



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



MassHealth
Transmittal Letter PHY-132
December 2011

TO: Physicians Participating in MassHealth
FROM: Julian J. Harris, M.D., Medicaid Director
RE: Physician Manual (2011 HCPCS Updates)

This letter transmits revisions to the laboratory service codes in the *Physician Manual*. The Centers for Medicare & Medicaid Services (CMS) have revised the Healthcare Common Procedure Coding System (HCPCS) codes for 2011. The revised Subchapter 6 is effective for dates of service on or after December 1, 2011. For dates of service on or after December 1, 2011, you must use the new codes in order to obtain reimbursement.

Drug Screen Service Codes

Effective December 1, 2011, MassHealth will no longer pay for drug screen Service Codes 80100 (Drug screen, qualitative; multiple drug classes chromatographic method, each procedure) and 80101 (Drug screen, qualitative; single drug class method (e.g., immunoassay, enzyme assay), each drug class). Drug screen services should now be reported using Service Code G0431 (Drug screen, qualitative; multiple drug classes by high complexity test method (e.g., immunoassay, enzyme assay), per patient encounter) or G0434 (Drug screen, other than chromatographic; any number of drug classes, by CLIA waived test or moderate complexity test, per patient encounter). G0431 and G0434 are bundled codes that pay a single fee for the drug screen services being provided at the patient encounter regardless of the number of drug classes being tested. Providers should not routinely bill for the quantification of drug classes (e.g., chemistry section 82000-84999 or therapeutic drug assay section 80150-80299) being tested as part of the drug screen service.

Providers should bill only for the quantification of drug classes being tested as part of a drug screen service or a confirmatory drug test if there is a positive screen for one or more drug classes being tested.

Standing Order Requests

Providers are reminded that MassHealth issued revised regulations about standing order requests made to independent clinical laboratories via Transmittal Letter LAB-35, issued in March 2010. These amendments pertain to standing order requests, information required for written requests for laboratory services, record keeping requirements, conditions relating to authorized prescribers, and EPSDT services. As part of these changes, MassHealth established that standing order requests made by authorized prescribers to a MassHealth independent clinical lab to perform most services must not exceed 180 days and for substance abuse testing must not exceed 30 days. Please review all the updated regulations transmitted via Transmittal Letter LAB-35.

Fluoride Treatment (D1206)

MassHealth has adopted the clinical guidelines of the American Academy of Pediatric Dentistry (AAPD) and the American Dental Association (ADA) for topical fluoride treatment. MassHealth pays for fluoride treatment only once per member per three-month period.

Fee Schedule

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 DHCFP regulations from either the Massachusetts State Bookstore or from DHCFP (see addresses and telephone numbers below). You must contact them first to find out the price of the paper copy of the publication. The regulation title for laboratory services is 114.3 CMR 20.00: Clinical Laboratory Services.

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

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 the information in this transmittal letter, please contact MassHealth Customer Service at 1-800-841-2900, e-mail your inquiry to providersupport@mahealth.net, or fax your inquiry to 617-988-8974.

NEW MATERIAL

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

Physician Manual

Pages vi and 6-1 through 6-20

OBSOLETE MATERIAL

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

Physician Manual

Page vi — transmitted by Transmittal Letter PHY-129

Pages 6-1 through 6-20 — transmitted by Transmittal Letter PHY-130

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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	86305	89255	90647
54900	76498	86890	89257	90648
54901	77336	86891	89258	90654
55200	77370	86910	89259	90665
55300	77371	86911	89260	90669
55400	77372	86927	89261	90670
55870	77373	86930	89264	90680
55970	77401	86931	89268	90698
55980	77402	86932	89272	90700
58321	77403	86945	89280	90701
58322	77404	86950	89281	90702
58323	77406	86960	89290	90708
58345	77407	86965	89291	90710
58350	77408	86985	89300	90712
58750	77409	87150	89310	90720
58752	77411	87153	89320	90721
58760	77412	87493	89321	90723
58970	77413	87900	89322	90743
58974	77414	87901	89325	90744
58976	77416	87903	89329	90748
59070	77417	87904	89330	90845
59072	77418	88000	89331	90865
59412	77421	88005	89335	90875
59897	77422	88007	89342	90876
61630	77423	88012	89343	90880
61635	77520	88014	89344	90885
61640	77522	88016	89346	90889
61641	77523	88020	89352	90901
61642	77525	88025	89353	90911
62287	77790	88027	89354	90940
63043	78267	88028	89356	90989
63044	78268	88029	89398	90993
65760	78351	88036	90281	90997
65765	80100	88037	90283	90999
65767	80101	88040	90284	91132
65771	80104	88045	90287	91133
69090	80500	88099	90384	92314
71552	80502	88125	90386	92315
72159	82075	88333	90389	92316
72198	82962	88334	90396	92317
73225	83987	88738	90586	92325
74263	84061	88749	90633	92352
75571	84145	89250	90634	92353
76140	84431	89251	90644	92354
76390	84830	89253	90645	92355
76496	86079	89254	90646	92358

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602 Nonpayable CPT Codes (cont.)

