



**Commonwealth of Massachusetts**  
**Executive Office of Health and Human Services**  
**Office of Medicaid**  
www.mass.gov/masshealth

MassHealth  
Transmittal Letter PHY-129  
February 2011

**TO:** Physicians Participating in MassHealth  
**FROM:** Terence G. Dougherty, Medicaid Director  
**RE:** *Physician Manual* (2011 HCPCS)

A handwritten signature in black ink, appearing to read "Terence G. Dougherty".

This letter transmits revisions to the service codes in the *Physician Manual*. The Centers for Medicare & Medicaid Services (CMS) has revised the Healthcare Common Procedure Coding System (HCPCS) for 2011. The revised Subchapter 6 is effective for dates of service on or after January 1, 2011.

Providers should use the American Medical Association Current Procedural Terminology (CPT) 2011 code book to get service descriptions for the codes listed in Subchapter 6 of the *Physician Manual*. The codes in Subchapter 6 are arranged in the following way to describe what MassHealth covers.

- Section 602 lists CPT codes that are not ordinarily payable under MassHealth. (All other numeric CPT codes in the CPT 2011 code book are payable, subject to all limitations and conditions of payment in MassHealth regulations at 130 CMR 433.000 and 450.000.)
- Section 603 lists CPT codes that have special limitations or requirements, such as prior authorization (PA), individual consideration, or attachment requirements.
- Section 604 lists Level II HCPCS codes that are payable under MassHealth and have special limitations or requirements, such as prior authorization (PA), individual consideration, or attachment requirements.

A physician may request prior approval 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 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 16.00: Surgery and Related Anesthesia Care; 114.3 CMR 17.00: Medicine; 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)

## Behavioral Health Screening Reminder

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

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

When billing the behavioral health screening, providers **must** bill Service Code 96110 with its appropriate modifier. These modifiers can be found in Section 605 of Subchapter 6 of the *Physician Manual*. For your convenience, the list of modifiers has been reproduced below.

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

\*"Behavioral health need identified" means the provider administering the screening tool, in her or his professional judgment, identifies a child with a potential behavioral health services need. See [www.mass.gov/masshealth/childbehavioralhealth](http://www.mass.gov/masshealth/childbehavioralhealth) for more information and training.

## Consultation Codes

Effective January 1, 2011, the consultation codes are no longer recognized by MassHealth for payment. Providers should bill patient evaluation and management (E/M) visits with E/M codes that represent where the visit occurs, and that identify the complexity of the visit performed. In the office or other outpatient setting where a consultation is performed, physicians and qualified nonphysician practitioners should use the appropriate service codes (99201–99205; 99211–99215), depending on the complexity of the visit and whether the patient is a new or established patient to that physician. In an inpatient hospital or nursing facility setting, all physicians (and qualified nonphysician practitioners where permitted) who perform an initial consultation may bill the initial hospital care service codes (99221 – 99223) or nursing facility care service codes (99304–99306).

### **Removal of Prior Authorization for Maxillofacial Prosthetics**

Effective January 1, 2010, MassHealth has removed the prior authorization requirement for maxillofacial prosthetics on cleft palate and cancer reconstruction cases. The following service codes no longer require prior authorization.

21076	21079	21081	21083	21086	21089
21077	21080	21082	21084	21088	21097

### **Fluoroscopy with Paravertebral Facet Joint Injections**

Providers are reminded that imaging guidance and localization are required for the performance of paravertebral facet joint injections described by Service Codes 64490-64495. Image guidance (fluoroscopy or CT) and any injection of contrast are inclusive components of Service Codes 64490-64495.

### **Digital Mammography**

Effective January 1, 2011, digital mammography Service Codes G0202, G0204, and G0206 are payable under MassHealth. Providers are reminded to bill the professional and technical components individually on separate claim lines with the appropriate modifier 26 or TC. Any claims for such services that are not billed with modifier 26 or TC will be denied.

