



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



MassHealth  
Transmittal Letter PHY-134  
February 2012

**TO:** Physicians Participating in MassHealth  
**FROM:** Julian J. Harris, M.D., Medicaid Director  
**RE:** *Physician Manual (2012 HCPCS)*

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) codes for 2012. The revised Subchapter 6 is effective for dates of service on or after January 1, 2012.

Providers must refer to the American Medical Association's Current Procedural Terminology (CPT) 2012 for the service descriptions listed in Subchapter 6 of the *Physician Manual*.

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 specific regulation titles for physician services are 114.3 CMR 16.00: Surgery and Anesthesia Services; 114.3 CMR 17.00: Medicine; 114.3 CMR 18.00: Radiology; and 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](http://www.mass.gov/sec/spr)

Division of Health Care Finance and Policy  
Two Boylston Street  
Boston, MA 02116  
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[www.mass.gov/dhcfp](http://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](http://www.mass.gov/masshealth).

## **Questions**

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

## **NEW MATERIAL**

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

### **Physician Manual**

Pages vi and 6-1 through 6-22

## **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-132

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601 Introduction

MassHealth providers must refer to the American Medical Association’s *Current Procedural Terminology (CPT) 2012* code book for the descriptions for the service codes 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.

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 codes that are **not payable** under MassHealth.
- Section 603 lists CPT 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	33940	41872
11922	15826	21121	33944	43752
11950	15828	21122	36415	43842
11951	15829	21123	36416	43843
11952	15847	21245	36468	43845
11954	15876	21246	36469	44132
15775	15877	21248	36591	44715
15776	15878	21249	36592	47133
15780	15879	22526	36598	47143
15781	17340	22527	38204	47144
15782	17360	22841	38207	47145
15783	17380	22856	38208	48160
15786	19316	22861	38209	48550
15787	19324	22864	38210	48551
15788	19325	32491	38211	50300
15789	19355	32850	38212	50323
15792	19396	32855	38213	50325
15793	20930	32856	38214	51701
15819	20936	33930	38215	51702
15824	20985	33933	41870	54900

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602 Nonpayable CPT Codes (cont.)

54901	77336	81212	81296	82075
55200	77370	81213	81297	82962
55300	77371	81214	81298	83987
55400	77372	81215	81299	84061
55870	77373	81216	81300	84145
55970	77401	81217	81301	84431
55980	77402	81220	81302	84830
58321	77403	81221	81303	86079
58322	77404	81222	81304	86305
58323	77406	81223	81310	86890
58345	77407	81224	81315	86891
58350	77408	81225	81316	86910
58750	77409	81226	81317	86911
58752	77411	81227	81318	86927
58760	77412	81228	81319	86930
58970	77413	81229	81330	86931
58974	77414	81240	81331	86932
58976	77416	81241	81332	86945
59070	77417	81242	81340	86950
59072	77418	81243	81341	86960
59412	77421	81244	81342	86965
59897	77422	81245	81350	86985
61630	77423	81250	81355	87150
61635	77424	81251	81370	87153
61640	77425	81255	81371	87493
61641	77520	81256	81372	87900
61642	77522	81257	81373	87901
62287	77523	81260	81374	87903
63043	77525	81261	81375	87904
63044	77790	81262	81376	88000
65760	78267	81263	81377	88005
65765	78268	81264	81378	88007
65767	78351	81265	81379	88012
65771	80100	81266	81380	88014
69090	80101	81267	81381	88016
71552	80104	81270	81382	88020
72159	80500	81275	81383	88025
72198	80502	81280	81400	88027
73225	81200	81281	81401	88028
74263	81205	81282	81402	88029
75571	81206	81290	81403	88036
76140	81207	81291	81404	88037
76390	81808	81292	81405	88040
76496	81209	81293	81406	88045
76497	81210	81294	81407	88099
76498	81211	81295	81408	88125

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602 Nonpayable CPT Codes (cont.)