92371	95967	97755	99148	99380
92531	95992	97810	99149	99401
92532	96000	97811	99150	99402
92533	96001	97813	99172	99403
92534	96002	97814	99190	99404
92548	96003	98940	99191	99406
92559	96004	98941	99192	99408
92560	96040	98942	99241	99409
92561	96101	98943	99242	99411
92562	96102	98960	99243	99412
92564	96103	98961	99244	99420
92597	96105	98962	99245	99429
92605	96111	98966	99251	99441
92606	96116	98967	99252	99442
92613	96118	98968	99253	99443
92615	96119	98969	99254	99444
92617	96120	99001	99255	99450
92630	96125	99002	99288	99455
92633	96150	99024	99315	99456
93660	96151	99026	99316	99500
93668	96152	99027	99339	99501
93770	96153	99053	99340	99502
93786	96154	99056	99354	99503
94005	96155	99058	99355	99504
94015	96376	99060	99356	99505
94644	96567	99071	99357	99506
94645	96902	99075	99358	99507
95012	96904	99078	99359	99509
95052	97005	99080	99360	99510
95120	97006	99082	99363	99511
95125	97014	99090	99364	99512
95130	97537	99091	99366	99601
95131	97545	99100	99367	99602
95132	97546	99116	99368	99605
95133	97597	99135	99374	99606
95134	97598	99140	99375	99607
95824	97602	99143	99377	
95965	97605	99144	99378	
95966	97606	99145	99379	

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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

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|---|---|
| <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 > 20: Prior authorization is required for more than 20 osteopathic manipulative therapy visits in a 12-month period.</p> <p>PA for OT > 20: Prior authorization is required for more than 20 occupational therapy visits in a 12-month period.</p> <p>PA for PT > 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 > 35: Prior authorization is required for more than 35 speech/language therapy visits in a 12-month period.</p> <p>PA for Units > 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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<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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<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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<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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<u>Service Code and Req. or Limit</u>	<u>Service Code and Req. or Limit</u>
67901 PA	88399 IC
67902 PA	89240 IC
67903 PA	90288 IC
67904 PA	90291 IC
67906 PA	90296 IC
67908 PA	90378 PA; IC
67999 IC	90393 PA; IC
68399 IC	90399 IC
68899 IC	90476 IC
69300 PA	90477 IC
69399 IC	90581 IC
69710 IC	90632 Covered for adults \geq 19; available free of charge through the Massachusetts Immunization Program for children under 19 years of age.
69799 IC	
69930 PA	
69949 IC	
69979 IC	
74261 PA	90636 IC
74262 PA	90649 Covered for members aged 19 to 26; available free of charge through the Massachusetts Immunization Program for children under 19 years of age.
76499 IC	
76999 IC	
77058 PA	
77059 PA	
77299 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.
77399 IC	
77499 IC	
77799 IC	
78099 IC	
78199 IC	90661 IC
78299 IC	90662 IC
78399 IC	90663 IC
78499 IC	90664 IC
78599 IC	90666 IC
78699 IC	90667 IC
78799 IC	90668 IC
78999 IC	90676 IC
79999 IC	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	90693 IC
88299 IC	90696 IC
88384 IC	

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<u>Service Code and Req. or Limit</u>		<u>Service Code and Req. or Limit</u>	
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
		90947	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.	90952	IC
		90953	IC
		91110	PA
		91111	PA
		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
90716	Covered for members \geq 19; available free of charge through the Massachusetts Immunization Program for children under 19 years of age.	92313	PA; includes supply of lenses
		92326	PA
		92499	IC
		92506	PA for ST >35
		92507	PA for ST >35
90718	IC	92508	PA for ST >35
90719	IC	92526	PA for ST >35
90725	IC	92610	PA for ST >35
90727	IC	92700	IC
90732	Covered for members \geq 19; available free of charge through the Massachusetts Immunization Program for children under 19 years of age.	92992	IC
		92993	IC
		93229	IC
		93299	IC
		93745	IC
90734	IC; Covered for members \geq 19; available free of charge through the Massachusetts Immunization Program for children under 19 years of age.	93799	IC
		94772	IC
		94774	IC
		94775	IC
		94776	IC
90736	IC; PA is required for members less than age 60	94777	IC
		94799	IC
90738	IC	95199	IC
90749	IC	95803	IC
90867	IC	95999	IC
90868	IC		
90899	IC		
90935	For hospitalized member only; not for chronic maintenance		

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

Service

<u>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 (once per three month period)
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
G0431	Drug screen qualitative; multiple drug classes by high complexity test method (e.g., immunoassay, enzyme assay), per patient encounter
G0434	Drug screen, other than chromatographic; any number of drug classes, by CLIA waived test or moderate complexity test, per patient encounter
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

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604 HCPCS Level II Service Codes (cont.)

Service
Code

Service Description

J0348	Injection, anidulafungin, 1 mg
J0456	Injection, azithromycin, 500 mg
J0461	Injection, atropine sulfate, 0.01 mg
J0475	Injection, baclofen, 10 mg
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, cefoxitin 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
J1200	Injection, diphenhydramine HCl, up to 50 mg
J1260	Injection, dolasetron mesylate, 10 mg

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604 HCPCS Level II Service Codes (cont.)

Service
Code

Service Description

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
J2248	Injection, micafungin sodium, 1 mg
J2250	Injection, midazolam HCl, per 1 mg
J2270	Injection, morphine sulfate, up to 10 mg

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Service
Code

Service Description

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)
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)

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604 HCPCS Level II Service Codes (cont.)

Service
Code

Service Description

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, velaglucerase 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)
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)

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604 HCPCS Level II Service Codes (cont.)

Service

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

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Service
Code

Service Description

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
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

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Service
Code

Service Description

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.

Modifier Modifier Description

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.)
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.)

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Modifier Modifier Description

- 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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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.