### **Multiple Surgery Payment and Global Surgery Periods**

MassHealth is currently developing new regulations about multiple surgery payment and global surgery periods. These changes will be reflected in revised regulations to be issued within the coming months.

### **Bilateral Procedures: Change to Modifier 50 Billing**

Payment for bilateral procedures performed at the same operative session must be identified by the appropriate service code and the modifier 50. Only one claim line should be billed for both procedures. The addition of the modifier 50 to the bilateral code will allow 150% of the allowable fee contained in 114.3 CMR 16.05(4) to be paid to the eligible provider for performance of both bilateral procedures.

### **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, vii, 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 6-20 — transmitted by Transmittal Letter PHY-128

Pages vii — transmitted by Transmittal Letter PHY-109

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The regulations and instructions governing provider participation in MassHealth are published in the Provider Manual Series. MassHealth publishes a separate manual for each provider type.

Manuals in the series contain administrative regulations, billing regulations, program regulations, service codes, administrative and billing instructions, and general information. MassHealth regulations are incorporated into the Code of Massachusetts Regulations (CMR), a collection of regulations promulgated by state agencies within the Commonwealth and by the Secretary of State. MassHealth regulations are assigned Title 130 of the Code. Pages that contain regulatory material have a CMR chapter number in the banner beneath the subchapter number and title.

Administrative regulations and billing regulations apply to all providers and are contained in 130 CMR Chapter 450.000. These regulations are reproduced as Subchapters 1, 2, and 3 in this and all other manuals.

Program regulations cover matters that apply specifically to the type of provider for which the manual was prepared. For physicians, those matters are covered in 130 CMR Chapter 433.000, reproduced as Subchapter 4 in the *Physician Manual*.

Revisions and additions to the manual are made as needed by means of transmittal letters, which furnish instructions for substituting, adding, or removing pages. Some transmittal letters will be directed to all providers; others will be addressed to providers in specific provider types. In this way, a provider will receive all those transmittal letters that affect its manual, but no others.

The Provider Manual Series is intended for the convenience of providers. Neither this nor any other manual can or should contain every federal and state law and regulation that might affect a provider's participation in MassHealth. The provider manuals represent instead MassHealth's effort to give each provider a single convenient source for the essential information providers need in their routine interaction with MassHealth and its members.

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601 Introduction

MassHealth providers must refer to the American Medical Association’s *Current Procedural Terminology (CPT) 2011* 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, Category II codes ending in F, and Category III codes ending in T. 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 allowed 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.

10040	15825	21120	33930	38215
11922	15826	21121	33933	41870
11950	15828	21122	33940	41872
11951	15829	21123	33944	43752
11952	15847	21125	36415	43842
11954	15876	21127	36416	43843
15775	15877	21245	36468	43845
15776	15878	21246	36469	44132
15780	15879	21248	36591	44715
15781	17340	21249	36592	47133
15782	17360	22526	36598	47143
15783	17380	22527	38204	47144
15786	19316	22841	38207	47145
15787	19324	22856	38208	48160
15788	19325	22861	38209	48550
15789	19355	22864	38210	48551
15792	19396	32491	38211	50300
15793	20930	32850	38212	50323
15819	20936	32855	38213	50325
15824	20985	32856	38214	51701

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602 Nonpayable CPT Codes (cont.)