88333	90389	92316	95966	98941
88334	90396	92317	95967	98942
88738	90586	92325	95992	98943
88749	90633	92352	96000	98960
89250	90634	92353	96001	98961
89251	90644	92354	96002	98962
89253	90645	92355	96003	98966
89254	90646	92358	96004	98967
89255	90647	92371	96040	98968
89257	90648	92531	96101	98969
89258	90654	92532	96102	99001
89259	90665	92533	96103	99002
89260	90669	92534	96105	99024
89261	90670	92548	96111	99026
89264	90680	92559	96116	99027
89268	90698	92560	96118	99053
89272	90700	92561	96119	99056
89280	90701	92562	96120	99058
89281	90702	92564	96125	99060
89290	90708	92597	96150	99071
89291	90710	92605	96151	99075
89300	90712	92606	96152	99078
89310	90720	92613	96153	99080
89320	90721	92615	96154	99082
89321	90723	92617	96155	99090
89322	90743	92630	96376	99091
89325	90744	92633	96567	99100
89329	90748	93660	96902	99116
89330	90845	93668	96904	99135
89331	90865	93770	97005	99140
89335	90875	93786	97006	99143
89342	90876	94005	97014	99144
89343	90880	94015	97537	99145
89344	90885	94644	97545	99148
89346	90889	94645	97546	99149
89352	90901	95012	97597	99150
89353	90911	95052	97598	99172
89354	90940	95120	97602	99190
89356	90989	95125	97605	99191
89398	90993	95130	97606	99192
90281	90997	95131	97755	99241
90283	90999	95132	97810	99242
90284	91132	95133	97811	99243
90287	91133	95134	97813	99244
90384	92314	95824	97814	99245
90386	92315	95965	98940	99251

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602 Nonpayable CPT Codes (cont.)

99252	99358	99380	99443	99507
99253	99359	99401	99444	99509
99254	99360	99402	99450	99510
99255	99363	99403	99442	99511
99288	99364	99404	99455	99512
99315	99366	99406	99456	99601
99316	99367	99408	99500	99602
99339	99368	99409	99501	99605
99340	99374	99411	99502	99606
99354	99375	99412	99503	99607
99355	99377	99420	99504	
99356	99378	99429	99505	
99357	99379	99441	99506	

603 Codes That Have Special Requirements or Limitations

The service codes in this section are payable by MassHealth, subject to all conditions and limitations in MassHealth regulations at 130 CMR 433.000 and 450.000, but require specific attachments or prior authorization, or have other specific instructions or limitations. Refer to Section 604 for specific requirements or limitations for HCPCS Level II codes.

**Legend**

Centrifuging required: Service Code 99000 may be used only to pay a physician who centrifuges and mails a specimen to a laboratory for analysis. (See 130 CMR 433.439.)

Covered for members ≥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.

Covered for members 19 to 26: This code is payable only for members aged 19 to 26 years; available free of charge through the Massachusetts Immunization Program for children under 19 years of age.

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

Screening Modifiers to indicate whether a behavioral health need was identified.

Covered for members ≥ 19: This code is payable only for members aged 19 or older; available free of charge through the Massachusetts Immunization Program for children under 19 years of age.

CPA-2: A completed Certification of Payable Abortion Form must be completed. See 130 CMR 450.234 through 450.260 and 130 CMR 433.455 for more information.

CS-18: A completed Sterilization Consent Form (for members aged 18 through 20) must be completed. See 130 CMR 450.234 through 450.260 and 130 CMR 433.456 through 433.458 for more information.

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.

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

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

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

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

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

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

PA for Units > 8: Prior authorization is required for claims submitted with greater than 8 units on a given date of service.

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

Urgent Care Only: Service Codes 99050 and 99051 may be used only for urgent care provided in the office after hours, in addition to the basic service.

Service Code and Req. or Limit

01999 IC  
 11920 PA  
 11921 PA  
 15820 PA  
 15821 PA  
 15822 PA  
 15823 PA  
 15830 PA  
 15832 PA  
 15833 PA  
 15834 PA  
 15835 PA  
 15836 PA  
 15837 PA  
 15838 PA  
 15839 PA  
 15999 IC  
 17999 IC  
 19300 PA  
 19318 PA  
 19328 PA  
 19350 PA

Service Code and Req. or Limit

19499 IC  
 20999 IC  
 21085 PA  
 21088 IC  
 21089 IC  
 21137 PA  
 21138 PA  
 21139 PA  
 21146 PA  
 21147 PA  
 21150 PA  
 21151 PA  
 21155 PA  
 21159 PA  
 21160 PA  
 21172 PA  
 21175 PA  
 21188 PA  
 21193 PA  
 21194 PA  
 21195 PA  
 21196 PA



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Service Code and Req. or Limit

