



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



MassHealth
Transmittal Letter PHY-145
September 2015

TO: Physicians Participating in MassHealth
FROM: Daniel Tsai, Assistant Secretary for MassHealth
RE: *Physician Manual* (2015 HCPCS)

This letter transmits revisions to the service code descriptions in the *Physician Manual*. Providers must refer to the American Medical Association's *Current Procedural Terminology* (CPT) 2015 for the service descriptions listed in Subchapter 6 of the *Physician Manual*.

MassHealth Website

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 the MassHealth Customer Service Center 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 6-1 through 6-28

OBSOLETE MATERIAL

(The pages listed here are no longer in effect.)

Physician Manual

Pages 6-1 through 6-28 — transmitted by Transmittal Letter PHY-144

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601 Introduction

MassHealth providers must refer to the American Medical Association's *Current Procedural Terminology (CPT) 2015* 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: *Administrative and Billing Regulations*, **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	15826	21246	36416	43842
11922	15828	21248	36468	43843
11950	15829	21249	36591	43845
11951	15847	22526	36592	44132
11952	15876	22527	36598	44381
11954	15877	22841	38204	44403
15775	15878	22856	38207	44404
15776	15879	22858	38208	44405
15780	17340	22861	38209	44406
15781	17360	22864	38210	44407
15782	17380	32491	38211	44408
15783	19355	32850	38212	44705
15786	19396	32855	38213	44715
15787	20930	32856	38214	44799
15788	20936	33930	38215	45349
15789	20985	33933	41870	45350
15792	21121	33940	41872	45390
15793	21122	33944	43206	45393
15824	21123	34839	43252	45398
15825	21245	36415	43752	47133

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602 Nonpayable CPT Codes (cont.)

47143	72159	80326	80370	81253
47144	72198	80327	80371	81254
47145	73225	80328	80372	81255
47383	74263	80329	80373	81256
48160	75571	80330	80374	81257
48550	76140	80331	80375	81260
48551	76390	80332	80376	81261
50300	76496	80333	80377	81262
50323	76497	80334	80500	81263
50325	76498	80335	80502	81264
54900	77086	80336	81200	81265
54901	77336	80337	81201	81266
55200	77370	80338	81202	81267
55300	77371	80339	81203	81270
55400	77372	80340	81205	81275
55870	77373	80341	81206	81280
55970	77385	80342	81207	81281
55980	77386	80343	81208	81282
58321	77401	80344	81209	81290
58322	77402	80345	81210	81291
58323	77407	80346	81211	81292
58345	77412	80347	81212	81293
58350	77417	80348	81213	81294
58750	77422	80349	81214	81295
58752	77423	80350	81215	81296
58760	77424	80351	81216	81297
58970	77425	80352	81217	81298
58974	77520	80353	81218	81299
58976	77522	80354	81219	81300
59070	77523	80355	81220	81301
59072	77525	80356	81221	81302
59412	77790	80357	81222	81303
59897	78267	80358	81223	81304
61630	78268	80359	81224	81304
61635	78351	80360	81225	81310
61640	80300	80361	81226	81315
61641	80301	80362	81227	81316
61642	80302	80363	81228	81317
62287	80303	80364	81229	81318
63043	80304	80365	81235	81319
63044	80320	80366	81240	81321
65760	80321	80367	81241	81322
65765	80322	80368	81242	81323
65767	80323	80369	81243	81324
65771	80324		81244	81325
69090	80325		81245	81326
71552			81250	81330
			81251	81331
			81252	

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602 Nonpayable CPT Codes (cont.)