51702	76497	86910	89259	90665
54900	76498	86911	89260	90669
54901	77336	86927	89261	90670
55200	77370	86930	89264	90680
55300	77371	86931	89268	90698
55400	77372	86932	89272	90700
55870	77373	86945	89280	90701
55970	77401	86950	89281	90702
55980	77402	86960	89290	90708
58321	77403	86965	89291	90710
58322	77404	86985	89300	90712
58323	77406	87150	89310	90720
58345	77407	87153	89320	90721
58350	77408	87493	89321	90723
58750	77409	87900	89322	90743
58752	77411	87901	89325	90744
58760	77412	87903	89329	90748
58970	77413	87904	89330	90845
58974	77414	88000	89331	90865
58976	77416	88005	89335	90875
59070	77417	88007	89342	90876
59072	77418	88012	89343	90880
59412	77421	88014	89344	90885
59897	77422	88016	89346	90889
61630	77423	88020	89352	90901
61635	77520	88025	89353	90911
61640	77522	88027	89354	90940
61641	77523	88028	89356	90989
61642	77525	88029	89398	90993
62287	77790	88036	90281	90997
63043	78267	88037	90283	90999
63044	78268	88040	90284	91132
65760	78351	88045	90287	91133
65765	80500	88099	90384	92314
65767	80502	88125	90386	92315
65771	82075	88333	90389	92316
69090	82962	88334	90396	92317
71552	83987	88738	90586	92325
72159	84061	88749	90633	92352
72198	84145	89250	90634	92353
73225	84431	89251	90644	92354
74263	84830	89253	90645	92355
75571	86079	89254	90646	92358
76140	86305	89255	90647	92371
76390	86890	89257	90648	92531
76496	86891	89258	90654	92532



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602 Nonpayable CPT Codes (cont.)

92533	96000	97810	99148	99379
92534	96001	97811	99149	99380
92548	96002	97813	99150	99401
92559	96003	97814	99172	99402
92560	96004	98940	99190	99403
92561	96040	98941	99191	99404
92562	96101	98942	99192	99406
92564	96102	98943	99241	99408
92597	96103	98960	99242	99409
92605	96105	98961	99243	99411
92606	96111	98962	99244	99412
92613	96116	98966	99245	99420
92615	96118	98967	99251	99429
92617	96119	98968	99252	99441
92630	96120	98969	99253	99442
92633	96125	99001	99254	99443
93660	96150	99002	99255	99444
93668	96151	99024	99288	99450
93770	96152	99026	99315	99455
93786	96153	99027	99316	99456
94005	96154	99053	99339	99500
94015	96155	99056	99340	99501
94644	96376	99058	99354	99502
94645	96567	99060	99355	99503
95012	96902	99071	99356	99504
95052	96904	99075	99357	99505
95120	97005	99078	99358	99506
95125	97006	99080	99359	99507
95130	97014	99082	99360	99509
95131	97537	99090	99363	99510
95132	97545	99091	99364	99511
95133	97546	99100	99366	99512
95134	97597	99116	99367	99601
95824	97598	99135	99368	99602
95965	97602	99140	99374	99605
95966	97605	99143	99375	99606
95967	97606	99144	99377	99607
95992	97755	99145	99378	

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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**

- |  |   |
|--|---|
| <p>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.)</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>CS-18: A completed Sterilization Consent Form (for members aged 18 through 20) must be completed. See 130 CMR 450.234 through</p> | <p>450.260 and 130 CMR 433.456 through 433.458 for more information.</p> <p>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.</p> <p>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.</p> <p>IC: Claim requires individual consideration. See 130 CMR 433.406 for more information.</p> <p>PA for OMT &gt; 20: Prior authorization is required for more than 20 osteopathic manipulative therapy visits in a 12-month period.</p> <p>PA for OT &gt; 20: Prior authorization is required for more than 20 occupational therapy visits in a 12-month period.</p> <p>PA for PT &gt; 20: Prior authorization is required for more than 20 physical therapy visits, regardless of modality, in a 12-month period.</p> <p>PA for ST &gt; 35: Prior authorization is required for more than 35 speech/language therapy visits in a 12-month period.</p> <p>PA for Units &gt; 8: Prior authorization is required for claims submitted with greater than 8 units on a given date of service.</p> <p>PA: Service requires prior authorization. See 130 CMR 433.408 for more information.</p> <p>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.</p> |
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603 Codes That Have Special Requirements or Limitations (cont.)

