



MassHealth
Transmittal Letter PHY-141
March 2014

TO: Physicians Participating in MassHealth
FROM: Kristin L. Thorn, Medicaid Director
RE: *Physician Manual (2014 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 2014. The revised Subchapter 6 is effective for dates of service on or after January 1, 2014.

Providers must refer to the American Medical Association's *Current Procedural Terminology (CPT) 2014* 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*.

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 101 CMR 317.00 (formerly 114.3 CMR 17.00): Medicine; 114.3 CMR 16.00: Surgery and Anesthesia Services; 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 6-24

OBSOLETE MATERIAL

(The pages listed here are no longer in effect.)

Physician Manual

Page vi — transmitted by Transmittal Letter PHY-139

Pages 6-1 through 6-24 — transmitted by Transmittal Letter PHY-140

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601 Introduction

MassHealth providers must refer to the American Medical Association’s *Current Procedural Terminology (CPT) 2014* 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	89353	90989	95125	98943
88014	89354	90993	95130	98960
88016	89356	90997	95131	98961
88020	89398	90999	95132	98962
88025	90281	91112	95133	98966
88027	90283	91132	95134	98967
88028	90284	91133	95824	98968
88029	90287	92314	95965	98969
88036	90384	92315	95966	99001
88037	90386	92316	95967	99002
88040	90389	92317	95992	99024
88045	90396	92325	96000	99026
88099	90586	92352	96001	99027
88125	90633	92353	96002	99053
88333	90634	92354	96003	99056
88334	90644	92355	96004	99058
88738	90645	92358	96040	99060
88749	90646	92371	96101	99071
89250	90647	92531	96102	99075
89251	90648	92532	96103	99078
89253	90653	92533	96105	99080
89254	90669	92534	96111	99082
89255	90680	92548	96116	99090
89257	90698	92559	96118	99091
89258	90700	92560	96119	99100
89259	90702	92561	96120	99116
89260	90708	92562	96125	99135
89261	90710	92564	96150	99140
89264	90712	92597	96151	99143
89268	90720	92605	96152	99144
89272	90721	92606	96153	99145
89280	90723	92613	96154	99148
89281	90739	92615	96155	99149
89290	90743	92617	96376	99150
89291	90744	92630	96567	99172
89321	90748	92633	96902	99190
89322	90845	93660	96904	99191
89325	90863	93668	97005	99192
89329	90865	93770	97006	99241
89330	90875	93786	97014	99242
89331	90876	94005	97537	99243
89335	90880	94015	97545	99244
89342	90885	94644	97546	99245
89343	90889	94645	97755	99251
89344	90901	95012	98940	99252
89346	90911	95052	98941	99253
89352	90940	95120	98942	99254

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602 Nonpayable CPT Codes (cont.)

99255	99366	99409	99456	99507
99288	99367	99411	99485	99509
99315	99368	99412	99486	99510
99316	99374	99420	99487	99511
99339	99375	99429	99488	99512
99340	99377	99441	99489	99601
99354	99378	99442	99495	99602
99355	99379	99443	99496	99605
99356	99380	99444	99500	99606
99357	99401	99446	99501	99607
99358	99402	99447	99502	
99359	99403	99448	99503	
99360	99404	99449	99504	
99363	99406	99450	99505	
99364	99408	99455	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 \geq 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 \geq 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

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Service Code and Req. or Limit

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

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.

Service Code and Req. or Limit

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

Service Code and Req. or Limit

19318	PA
19324	PA
19325	PA
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

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<u>Service Code and Req. or Limit</u>		<u>Service Code and Req. or Limit</u>	
21160	PA	29800	PA
21172	PA	29804	PA
21175	PA	29999	IC
21188	PA	30400	PA
21193	PA	30410	PA
21194	PA	30420	PA
21195	PA	30430	PA
21196	PA	30435	PA
21198	PA	30450	PA
21206	PA	30999	IC
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	34841	IC
21742	IC	34842	IC
21743	IC	34843	IC
21899	IC	34844	IC
22857	PA	34845	IC
22862	PA	34846	IC
22865	PA	34847	IC
22899	IC	34848	IC
22999	IC	36299	IC
23929	IC	36470	PA
24940	IC	36471	PA
24999	IC	37501	IC
25999	IC	37799	IC
26989	IC	38129	IC
27299	IC	38230	PA
27599	IC	38240	PA
27899	IC	38241	PA
28890	PA	38242	PA
28899	IC	38589	IC
29799	IC	38999	IC