81332	86890	89264	90708	92562
81340	86891	89268	90710	92564
81341	86910	89272	90712	92597
81342	86911	89280	90720	92605
81350	86927	89281	90721	92606
81355	86930	89290	90723	92613
81370	86931	89291	90739	92615
81371	86932	89321	90743	92617
81372	86945	89322	90744	92630
81373	86950	89325	90748	92633
81374	86960	89329	90845	93660
81375	86965	89330	90863	93668
81376	86985	89331	90865	93702
81377	87150	89335	90875	93770
81378	87153	89342	90876	93786
81379	87493	89343	90880	93895
81380	88000	89344	90885	94005
81381	88005	89346	90889	94015
81382	88007	89352	90901	94644
81383	88012	89353	90911	94645
81400	88014	89354	90940	95012
81401	88016	89356	90989	95052
81402	88020	89398	90993	95120
81403	88025	90281	90997	95125
81404	88027	90283	90999	95130
81405	88028	90284	91112	95131
81406	88029	90287	91132	95132
81407	88036	90384	91133	95133
81408	88037	90386	92314	95134
81500	88040	90389	92315	95824
81503	88045	90396	92316	95965
81506	88099	90586	92317	95966
81508	88125	90633	92325	95967
81509	88333	90634	92352	95992
81510	88334	90644	92353	96000
81511	88738	90645	92354	96001
81512	88749	90646	92355	96002
81599	89250	90647	92358	96003
82075	89251	90648	92371	96004
82962	89253	90653	92531	96040
83987	89254	90669	92532	96101
84061	89255	90680	92533	96102
84145	89257	90685	92534	96103
84431	89258	90687	92548	96105
84830	89259	90698	92559	96111
86079	89260	90700	92560	96116
86305	89261	90702	92561	96118

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602 Nonpayable CPT Codes (cont.)

96119	98968	99190	99368	99485
96120	98969	99191	99374	99486
96125	99001	99192	99375	99487
96150	99002	99241	99377	99489
96151	99024	99242	99378	99490
96152	99026	99243	99379	99495
96153	99027	99244	99380	99496
96154	99053	99245	99401	99497
96155	99056	99251	99402	99498
96376	99058	99252	99403	99500
96567	99060	99253	99404	99501
96902	99071	99254	99406	99502
96904	99075	99255	99408	99503
97005	99078	99288	99409	99504
97006	99080	99315	99411	99505
97014	99082	99316	99412	99506
97537	99090	99339	99420	99507
97545	99091	99340	99429	99509
97546	99100	99354	99441	99510
97755	99116	99355	99442	99511
98940	99135	99356	99443	99512
98941	99140	99357	99444	99601
98942	99143	99358	99446	99602
98943	99144	99359	99447	99605
98960	99145	99360	99448	99606
98961	99148	99363	99449	99607
98962	99149	99364	99450	
98966	99150	99366	99455	
98967	99172	99367	99456	

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: *Administrative and Billing Regulations*, 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 younger than 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

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

- children younger than 19 years of age.
- Covered for members birth to age 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 younger than 19 years of age.
- CPA-2: A completed Certification of Payable Abortion Form must be completed for all induced abortions, except medically induced abortions.
- CS-18 or CS-21: A completed Sterilization Consent Form (CS-18 for members aged 18 through 20 years; CS-21 form for members aged 21 and older) must be submitted. See 130 CMR 433.456 through 433.458 for more information.
- CS-18* or CS-21*: A completed Sterilization Consent Form (CS-18 form for members aged 18 through 20; CS-21 for members aged 21 and older) must be submitted, except if the conditions of 130 CMR 433.458(D)(2) and (3) are met. See 130 CMR 433.456 through 433.458 for more information and other submission requirements.
- HI-1: A completed Hysterectomy Information Form must be completed. See 130 CMR 450.235: *Overpayments* through 450.260: *Monies Owed by Providers* 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
11970	PA (for Gender Dysphoria-Related Services Only)

Service Code and Req. or Limit

11971	PA (for Gender Dysphoria-Related Services Only)
15820	PA
15821	PA
15822	PA
15823	PA

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

<u>Service Code and Req. or Limit</u>		<u>Service Code and Req. or Limit</u>	
15830	PA	21198	PA
15832	PA	21206	PA
15833	PA	21208	PA
15834	PA	21209	PA
15835	PA	21210	PA
15836	PA	21215	PA
15837	PA	21230	PA
15838	PA	21235	PA
15839	PA	21240	PA
15999	IC	21242	PA
17999	IC	21243	PA
19300	PA	21244	PA
19303	PA (for Gender Dysphoria- Related Services Only)	21247	PA
19304	PA (for Gender Dysphoria- Related Services Only)	21255	PA
		21256	PA
19316	PA	21299	PA; IC
19318	PA	21499	IC
19324	PA	21742	IC
19325	PA	21743	IC
19328	PA	21899	IC
19350	PA	22857	PA
19499	IC	22862	PA
20999	IC	22865	PA
21088	IC	22899	IC
21089	IC	22999	IC
21137	PA	23929	IC
21138	PA	24940	IC
21139	PA	24999	IC
21146	PA	25999	IC
21147	PA	26989	IC
21150	PA	27299	IC
21151	PA	27599	IC
21154	PA	27899	IC
21155	PA	28890	PA
21159	PA	28899	IC
21160	PA	29799	IC
21172	PA	29800	PA
21175	PA	29804	PA
21188	PA	29999	IC
21193	PA	30400	PA
21194	PA	30410	PA
21195	PA	30420	PA
21196	PA	30430	PA
		30435	PA

