



MassHealth
Transmittal Letter PHY-139
December 2013

TO: Physicians Participating in MassHealth
FROM: Kristin L. Thorn, Medicaid Director
RE: *Physician Manual* (2013 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 2013. The revised Subchapter 6 is effective for dates of service on or after January 1, 2013.

Providers must refer to the American Medical Association's Current Procedural Terminology (CPT) 2013 for the service descriptions listed in Subchapter 6 of the *Physician Manual*.

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*.

Molecular Pathology HCPCS Changes

The procedure codes formally used for molecular diagnostics (HCPCS 83890–83914) have been deleted for 2013. Tier 1/Tier 2 molecular pathology HCPCS (HCPCS 81200-81408) have been added as a replacement. Since CMS has yet to formally adopt and set rates for these replacement codes, MassHealth also will not pay for these newly established procedure codes. Providers performing molecular diagnostic services are requested to bill for these services using the unlisted molecular pathology code 81479. Since this code is priced at individual consideration, all claims billed for this code must include a brief description of the service, clinical documentation, and any necessary supporting documentation, which justifies the billed amount of this service. This supporting documentation should include a description of how this claim would have been billed using the newly deleted molecular diagnostic codes (HCPCS 83890–83914) if appropriate.

If you wish to obtain a fee schedule, you may download the Executive Office of Health and Human Services regulations at no cost at www.mass.gov/eohhs. 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.

MassHealth Web Site

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

Questions

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

NEW MATERIAL

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

Physician Manual

Pages 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 6-24 — transmitted by Transmittal Letter PHY-138

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601 Introduction

MassHealth providers must refer to the American Medical Association's *Current Procedural Terminology (CPT) 2013* 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, CPT Category II codes ending in F, and CPT 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	21123	36416	43752
11922	15826	21245	36468	43842
11950	15828	21246	36469	43843
11951	15829	21248	36591	43845
11952	15847	21249	36592	44132
11954	15876	22526	36598	44705
15775	15877	22527	38204	44715
15776	15878	22841	38207	47133
15780	15879	22856	38208	47143
15781	17340	22861	38209	47144
15782	17360	22864	38210	47145
15783	17380	32491	38211	48160
15786	19355	32850	38212	48550
15787	19396	32855	38213	48551
15788	20930	32856	38214	50300
15789	20936	33930	38215	50323
15792	20985	33933	41870	50325
15793	21120	33940	41872	54900
15819	21121	33944	43206	54901
15824	21122	36415	43252	55200

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602 Nonpayable CPT Codes (cont.)

55300	77372	81214	81295	81403
55400	77373	81215	81296	81404
55870	77401	81216	81297	81405
55970	77402	81217	81298	81406
55980	77403	81220	81299	81407
58321	77404	81221	81300	81408
58322	77406	81222	81301	81500
58323	77407	81223	81302	81503
58345	77408	81224	81303	81506
58350	77409	81225	81304	81508
58750	77411	81226	81310	81509
58752	77412	81227	81315	81510
58760	77413	81228	81316	81511
58970	77414	81229	81317	81512
58974	77416	81235	81318	81599
58976	77417	81240	81319	82075
59070	77418	81241	81321	82962
59072	77422	81242	81322	83987
59412	77423	81243	81323	84061
59897	77424	81244	81324	84145
61630	77425	81245	81325	84431
61635	77520	81250	81326	84830
61640	77522	81251	81330	86079
61641	77523	81252	81331	86305
61642	77525	81253	81332	86890
62287	77790	81254	81340	86891
63043	78267	81255	81341	86910
63044	78268	81256	81342	86911
65760	78351	81257	81350	86927
65765	80100	81260	81355	86930
65767	80101	81261	81370	86931
65771	80104	81262	81371	86932
69090	80500	81263	81372	86945
71552	80502	81264	81373	86950
72159	81200	81265	81374	86960
72198	81201	81266	81375	86965
73225	81202	81267	81376	86985
74263	81203	81270	81377	87150
75571	81205	81275	81378	87153
76140	81206	81280	81379	87493
76390	81207	81281	81380	87900
76496	81808	81282	81381	87901
76497	81209	81290	81382	87903
76498	81210	81291	81383	87904
77336	81211	81292	81400	88000
77370	81212	81293	81401	88005
77371	81213	81294	81402	88007

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602 Nonpayable CPT Codes (cont.)