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<u>Service Code and Req. or Limit</u>		<u>Service Code and Req. or Limit</u>	
39499	IC	44238	IC
39599	IC	44799	IC
40799	IC	44899	IC
40840	PA	44979	IC
40842	PA	45499	IC
40843	PA	45999	IC
40844	PA	46999	IC
40845	PA	47135	PA
40899	IC	47136	PA
41599	IC	47379	IC
41820	PA; IC	47399	IC
41821	IC	47579	IC
41850	IC	47999	IC
41899	IC	48554	PA
42280	PA	48999	IC
42281	PA	49329	IC
42299	IC	49659	IC
42699	IC	49906	IC
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

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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>	
58263	HI-1	59851	CPA-2 (second trimester, third trimester in hospital only)
58267	HI-1		
58270	HI-1	59852	CPA-2 (second trimester, third trimester in hospital only)
58275	HI-1		
58280	HI-1	59855	CPA-2
58285	HI-1	59856	CPA-2
58290	HI-1	59857	CPA-2
58291	HI-1	59898	IC
58292	HI-1	59899	IC
58293	HI-1	60659	IC
58294	HI-1	60699	IC
58541	HI-1	64650	PA
58542	HI-1	64653	PA
58543	HI-1	64999	IC
58544	HI-1	65757	IC
58548	HI-1	66999	IC
58550	HI-1	67299	IC
58552	HI-1	67399	IC
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

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<u>Service Code and Req. or Limit</u>		<u>Service Code and Req. or Limit</u>	
77499	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
77799	IC		
78099	IC		
78199	IC		
78299	IC		
78399	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
78499	IC		
78599	IC		
78699	IC		
78799	IC		
78999	IC		
79999	IC	90654	IC; Covered for members ≥ 19 ; available free of charge through the Massachusetts Immunization Program for children under 19 years of age
81099	IC		
81479	IC		
84999	IC		
85999	IC		
86152	IC	90661	IC
86153	IC	90662	IC
86849	IC	90664	IC
86999	IC	90666	IC
87999	IC	90667	IC
88199	IC	90668	IC
88299	IC	90670	IC; Covered for members ≥ 19 ; available free of charge through the Massachusetts Immunization Program for children under 19 years of age.
88343	IC		
88399	IC		
89240	IC		
90288	IC		
90291	IC	90672	IC; Covered for members $> 19 < 49$; 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	90673	IC; Covered for members ≥ 19 ; available free of charge through the Massachusetts Immunization Program for children under 19 years of age
90477	IC		
90581	IC		
90632	Covered for adults ≥ 19 ; available free of charge through the Massachusetts Immunization Program for children under 19 years of age	90676	IC
		90681	IC; Covered for members ≥ 19 ; available free of charge through the Massachusetts Immunization Program for children under 19 years of age
90636	IC		

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90686 IC; Covered for members \geq 19; available free of charge through the Massachusetts Immunization Program for children under 19 years of age	90736 the Massachusetts Immunization Program for children under 19 years of age. IC; PA is required for members less than age 50
90688 IC; Covered for members \geq 19; available free of charge through the Massachusetts Immunization Program for children under 19 years of age	90738 IC 90749 IC 90867 IC 90868 IC 90899 IC
90690 IC	90935 For hospitalized member only; not for chronic maintenance
90692 IC	
90693 IC	90937 For hospitalized member only; not for chronic maintenance
90696 IC	
90707 Covered for members \geq 19; available free of charge through the Massachusetts Immunization Program for children under 19 years of age.	90945 For hospitalized member only; not for chronic maintenance 90947 For hospitalized member only; not for chronic maintenance
90713 Covered for members \geq 19; available free of charge through the Massachusetts Immunization Program for children under 19 years of age.	90952 IC 90953 IC 91110 PA 91111 PA 91299 IC 92065 PA
90715 Covered for members \geq 19; available free of charge through the Massachusetts Immunization Program for children under 19 years of age.	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
90716 Covered for members \geq 19; available free of charge through the Massachusetts Immunization Program for children under 19 years of age	92326 PA 92499 IPC 92507 PA for ST >35 92508 PA for ST >35 92521 PA for ST >35 92522 PA for ST >35 92523 PA for ST >35 92524 PA for ST >35 92526 PA for ST >35 92588 IC 92610 PA for ST >35 92700 IC 92992 IC
90719 IC	
90725 IC	
90727 IC	
90732 Covered for members \geq 19; available free of charge through the Massachusetts Immunization Program for children under 19 years of age.	92993 IC 93229 IC
90734 IC; Covered for members \geq 19; available free of charge through	