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

<u>Service Code and Req. or Limit</u>	<u>Service Code and Req. or Limit</u>
30450 PA	40899 IC
30999 IC	41599 IC
31299 IC	41820 PA; IC
31599 IC	41821 IC
31899 IC	41850 IC
32851 PA	41899 IC
32852 PA	42280 PA
32853 PA	42281 PA
32854 PA	42299 IC
32999 IC	42699 IC
33935 PA	42999 IC
33945 PA	43289 IC
33981 IC	43499 IC
33982 IC	43644 PA
33983 IC	43645 PA
33999 IC	43647 PA; IC
34841 IC	43648 IC
34842 IC	43659 IC
34843 IC	43770 PA
34844 IC	43771 PA
34845 IC	43772 PA
34846 IC	43773 PA
34847 IC	43774 PA
34848 IC	43775 PA
36299 IC	43846 PA
36470 PA	43847 PA
36471 PA	43848 PA
37501 IC	43881 PA; IC
37799 IC	43882 IC
38129 IC	43886 PA
38230 PA	43887 PA
38240 PA	43888 PA
38241 PA	43999 IC
38242 PA	44133 IC
38589 IC	44135 PA; IC
38999 IC	44136 PA; IC
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

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<u>Service Code and Req. or Limit</u>	<u>Service Code and Req. or Limit</u>
47136 PA	56800 PA
47379 IC	56805 IC
47399 IC	57110 PA (for Gender Dysphoria-Related Services Only)
47579 IC	57291 PA (for Gender Dysphoria-Related Services Only)
47999 IC	57292 PA (for Gender Dysphoria-Related Services Only)
48554 PA	57335 IC
48999 IC	58150 HI-1; PA (for Gender Dysphoria- Related Services Only)
49329 IC	58152 HI-1
49659 IC	58180 HI-1; PA (for Gender Dysphoria-Related Services Only)
49906 IC	58200 HI-1
49999 IC	58210 HI-1
50549 IC	58240 HI-1
50949 IC	58260 HI-1; PA (for Gender Dysphoria-Related Services Only)
51925 HI-1	58262 HI-1; PA (for Gender Dysphoria-Related Services Only)
51999 IC	58263 HI-1
53430 PA (for Gender Dysphoria-Related Services Only)	58267 HI-1
53899 IC	58270 HI-1
54125 PA (for Gender Dysphoria-Related Services Only)	58275 HI-1
54400 PA	58280 HI-1
54401 PA	58285 HI-1
54405 PA	58290 HI-1; PA (for Gender Dysphoria-Related Services Only)
54440 IC	58291 HI-1; PA (for Gender Dysphoria-Related Services Only)
54520 PA (for Gender Dysphoria-Related Services Only)	58292 HI-1
54660 PA (for Gender Dysphoria-Related Services Only)	58293 HI-1
54690 PA (for Gender Dysphoria-Related Services Only)	58294 HI-1
54699 IC	58541 HI-1; PA (for Gender Dysphoria-Related Services Only)
55175 PA (for Gender Dysphoria-Related Services Only)	
55180 PA (for Gender Dysphoria-Related Services Only)	
55250 CS-18 or CS-21	
55450 CS-18 or CS-21	
55559 IC	
55899 IC; PA (for Gender Dysphoria-Related Services Only)	
56620 PA (for Gender Dysphoria-Related Services Only)	
56625 PA (for Gender Dysphoria-Related Services Only)	