88012	89344	90940	95120	97813
88014	89346	90989	95125	97814
88016	89352	90993	95130	98940
88020	89353	90997	95131	98941
88025	89354	90999	95132	98942
88027	89356	91112	95133	98943
88028	89398	91132	95134	98960
88029	90281	91133	95824	98961
88036	90283	92314	95965	98962
88037	90284	92315	95966	98966
88040	90287	92316	95967	98967
88045	90384	92317	95992	98968
88099	90386	92325	96000	98969
88125	90389	92352	96001	99001
88333	90396	92353	96002	99002
88334	90586	92354	96003	99024
88738	90633	92355	96004	99026
88749	90634	92358	96040	99027
89250	90644	92371	96101	99053
89251	90645	92531	96102	99056
89253	90646	92532	96103	99058
89254	90647	92533	96105	99060
89255	90648	92534	96111	99071
89257	90669	92548	96116	99075
89258	90680	92559	96118	99078
89259	90698	92560	96119	99080
89260	90700	92561	96120	99082
89261	90702	92562	96125	99090
89264	90708	92564	96150	99091
89268	90710	92597	96151	99100
89272	90712	92605	96152	99116
89280	90720	92606	96153	99135
89281	90721	92613	96154	99140
89290	90723	92615	96155	99143
89291	90743	92617	96376	99144
89300	90744	92630	96567	99145
89310	90748	92633	96902	99148
89320	90845	93660	96904	99149
89321	90863	93668	97005	99150
89322	90865	93770	97006	99172
89325	90875	93786	97014	99190
89329	90876	94005	97537	99191
89330	90880	94015	97545	99192
89331	90885	94644	97546	99241
89335	90889	94645	97755	99242
89342	90901	95012	97810	99243
89343	90911	95052	97811	99244

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602 Nonpayable CPT Codes (cont.)

99245	99358	99402	99455	99506
99251	99359	99403	99456	99507
99252	99360	99404	99485	99509
99253	99363	99406	99486	99510
99254	99364	99408	99487	99511
99255	99366	99409	99488	99512
99288	99367	99411	99489	99601
99315	99368	99412	99495	99602
99316	99374	99420	99496	99605
99339	99375	99429	99500	99606
99340	99377	99441	99501	99607
99354	99378	99443	99502	
99355	99379	99444	99503	
99356	99380	99450	99504	
99357	99401	99442	99505	

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 Modifiers for Behavioral Health Screening.

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 for all induced abortions, except medically induced abortions. 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

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completed. See 130 CMR 450.234 through 450.260 and 130 CMR 433.456 through 433.458 for more information.

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
19316	PA
19318	PA
19324	PA
19325	PA
21198	PA

Service Code and Req. or Limit

19328	PA
19350	PA
19499	IC
20999	IC
21085	PA
21088	IC
21089	IC
21137	PA
21138	PA
21139	PA
21146	PA
21147	PA
21150	PA
21151	PA
21154	PA
21155	PA
21159	PA
21160	PA
21172	PA
21175	PA
21188	PA
21193	PA
21194	PA
21195	PA
21196	PA
21206	PA

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<u>Service Code and Req. or Limit</u>	<u>Service Code and Req. or Limit</u>
21208 PA	31299 IC
21209 PA	31599 IC
21210 PA	31899 IC
21215 PA	32851 PA
21230 PA	32852 PA
21235 PA	32853 PA
21240 PA	32854 PA
21242 PA	32999 IC
21243 PA	33935 PA
21244 PA	33945 PA
21247 PA	33981 IC
21255 PA	33982 IC
21256 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
30435 PA	42281 PA
30450 PA	42299 IC
30999 IC	42699 IC

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<u>Service Code and Req. or Limit</u>	<u>Service Code and Req. or Limit</u>
42999 IC	49999 IC
43289 IC	50549 IC
43499 IC	50949 IC
43644 PA	51925 HI-1
43645 PA	51999 IC
43647 PA; IC	53899 IC
43648 IC	54400 PA
43659 IC	54401 PA
43770 PA	54405 PA
43771 PA	54440 IC
43772 PA	54699 IC
43773 PA	55250 CS-18 or CS-21
43774 PA	55450 CS-18 or CS-21
43775 PA	55559 IC
43846 PA	55899 IC
43847 PA	56800 PA
43848 PA	56805 IC
43881 PA; IC	57335 IC
43882 IC	58150 HI-1
43886 PA	58152 HI-1
43887 PA	58180 HI-1
43888 PA	58200 HI-1
43999 IC	58210 HI-1
44133 IC	58240 HI-1
44135 PA; IC	58260 HI-1
44136 PA; IC	58262 HI-1
44238 IC	58263 HI-1
44799 IC	58267 HI-1
44899 IC	58270 HI-1
44979 IC	58275 HI-1
45499 IC	58280 HI-1
45999 IC	58285 HI-1
46999 IC	58290 HI-1
47135 PA	58291 HI-1
47136 PA	58292 HI-1
47379 IC	58293 HI-1
47399 IC	58294 HI-1
47579 IC	58541 HI-1
47999 IC	58542 HI-1
48554 PA	58543 HI-1
48999 IC	58544 HI-1
49329 IC	58548 HI-1
49659 IC	58550 HI-1
49906 IC	58552 HI-1

