




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



MassHealth  
Transmittal Letter PHY-151  
February 2017

**TO:** Physicians Participating in MassHealth

**FROM:** Daniel Tsai, Assistant Secretary for MassHealth 

**RE:** *Physician Manual* — Service Code Updates/HIV-Associated Lipodystrophy Syndrome

This letter transmits revisions to Subchapter 6 of the *Physician Manual*, including updates related to HIV-Associated Lipodystrophy Syndrome.

Effective for dates of service on or after November 9, 2016, MassHealth is providing coverage for liposuction treatment of members with a diagnosis of lipodystrophy associated with or secondary to HIV.

Claims for Current Procedural Terminology (CPT) codes 11950–11954 concerning subcutaneous filling material and codes 15876–15879 concerning liposuction will be reviewed and covered when the following general coverage criteria are met. Clinical documentation to support coverage criteria must be submitted with the claim.

### **General Coverage Criteria**

1. The member has a diagnosis of HIV or AIDS; and
2. The medical condition is well documented by clinical notes (photos may be required), which include a diagnosis of HIV-associated lipodystrophy syndrome, and specifically state that the treatment is necessary for correcting, repairing, or ameliorating the effects of HIV-associated lipodystrophy syndrome; and
3. The requested procedure can reasonably be expected to treat the specific part of the body affected by HIV-associated lipodystrophy syndrome.

### **MassHealth Website**

This transmittal letter and attached pages for the *Physician Manual* are available on the MassHealth website at [www.mass.gov/masshealth](http://www.mass.gov/masshealth).

### **Questions**

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

NEW MATERIAL

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

Physician Manual

Pages 6-1 through 6-30

OBSOLETE MATERIAL

(The pages listed here are no longer in effect.)

Physician Manual

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## 601 Introduction

MassHealth providers must refer to the American Medical Association's *Current Procedural Terminology (CPT) 2016* codebook for the service code descriptions when billing for services provided to MassHealth members. MassHealth pays for all medicine, radiology, surgery, and anesthesia CPT codes in effect at the time of service, subject to all conditions and limitations described in MassHealth regulations at 130 CMR 433.000 and 450.000: *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	17360	32850	38213	45349
11922	19355	32855	38214	45350
15776	19396	32856	38215	45390
15777	20930	33930	41870	45393
15780	20936	33933	41872	45398
15781	20985	33940	43206	47133
15782	21121	33944	43252	47143
15783	21122	34839	43752	47144
15786	21123	36415	43842	47145
15787	21245	36416	43843	47383
15788	21246	36468	43845	48160
15789	21248	36591	44132	48550
15792	21249	36592	44381	48551
15793	22526	36598	44403	50300
15824	22527	38204	44404	50323
15825	22841	38207	44405	50325
15826	22856	38208	44406	54900
15828	22858	38209	44407	54901
15829	22861	38210	44408	55200
15847	22864	38211	44705	55300
17340	32491	38212	44715	55400

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602 Nonpayable CPT Codes (cont.)

55870	77385	80344	81212	81293
55970	77386	80345	81213	81294
55980	77401	80346	81214	81295
58321	77402	80347	81215	81296
58322	77407	80348	81216	81297
58323	77412	80349	81217	81298
58345	77417	80350	81220	81299
58350	77422	80351	81221	81300
58750	77423	80352	81222	81301
58752	77424	80353	81223	81302
58760	77425	80354	81224	81303
58970	77520	80355	81225	81304
58974	77522	80356	81226	81310
58976	77523	80357	81227	81315
59070	77525	80358	81228	81316
59072	77790	80359	81229	81317
59412	78267	80360	81235	81318
59897	78268	80361	81240	81319
61630	78351	80362	81241	81321
61635	80300	80363	81242	81322
61640	80301	80364	81243	81323
61641	80302	80365	81244	81324
61642	80303	80366	81245	81325
62287	80304	80367	81250	81326
63043	80320	80368	81251	81330
63044	80321	80369	81252	81331
65760	80322	80370	81253	81332
65765	80323	80371	81254	81340
65767	80324	80372	81255	81341
65771	80325	80373	81256	81342
69090	80326	80374	81257	81350
71552	80327	80375	81260	81355
72159	80328	80376	81261	81370
72198	80329	80377	81262	81371
73225	80330	80500	81263	81372
74263	80331	80502	81264	81373
75571	80332	81200	81265	81374
76140	80333	81201	81266	81375
76390	80334	81202	81267	81376
76496	80335	81203	81270	81377
76497	80336	81205	81275	81378
76498	80337	81206	81280	81379
77086	80338	81207	81281	81380
77336	80339	81208	81282	81381
77370	80340	81209	81290	81382
77371	80341	81210	81291	81383
77372	80342	81211	81292	81400
77373	80343			81401

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602 Nonpayable CPT Codes (cont.)