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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>
58542 HI-1; PA (for Gender Dysphoria-Related Services Only)	58670 CS-18 or CS-21
	58671 CS-18 or CS-21
	58679 IC
58543 HI-1; PA (for Gender Dysphoria-Related Services Only)	58720 CS-18* or CS-21*; PA (for Gender Dysphoria-Related Services Only)
58544 HI-1; PA (for Gender Dysphoria-Related Services Only)	58951 HI-1
	58956 HI-1
	58999 IC; PA (for Gender Dysphoria-Related Services Only)
58548 HI-1	
58550 HI-1; PA (for Gender Dysphoria-Related Services Only)	59135 HI-1
	59525 HI-1
	59840 CPA-2
58552 HI-1; PA (for Gender Dysphoria-Related Services Only)	59841 CPA-2
	59850 CPA-2
	59851 CPA-2
58553 HI-1; PA (for Gender Dysphoria-Related Services Only)	59852 CPA-2
	59855 CPA-2
	59856 CPA-2
58554 HI-1; PA (for Gender Dysphoria-Related Services Only)	59857 CPA-2
	59898 IC
	59899 IC
58565 CS-18 or CS-21	60659 IC
58570 HI-1; PA (for Gender Dysphoria-Related Services Only)	60699 IC
	64650 PA
	64653 PA
58571 HI-1; PA (for Gender Dysphoria-Related Services Only)	64999 IC
	65757 IC
	66999 IC
58572 HI-1; PA (for Gender Dysphoria-Related Services Only)	67299 IC
	67399 IC
	67599 IC
58573 HI-1; PA (for Gender Dysphoria-Related Services Only)	67900 PA
	67901 PA
	67902 PA
58578 IC	67903 PA
58579 IC	67904 PA
58600 CS-18 or CS-21	67906 PA
58605 CS-18 or CS-21	67908 PA
58611 CS-18 or CS-21	67999 IC
58615 CS-18 or CS-21	68399 IC
58661 CS-18* or CS-21*; PA (for Gender Dysphoria-Related Services Only)	68899 IC
	69300 PA
	69399 IC

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<u>Service Code and Req. or Limit</u>	<u>Service Code and Req. or Limit</u>	
69710	IC	
69799	IC	
69930	PA	
69949	IC	
69979	IC	
74261	PA	
74262	PA	
76499	IC	
76999	IC	
77058	PA	
77059	PA	
77061	IC	
77062	IC	
77299	IC	
77387	IC	
77399	IC	
77499	IC	
77799	IC	
78099	IC	
78199	IC	
78299	IC	
78399	IC	
78499	IC	
78599	IC	
78699	IC	
78799	IC	
78999	IC	
79999	IC	
81099	IC	
81211	PA	
81212	PA	
81215	PA	
81217	PA	
81420	PA	
81479	IC	
81507	PA	
81519	PA	
84999	IC	
85999	IC	
86849	IC	
86999	IC	
87999	PA; IC	
88199	IC	
88299	IC	
	88399	IC
	89240	IC
	90288	IC
	90291	IC
	90296	IC
	90378	PA; IC
	90393	PA; IC
	90399	IC
	90476	IC
	90477	IC
	90581	IC
	90630	IC; Covered for members \geq 19; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age
	90632	Covered for adults \geq 19; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age
	90636	Covered for members \geq 19; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age
	90649	Covered for members aged 19 to 26; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age
	90650	Covered for female members aged 19 to 26; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age
	90651	IC; Covered for female members aged 19 to 26; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age

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<u>Service Code and Req. or Limit</u>	<u>Service Code and Req. or Limit</u>
90654 IC; Covered for members ≥ 19 ; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age	90690 IC
	90692 IC
	90693 IC
	90696 IC
90661 IC	90707 Covered for members ≥ 19 ; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age.
90662 IC	
90664 IC	
90666 IC	
90667 IC	90713 Covered for members ≥ 19 ; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age.
90668 IC	
90670 IC; Covered for members ≥ 19 ; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age.	90715 Covered for members ≥ 19 ; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age.
90672 IC; Covered for members $> 19 < 49$; available free-of-charge through the Massachusetts Immunization Program for children younger than 19 years of age.	90716 Covered for members ≥ 19 ; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age.
90673 IC; Covered for members ≥ 19 ; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age	90719 IC
	90725 IC
	90727 IC
	90732 Covered for members ≥ 19 ; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age.
90676 IC	
90681 IC; Covered for members ≥ 19 ; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age	90734 IC; Covered for members ≥ 19 ; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age.
90686 IC; Covered for members ≥ 19 ; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age	90736 IC; PA is required for members less than age 50
90688 IC; Covered for members ≥ 19 ; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age	90738 IC
	90749 IC
	90867 IC
	90868 IC
	90899 IC