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93299	IC	97028	PA for PT >20
93745	IC	97032	PA for PT >20
93799	IC	97033	PA for PT >20
93998	IC	97034	PA for PT >20
94669	PA	97035	PA for PT >20
94772	IC	97036	PA for PT >20
94774	IC	97039	PA for PT >20; IC
94775	IC	97110	PA for PT >20
94776	IC	97112	PA for PT >20
94777	IC	97113	PA for PT >20
94799	IC	97116	PA for PT >20
95199	IC	97124	PA for PT >20
95803	IC	97139	PA for PT >20; IC
95999	IC	97140	PA for PT >20
96110	Developmental screening, with interpretation and report, per standardized instrument form. Covered for members birth to 21 for the administration and scoring of a standardized behavioral health screening tool from the approved menu of tools found in Appendix W of your MassHealth provider manual; must be accompanied by modifiers found in Section 605 under Behavioral Health Screening Modifiers to indicate whether a behavioral health need was identified.	97150	PA for PT >20
		97530	PA for OT >20
		97532	PA for OT >20
		97533	PA for OT >20
		97535	PA for OT >20
		97542	PA for OT >20
		97610	IC
		97760	PA for OT >20
		97761	PA for OT >20
		97762	PA for OT >20
		97799	IC
		98925	PA for OMT >20
		98926	PA for OMT >20
		98927	PA for OMT >20
		98928	PA for OMT >20
		98929	PA for OMT >20
96379	IC	99000	Centrifuging required
96549	IC	99050	Urgent care only
96999	IC	99051	Urgent care only
97001	PA for PT >20	99070	IC; excluding family planning supplies, such as trays, used in the collection of specimens
97002	PA for PT >20		
97003	PA for OT >20		
97004	PA for OT >20	99174	PA
97010	PA for PT >20	99195	For hematologic disorders only
97012	PA for PT >20	99199	IC
97016	PA for PT >20	99481	IC
97018	PA for PT >20	99482	IC
97022	PA for PT >20	99499	IC
97024	PA for PT >20	99600	IC
97026	PA for PT >20		

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604 Payable HCPCS Level II Service Codes

This section lists Level II HCPCS codes that are payable under MassHealth. Refer to the Centers for Medicare & Medicaid Services website at www.cms.gov/medicare/hcpcs for more detailed descriptions when billing for Level II HCPCS codes provided to MassHealth members.

Service

<u>Code</u>	<u>Service Description</u>
A4261	Cervical cap for contraceptive use (IC)
A4266	Diaphragm for contraceptive use
A4267	Contraceptive supply, condom, male, each
A4268	Contraceptive supply, condom, female, each
A4269	Contraceptive supply, spermicide (e.g., foam, gel), each
A4641	Radiopharmaceutical, diagnostic, not otherwise classified (IC)
A4648	Tissue marker, implantable, any type, each (IC)
A9500	Technetium Tc-99m sestamibi, diagnostic, per study dose (IC)
A9502	Technetium Tc-99m tetrofosmin, diagnostic, per study dose (IC)
A9503	Technetium Tc-99m medronate, diagnostic, per study, up to 30 millicuries (IC)
A9505	Thallium Tl-201 thallos chloride, diagnostic, per millicurie (IC)
A9512	Technetium Tc-99m pertechnetate, diagnostic, per millicurie (IC)
A9537	Technetium Tc-99m mebrofenin, diagnostic, per study dose, up to 15 millicuries (IC)
D1206	Topical fluoride varnish; therapeutic application for moderate to high caries risk patients (once per three-month period)
G0027	Semen analysis: presence and/or mobility of sperm excluding Huhner
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

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604 Payable HCPCS Level II Service Codes (cont.)

Service

<u>Code</u>	<u>Service Description</u>
J0129	Injection, abatacept, 10 mg (PA)
J0131	Injection, acetaminophen, 10 mg (IC)
J0135	Injection, adalimumab, 20 mg (PA)
J0151	Inj Adenosine Diag 1mg
J0171	Injection, Adrenalin, epinephrine, 0.1 mg (IC)
J0178	Injection, aflibercept, 1 mg
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
J0401	Injection, aripiprazole, extended release, 1 mg (IC)
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
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, centruroides immune f(ab)2, up to 120 milligrams (IC)
J0717	Certolizumab Pegol Inj 1mg (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

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Service

<u>Code</u>	<u>Service Description</u>
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
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)
J1442	Injection, Filgrastim G-CSF 1mcg (PA)
J1446	Injection, tbo-filgrastim, 5 micrograms (IC)
J1460	Injection, gamma globulin, intramuscular, 1 cc
J1556	Injection, Imm Glob Bivigam, 500mg
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

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Service

<u>Code</u>	<u>Service Description</u>
J1599	Injection, immune globulin, intravenous, nonlyophilized (e.g., liquid), not otherwise specified, 500 mg (PA) (IC)
J1602	Injection, golimumab, 1 mg, for intravenous use (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)
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)