81402	88025	90283	92317	95967
81403	88027	90284	92325	95992
81404	88028	90287	92352	96000
81405	88029	90384	92353	96001
81406	88036	90386	92354	96002
81407	88037	90389	92355	96003
81408	88040	90396	92358	96004
81500	88045	90586	92371	96040
81503	88099	90633	92531	96101
81506	88125	90634	92532	96102
81508	88333	90644	92533	96103
81509	88334	90647	92534	96105
81510	88738	90648	92548	96111
81511	88749	90653	92559	96116
81512	89250	90680	92560	96118
81599	89251	90685	92561	96119
82075	89253	90687	92562	96120
82962	89254	90697	92564	96125
83987	89255	90698	92597	96127
84061	89257	90700	92605	96150
84145	89258	90702	92606	96151
84431	89259	90710	92613	96152
84830	89260	90723	92615	96153
86079	89261	90739	92617	96154
86305	89264	90743	92630	96155
86890	89268	90744	92633	96376
86891	89272	90748	93660	96567
86910	89280	90845	93668	96902
86911	89281	90863	93702	96904
86927	89290	90865	93770	97005
86930	89291	90875	93786	97006
86931	89321	90876	93895	97014
86932	89322	90880	94005	97537
86945	89325	90885	94015	97545
86950	89329	90889	94644	97546
86960	89330	90901	94645	97755
86965	89331	90911	95012	98940
86985	89335	90940	95052	98941
87150	89342	90989	95120	98942
87153	89343	90993	95125	98943
87493	89344	90997	95130	98960
88000	89346	90999	95131	98961
88005	89352	91112	95132	98962
88007	89353	91132	95133	98966
88012	89354	91133	95134	98967
88014	89356	92314	95824	98968
88016	89398	92315	95965	98969
88020	90281	92316	95966	99001

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99002	99148	99354	99406	99490
99024	99149	99355	99408	99495
99026	99150	99356	99409	99496
99027	99172	99357	99411	99497
99053	99190	99358	99412	99498
99056	99191	99359	99420	99500
99058	99192	99360	99429	99501
99060	99241	99363	99441	99502
99071	99242	99364	99442	99503
99075	99243	99366	99443	99504
99078	99244	99367	99444	99505
99080	99245	99368	99446	99506
99082	99251	99374	99447	99507
99090	99252	99375	99448	99509
99091	99253	99377	99449	99510
99100	99254	99378	99450	99511
99116	99255	99379	99455	99512
99135	99288	99380	99456	99601
99140	99315	99401	99485	99602
99143	99316	99402	99486	99605
99144	99339	99403	99487	99606
99145	99340	99404	99489	99607

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.

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

<u>Service Code</u>	<u>Req. or Limit</u>	<u>Service Code</u>	<u>Req. or Limit</u>
CD:	MassHealth-specified clinical documentation must be submitted.		requirements.
	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.	HI-1:	A completed Hysterectomy Information Form must be completed. See 130 CMR 450.235: <i>Overpayments</i> through 450.260: <i>Monies Owed by Providers</i> and 130 CMR 433.459 for more information.
	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 younger than 19 years of age.	IC:	Claim requires individual consideration. See 130 CMR 433.406 for more information.
CPA-2:	A completed Certification of Payable Abortion Form must be completed for all induced abortions, except medically induced abortions.	PA for OMT > 20:	Prior authorization is required for more than 20 osteopathic manipulative therapy visits in a 12-month period.
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.	PA for OT > 20:	Prior authorization is required for more than 20 occupational therapy visits in a 12-month period.
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	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 requirements.