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

<u>Service Code and Req. or Limit</u>	<u>Service Code and Req. or Limit</u>
90935 For hospitalized member only; not for chronic maintenance	94799 IC
90937 For hospitalized member only; not for chronic maintenance	95199 IC
90945 For hospitalized member only; not for chronic maintenance	95803 IC
90947 For hospitalized member only; not for chronic maintenance	95999 IC
90952 IC	96110 Developmental screening, with interpretation and report, per standardized instrument form. Covered for members birth to age 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.
90953 IC	
91110 PA	
91111 PA	
91299 IC	
92065 PA	
92250 PA	
92310 PA; includes supply of lenses	
92311 PA; includes supply of lenses	
92312 PA; includes supply of lenses	
92313 PA; includes supply of lenses	
92326 PA	
92499 IPC	96379 IC
92507 PA for ST >35	96549 IC
92508 PA for ST >35	96999 IC
92521 PA for ST >35	97001 PA for PT >20
92522 PA for ST >35	97002 PA for PT >20
92523 PA for ST >35	97003 PA for OT >20
92524 PA for ST >35	97004 PA for OT >20
92526 PA for ST >35	97010 PA for PT >20
92588 IC	97012 PA for PT >20
92610 PA for ST >35	97016 PA for PT >20
92700 IC	97018 PA for PT >20
92992 IC	97022 PA for PT >20
92993 IC	97024 PA for PT >20
93229 IC	97026 PA for PT >20
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

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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>
97116 PA for PT >20	98925 PA for OMT >20
97124 PA for PT >20	98926 PA for OMT >20
97139 PA for PT >20; IC	98927 PA for OMT >20
97140 PA for PT >20	98928 PA for OMT >20
97150 PA for PT >20	98929 PA for OMT >20
97530 PA for OT >20	99000 Centrifuging required
97532 PA for OT >20	99050 Urgent care only
97533 PA for OT >20	99051 Urgent care only
97535 PA for OT >20	99070 IC; excluding family planning supplies, such as trays, used in the collection of specimens
97542 PA for OT >20	
97607 IC	
97608 IC	99174 PA
97610 IC	99188 Once per three month period
97760 PA for OT >20	99195 For hematologic disorders only
97761 PA for OT >20	99199 IC
97762 PA for OT >20	99499 IC
97799 IC	99600 IC

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 <http://www.cms.gov/Medicare/Coding/HCPCSReleaseCodeSets/Alpha-Numeric-HCPCS.html> 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)
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

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604 Payable HCPCS Level II Service Codes (cont.)

Service

Code Service Description

- 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 2D digital image, bilateral, all views
- G0206 Diagnostic mammography, producing direct 2D 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
- G0279 Diagnostic digital breast tomosynthesis, unilateral or bilateral (List separately in addition to G0204 or G0206)
- 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
- G6018 Ileoscopy, through stoma; with transendoscopic stent placement (includes predilation)
- G6019 Colonoscopy through stoma; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique
- G6020 Colonoscopy through stoma; with transendoscopic stent placement (includes predilation)
- G6021 Unlisted procedure intestine
- G6022 Sigmoidoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique
- G6023 Sigmoidoscopy, flexible; with transendoscopic stent placement (includes predilation)
- G6024 Colonoscopy, flexible, proximal to splenic flexure; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique
- G6025 Colonoscopy, flexible, proximal to splenic flexure; with transendoscopic stent placement (includes predilation)
- G6030 Assay of amitriptyline
- G6031 Assay of benzodiazepines
- G6032 Assay of desipramine
- G6034 Assay of doxepin
- G6035 Assay of gold
- G6036 Assay of imipramine
- G6037 Assay of nortriptyline
- G6038 Assay of salicylate
- G6039 Assay of acetaminophen
- G6040 Assay of alcohol (ethanol); any specimen except breath

