86960
15793	33944	55970	77401	86965
15819	36415	55980	77402	86985
15824	36416	58321	77403	87900
15825	36468	58322	77404	87901
15826	36469	58323	77406	87903
15828	36591	58345	77407	87904
15829	36592	58350	77408	88000
15847	36598	58750	77409	88005
15876	37765	58752	77411	88007
15877	37766	58760	77412	88012
15878	38204	58970	77413	88014
15879	38207	58974	77414	88016
17340	38208	58976	77416	88020
17360	38209	59070	77417	88025
17380	38210	59072	77418	88027
19316	38211	59412	77421	88028
19324	38212	59897	77422	88029
19325	38213	61630	77423	88036
19355	38214	61635	77520	88037
19396	38215	61640	77522	88040
20930	41870	61641	77523	88045
20936	41872	61642	77525	88099
20985	43752	62287	77790	88125
21120	43842	63043	78267	88333
21121	43843	63044	78268	88334
21122	43845	65760	78351	89250
21123	44132	65765	78890	89251
21125	44715	65767	78891	89253
21127	47133	65771	80500	89254
21245	47143	69090	80502	89255
21246	47144	71552	82075	89257

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602 Nonpayable CPT Codes (cont.)

89258	90665	92534	96105	99024
89259	90669	92548	96111	99026
89260	90680	92559	96116	99027
89261	90698	92560	96118	99053
89264	90700	92561	96119	99056
89268	90701	92562	96120	99058
89272	90702	92564	96125	99060
89280	90708	92597	96150	99071
89281	90710	92605	96151	99075
89290	90712	92606	96152	99078
89291	90718	92613	96153	99080
89300	90720	92615	96154	99082
89310	90721	92617	96155	99090
89320	90723	92630	96376	99091
89321	90744	92633	96567	99100
89322	90748	93660	96902	99116
89325	90845	93668	96904	99135
89329	90865	93770	97005	99140
89330	90875	93786	97006	99143
89331	90876	94005	97014	99144
89335	90880	94015	97537	99145
89342	90885	94644	97545	99148
89343	90889	94645	97546	99149
89344	90901	95012	97597	99150
89346	90911	95052	97598	99172
89352	90940	95120	97602	99190
89353	90989	95125	97605	99191
89354	90993	95130	97606	99192
89356	90997	95131	97755	99288
90281	90999	95132	97810	99315
90283	91132	95133	97811	99316
90284	91133	95134	97813	99339
90287	92314	95824	97814	99340
90379	92315	95965	98940	99354
90384	92316	95966	98941	99355
90386	92317	95967	98942	99356
90389	92325	95992	98943	99357
90396	92352	96000	98960	99358
90586	92353	96001	98961	99359
90633	92354	96002	98962	99360
90634	92355	96003	98966	99363
90636	92358	96004	98967	99364
90645	92371	96040	98968	99366
90646	92531	96101	98969	99367
90647	92532	96102	99001	99368
90648	92533	96103	99002	99374

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602 Nonpayable CPT Codes (cont.)