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<u>Service Code</u>	<u>Req. or Limit</u>	<u>Service Code</u>	<u>Req. or Limit</u>
01999	IC	15999	IC
11920	PA	17380	PA (covered in preparation for gender affirming surgery only)
11921	PA	17999	PA; IC
11950	CD (covered for diagnosis of lipodystrophy associated with or secondary to HIV only)	19300	PA
11951	CD (covered for diagnosis of lipodystrophy associated with or secondary to HIV only)	19303	PA (for gender dysphoria-related services only)
		19304	PA (for gender dysphoria-related services only)
11952	CD (covered for diagnosis of lipodystrophy associated with or secondary to HIV only)	19316	PA
		19318	PA
11954	CD (covered for diagnosis of lipodystrophy associated with or secondary to HIV only)	19324	PA
		19325	PA
		19328	PA
		19350	PA
11970	PA (for gender dysphoria-related services only)	19499	IC
11971	PA (for gender dysphoria-related services only)	20999	IC
15820	PA	21088	IC
15821	PA	21089	IC
15822	PA	21137	PA
15823	PA	21138	PA
15830	PA	21139	PA
15832	PA	21146	PA
15833	PA	21147	PA
15834	PA	21150	PA
15835	PA	21151	PA
15836	PA	21154	PA
15837	PA	21155	PA
15838	PA	21159	PA
15839	PA	21160	PA
15876	CD; IC (covered for diagnosis of lipodystrophy associated with or secondary to HIV only)	21172	PA
		21175	PA
15877	CD; IC (covered for diagnosis of lipodystrophy associated with or secondary to HIV only)	21188	PA
		21193	PA
15878	CD; IC (covered for diagnosis of lipodystrophy associated with or secondary to HIV only)	21194	PA
		21195	PA
		21196	PA
		21198	PA
		21206	PA
15879	CD; IC (covered for diagnosis of lipodystrophy associated with or secondary to HIV only)	21208	PA
		21209	PA
		21210	PA
		21215	PA
		21230	PA
		21235	PA



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<u>Service Code</u>	<u>Req. or Limit</u>	<u>Service Code</u>	<u>Req. or Limit</u>
21240	PA	32999	IC
21242	PA	33935	PA
21243	PA	33945	PA
21244	PA	33981	IC
21247	PA	33982	IC
21255	PA	33983	IC
21256	PA	33999	IC
21299	PA; IC	34841	IC
21499	IC	34842	IC
21742	IC	34843	IC
21743	IC	34844	IC
21899	IC	34845	IC
22857	PA	34846	IC
22862	PA	34847	IC
22865	PA	34848	IC
22899	IC	36299	IC
22999	IC	36470	PA
23929	IC	36471	PA
24940	IC	37501	IC
24999	IC	37799	IC
25999	IC	38129	IC
26989	IC	38230	PA
27299	IC	38240	PA
27599	IC	38241	PA
27899	IC	38242	PA
28890	PA	38589	IC
28899	IC	38999	IC
29799	IC	39499	IC
29800	PA	39599	IC
29804	PA	40799	IC
29999	IC	40840	PA
30400	PA	40842	PA
30410	PA	40843	PA
30420	PA	40844	PA
30430	PA	40845	PA
30435	PA	40899	IC
30450	PA	41599	IC
30999	IC	41820	PA; IC
31299	IC	41821	IC
31599	IC	41850	IC
31899	IC	41899	IC
32851	PA	42280	PA
32852	PA	42281	PA
32853	PA	42299	IC
32854	PA	42699	IC

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<u>Service Code</u>	<u>Req. or Limit</u>	<u>Service Code</u>	<u>Req. or Limit</u>
42999	IC	50949	IC
43289	IC	51925	HI-1
43499	IC	51999	IC
43644	PA	53430	PA (for gender dysphoria-related services only)
43645	PA	53899	IC
43647	PA; IC	54125	PA (for gender dysphoria-related services only)
43648	IC	54400	PA
43659	IC	54401	PA
43770	PA	54405	PA
43771	PA	54440	IC
43772	PA	54520	PA (for gender dysphoria-related services only)
43773	PA	54660	PA (for gender dysphoria-related services only)
43774	PA	54690	PA (for gender dysphoria-related services only)
43775	PA	54699	IC
43846	PA	54699	IC
43847	PA	55175	PA (for gender dysphoria-related services only)
43848	PA	55180	PA (for gender dysphoria-related services only)
43881	PA; IC	55250	CS-18 or CS-21
43882	IC	55450	CS-18 or CS-21
43886	PA	55559	IC
43887	PA	55899	IC; PA (for gender dysphoria-related services only)
43888	PA	56620	PA (for gender dysphoria-related services only)
43999	IC	56625	PA (for gender dysphoria-related services only)
44133	IC	56800	PA
44135	PA; IC	56805	IC
44136	PA; IC	57110	PA (for gender dysphoria-related services only)
44238	IC	57291	PA (for gender dysphoria-related services only)
44799	IC	57292	PA (for Gender Dysphoria-Related Services Only)
44899	IC	57335	IC
44979	IC	58150	HI-1; PA (for Gender Dysphoria- Related Services Only)
45499	IC	58152	HI-1
45999	IC		
46999	IC		
47135	PA		
47379	IC		
47399	IC		
47579	IC		
47999	IC		
48554	PA		
48999	IC		
49329	IC		
49659	IC		
49906	IC		
49999	IC		
50549	IC		