Service Code and Req. or Limit

21198	PA	30435	PA
21206	PA	30450	PA
21208	PA	30999	IC
21209	PA	31299	IC
21210	PA	31599	IC
21215	PA	31899	IC
21230	PA	32851	PA
21235	PA	32852	PA
21240	PA	32853	PA
21242	PA	32854	PA
21243	PA	32999	IC
21244	PA	33935	PA
21247	PA	33945	PA
21255	PA	33981	IC
21256	PA	33982	IC
21260	PA	33983	IC
21299	PA; IC	33999	IC
21499	IC	36299	IC
21742	IC	36470	PA
21743	IC	36471	PA
21899	IC	37501	IC
22857	PA	37799	IC
22862	PA	38129	IC
22865	PA	38230	PA
22899	IC	38240	PA
22999	IC	38241	PA
23929	IC	38242	PA
24940	IC	38589	IC
24999	IC	38999	IC
25999	IC	39499	IC
26989	IC	39599	IC
27299	IC	40799	IC
27599	IC	40840	PA
27899	IC	40842	PA
28890	PA	40843	PA
28899	IC	40844	PA
29799	IC	40845	PA
29800	PA	40899	IC
29804	PA	41599	IC
29999	IC	41820	PA; IC
30400	PA	41821	IC
30410	PA	41850	IC
30420	PA	41899	IC
30430	PA	42280	PA

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<u>Service Code and Req. or Limit</u>	<u>Service Code and Req. or Limit</u>
42281 PA	48999 IC
42299 IC	49329 IC
42699 IC	49659 IC
42999 IC	49906 IC
43289 IC	49999 IC
43499 IC	50549 IC
43644 PA	50949 IC
43645 PA	51925 HI-1
43647 PA; IC	51999 IC
43648 IC	53899 IC
43659 IC	54400 PA
43770 PA	54401 PA
43771 PA	54405 PA
43772 PA	54440 IC
43773 PA	54699 IC
43774 PA	55250 CS-18 or CS-21
43775 PA	55450 CS-18 or CS-21
43846 PA	55559 IC
43847 PA	55899 IC
43848 PA	56800 PA
43881 PA; IC	56805 IC
43882 IC	57335 IC
43886 PA	58150 HI-1
43887 PA	58152 HI-1
43888 PA	58180 HI-1
43999 IC	58200 HI-1
44133 IC	58210 HI-1
44135 PA; IC	58240 HI-1
44136 PA; IC	58260 HI-1
44238 IC	58262 HI-1
44799 IC	58263 HI-1
44899 IC	58267 HI-1
44979 IC	58270 HI-1
45499 IC	58275 HI-1
45999 IC	58280 HI-1
46999 IC	58285 HI-1
47135 PA	58290 HI-1
47136 PA	58291 HI-1
47379 IC	58292 HI-1
47399 IC	58293 HI-1
47579 IC	58294 HI-1
47999 IC	58541 HI-1
48554 PA	58542 HI-1

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<u>Service Code and Req. or Limit</u>	<u>Service Code and Req. or Limit</u>		
58543	HI-1	64653	PA
58544	HI-1	64999	IC
58548	HI-1	65757	IC
58550	HI-1	66999	IC
58552	HI-1	67299	IC
58553	HI-1	67399	IC
58554	HI-1	67599	IC
58565	CS-18 or CS-21	67900	PA
58570	HI-1	67901	PA
58571	HI-1	67902	PA
58572	HI-1	67903	PA
58573	HI-1	67904	PA
58578	IC	67906	PA
58579	IC	67908	PA
58600	CS-18 or CS-21	67999	IC
58605	CS-18 or CS-21	68399	IC
58611	CS-18 or CS-21	68899	IC
58615	CS-18 or CS-21	69300	PA
58661	CS-18 or CS-21	69399	IC
58670	CS-18 or CS-21	69710	IC
58671	CS-18 or CS-21	69799	IC
58679	IC	69930	PA
58951	HI-1	69949	IC
58956	HI-1	69979	IC
58999	IC	74261	PA
59135	HI-1	74262	PA
59525	HI-1	76499	IC
59840	CPA-2 (first trimester)	76999	IC
59841	CPA-2 (first trimester)	77058	PA
59850	CPA-2 (second trimester, third trimester in hospital only)	77059	PA
		77299	IC
59851	CPA-2 (second trimester, third trimester in hospital only)	77399	IC
		77499	IC
59852	CPA-2 (second trimester, third trimester in hospital only)	77799	IC
		78099	IC
59855	CPA-2	78199	IC
59856	CPA-2	78299	IC
59857	CPA-2	78399	IC
59898	IC	78499	IC
59899	IC	78599	IC
60659	IC	78699	IC
60699	IC	78799	IC
64650	PA	78999	IC