99375	99404	99441	99501	99510
99377	99406	99442	99502	99511
99378	99408	99443	99503	99512
99379	99409	99444	99504	99601
99380	99411	99450	99505	99602
99401	99412	99455	99506	99605
99402	99420	99456	99507	99606
99403	99429	99500	99509	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	32852 PA
21210 PA	32853 PA
21215 PA	32854 PA
21230 PA	32999 IC
21235 PA	33935 PA
21240 PA	33945 PA
21242 PA	33999 IC
21243 PA	36299 IC
21244 PA	36470 PA
21247 PA	36471 PA
21255 PA	37501 IC
21256 PA	37799 IC
21260 PA	38129 IC
21299 PA; IC	38230 PA
21499 IC	38240 PA
21742 IC	38241 PA
21743 IC	38242 PA
21899 IC	38589 IC
22857 PA	38999 IC
22862 PA	39499 IC
22865 PA	39599 IC
22899 IC	40799 IC
22999 IC	40840 PA
23929 IC	40842 PA
24940 IC	40843 PA
24999 IC	40844 PA
25999 IC	40845 PA
26989 IC	40899 IC
27299 IC	41599 IC
27599 IC	41820 PA; IC
27899 IC	41821 IC
28890 PA	41850 IC
28899 IC	41899 IC
29799 IC	42280 PA
29800 PA	42281 PA
29804 PA	42299 IC
29999 IC	42699 IC
30400 PA	42999 IC
30410 PA	43289 IC
30420 PA	43499 IC
30430 PA	43644 PA
30435 PA	43645 PA
30450 PA	43647 PA; IC
30999 IC	43648 IC
31299 IC	43659 IC
31599 IC	43770 PA
31899 IC	43771 PA
32851 PA	43772 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>
43773 PA	56805 IC
43774 PA	57335 IC
43846 PA	58150 HI-1
43847 PA	58152 HI-1
43848 PA	58180 HI-1
43881 PA; IC	58200 HI-1
43882 IC	58210 HI-1
43886 PA	58240 HI-1
43887 PA	58260 HI-1
43888 PA	58262 HI-1
43999 IC	58263 HI-1
44133 IC	58267 HI-1
44135 PA; IC	58270 HI-1
44136 PA; IC	58275 HI-1
44238 IC	58280 HI-1
44799 IC	58285 HI-1
44899 IC	58290 HI-1
44979 IC	58291 HI-1
45499 IC	58292 HI-1
45999 IC	58293 HI-1
46999 IC	58294 HI-1
47135 PA	58541 HI-1
47136 PA	58542 HI-1
47379 IC	58543 HI-1
47399 IC	58544 HI-1
47579 IC	58548 HI-1
47999 IC	58550 HI-1
48554 PA	58552 HI-1
48999 IC	58553 HI-1
49329 IC	58554 HI-1
49659 IC	58565 CS-18 or CS-21
49906 IC	58570 HI-1
49999 IC	58571 HI-1
50549 IC	58572 HI-1
50949 IC	58573 HI-1
51925 HI-1	58578 IC
51999 IC	58579 IC
53899 IC	58600 CS-18 or CS-21
54400 PA	58605 CS-18 or CS-21
54401 PA	58611 CS-18 or CS-21
54405 PA	58615 CS-18 or CS-21
54440 IC	58661 CS-18 or CS-21
54699 IC	58670 CS-18 or CS-21
55250 CS-18 or CS-21	58671 CS-18 or CS-21
55450 CS-18 or CS-21	58679 IC
55559 IC	58951 HI-1
55899 IC	58956 HI-1
56800 PA	58999 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>
59135 HI-1	69979 IC
59525 HI-1	76499 IC
59840 CPA-2 (first trimester)	76999 IC
59841 CPA-2 (first trimester)	77058 PA
59850 CPA-2 (second trimester, third trimester in hospital only)	77059 PA
59851 CPA-2 (second trimester, third trimester in hospital only)	77299 IC
59852 CPA-2 (second trimester, third trimester in hospital only)	77399 IC
59855 CPA-2	77499 IC
59856 CPA-2	77799 IC
59857 CPA-2	78099 IC
59898 IC	78199 IC
59899 IC	78299 IC
60659 IC	78399 IC
60699 IC	78499 IC
64650 PA	78599 IC
64653 PA	78699 IC
64999 IC	78799 IC
65757 IC	78999 IC
66999 IC	79999 IC
67299 IC	81099 IC
67399 IC	84999 IC
67599 IC	85999 IC
67900 PA	86849 IC
67901 PA	86999 IC
67902 PA	87999 IC
67903 PA	88199 IC
67904 PA	88299 IC
67906 PA	88384 IC
67908 PA	88399 IC
67999 IC	89240 IC
68399 IC	90288 IC
68899 IC	90291 IC
69300 PA	90296 IC
69399 IC	90378 PA; IC
69710 IC	90393 PA; IC
69799 IC	90399 IC
69930 PA	90476 IC
69949 IC	90477 IC
	90581 IC
	90632 Covered for adults ≥19; available free of charge through the Massachusetts Immunization Program for children under 19 years of age.

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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>	
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.	90725	IC
		90727	IC
90650	IC; Covered for members aged 19 to 26; available free of charge through the Massachusetts Immunization Program for children under 19 years of age.	90732	IC; Covered for members \geq 19; available free of charge through the Massachusetts Immunization Program for children under 19 years of age.
90660	PA	90734	IC; Covered for members \geq 19; available free of charge through the Massachusetts Immunization Program for children under 19 years of age.
90661	IC		
90662	IC	90736	IC; PA is required for members less than age 60
90663	IC		
90676	IC	90738	IC
90681	IC; Covered for members \geq 19; available free of charge through the Massachusetts Immunization Program for children under 19 years of age.	90749	IC
		90899	IC
90690	IC	90935	For hospitalized member only; not for chronic maintenance
90692	IC	90937	For hospitalized member only; not for chronic maintenance
90693	IC	90945	For hospitalized member only; not for chronic maintenance
90696	IC	90947	For hospitalized member only; not for chronic maintenance
90707	Covered for members \geq 19; available free of charge through the Massachusetts Immunization Program for children under 19 years of age.	90952	IC
		90953	IC
90713	Covered for members \geq 19; available free of charge through the Massachusetts Immunization Program for children under 19 years of age.	91110	PA
		91111	PA
		91123	IC
		91299	IC
90715	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; includes supply of lenses
		92311	PA; includes supply of lenses
		92312	PA; includes supply of lenses
		92313	PA; includes supply of lenses
		92326	PA
		92499	IC
90716	Covered for members \geq 19; available free of charge through the Massachusetts Immunization Program for children under 19 years of age.	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
90719	IC	92700	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>
92992 IC	97026 PA for PT >20
92993 IC	97028 PA for PT >20
93229 IC	97032 PA for PT >20
93299 IC	97033 PA for PT >20
93745 IC	97034 PA for PT >20
93799 IC	97035 PA for PT >20
94772 IC	97036 PA for PT >20
94774 IC	97039 PA for PT >20; IC
94775 IC	97110 PA for PT >20
94776 IC	97112 PA for PT >20
94777 IC	97113 PA for PT >20
94799 IC	97116 PA for PT >20
95199 IC	97124 PA for PT >20
95803 IC	97139 PA for PT >20; IC
95999 IC	97140 PA for PT >20
96379 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	