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<u>Service Code</u>	<u>Req. or Limit</u>	<u>Service Code</u>	<u>Req. or Limit</u>
58180	HI-1; PA (for gender dysphoria-related services only)	58573	related services only)
58200	HI-1		HI-1; PA (for gender dysphoria-related services only)
58210	HI-1	58578	IC
58240	HI-1	58579	IC
58260	HI-1; PA (for gender dysphoria-related services only)	58600	CS-18 or CS-21
58262	HI-1; PA (for gender dysphoria-related services only)	58605	CS-18 or CS-21
58263	HI-1	58611	CS-18 or CS-21
58267	HI-1	58615	CS-18 or CS-21
58270	HI-1	58661	CS-18* or CS-21*; PA (for gender dysphoria-related services only)
58275	HI-1	58670	CS-18 or CS-21
58280	HI-1	58671	CS-18 or CS-21
58285	HI-1	58679	IC
58290	HI-1; PA (for gender dysphoria-related services only)	58720	CS-18* or CS-21*; PA (for gender dysphoria-related services only)
58291	HI-1; PA (for gender dysphoria-related services only)	58951	HI-1
58292	HI-1	58956	HI-1
58293	HI-1	58999	IC; PA (for gender dysphoria-related services only)
58294	HI-1		
58541	HI-1; PA (for gender dysphoria-related services only)	59135	HI-1
58542	HI-1; PA (for gender dysphoria-related services only)	59525	HI-1
58543	HI-1; PA (for gender dysphoria-related services only)	59840	CPA-2
58544	HI-1; PA (for gender dysphoria-related services only)	59841	CPA-2
58548	HI-1	59850	CPA-2
58550	HI-1; PA (for gender dysphoria-related services only)	59851	CPA-2
58552	HI-1; PA (for gender dysphoria-related services only)	59852	CPA-2
58553	HI-1; PA (for gender dysphoria-related services only)	59855	CPA-2
58554	HI-1; PA (for gender dysphoria-related services only)	59856	CPA-2
58565	CS-18 or CS-21	59857	CPA-2
58570	HI-1; PA (for gender dysphoria-related services only)	59898	IC
58571	HI-1; PA (for gender dysphoria-related services only)	59899	IC
58572	HI-1; PA (for gender dysphoria-related services only)	60659	IC
		60699	IC
		64650	PA
		64653	PA
		64999	IC
		65757	IC
		65785	PA
		66999	IC
		67299	IC
		67399	IC
		67599	IC

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67900	PA	81420	PA
67901	PA	81479	IC
67902	PA	81507	PA
67903	PA	81519	PA
67904	PA	84999	IC
67906	PA	85999	IC
67908	PA	86849	IC
67999	IC	86999	IC
68399	IC	87999	PA; IC
68899	IC	88199	IC
69300	PA	88299	IC
69399	IC	88399	IC
69710	IC	89240	IC
69799	IC	90288	IC
69930	PA	90291	IC
69949	IC	90296	IC
69979	IC	90378	PA; IC
74261	PA	90393	PA; IC
74262	PA	90399	IC
76499	IC	90476	IC
76999	IC	90477	IC
77058	PA	90581	IC
77059	PA	90620	IC
77061	IC	90621	IC
77062	IC	90625	IC
77299	IC	90630	IC; Covered for members $\geq$ 19; available free of charge through the Massachusetts
77387	IC		Immunization Program for children younger than 19 years of age
77399	IC		
77499	IC		
77799	IC		
78099	IC		
78199	IC	90632	Covered for adults $\geq$ 19; available free of charge through the Massachusetts
78299	IC		Immunization Program for children younger than 19 years of age
78399	IC		
78499	IC		
78599	IC		
78699	IC		
78799	IC	90636	Covered for members $\geq$ 19; available free of charge through the Massachusetts
78999	IC		Immunization Program for children younger than 19 years of age
79999	IC		
81099	IC		
81211	PA		
81212	PA		
81215	PA	90649	Covered for members aged 19 to 26 years; available free of
81217	PA		

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<u>Service Code</u>	<u>Req. or Limit</u>	<u>Service Code</u>	<u>Req. or Limit</u>
90650	charge through the Massachusetts Immunization Program for children younger than 19 years of age Covered for female members aged 19 to 26 years; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age	90676 90681	Immunization Program for children younger than 19 years of age IC IC; Covered for members $\geq 19$ ; 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 years; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age	90686	IC; Covered for members $\geq 19$ ; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age
90654	IC; Covered for members $\geq 19$ ; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age	90688	IC; Covered for members $\geq 19$ ; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age
90661	IC	90690	IC
90662	IC	90696	IC
90664	IC	90707	Covered for members $\geq 19$ ; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age
90666	IC		
90667	IC		
90668	IC		
90670	IC; Covered for members $\geq 19$ ; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age	90713	Covered for members $\geq 19$ ; 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	90715	Covered for members $\geq 19$ ; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age
90673	IC; Covered for members Covered for members $\geq 19$ ; available free of charge through the Massachusetts	90716	Covered for members $\geq 19$ ; available free of charge through the Massachusetts