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<u>Service Code and Req. or Limit</u>	<u>Service Code and Req. or Limit</u>
79999 IC	90676 IC
81099 IC	90681 IC; Covered for members ≥ 19; available free of charge through the Massachusetts Immunization Program for children under 19 years of age.
84999 IC	
85999 IC	
86849 IC	
86999 IC	
87999 IC	90690 IC
88199 IC	90692 IC
88299 IC	90693 IC
88384 IC	90696 IC
88399 IC	90707 Covered for members ≥ 19; available free of charge through the Massachusetts Immunization Program for children under 19 years of age.
89240 IC	
90288 IC	
90291 IC	
90296 IC	
90378 PA; IC	90713 Covered for members ≥ 19; available free of charge through the Massachusetts Immunization Program for children under 19 years of age.
90393 PA; IC	
90399 IC	
90476 IC	
90477 IC	
90581 IC	90715 Covered for members ≥ 19; available free of charge through the Massachusetts Immunization Program for children under 19 years of age.
90632 Covered for adults ≥ 19; available free of charge through the Massachusetts Immunization Program for children under 19 years of age.	90716 Covered for members ≥ 19; available free of charge through the Massachusetts Immunization Program for children under 19 years of age.
90636 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.	90718 IC
	90719 IC
90650 Covered for female members aged 19 to 26; available free of charge through the Massachusetts Immunization Program for children under 19 years of age.	90725 IC
	90727 IC
	90732 Covered for members ≥ 19; available free of charge through the Massachusetts Immunization Program for children under 19 years of age.
90661 IC	
90662 IC	
90664 IC	
90666 IC	
90667 IC	
90668 IC	

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<u>Service Code and Req. or Limit</u>	<u>Service Code and Req. or Limit</u>
90734 IC; Covered for members ≥ 19; available free of charge through the Massachusetts Immunization Program for children under 19 years of age.	93299 IC
90736 IC; PA is required for members less than age 60	93745 IC
90738 IC	93799 IC
90749 IC	93998 IC
90867 IC	94772 IC
90868 IC	94774 IC
90899 IC	94775 IC
90935 For hospitalized member only; not for chronic maintenance	94776 IC
90937 For hospitalized member only; not for chronic maintenance	94777 IC
90945 For hospitalized member only; not for chronic maintenance	94799 IC
90947 For hospitalized member only; not for chronic maintenance	95199 IC
90952 IC	95803 IC
90953 IC	95999 IC
91110 PA	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.
91111 PA	
91299 IC	
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	96379 IC
92326 PA	96549 IC
92499 IC	96999 IC
92506 PA for ST >35	97001 PA for PT >20
92507 PA for ST >35	97002 PA for PT >20
92508 PA for ST >35	97003 PA for OT >20
92526 PA for ST >35	97004 PA for OT >20
92588 IC	97010 PA for PT >20
92610 PA for ST >35	97012 PA for PT >20
92700 IC	97016 PA for PT >20
92992 IC	97018 PA for PT >20
92993 IC	97022 PA for PT >20
93229 IC	97024 PA for PT >20

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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>		
97026	PA for PT >20	97760	PA for OT >20
97028	PA for PT >20	97761	PA for OT >20
97032	PA for PT >20	97762	PA for OT >20
97033	PA for PT >20	97799	IC
97034	PA for PT >20	98925	PA for OMT >20
97035	PA for PT >20	98926	PA for OMT >20
97036	PA for PT >20	98927	PA for OMT >20
97039	PA for PT >20; IC	98928	PA for OMT >20
97110	PA for PT >20	98929	PA for OMT >20
97112	PA for PT >20	99000	Centrifuging required
97113	PA for PT >20	99050	Urgent care only
97116	PA for PT >20	99051	Urgent care only
97124	PA for PT >20	99070	IC; excluding family planning supplies, such as trays, used in the collection of specimens
97139	PA for PT >20; IC		
97140	PA for PT >20		
97150	PA for PT >20	99174	PA
97530	PA for OT >20	99195	For hematologic disorders only
97532	PA for OT >20	99199	IC
97533	PA for OT >20	99499	IC
97535	PA for OT >20	99600	IC
97542	PA for OT >20		

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)

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604 Payable HCPCS Level II Service Codes (cont.)