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

<u>Service Code</u>	<u>Service Description</u>
A4261	Cervical cap for contraceptive use (IC)
A4266	Diaphragm for contraceptive use
A4267	Contraceptive supply, condom, male, each
A4268	Contraceptive supply, condom, female, each
A4269	Contraceptive supply, spermicide (e.g., foam, gel), each
A4641	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)
D1206	Topical fluoride varnish; therapeutic application for moderate to high caries risk patients
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

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604 HCPCS Level II Service Codes (cont.)

Service

<u>Code</u>	<u>Service Description</u>
J0550	Injection, penicillin G benzathine and penicillin G procaine, up to 2,400,000 units
J0560	Injection, penicillin G benzathine, up to 600,000 units
J0570	Injection, penicillin G benzathine, up to 1,200,000 units
J0580	Injection, penicillin G benzathine, up to 2,400,000 units
J0585	Botulinum toxin type A, per unit (PA)
J0587	Botulinum toxin type B, per 100 units (PA)
J0592	Injection, buprenorphine HCL, 0.1 mg
J0640	Injection, leucovorin calcium, per 50 mg
J0690	Injection, cefazolin sodium, 500 mg
J0694	Injection, cefoxitin sodium, 1 g
J0696	Injection, ceftriaxone sodium, per 250 mg
J0697	Injection, sterile cefuroxime sodium, per 750 mg
J0702	Injection, betamethasone acetate and betamethasone sodium phosphate, per 3 mg
J0704	Injection, betamethasone sodium phosphate, per 4 mg
J0780	Injection, prochlorperazine, up to 10 mg
J0835	Injection, cosyntropin, per 0.25 mg
J0881	Injection, darbepoetin alfa, 1 mcg (non-ESRD use) (PA)
J0882	Injection, darbepoetin alfa, 1 mcg (for ESRD on dialysis) (PA)
J0885	Injection, epoetin alfa, (for non-ESRD use), 1000 units (PA)
J0886	Injection, epoetin alfa, 1000 units (for ESRD on dialysis) (PA)
J0900	Injection, testosterone enanthate and estradiol valerate, up to 1 cc (IC)
J1020	Injection, methylprednisolone acetate, 20 mg
J1030	Injection, methylprednisolone acetate, 40 mg
J1040	Injection, methylprednisolone acetate, 80 mg
J1055	Injection, medroxyprogesterone acetate for contraceptive use, 150 mg (150 mg Depo-Provera) (IC)
J1056	Injection, medroxyprogesterone acetate/estradiol cypionate, 5 mg/25 mg (5 mg/25 mg Lunelle) (IC)
J1060	Injection, 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

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604 HCPCS Level II Service Codes (cont.)

Service

<u>Code</u>	<u>Service Description</u>
J1510	Injection, gamma globulin, intramuscular, 6 cc
J1520	Injection, gamma globulin, intramuscular, 7 cc
J1530	Injection, gamma globulin, intramuscular, 8 cc
J1540	Injection, gamma globulin, intramuscular, 9 cc
J1550	Injection, gamma globulin, intramuscular, 10 cc
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) 500 mg
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)
J1750	Injection, iron dextran, 50 mg (IC)
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

Code

Service Description

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.)

<u>Service Code</u>	<u>Service Description</u>
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)
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
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

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Service

<u>Code</u>	<u>Service Description</u>
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
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
J9350	Topotecan, 4 mg

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Service

<u>Code</u>	<u>Service Description</u>
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)
Q4101	Skin substitute, apligraf, per square centimeter (IC)
Q4102	Skin substitute, oasis wound matrix, per square centimeter (IC)
Q4103	Skin substitute, oasis burn matrix, per square centimeter (IC)
Q4104	Skin substitute, integra bilayer matrix wound dressing (bmwd), per square centimeter (IC)
Q4106	Skin substitute, dermagraft, per square centimeter (IC)
Q4107	Skin substitute, graftjacket, per square centimeter (IC)
Q4108	Skin substitute, integra matrix, per square centimeter (IC)
Q4109	Skin substitute, tissuemend, per square centimeter (IC)
Q4110	Skin substitute, primatrix, per square centimeter (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.)
- RB 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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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

Modifier for Child and Adolescent Needs and Strengths (CANS)

- HA Service code 90801 must be accompanied by this modifier to indicate that the Child and Adolescent Needs and Strengths (CANS) is included in the psychiatric diagnostic interview examination. This modifier may only be billed by psychiatrists.