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

<u>Service Code</u>	<u>Req. or Limit</u>	<u>Service Code</u>	<u>Req. or Limit</u>
	Immunization Program for children younger than 19 years of age	92521	PA for ST >35
		92522	PA for ST >35
		92523	PA for ST >35
90732	Covered for members $\geq$ 19; available free of charge through the Massachusetts	92524	PA for ST >35
	Immunization Program for children younger than 19 years of age	92526	PA for ST >35
		92588	IC
		92610	PA for ST >35
		92700	IC
		92992	IC
90734	IC; Covered for members $\geq$ 19; available free of charge through the Massachusetts	92993	IC
	Immunization Program for children younger than 19 years of age	93229	IC
		93299	IC
		93745	IC
		93799	IC
90736	IC; PA is required for members less than age 50	93998	IC
		94669	PA
		94772	IC
90738	IC	94774	IC
90749	IC	94775	IC
90867	IC	94776	IC
90868	IC	94777	IC
90899	IC	94799	IC
90935	For hospitalized member only; not for chronic maintenance	95199	IC
		95803	IC
90937	For hospitalized member only; not for chronic maintenance	95999	IC
		96110	Developmental screening, with interpretation and report, per standardized instrument form.
90945	For hospitalized member only; not for chronic maintenance		Covered for members birth to 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.
90947	For hospitalized member only; not for chronic maintenance		
90952	IC		
90953	IC		
91110	PA		
91111	PA		
91299	IC		
92065	PA		
92250	PA		
92310	PA; includes supply of lenses		
92311	PA; includes supply of lenses		
92312	PA; includes supply of lenses		
92313	PA; includes supply of lenses		
92326	PA	96379	IC
92499	IPC	96549	IC
92507	PA for ST >35	96931	IC
92508	PA for ST >35	96932	IC

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

<u>Service Code</u>	<u>Req. or Limit</u>	<u>Service Code</u>	<u>Req. or Limit</u>
96933	IC	97607	IC
96934	IC	97608	IC
96935	IC	97610	IC
96936	IC	97760	PA for OT >20
99177	IC	97761	PA for OT >20
96999	IC	97762	PA for OT >20
97001	PA for PT >20	97799	IC
97002	PA for PT >20	98925	PA for OMT >20
97003	PA for OT >20	98926	PA for OMT >20
97004	PA for OT >20	98927	PA for OMT >20
97010	PA for PT >20	98928	PA for OMT >20
97012	PA for PT >20	98929	PA for OMT >20
97016	PA for PT >20	99000	Centrifuging required
97018	PA for PT >20	99050	Urgent care only
97022	PA for PT >20	99051	Urgent care only
97024	PA for PT >20	99070	IC; excluding family planning supplies, such as trays, used in the collection of specimens
97026	PA for PT >20		
97028	PA for PT >20		
97032	PA for PT >20	99174	PA
97033	PA for PT >20	99177	IC
97034	PA for PT >20	99188	Once per three-month period
97035	PA for PT >20	99195	For hematologic disorders only
97036	PA for PT >20	99199	IC
97039	PA for PT >20; IC	99499	IC
97110	PA for PT >20	99600	IC
97112	PA for PT >20		
97113	PA for PT >20		
97116	PA for PT >20		
97124	PA for PT >20		
97139	PA for PT >20; IC		
97140	PA for PT >20		
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		

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#### 604 Payable HCPCS Level II Service Codes

This section lists Level II HCPCS codes that are payable under MassHealth. For more detailed descriptions when billing for Level II HCPCS codes provided to MassHealth members, refer to the Centers for Medicare & Medicaid Services website at [www.cms.gov/Medicare/Coding/HCPCSReleaseCodeSets/Alpha-Numeric-HCPCS.html](http://www.cms.gov/Medicare/Coding/HCPCSReleaseCodeSets/Alpha-Numeric-HCPCS.html).

#### Service

#### Code

#### Service Description

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 TI-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 motility 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 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)
G0297	Low dose CT scan (ldct) for lung cancer screening



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604 Payable HCPCS Level II Service Codes (cont.)