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Service

Code	Service Description
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, rilonacept, 1 mg (PA)
J2794	Injection, risperidone, long acting, 0.5 mg
J2796	Injection, romiplostim, 10 mcg (PA)
J2820	Injection, sargramostim (GM-CSF), 50 mcg
J2910	Injection, aurothioglucose, up to 50 mg (IC)
J2916	Injection, sodium ferric gluconate complex in sucrose injection, 12.5 mg
J2920	Injection, methylprednisolone sodium succinate, up to 40 mg
J2930	Injection, methylprednisolone sodium succinate, up to 125 mg
J2940	Injection, somatrem, 1 mg (PA) (IC)
J2941	Injection, somatropin, 1 mg (PA)
J3010	Injection, fentanyl citrate, 0.1 mg
J3030	Injection, sumatriptan succinate, 6 mg
J3060	Injection, Taliglucerase Alfa 10 u (PA)
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

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Service

<u>Code</u>	<u>Service Description</u>
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
J3489	Zoledronic Acid 1mg (PA)
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)
J7301	Levonorgestrel-releasing intrauterine contraceptive system (skyla), 13.5 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)
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)
J7316	Injection, Ocriplasmin, 0.125 mg
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)
J7508	Tacrolimus Ex Rel oral 0.1mg
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

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Service

<u>Code</u>	<u>Service Description</u>
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
J9019	Injection, asparaginase (erwinaze), 1,000 IU (PA)
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
J9042	Injection, brentuximab vedotin, 1 mg (PA)
J9043	Injection, cabazitaxel, 1 mg (PA) (IC)
J9045	Injection, carboplatin, 50 mg
J9047	Injection, Carfilzomib, 1 mg (PA)
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

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Service

<u>Code</u>	<u>Service Description</u>
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)
J9262	Injection, omacetaxine mepesuccinate, 0.01 mg (PA) (IC)
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
J9306	Injection, Pertuzumab, 1 mg (PA)
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)
J9354	Injection, Ado-trastuzumab Emt 1mg (PA)
J9355	Trastuzumab, 10 mg
J9360	Injection, vinblastine sulfate, 1 mg
J9370	Vincristine sulfate, 1 mg
J9371	Injection, vincristine sulfate liposome, 1 mg (PA) (IC)
J9390	Injection vinorelbine tartrate, 10 mg
J9395	Injection, fulvestrant, 25 mg (PA)
J9400	Injection, ziv-aflibercept, 1mg (PA)
J9999	Not otherwise classified, antineoplastic drugs (IC)
Q4101	Apligraf, per sq cm

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Service

<u>Code</u>	<u>Service Description</u>
Q4102	Oasis wound matrix, per sq cm
Q4103	Oasis burn matrix, per sq cm
Q4104	Integra bilayer matrix wound dressing (BMWD), per sq cm
Q4106	Dermagraft, per sq cm
Q4107	GRAFTJACKET, per sq cm
Q4108	Integra matrix, per sq cm
Q4110	PriMatrix, per sq cm
S0020	Injection, bupivacaine HCl, 30 ml
S0021	Injection, cefoperazone sodium, 1 g (IC)
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)

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

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605 Modifiers (cont.)

<u>Modifier</u>	<u>Modifier Description</u>
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
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.)

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605 Modifiers (cont.)

Modifier Modifier Description

- 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.)

Modifiers for Tobacco-Cessation Services

The following modifiers are used in combination with Service Code 99407 to report tobacco-cessation counseling. Service Code 99407 (Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes) may also be billed without a modifier to report an individual smoking and tobacco-use cessation counseling visit of at least 30 minutes.

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605 Modifiers (cont.)

Modifier Modifier Description

- HQ Group counseling, at least 60-90 minutes in duration, provided by a physician
- TD Individual counseling provided by a registered nurse (RN)
- TF Individual counseling, intermediate level of care (intake/assessment counseling, at least 45 minutes in duration) provided by a physician
- U1 Individual counseling services provided by a tobacco-cessation counselor
- U2 Individual intake/assessment counseling, at least 45 minutes in duration, provided by a nurse practitioner, nurse midwife, physician assistant, registered nurse, or a tobacco-cessation counselor, under the supervision of a physician
- U3 Group counseling, at least 60-90 minutes in duration, provided by a nurse practitioner, nurse midwife, physician assistant, registered nurse, or a tobacco-cessation counselor, under the supervision of a physician

Modifiers for Behavioral Health Screening

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

Modifier Modifier Description

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

Modifier Modifier Description

- 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 90791 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.

This publication contains codes that are copyrighted by the American Medical Association. Certain terms used in the service descriptions for HCPCS are defined in the Physician's Current Procedural Terminology (CPT) code book.