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<u>Service Code and Req. or Limit</u>	<u>Service Code and Req. or Limit</u>
58553 HI-1	67599 IC
58554 HI-1	67900 PA
58565 CS-18 or CS-21	67901 PA
58570 HI-1	67902 PA
58571 HI-1	67903 PA
58572 HI-1	67904 PA
58573 HI-1	67906 PA
58578 IC	67908 PA
58579 IC	67999 IC
58600 CS-18 or CS-21	68399 IC
58605 CS-18 or CS-21	68899 IC
58611 CS-18 or CS-21	69300 PA
58615 CS-18 or CS-21	69399 IC
58661 CS-18 or CS-21	69710 IC
58670 CS-18 or CS-21	69799 IC
58671 CS-18 or CS-21	69930 PA
58679 IC	69949 IC
58951 HI-1	69979 IC
58956 HI-1	74261 PA
58999 IC	74262 PA
59135 HI-1	76499 IC
59525 HI-1	76999 IC
59840 CPA-2 (first trimester)	77058 PA
59841 CPA-2 (first trimester)	77059 PA
59850 CPA-2 (second trimester, third trimester in hospital only)	77299 IC
	77399 IC
59851 CPA-2 (second trimester, third trimester in hospital only)	77499 IC
	77799 IC
59852 CPA-2 (second trimester, third trimester in hospital only)	78099 IC
	78199 IC
59855 CPA-2	78299 IC
59856 CPA-2	78399 IC
59857 CPA-2	78499 IC
59898 IC	78599 IC
59899 IC	78699 IC
60659 IC	78799 IC
60699 IC	78999 IC
64650 PA	79999 IC
64653 PA	81099 IC
64999 IC	81479 IC
65757 IC	84999 IC
66999 IC	85999 IC
67299 IC	86152 IC
67399 IC	86153 IC

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

<u>Service Code and Req. or Limit</u>	<u>Service Code and Req. or Limit</u>
86849 IC	Program for children under 19 years of age.
86999 IC	
87999 IC	90661 IC
88199 IC	90662 IC
88299 IC	90664 IC
88384 IC	90666 IC
88399 IC	90667 IC
89240 IC	
90288 IC	90668 IC
90291 IC	90670 IC; Covered for members \geq 19; available free of charge through the Massachusetts Immunization Program for children under 19 years of age..
90296 IC	
90378 PA; IC	
90393 PA; IC	
90399 IC	
90476 IC	90676 IC
90477 IC	90681 IC; Covered for members \geq 19; available free of charge through the Massachusetts Immunization Program for children under 19 years of age.
90581 IC	
90632 Covered for adults \geq 19; available free of charge through the Massachusetts Immunization Program for children under 19 years of age.	90690 IC
	90692 IC
90636 IC	90693 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.	90696 IC
	90707 Covered for members \geq 19; available free of charge through the Massachusetts Immunization Program for children under 19 years of age.
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.	90713 Covered for members \geq 19; available free of charge through the Massachusetts Immunization Program for children under 19 years of age.
90653 IC; Covered for members \geq 19; available free of charge through the Massachusetts Immunization Program for children under 19 years of age.	90715 Covered for members \geq 19; available free of charge through the Massachusetts Immunization Program for children under 19 years of age.
90654 IC; Covered for members \geq 19; available free of charge through the Massachusetts Immunization	90716 Covered for members \geq 19; available free of charge through the Massachusetts Immunization