<u>Service Code</u>	<u>Service Description</u>
G0477	Drug test(s), presumptive, any number of drug classes; any number of devices or procedures, (e.g., immunoassay) capable of being read by direct optical observation only (e.g., dipsticks, cups, cards, cartridges), includes sample validation when performed, per date of service
G0478	Drug test(s), presumptive, any number of drug classes; any number of devices or procedures, (e.g., immunoassay) read by instrument-assisted direct optical observation (e.g., dipsticks, cups, cards, cartridges), includes sample validation when performed, per date of service
G0479	Drug test(s), presumptive, any number of drug classes; any number of devices or procedures by instrumented chemistry analyzers (e.g., immunoassay, enzyme assay, TOF, MALDI, LDTD, DESI, DART, GHPC, GC mass spectrometry), includes sample validation when performed, per date of service
G0480	Drug test(s), definitive, utilizing drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers), including, but not limited to, GC/MS (any type, single or tandem) and LC/MS (any type, single or tandem and excluding immunoassays (e.g., IA, EIA, ELISA, EMIT, FPIA) and enzymatic methods (e.g., alcohol dehydrogenase)); qualitative or quantitative, all sources, includes specimen validity testing, per day, 1-7 drug class(es), including metabolite(s) if performed
G0481	Drug test(s), definitive, utilizing drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers), including, but not limited, to GC/MS (any type, single or tandem) and LC/MS (any type, single or tandem and excluding immunoassays (e.g., IA, EIA, ELISA, EMIT, FPIA) and enzymatic methods (e.g., alcohol dehydrogenase)); qualitative or quantitative, all sources, includes specimen validity testing, per day, 8-14 drug class(es), including metabolite(s) if performed
G0482	Drug test(s), definitive, utilizing drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers), including, but not limited to GC/MS (any type, single or tandem) and LC/MS (any type, single or tandem and excluding immunoassays (e.g., IA, EIA, ELISA, EMIT, FPIA) and enzymatic methods (e.g., alcohol dehydrogenase)); qualitative or quantitative, all sources, includes specimen validity testing, per day, 15-21 drug class(es), including metabolite(s) if performed
G0483	Drug test(s), definitive, utilizing drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers), including, but not limited to GC/MS (any type, single or tandem) and LC/MS (any type, single or tandem and excluding immunoassays (e.g., IA, EIA, ELISA, EMIT, FPIA) and enzymatic methods (e.g., alcohol dehydrogenase)); qualitative or quantitative, all sources, includes specimen validity testing, per day, 22 or more drug classes, including metabolite(s) if performed

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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)
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
J0202	Injection, alemtuzumab, 1 mg (PA)
J0215	Injection, alefacept, 0.5 mg (PA)
J0221	Injection, alglucosidase alfa (Lumizyme), 10 mg (PA) (IC)
J0256	Injection, alpha 1-proteinase inhibitor (human), 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)
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 buprenorphine (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
J0596	Injection, C1 esterase inhibitor (recombinant), ruconest, 10 units (PA) (IC)
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

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Service

<u>Code</u>	<u>Service Description</u>
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)
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, 1 mg (PA)
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)
J1322	Injection, elosulfase alfa, 1mg (PA) (IC)
J1438	Injection, etanercept, 25 mg (PA)
J1439	Injection, ferric carboxymaltose, 1 mg (PA)
J1442	Injection, filgrastim (G-CSF), excludes biosimilars, 1 microgram (PA)
J1447	Injection, tbo-filgrastim, 1 microgram
J1460	Injection, gamma globulin, intramuscular, 1 cc
J1556	Injection, immune globulin (bivigam), 500 mg
J1557	Injection, immune globulin, (Gammaplex), intravenous, nonlyophilized (e.g., liquid), 500 mg (PA) (IC)
J1559	Injection, immune globulin (Hizentra), 100 mg (PA) (IC)

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604 Payable HCPCS Level II Service Codes (cont.)

Service

<u>Code</u>	<u>Service Description</u>
J1561	Injection, immune globulin, (Gamunex/Gamunex-C/Gammaked) 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
J1575	Injection, immune globulin/hyaluronidase, 100 mg immunoglobulin
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
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

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604 Payable HCPCS Level II Service Codes (cont.)

Service

<u>Code</u>	<u>Service Description</u>
J2274	Injection, morphine sulfate, preservative-free for epidural or intrathecal use, 10 mg
J2300	Injection, nalbuphine HCl, per 10 mg
J2310	Injection, naloxone HCl, per 1 mg
J2315	Injection, naltrexone, depot form, 1 mg
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
J2502	Injection, pasireotid long acting, 1 mg (PA) (IC)
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
J2793	Injection, riloncept, 1 mg (PA)
J2794	Injection, risperidone, long acting, 0.5 mg
J2796	Injection, romiplostim, 10 mcg (PA)
J2820	Injection, sargramostim (GM-CSF), 50 mcg
J2910	Injection, aurothioglucose, up to 50 mg (IC)
J2916	Injection, sodium ferric gluconate complex in sucrose injection, 12.5 mg
J2920	Injection, methylprednisolone sodium succinate, up to 40 mg
J2930	Injection, methylprednisolone sodium succinate, up to 125 mg
J2940	Injection, somatrem, 1 mg (PA) (IC)
J2941	Injection, somatropin, 1 mg (PA)

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604 Payable HCPCS Level II Service Codes (cont.)