<u>Service Code and Req. or Limit</u>		<u>Service Code and Req. or Limit</u>	
01999	IC	21198	PA
11920	PA	21206	PA
11921	PA	21208	PA
15431	IC	21209	PA
15820	PA	21210	PA
15821	PA	21215	PA
15822	PA	21230	PA
15823	PA	21235	PA
15830	PA	21240	PA
15832	PA	21242	PA
15833	PA	21243	PA
15834	PA	21244	PA
15835	PA	21247	PA
15836	PA	21255	PA
15837	PA	21256	PA
15838	PA	21260	PA
15839	PA	21299	PA; IC
15999	IC	21499	IC
17999	IC	21742	IC
19300	PA	21743	IC
19318	PA	21899	IC
19328	PA	22857	PA
19350	PA	22862	PA
19499	IC	22865	PA
20999	IC	22899	IC
21085	PA	22999	IC
21088	IC	23929	IC
21089	IC	24940	IC
21137	PA	24999	IC
21138	PA	25999	IC
21139	PA	26989	IC
21146	PA	27299	IC
21147	PA	27599	IC
21150	PA	27899	IC
21151	PA	28890	PA
21155	PA	28899	IC
21159	PA	29799	IC
21160	PA	29800	PA
21172	PA	29804	PA
21175	PA	29999	IC
21188	PA	30400	PA
21193	PA	30410	PA
21194	PA	30420	PA
21195	PA	30430	PA
21196	PA	30435	PA