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Service

<u>Code</u>	<u>Service Description</u>
G6041	Alkaloids, urine, quantitative
G6042	Assay of amphetamine or methamphetamine
G6043	Assay of barbiturates, not elsewhere specified
G6044	Assay of cocaine or metabolite
G6045	Assay of dihydrocodeinone
G6046	Assay of dihydromorphinone
G6047	Assay of dihydrotestosterone
G6048	Assay of dimethadione
G6049	Assay of epiandrosterone
G6050	Assay of etchlorvynol
G6051	Assay of flurazepam
G6052	Assay of meprobamate
G6053	Assay of methadone
G6054	Assay of methsuximide
G6055	Assay of nicotine
G6056	Opiate(s), drug and metabolites, each procedure
G6057	Assay of phenothiazine
G6058	Drug confirmation, each procedure
J0129	Injection, abatacept, 10 mg (PA)
J0131	Injection, acetaminophen, 10 mg (IC)
J0135	Injection, adalimumab, 20 mg (PA)
J0153	Injection, adenosine, 1 mg (not to be used to report any adenosine phosphate compounds)
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), not otherwise specified, 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)
J0571	Buprenorphine, oral, 1 mg (IC) (PA)
J0572	Buprenorphine/naloxone, oral, less than or equal to 3 mg (IC)
J0573	Buprenorphine/naloxone, oral, greater than 3 mg, but less than or equal to 6 mg (IC)

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604 Payable HCPCS Level II Service Codes (cont.)

Service

Code Service Description

J0574 Buprenorphine/naloxone, oral, greater than 6 mg, but less than or equal to 10 mg (IC)
 J0575 Buprenorphine/naloxone, oral, greater than 10 mg (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, C-1 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 mg (IC)
 J0717 Injection, certolizumab pegol 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
 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)
 J0887 Injection, epoetin beta, 1 microgram, (for ESRD on dialysis) (PA) (IC)
 J0888 Injection, epoetin beta, 1 microgram, (for non-ESRD use) (PA) (IC)
 J0890 Injection, peginesatide, 0. 1 mg (for ESRD on dialysis) (PA)
 J0897 Injection, denosumab, 1 mg (PA) (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
 J1071 Injection, testosterone cypionate, 1mg (PA)
 J1094 Injection, dexamethasone acetate, 1 mg
 J1100 Injection, dexamethosone 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

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604 Payable HCPCS Level II Service Codes (cont.)

Service

<u>Code</u>	<u>Service Description</u>
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)
J1322	Injection, elosulfase alfa, 1mg (PA) (IC)
J1438	Injection, etanercept, 25 mg (PA)
J1439	Injection, ferric carboxymaltose, 1mg (PA)
J1442	Injection, filgrastim (G-CSF) 1microgram (PA)
J1446	Injection, tbo-filgrastim, 5 micrograms (IC)
J1460	Injection, gamma globulin, intramuscular, 1 cc
J1556	Injection, immune globulin (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 (PA)
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), 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)
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

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604 Payable HCPCS Level II Service Codes (cont.)

Service

Code Service Description

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
J2274 Injection, morphine sulfate, preservative-free for epidural or intrathecal use, 10mg
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
J2704 Injection, propofol, 10 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 (250 i.u.)
J2790 Injection, Rho D immune globulin, human, full dose, 300 mcg (1500 i.u.)
J2792 Injection, Rho D immune globulin, intravenous, human, solvent detergent, 100 IU

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604 Payable HCPCS Level II Service Codes (cont.)

Service

Code Service Description

- 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 units (PA)
- J3095 Injection, telavancin, 10 mg (PA) (IC)
- J3110 Injection, teriparatide, 10 mcg (PA) (IC)
- J3121 Injection, testosterone enanthate, 1mg (PA)
- J3145 Injection, testosterone undecanoate, 1 mg (PA) (IC)
- 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
- J3489 Injection, 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

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604 Payable HCPCS Level II Service Codes (cont.)

Service

Code Service Description

- J7131 Hypertonic saline solution, 1 ml (IC)
- J7178 Injection, human fibrinogen concentrate, 1 mg (IC)
- J7181 Injection, factor XIII A-subunit, (recombinant), per IU (IC)
- J7182 Injection, factor VIII, (antihemophilic factor, recombinant), (NovoEight), per IU (IC)
- J7200 Injection, factor IX, (antihemophilic factor, recombinant), Rixubis, per IU
- J7201 Injection, factor IX, FC fusion protein (recombinant), per IU
- 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)
- J7327 Hyaluronan or derivative, Monovisc, for intra-articular injection, per dose (PA) (IC)
- J7336 Capsaicin 8% patch, per sq cm (PA)
- J7508 Tacrolimus extended release, 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
- 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

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604 Payable HCPCS Level II Service Codes (cont.)