Service

<u>Code</u>	<u>Service Description</u>
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, 1 mg (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)
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
J7297	Levonorgestrel-releasing intrauterine contraceptive system, 52 mg, 3 year duration (IC)
J7298	Levonorgestrel-releasing intrauterine contraceptive system, 52 mg, 5 year duration (IC)

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604 Payable HCPCS Level II Service Codes (cont.)

Service

<u>Code</u>	<u>Service Description</u>
J7301	Levonorgestrel-releasing intrauterine contraceptive system, 13.5 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)
J7313	Injection, fluocinolone acetonide, intravitreal implant, 0.01 mg
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)
J7328	Hyaluronan or derivative, for intra-articular injection, 0.1 mg (PA) (IC)
J7336	Capsaicin 8% patch, per sq cm (PA)
J7340	Carbidopa 5 mg/levodopa 20 mg enteral suspension (IC)
J7503	Tacrolimus, extended release, oral, 0.25 mg (IC)
J7508	Tacrolimus extended release, (Astagraf XL), oral, 0.1 mg
J7512	Predisone, immediate release or delayed release, oral, 1 mg (IC)
J7527	Everolimus, oral, 0.25 mg
J7599	Immunosuppressive drug, not otherwise specified (IC)
J7608	Acetylcysteine, inhalation solution, FDA-approved final product, noncompounded, administered through DME, unit-dose form, per g
J7614	Levalbuterol, inhalation solution, FDA-approved final product, noncompounded, administered through DME, unit dose, 0.5 mg (PA)
J7620	Albuterol, up to 2.5 mg and ipratropium bromide, up to 0.5 mg, FDA-approved final product, noncompounded, administered through DME
J7626	Budesonide, inhalation solution, FDA-approved final product, noncompounded, administered through DME, unit dose form, up to 0.5 mg
J7633	Budesonide, inhalation solution, FDA-approved final product, noncompounded, administered through DME, concentrated form, per 0.25 mg (IC)
J7639	Dornase alpha, inhalation solution, FDA-approved final product, noncompounded, administered through DME, unit dose form, per mg
J7644	Ipratropium bromide, inhalation solution, FDA-approved final product, noncompounded, administered through DME, unit dose form, per mg
J7665	Mannitol, administered through an inhaler, 5 mg (IC)
J7669	Metaproterenol sulfate, inhalation solution, FDA-approved final product, noncompounded, administered through DME, unit dose form, per 10 mg
J7676	Pentamidine isethionate, inhalation solution, compounded product, administered through DME, unit dose form, per 300 mg (IC)

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604 Payable HCPCS Level II Service Codes (cont.)

Service

<u>Code</u>	<u>Service Description</u>
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)
J7999	Compounded drug, not otherwise classified (IC)
J8562	Fludarabine phosphate, oral, 10 mg (IC)
J8655	Netupitant 300 mg and palonosetron 0.5 mg
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 gamma1-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



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604 Payable HCPCS Level II Service Codes (cont.)

Service

<u>Code</u>	<u>Service Description</u>
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 emtansine, 1 mg (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, 1 mg (PA)
J9999	Not otherwise classified, antineoplastic drugs (IC)
Q4101	Apligraf, per sq cm
Q4102	Oasis wound matrix, per sq cm
Q4103	Oasis burn matrix, per sq cm
Q4104	Integra bilayer matrix wound dressing (BMWD), per sq cm
Q4106	Dermagraft, per sq cm
Q4107	GRAFTJACKET, per sq cm
Q4108	Integra matrix, per sq cm
Q4110	PriMatrix, per sq cm
Q4161	Bio-ConneKt wound matrix, per sq cm (IC)
Q4162	AmnioPro Flow, BioSkin Flow, BioRenew Flow, WoundEx Flow, Amniogen-A, Amniogen-C, 0.5 cc (IC)
Q4163	AmnioPro, BioSkin, BioRenew, WoundEx, Amniogen-45, Amniogen-200, per sq cm (IC)
Q4164	Helicoll, per sq cm (IC)
Q4165	Keramatrix, per sq cm (IC)
Q5101	Injection, filgrastim (G-CSF), biosimilar, 1 microgram )

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604 Payable HCPCS Level II Service Codes (cont.)