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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>	
30450	PA	42699	IC
30999	IC	42999	IC
31299	IC	43289	IC
31599	IC	43499	IC
31899	IC	43644	PA
32851	PA	43645	PA
32852	PA	43647	PA; IC
32853	PA	43648	IC
32854	PA	43659	IC
32999	IC	43770	PA
33935	PA	43771	PA
33945	PA	43772	PA
33981	IC	43773	PA
33982	IC	43774	PA
33983	IC	43775	PA
33999	IC	43846	PA
36299	IC	43847	PA
36470	PA	43848	PA
36471	PA	43881	PA; IC
37501	IC	43882	IC
37799	IC	43886	PA
38129	IC	43887	PA
38230	PA	43888	PA
38240	PA	43999	IC
38241	PA	44133	IC
38242	PA	44135	PA; IC
38589	IC	44136	PA; IC
38999	IC	44238	IC
39499	IC	44799	IC
39599	IC	44899	IC
40799	IC	44979	IC
40840	PA	45499	IC
40842	PA	45999	IC
40843	PA	46999	IC
40844	PA	47135	PA
40845	PA	47136	PA
40899	IC	47379	IC
41599	IC	47399	IC
41820	PA; IC	47579	IC
41821	IC	47999	IC
41850	IC	48554	PA
41899	IC	48999	IC
42280	PA	49329	IC
42281	PA	49659	IC
42299	IC	49906	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>
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
54401 PA	58579 IC
54405 PA	58600 CS-18 or CS-21
54440 IC	58605 CS-18 or CS-21
54699 IC	58611 CS-18 or CS-21
55250 CS-18 or CS-21	58615 CS-18 or CS-21
55450 CS-18 or CS-21	58661 CS-18 or CS-21
55559 IC	58670 CS-18 or CS-21
55899 IC	58671 CS-18 or CS-21
56800 PA	58679 IC
56805 IC	58951 HI-1
57335 IC	58956 HI-1
58150 HI-1	58999 IC
58152 HI-1	59135 HI-1
58180 HI-1	59525 HI-1
58200 HI-1	59840 CPA-2 (first trimester)
58210 HI-1	59841 CPA-2 (first trimester)
58240 HI-1	59850 CPA-2 (second trimester, third trimester in hospital only)
58260 HI-1	59851 CPA-2 (second trimester, third trimester in hospital only)
58262 HI-1	59852 CPA-2 (second trimester, third trimester in hospital only)
58263 HI-1	
58267 HI-1	
58270 HI-1	
58275 HI-1	59855 CPA-2
58280 HI-1	59856 CPA-2
58285 HI-1	59857 CPA-2
58290 HI-1	59898 IC
58291 HI-1	59899 IC
58292 HI-1	60659 IC
58293 HI-1	60699 IC
58294 HI-1	64650 PA
58541 HI-1	64653 PA
58542 HI-1	64999 IC
58543 HI-1	65757 IC
58544 HI-1	66999 IC
58548 HI-1	67299 IC
58550 HI-1	67399 IC
58552 HI-1	67599 IC
58553 HI-1	67900 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>	
67901	PA	88299	IC
67902	PA	88384	IC
67903	PA	88399	IC
67904	PA	89240	IC
67906	PA	90288	IC
67908	PA	90291	IC
67999	IC	90296	IC
68399	IC	90378	PA; IC
68899	IC	90393	PA; IC
69300	PA	90399	IC
69399	IC	90476	IC
69710	IC	90477	IC
69799	IC	90581	IC
69930	PA	90632	Covered for adults $\geq$ 19; available free of charge through the Massachusetts Immunization Program for children under 19 years of age.
69949	IC		
69979	IC		
74261	PA		
74262	PA		
76499	IC	90636	IC
76999	IC	90649	Covered for members aged 19 to 26; available free of charge through the Massachusetts Immunization Program for children under 19 years of age.
77058	PA		
77059	PA		
77299	IC		
77399	IC		
77499	IC	90650	Covered for members aged 19 to 26; available free of charge through the Massachusetts Immunization Program for children under 19 years of age.
77799	IC		
78099	IC		
78199	IC		
78299	IC		
78399	IC	90661	IC
78499	IC	90662	IC
78599	IC	90663	IC
78699	IC	90664	IC
78799	IC	90666	IC
78999	IC	90667	IC
79999	IC	90668	IC
80100	PA for Units > 8	90676	IC
80101	PA for units > 8	90681	IC; Covered for members $\geq$ 19; available free of charge through the Massachusetts Immunization Program for children under 19 years of age.
81099	IC		
84999	IC		
85999	IC		
86849	IC		
86999	IC	90690	IC
87999	IC	90692	IC
88199	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>	
90693	IC	90935	For hospitalized member only; not for chronic maintenance
90696	IC		
90707	Covered for members $\geq$ 19; available free of charge through the Massachusetts Immunization Program for children under 19 years of age.	90937	For hospitalized member only; not for chronic maintenance
		90945	For hospitalized member only; not for chronic maintenance
90713	Covered for members $\geq$ 19; available free of charge through the Massachusetts Immunization Program for children under 19 years of age.	90947	For hospitalized member only; not for chronic maintenance
		90952	IC
		90953	IC
90715	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
		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
		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
90718	IC	92499	IC
90719	IC	92506	PA for ST >35
90725	IC	92507	PA for ST >35
90727	IC	92508	PA for ST >35
90732	Covered for members $\geq$ 19; available free of charge through the Massachusetts Immunization Program for children under 19 years of age.	92526	PA for ST >35
		92610	PA for ST >35
90734	IC; Covered for members $\geq$ 19; available free of charge through the Massachusetts Immunization Program for children under 19 years of age.	92700	IC
		92992	IC
		92993	IC
		93229	IC
		93299	IC
90736	IC; PA is required for members less than age 60	93745	IC
		93799	IC
		94772	IC
		94774	IC
		94775	IC
		94776	IC
		94777	IC
		94799	IC
90738	IC	95199	IC
90749	IC	95803	IC
90867	IC	95999	IC
90868	IC		
90899	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>
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.	97150      PA for PT >20 97530      PA for OT >20 97532      PA for OT >20 97533      PA for OT >20 97535      PA for OT >20 97542      PA for OT >20 97760      PA for OT >20 97761      PA for OT >20 97762      PA for OT >20 97799      IC 98925      PA for OMT >20 98926      PA for OMT >20 98927      PA for OMT >20 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
96379      IC	
96549      IC	
96999      IC	
97001      PA for PT >20	
97002      PA for PT >20	99174      PA
97003      PA for OT >20	99195      For hematologic disorders only
97004      PA for OT >20	99199      IC
97010      PA for PT >20	99499      IC
97012      PA for PT >20	99600      IC
97016      PA for PT >20	
97018      PA for PT >20	
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	
97139      PA for PT >20; IC	
97140      PA for PT >20	



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604 Payable 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.