Service

Code Service Description

- 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 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)

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604 Payable HCPCS Level II Service Codes (cont.)

Service

Code Service Description

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
J9267 Injection, paclitaxel, 1 mg
J9293 Injection, mitoxantrone HCl, per 5 mg
J9300 Injection, gemtuzumab ozogamicin, 5 mg
J9301 Injection, obinutuzumab, 10 mg (PA)
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 emtasine 1mg (PA)
J9355 Injection, 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
Q4102 Oasis wound matrix, per sq cm
Q4103 Oasis burn matrix, per sq cm
Q4104 Integra bilayer matrix wound dressing (BMWD), per sq cm
Q4106 Dermagraft, per sq cm
Q4107 GRAFTJACKET, per sq cm
Q4108 Integra matrix, per sq cm
Q4110 PriMatrix, per sq cm
S0020 Injection, bupivacaine HCl, 30 ml
S0021 Injection, cefoperazone sodium, 1 g (IC) S0023 Injection, cimetidine HCl, 300 mg
S0077 Injection, clindamycin phosphate, 300 mg
S0190 I.C. Mifepristone, oral, 200 mg
S0191 I.C. Misoprostol, oral, 200 mcg

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604 Payable HCPCS Level II Service Codes (cont.)

Service

Code Service Description

- 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)
- 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 the [MassHealth Billing Guide for Paper Claim Submitters](#) for billing instructions related to the use of modifiers.

Modifier Modifier Description

- 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

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Modifier Modifier Description

- 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 programHN 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.)

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Modifier Modifier Description

- SB Nurse midwife (This modifier is to be applied to codes for services billed by a physician that were performed by a non-independent nurse midwife employed by the physician or group practice.) (An independent nurse midwife billing under his/her own individual provider number should not use this modifier.)
- SL State-supplied vaccine (This modifier should only be applied to codes 90460, 90461, 90471, 90472, 90473, and 90474 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.)
- XE Separate Encounter: a service that is distinct because it occurred during a separate encounter
XS Separate Structure: a service that is distinct because it was performed on a separate organ/structure
XP Separate Practitioner: a service that is distinct because it was performed by a different practitioner
XU Unusual Non-Overlapping Service: the use of a service that is distinct because it does not overlap usual components of the main service.

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.
- 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

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Modifier Modifier Description

- 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.

- U1 Completed behavioral health screening using a standardized behavioral health screening tool selected from the approved menu of tools found in Appendix W of your provider manual with no behavioral health need identified when administered by a physician, independent nurse midwife or independent nurse practitioner.
- U2 Completed behavioral health screening using a standardized behavioral health screening tool selected from the approved menu of tools found in Appendix W of your provider manual and a behavioral health need was identified when administered by a physician, independent nurse midwife or independent nurse practitioner.
- U3 Completed behavioral health screening using a standardized behavioral health screening tool selected from the approved menu of tools found in Appendix W of your provider manual with no behavioral health need identified when administered by a nurse midwife employed by a physician.
- U4 Completed behavioral health screening using a standardized behavioral health screening tool selected from the approved menu of tools found in Appendix W of your provider manual and a behavioral health need was identified when administered by a nurse midwife employed by a physician.
- U5 Completed behavioral health screening using a standardized behavioral health screening tool selected from the approved menu of tools found in Appendix W of your provider manual with no behavioral health need identified when administered by a nurse practitioner employed by a physician.
- U6 Completed behavioral health screening using a standardized behavioral health screening tool selected from the approved menu of tools found in Appendix W of your provider manual and a behavioral health need was identified when administered by a nurse practitioner employed by a physician.

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U7 Completed behavioral health screening using a standardized behavioral health screening tool selected from the approved menu of tools found in Appendix W of your provider manual with no behavioral health need identified when administered by a physician assistant employed by a physician.

U8 Completed a behavioral health screening using a standardized behavioral health screening tool selected from the approved menu of tools found in Appendix W of your provider manual and a behavioral health need was identified when administered by a physician assistant employed by a physician.

Modifier for Child and Adolescent Needs and Strengths (CANS)

HA Service Code 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

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 *Current Procedural Terminology* (CPT) code book.

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