Service

<u>Code</u>	<u>Service Description</u>
Q9950	Injection, sulfur hexafluoride lipid microspheres, per ml
Q9980	Hyaluronan or derivative, for intra-articular injection, 1 mg (PA)
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	Mifepristone, oral, 200 mg (IC)
S0191	Misoprostol, oral, 200 mcg (IC)
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 (list in addition to code for appropriate evaluation and management service)
S2260	Induced abortion, 17 to 24 weeks (CPA-2)
S3005	Performance measurement, evaluation of patient self-assessment, depression (IC)
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 item or 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 on the use of modifiers.

<u>Modifier</u>	<u>Modifier Description</u>
22	Increased Procedural Services
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 procedure

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605 Modifiers (cont.)

<u>Modifier</u>	<u>Modifier Description</u>
52	Reduced services
53	Discontinued service
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	Bachelors 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
LT	Left side (used to identify procedures performed on the left side of the body)
LM	Left main coronary artery
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.)

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<u>Modifier</u>	<u>Modifier Description</u>
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 nonindependent 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 nonindependent 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 younger, 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. Under certain circumstances, a charge may be made for the technical component alone. Under those circumstances the technical component charge is identified by adding modifier 'TC' to the usual procedure number. Technical component charges are institutional charges and not billed separately by physicians. However, portable x-ray suppliers only bill for technical component and should utilize modifier TC. The charge data from portable x-ray suppliers will then be used to build customary and prevailing profiles.
XE	Separate encounter, a service that is distinct because it occurred during a separate encounter
XP	Separate practitioner, a service that is distinct because it was performed by a different practitioner
XS	Separate structure, a service that is distinct because it was performed on a separate organ/structure
XU	Unusual non-overlapping service, the use of a service that is distinct because it does not overlap usual components of the main service

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605 Modifiers (cont.)

### **Modifiers for Tobacco-Cessation Services**

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

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

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

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<u>Modifier</u>	<u>Modifier Description</u>
U3	Completed behavioral health screening using a standardized behavioral health-screening tool selected from the approved menu of tools found in Appendix W of your provider manual with “no behavioral health need identified” when administered by a nurse midwife employed by a physician.
U4	Completed behavioral health screening using a standardized behavioral health-screening tool selected from the approved menu of tools found in Appendix W of your provider manual and a behavioral health need was identified when administered by a nurse midwife employed by a physician.
U5	Completed behavioral health screening using a standardized behavioral health-screening tool selected from the approved menu of tools found in Appendix W of your provider manual with “no behavioral health need identified” when administered by a nurse practitioner employed by a physician.
U6	Completed behavioral health screening using a standardized behavioral health-screening tool selected from the approved menu of tools found in Appendix W of your provider manual and a behavioral health need was identified when administered by a nurse practitioner employed by a physician.
U7	Completed behavioral health screening using a standardized behavioral health-screening tool selected from the approved menu of tools found in Appendix W of your provider manual with “no behavioral health need identified” when administered by a physician assistant employed by a physician.
U8	Completed a behavioral health screening using a standardized behavioral health-screening tool selected from the approved menu of tools found in Appendix W of your provider manual and a behavioral health need was identified when administered by a physician assistant employed by a physician.

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605 Modifiers (cont.)

**Modifiers for Administration of MassHealth-Approved Screening Tools**

Service Code S3005, used for the performance measurement and evaluation of patient self-assessment and depression, must be accompanied by one of the modifiers below to indicate whether a behavioral health need was identified.

<u>Modifier</u>	<u>Modifier Description</u>
U1	Perinatal Care Provider - Positive Screen: completed prenatal or postpartum depression screening and behavioral health need identified.
U2	Perinatal Care Provider - Negative Screen: completed prenatal or postpartum depression screening with no behavioral health need identified.
U3	Pediatric Provider - Positive Screen: completed postpartum depression screening during well-child or infant episodic visit and behavioral health need identified.
U4	Pediatric Provider - Negative Screen: completed postpartum depression screening during well-child or infant episodic visit with no behavioral health need identified.

Please refer to the Massachusetts Department of Public Health's (DPH) postpartum depression (PPD) screening-tool grid for any revisions to the list of MassHealth-approved screening tools at [www.mass.gov/eohhs/gov/departments/dph/programs/family-health/postpartum-depression/postpartum-depression-tools.html](http://www.mass.gov/eohhs/gov/departments/dph/programs/family-health/postpartum-depression/postpartum-depression-tools.html).

**Modifier for Child and Adolescent Needs and Strengths (CANS)**

<u>Modifier</u>	<u>Modifier Description</u>
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**

<u>Modifier</u>	<u>Modifier Description</u>
PA	Surgical or other invasive procedure on wrong body part
PB	Surgical or other invasive procedure on wrong patient
PC	Wrong surgery or other invasive procedure on patient

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

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