<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 (IC)
A9502	Technetium Tc-99m tetrofosmin, diagnostic, per study dose (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 outpatient 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
G0202	Screening mammography, producing direct digital image, bilateral, all views
G0204	Diagnostic mammography, producing direct digital image, bilateral, all views
G0206	Diagnostic mammography, producing direct digital image, unilateral, all views
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
J0129	Injection, abatacept, 10 mg (PA)
J0135	Injection, adalimumab, 20 mg (PA)
J0171	Injection, Adrenalin, epinephrine, 0.1 mg (IC)
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
J0461	Injection, atropine sulfate, 0.01 mg
J0475	Injection, baclofen, 10 mg

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604 HCPCS Level II Service Codes (cont.)

Service  
Code

Service Description

J0476	Injection, baclofen, 50 mcg for intrathecal trial
J0558	Injection, penicillin G benzathine and penicillin G procaine, 100,000 units (IC)
J0561	Injection, penicillin G benzathine, 100,000 units (IC)
J0585	Injection onabotulinumtoxinA, 1 unit (PA)
J0586	Injection, abobotulinumtoxinA, 5 units (PA)
J0587	Injection rimabotulinumtoxinB, 100 units (PA)
J0592	Injection, buprenorphine HCl, 0.1 mg
J0597	Injection, C-1 esterase inhibitor (human), Berinert, 10 units (IC)
J0598	Injection, C1 esterase inhibitor (human), Cinryze, 10 units (PA)
J0638	Injection, canakinumab, 1 mg (PA) (IC)
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 3 mg and betamethasone sodium phosphate 3 mg
J0718	Injection, certolizumab pegol, 1 mg (PA)
J0775	Injection, collagenase, clostridium histolyticum, 0.01 mg (PA) (IC)
J0780	Injection, prochlorperazine, up to 10 mg
J0833	Injection, cosyntropin, not otherwise specified, 0.25 mg
J0834	Injection, cosyntropin (Cortrosyn), 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

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604 HCPCS Level II Service Codes (cont.)

Service  
Code

Service Description

J1200	Injection, diphenhydramine HCl, up to 50 mg
J1260	Injection, dolasetron mesylate, 10 mg
J1290	Injection, ecallantide, 1 mg (IC)
J1300	Injection, eculizumab, 10 mg (IC)
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
J1559	Injection, immune globulin (Hizentra), 100 mg (PA) (IC)
J1561	Injection, immune globulin, (Gamunex), intravenous, nonlyophilized (e.g., liquid), 500 mg
J1562	Injection, immune globulin, (Vivaglobin), 100 mg (PA)
J1566	Injection, immune globulin, intravenous, lyophilized (e.g., powder), not otherwise specified, 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
J1599	Injection, immune globulin, intravenous, nonlyophilized (e.g., liquid), not otherwise specified, 500 mg (PA) (IC)
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)
J1743	Injection, idursulfase, 1 mg (IC)
J1745	Injection, infliximab, 10 mg (PA)
J1750	Injection, iron dextran, 50 mg
J1786	Injection, imiglucerase, 10 units (PA) (IC)
J1790	Injection, droperidol, up to 5 mg
J1800	Injection, propranolol HCl, up to 1 mg
J1826	Injection, interferon beta-1a, 30 mcg (IC)
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

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604 HCPCS Level II Service Codes (cont.)

Service  
Code

Service Description

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)
J2358	Injection, olanzapine, long-acting, 1 mg (PA) (IC)
J2405	Injection, ondansetron HCl, per 1 mg
J2426	Injection, paliperidone palmitate extended release, 1 mg (PA) (IC)
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
J2562	Injection, plerixafor, 1 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
J2785	Injection, regadenoson, 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
J2793	Injection, riloncept, 1 mg (PA)
J2794	Injection, risperidone, long acting, 0.5 mg
J2796	Injection, romiplostim, 10 mcg (PA)
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)

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604 HCPCS Level II Service Codes (cont.)