<u>Service Code</u>	<u>Service Description</u>
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)
J0131	Injection, acetaminophen, 10 mg (IC)
J0135	Injection, adalimumab, 20 mg (PA)
J0171	Injection, Adrenalin, epinephrine, 0.1 mg (IC)
J0215	Injection, alefacept, 0.5 mg (PA)
J0221	Injection, alglucosidase alfa (Lumizyme), 10 mg (PA) (IC)
J0256	Injection, alpha 1-proteinase inhibitor-human, 10 mg
J0257	Injection, alpha 1 proteinase inhibitor (human) (GLASSIA), 10 mg (IC)
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
J0476	Injection, baclofen, 50 mcg for intrathecal trial
J0490	Injection, belimumab, 10 mg (PA) (IC)
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)

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604 Payable HCPCS Level II Service Codes (cont.)

Service  
Code

Service Description

J0587	Injection rimabotulinumtoxinB, 100 units (PA)
J0588	Injection, incobotulinumtoxinA, 1 unit (PA) (IC)
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
J0715	Injection, ceftizoxime sodium, per 500 mg (PA) (IC)
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
J0840	Injection, crotalidae polyvalent immune fab (ovine), up to 1 g (IC)
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)
J0897	Injection, denosumab, 1 mg (PA) (IC)
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
J1290	Injection, ecallantide, 1 mg (IC)
J1300	Injection, eculizumab, 10 mg (IC)
J1320	Injection, amitriptyline HCl, up to 20 mg (IC)



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604 Payable HCPCS Level II Service Codes (cont.)

Service  
Code

Service Description

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
J1557	Injection, immune globulin, (Gammaplex), intravenous, nonlyophilized (e.g., liquid), 500 mg (PA) (IC)
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
J1725	Injection, hydroxyprogesterone caproate, 1 mg (PA) (IC)
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

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604 Payable HCPCS Level II Service Codes (cont.)

Service  
Code

Service Description

J2250	Injection, midazolam HCl, per 1 mg
J2265	Injection, minocycline HCl, 1 mg (IC)
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
J2507	Injection, pegloticase, 1 mg (PA) (IC)
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)

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604 Payable HCPCS Level II Service Codes (cont.)

<u>Service Code</u>	<u>Service Description</u>
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)
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
J7131	Hypertonic saline solution, 1 ml (IC)
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)

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604 Payable HCPCS Level II Service Codes (cont.)

<u>Service Code</u>	<u>Service Description</u>
J7325	Hyaluronan or derivative, Synvisc or Synvisc-One for intra-articular injection, 1 mg (PA)
J7326	Hyaluronan or derivative, Gel-One, for intra-articular injection, per dose (PA) (IC)
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)
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
J7665	Mannitol, administered through an inhaler, 5 mg (IC)
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)
J8561	Everolimus, oral, 0.25 mg (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
J9043	Injection, cabazitaxel, 1 mg (PA) (IC)
J9045	Injection, carboplatin, 50 mg
J9055	Injection, cetuximab, 10 mg
J9060	Injection, cisplatin, powder or solution, 10 mg

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604 Payable HCPCS Level II Service Codes (cont.)

Service  
Code

Service Description

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
J9179	Injection, eribulin mesylate, 0.1 mg (PA) (IC)
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
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)
J9228	Injection, ipilimumab, 1 mg (IC)
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

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604 Payable HCPCS Level II Service Codes (cont.)

Service

Code      Service Description

Q4102	Oasis wound matrix, per sq cm
Q4103	Oasis burn matrix, per sq cm
Q4104	Integra bilayer matrix wound dressing (BMWWD), 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
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

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Modifier    Modifier Description

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.)
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

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605 Modifiers (cont.)

### **Modifiers for Behavioral-Health Screening**

The administration and scoring of standardized behavioral-health screening tools selected from the approved menu of tools found in Appendix W of your provider manual is covered for members (except MassHealth Limited) from birth to 21 years of age. Service Code 96110 must be accompanied by one of the modifiers listed below to indicate whether a behavioral-health need was identified. “Behavioral-health need identified” means the provider administering the screening tool, in his or her professional judgment, identified a child with a potential behavioral health services need.

Modifier    Modifier Description

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



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