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<u>Service Code and Req. or Limit</u>		<u>Service Code and Req. or Limit</u>	
	Program for children under 19 years of age.	92311	PA; includes supply of lenses
90719	IC	92312	PA; includes supply of lenses
90725	IC	92313	PA; includes supply of lenses
90727	IC	92326	PA
90732	Covered for members \geq 19; available free of charge through the Massachusetts Immunization Program for children under 19 years of age.	92499	IC
		92506	PA for ST >35
		92507	PA for ST >35
		92508	PA for ST >35
		92526	PA for ST >35
		92588	IC
90734	IC; Covered for members \geq 19; available free of charge through the Massachusetts Immunization Program for children under 19 years of age.	92610	PA for ST >35
		92700	IC
		92992	IC
		92993	IC
		93229	IC
90736	IC; PA is required for members less than age 50	93299	IC
		93745	IC
90738	IC	93799	IC
90739	IC; Covered for members \geq 19; available free of charge through the Massachusetts Immunization Program for children under 19 years of age.	93998	IC
		94772	IC
		94774	IC
		94775	IC
		94776	IC
90749	IC	94777	IC
90867	IC	94799	IC
90868	IC	95199	IC
90899	IC	95803	IC
90935	For hospitalized member only; not for chronic maintenance	95999	IC
90937	For hospitalized member only; not for chronic maintenance	96110	Developmental screening, with interpretation and report, per standardized instrument form.
90945	For hospitalized member only; not for chronic maintenance		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.
90947	For hospitalized member only; not for chronic maintenance		
90952	IC		
90953	IC		
91110	PA		
91111	PA		
91299	IC		
92065	PA		
92250	PA		
92310	PA; includes supply of lenses	96379	IC

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96549 IC	97150 PA for PT >20
96999 IC	97530 PA for OT >20
97001 PA for PT >20	97532 PA for OT >20
97002 PA for PT >20	97533 PA for OT >20
97003 PA for OT >20	97535 PA for OT >20
97004 PA for OT >20	97542 PA for OT >20
97010 PA for PT >20	97760 PA for OT >20
97012 PA for PT >20	97761 PA for OT >20
97016 PA for PT >20	97762 PA for OT >20
97018 PA for PT >20	97799 IC
97022 PA for PT >20	98925 PA for OMT >20
97024 PA for PT >20	98926 PA for OMT >20
97026 PA for PT >20	98927 PA for OMT >20
97028 PA for PT >20	98928 PA for OMT >20
97032 PA for PT >20	98929 PA for OMT >20
97033 PA for PT >20	99000 Centrifuging required
97034 PA for PT >20	99050 Urgent care only
97035 PA for PT >20	99051 Urgent care only
97036 PA for PT >20	99070 IC; excluding family planning supplies, such as trays, used in the collection of specimens
97039 PA for PT >20; IC	
97110 PA for PT >20	99174 PA
97112 PA for PT >20	99195 For hematologic disorders only
97113 PA for PT >20	99199 IC
97116 PA for PT >20	99499 IC
97124 PA for PT >20	99600 IC
97139 PA for PT >20; IC	
97140 PA for PT >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 website at www.cms.gov/medicare/hcpcs for more detailed descriptions when billing for Level II HCPCS codes provided to MassHealth members.

<u>Service Code</u>	<u>Service Description</u>
A4261	Cervical cap for contraceptive use (IC)
A4266	Diaphragm for contraceptive use
A4267	Contraceptive supply, condom, male, each
A4268	Contraceptive supply, condom, female, each
A4269	Contraceptive supply, spermicide (e.g., foam, gel), each
A4641	Radiopharmaceutical, diagnostic, not otherwise classified (IC)
A4648	Tissue marker, implantable, any type, each (IC)
A9500	Technetium Tc-99m sestamibi, diagnostic, per study dose (IC)

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604 Payable HCPCS Level II Service Codes (cont.)

<u>Service Code</u>	<u>Service Description</u>
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)
J0131	Injection, acetaminophen, 10 mg (IC)
J0135	Injection, adalimumab, 20 mg (PA)
J0171	Injection, Adrenalin, epinephrine, 0.1 mg (IC)
J0178	Injection, aflibercept, 1 mg (PA)
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

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604 Payable HCPCS Level II Service Codes (cont.)

Service
Code

Service Description

J0485	Injection, belatacept, 1 mg (PA)
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)
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)
J0716	Injection, centrroids immune f(ab)2, up to 120 milligrams (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)
J0890	Injection, peginesatide, 0.1 mg (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
J1050	Injection, medroxyprogesterone acetate, 1 mg
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

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604 Payable HCPCS Level II Service Codes (cont.)

<u>Service Code</u>	<u>Service Description</u>
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)
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 (PA)
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)
J1744	Injection, icatibant, 1 mg (PA) (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)

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604 Payable HCPCS Level II Service Codes (cont.)

Service
Code

Service Description

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
J2212	Injection, methylnaltrexone, 0. 1 mg (IC) (PA)
J2248	Injection, micafungin sodium, 1 mg
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)

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604 Payable HCPCS Level II Service Codes (cont.)