Service  
Code

Service Description

J3010	Injection, fentanyl citrate, 0.1 mg
J3030	Injection, sumatriptan succinate, 6 mg
J3095	Injection, telavancin, 10 mg (PA) (IC)
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
J3240	Injection, thyrotropin alpha, 0.9 mg. provided in 1.1 mg vial
J3243	Injection, tigecycline, 1 mg
J3250	Injection, trimethobenzamide HCl, up to 200 mg
J3262	Injection, tocilizumab, 1 mg (PA) (IC)
J3301	Injection, triamcinolone acetonide, not otherwise specified, 10 mg
J3302	Injection, triamcinolone diacetate, per 5 mg
J3303	Injection, triamcinolone hexacetonide, per 5 mg
J3357	Injection, ustekinumab, 1 mg (PA) (IC)
J3360	Injection, diazepam, up to 5 mg
J3385	Injection, velaglycerase alfa, 100 units (PA) (IC)
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 (Zometa), 1 mg
J3490	Unclassified drugs (IC)
J3490-FP	Unclassified drugs (service provided as part of Medicaid family planning program) (Use for medications and injectables related to family planning services, with the exception of Rho (D) human immune globulin, and contraceptive injectables such as Depo-Provera, items for which MassHealth will pay the provider's costs.) (IC)
J3590	Unclassified biologics (IC)
J7030	Infusion, normal saline solution, 1,000 cc
J7060	5% dextrose/water (500 ml = 1 unit)
J7070	Infusion, D-5-W, 1,000 cc
J7302	Levonorgestrel-releasing intrauterine contraceptive system, 52 mg (IC)
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)
J7309	Methyl aminolevulinate (MAL) for topical administration, 16.8%, 1 g (IC)
J7312	Injection, dexamethasone, intravitreal implant, 0.1 mg (IC)
J7321	Hyaluronan or derivative, Hyalgan or Supartz, 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)
J7325	Hyaluronan or derivative, Synvisc or Synvisc-One for intra-articular injection, 1 mg (PA)
J7335	Capsaicin 8% patch, per 10 sq cm (PA) (IC)
J7599	Immunosuppressive drug, not otherwise specified (IC)

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604 HCPCS Level II Service Codes (cont.)

Service  
Code

Service Description

J7608	Acetylcysteine, inhalation solution, FDA-approved final product, noncompounded, administered through DME, unit-dose form, per g
J7614	Levalbuterol, inhalation solution, FDA-approved final product, noncompounded, administered through DME, unit dose, 0.5 mg (PA)
J7620	Albuterol, up to 2.5 mg and ipratropium bromide, up to 0.5 mg, FDA-approved final product, noncompounded, administered through DME
J7626	Budesonide, inhalation solution, FDA-approved final product, noncompounded, administered through DME, unit dose form, up to 0.5 mg
J7633	Budesonide, inhalation solution, FDA-approved final product, noncompounded, administered through DME, concentrated form, per 0.25 mg (IC)
J7639	Dornase alpha, inhalation solution, FDA-approved final product, noncompounded, 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
J7686	Treprostinil, inhalation solution, FDA-approved final product, noncompounded, administered through DME, unit dose form, 1.74 mg (PA) (IC)
J7699	NOC drugs, inhalation solution administered through DME (IC)
J7799	NOC drugs, other than inhalation drugs, administered through DME (IC)
J8562	Fludarabine phosphate, oral, 10 mg (IC)
J9000	Injection, doxorubicin HCl, 10 mg
J9001	Injection, doxorubicin HCl, all lipid formulations, 10 mg
J9025	Injection, azacitidine, 1 mg
J9031	BCG (intravesical), per instillation
J9035	Injection, bevacizumab, 10 mg
J9040	Injection bleomycin sulfate, 15 units
J9041	Injection, bortezomib, 0.1 mg
J9045	Injection, carboplatin, 50 mg
J9055	Injection, cetuximab, 10 mg
J9060	Injection, cisplatin, powder or solution, 10 mg
J9070	Injection, cyclophosphamide, 100 mg
J9130	Dacarbazine, 100 mg
J9155	Injection, degarelix, 1 mg (PA)
J9171	Injection, docetaxel, 1 mg
J9178	Injection, epirubicin HCl, 2 mg
J9181	Injection, etoposide, 10 mg
J9190	Injection, fluorouracil, 500 mg
J9201	Injection, gemcitabine HCl, 200 mg

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604 HCPCS Level II Service Codes (cont.)

Service  
Code

Service Description

J9202	Goserelin acetate implant, per 3.6 mg (PA)
J9206	Injection, irinotecan, 20 mg
J9212	Injection, interferon alfacon-1, recombinant, 1 mcg
J9213	Injection, interferon, alfa-2a, recombinant, 3 million units
J9214	Injection, interferon, alfa-2b, recombinant, 1 million units
J9215	Injection, interferon alfa-N3 (human leukocyte derived), 250,000 IU (IC)
J9216	Injection, interferon gamma-1-b, 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	Injection, paclitaxel, 30 mg
J9293	Injection, mitoxantrone HCl, per 5 mg
J9300	Injection, gemtuzumab ozogamicin, 5 mg
J9302	Injection, ofatumumab, 10 mg (PA) (IC)
J9305	Injection, pemetrexed, 10 mg
J9307	Injection, pralatrexate, 1 mg (IC)
J9310	Injection, rituximab, 100 mg (PA)
J9315	Injection, romidepsin, 1 mg (PA) (IC)
J9340	Injection, thiotepa, 15 mg
J9351	Injection, topotecan, 0.1 mg (IC)
J9355	Trastuzumab, 10 mg
J9360	Injection, vinblastine sulfate, 1 mg
J9370	Vincristine sulfate, 1 mg
J9390	Injection vinorelbine tartrate, 10 mg
J9395	Injection, fulvestrant, 25 mg (PA)
J9999	Not otherwise classified, antineoplastic drugs (IC)
Q4101	Apligraf, per sq cm
Q4102	Oasis wound matrix, per sq cm
Q4103	Oasis burn matrix, per sq cm
Q4104	Integra bilayer matrix wound dressing (BMWD), per sq cm
Q4106	Dermagraft, per sq cm
Q4107	GRAFTJACKET, per sq cm
Q4108	Integra matrix, per sq cm
Q4110	PriMatrix, per sq cm
S0020	Injection, bupivacaine HCl, 30 ml
S0021	Injection, cefoperazone sodium, 1 g (IC)
S0023	Injection, cimetidine HCl, 300 mg

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604 HCPCS Level II Service Codes (cont.)

Service

<u>Code</u>	<u>Service Description</u>
S0077	Injection, clindamycin phosphate, 300 mg
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 service.)
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)

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.

<u>Modifier</u>	<u>Modifier Description</u>
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	Service provided as part of 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 of a DME, orthotic or prosthetic item furnished as part of a repair (This modifier should only be used with 92340, 92341, and 92342 to bill for the dispensing of replacement lenses.)



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605 Modifiers (cont.)

Modifier    Modifier Description

- 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 90460, 90461, 90471, and 90473 to identify administration of vaccines provided at no cost by the Massachusetts Department of Public Health for individuals aged 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.

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.

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605 Modifiers (cont.)

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 when administered by a physician, independent nurse midwife or independent nurse practitioner.
- 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 when administered by a physician, independent nurse midwife or independent nurse practitioner.
- 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 when administered by a nurse midwife employed by a physician.
- 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 when administered by a nurse midwife employed by a physician.
- 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 when administered by a nurse practitioner employed by a physician.
- 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 when administered by a nurse practitioner employed by a physician.
- 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 when administered by a physician assistant employed by a physician.
- 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 when administered by a physician assistant employed by a physician.

**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 be billed only by psychiatrists.