Service

<u>Code</u>	<u>Service Description</u>
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)
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)
J7178	Injection, human fibrinogen concentrate, 1 mg (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)

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604 Payable HCPCS Level II Service Codes (cont.)

Service
Code

Service Description

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)
J7326	Hyaluronan or derivative, Gel-One, for intra-articular injection, per dose (PA) (IC)
J7335	Capsaicin 8% patch, per 10 sq cm (PA) (IC)
J7527	Everolimus, oral, 0.25 mg
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)
J8562	Fludarabine phosphate, oral, 10 mg (IC)
J9000	Injection, doxorubicin HCl, 10 mg
J9002	Injection, doxorubicin hydrochloride, liposomal, doxil, 10 mg
J9019	Injection, asparaginase (erwinaze), 1,000 iu (PA)
J9025	Injection, azacitidine, 1 mg
J9031	BCG (intravesical), per instillation
J9035	Injection, bevacizumab, 10 mg

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604 Payable HCPCS Level II Service Codes (cont.)

Service
Code

Service Description

J9040	Injection bleomycin sulfate, 15 units
J9041	Injection, bortezomib, 0.1 mg
J9042	Injection, brentuximab vedotin, 1 mg (PA)
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
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

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<u>Service Code</u>	<u>Service Description</u>
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 (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
S0190 I.C.	Mifepristone, Oral, 200MG
S0191 I.C.	Misoprostol, Oral, 200MCG
S0199	Medically induced abortion by oral ingestion of medication including all associated services and supplies (e.g., patient counseling, office visits confirmation of pregnancy by Hcg, Ultrasound to confirm duration of pregnancy, ultrasound to confirm completion of abortion) except drugs
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)

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605 Modifiers

The following service code modifiers are allowed for billing under MassHealth. See Subchapter 5 of the *Physician Manual* for billing instructions related to the use of modifiers.

<u>Modifier</u>	<u>Modifier Description</u>
24	Unrelated evaluation and management service by the same physician or other qualified health care professional during a postoperative period
25	Significant, separately identifiable evaluation and management service by the same physician or other qualified health care professional on the same day of the procedure or other service
26	Professional component
50	Bilateral procedure
51	Multiple procedures
54	Surgical care only
57	Decision for surgery
58	Staged or related procedure or service by the same physician or other qualified health care professional during the postoperative period
59	Distinct procedural service
62	Two surgeons
66	Surgical team
78	Unplanned return to the operating/procedure room by the same physician or other qualified health care professional following initial procedure for a related procedure during the postoperative period
79	Unrelated procedure or service by the same physician or other qualified health care professional during the postoperative period
80	Assistant surgeon
82	Assistant surgeon (when qualified resident surgeon not available)
91	Repeat clinical diagnostic laboratory test
99	Multiple modifiers
E1	Upper left, eyelid
E2	Lower left, eyelid
E3	Upper right, eyelid
E4	Lower right eyelid
F1	Left hand, second digit
F2	Left hand, third digit
F3	Left hand, fourth digit
F4	Left hand, fifth digit
F5	Right hand, thumb
F6	Right hand, second digit
F7	Right hand, third digit
F8	Right hand, fourth digit
F9	Right hand, fifth digit
FA	Left hand, thumb
FP	Service provided as part of family planning program

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605 Modifiers (cont.)

Modifier Modifier Description

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.)
LC	Left circumflex coronary artery
LD	Left anterior descending coronary artery
LM	Left main coronary artery
LT	Left side (Used to identify procedures performed on the left side of the body.)
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.)
RC	Right coronary artery
RI	Ramus intermedius coronary artery
RT	Right side (Used to identify procedures performed on the right side of the body.)
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).)
T1	Left foot, second digit
T2	Left foot, third digit
T3	Left foot, fourth digit
T4	Left foot, fifth digit
T5	Right foot, great toe
T6	Right foot, second digit
T7	Right foot, third digit
T8	Right foot, fourth digit
T9	Right foot, fifth digit
TA	Left foot, great toe
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 101 CMR 317.04 be paid.)

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605 Modifiers (cont.)

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.

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.

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605 Modifiers (cont.)

- 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)

Modifier Modifier Description

- 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.

**Modifiers for Provider Preventable Conditions That
Are National Coverage Determinations**

Modifier Modifier Description

- PA Surgical or other invasive procedure on wrong body part
- PB Surgical or other invasive procedure on wrong patient
- PC Wrong surgery or other invasive procedure on patient

For more information on the use of these modifiers, see Appendix V of your provider manual.

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