




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

MassHealth  
Transmittal Letter PHY-152  
July 2017

**TO:** Physicians Participating in MassHealth

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

**RE:** *Physician Manual* (2017 HCPCS Updates and Drug Testing/Drug Screen Claim Edits)

This letter transmits revisions to the service codes in Subchapter 6 of the *Physician Manual*. The Centers for Medicare & Medicaid Services (CMS) has revised the Healthcare Common Procedure Coding System (HCPCS) codes for 2017. For dates of service on or after January 1, 2017, you must use the new codes in order to obtain reimbursement.

This letter also transmits code changes for drug testing and other updates pertaining to claim edits for quantitative drug test codes billed on the same date of service as drug screen service codes, as more fully described below.

### **Code Changes for Drug Testing**

Drug screening codes G0477–G0479 have been deleted. Effective for dates of service beginning January 1, 2017, providers must use the following new codes for presumptive drug testing when billing for drug screenings.

- 80305–Drug test(s), presumptive, any number of drug classes; any number of devices or procedures, (eg, immunoassay) capable of being read by direct optical observation only (eg, dipsticks, cups, cards, cartridges) includes sample validation when performed, per date of service;
- 80306–Drug test(s), presumptive, any number of drug classes; any number of devices or procedures, (eg, immunoassay) read by instrument-assisted direct optical observation (eg, dipsticks, cups, cards, cartridges), includes sample validation when performed, per date of service;
- 80307–Drug test(s), presumptive, any number of drug classes; any number of devices or procedures by instrumented chemistry analyzers (eg, utilizing immunoassay [eg, EIA, ELISA, EMIT, FPIA, IA, KIMS, RIA]), chromatography, (eg DART, DESI, GC-MS, GC-MS/MS, LC-MS, LC-MS/MS, LDTD, MALDI, TOF), includes sample validation when performed, per date of service

## Drug Screen/Quantitative Drug Test Edit

As stated in *Independent Clinical Laboratory Provider Bulletin 9* (February 2013), MassHealth established claim edits for quantitative drug test codes billed on the same date of service as drug screen service codes. Effective for dates of service beginning January 1, 2017, this edit has been updated to reflect code changes, as set forth below.

Primary Procedure Codes	Secondary Procedure Codes	EOB Code/Description
<b>80305</b> <b>80306</b> <b>80307</b>	<b>80299</b> <b>82570</b> <b>82575</b> <b>83992</b> <b>G0480</b> <b>G0481</b> <b>G0482</b> <b>G0483</b>	<b>8304</b> —Lab conflict w/ each other on the same day

If you wish to obtain a fee schedule, you may download the Executive Office of Health and Human Services regulations at no cost at [www.mass.gov/eohhs](http://www.mass.gov/eohhs). The regulation titles for physician services are 101 CMR 317.00 (formerly 114.3 CMR 17.00): *Medicine*; 114.3 CMR 16.00: *Surgery and Anesthesia Services*; 114.3 CMR 18.00: *Radiology*; and 101 CMR 320.00: *Clinical Laboratory Services*.

## MassHealth Website

This transmittal letter and attached pages are available on the MassHealth website at [www.mass.gov/masshealth](http://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](mailto:providersupport@mahealth.net), or fax your inquiry to 617-988-8974.

## NEW MATERIAL

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

### Physician Manual

Pages vi and 6-1 through 6-30

## OBSOLETE MATERIAL

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

### Physician Manual

Page vi — transmitted by Transmittal Letter PHY-142

Pages 6-1 through 6-30 — transmitted by Transmittal Letter PHY-151

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## 601 Introduction

MassHealth providers must refer to the American Medical Association's *Current Procedural Terminology (CPT) 2017* 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	20936	34839	43845	50300
11922	20985	36415	44132	50323
15776	21121	36416	44381	50325
15780	21122	36468	44403	54900
15781	21123	36591	44404	54901
15782	21245	36592	44405	55200
15783	21246	36598	44406	55300
15786	21248	38204	44407	55400
15787	21249	38207	44408	55870
15788	22526	38208	44705	58321
15789	22527	38209	44715	58322
15792	22841	38210	45349	58323
15793	22856	38211	45350	58345
15824	22858	38212	45390	58350
15825	22861	38213	45393	58750
15826	22864	38214	45398	58752
15828	32491	38215	47133	58760
15829	32850	41870	47143	58970
15847	32855	41872	47144	58974
17340	32856	43206	47145	58976
17360	33930	43252	47383	59070
19355	33933	43752	48160	59072
19396	33940	43842	48550	59412
20930	33944	43843	48551	59897

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602 Nonpayable CPT Codes (cont.)

61630	78351	80367	81255	81370
61635	80320	80368	81256	81371
61640	80321	80369	81257	81372
61641	80322	80370	81260	81373
61642	80323	80371	81261	81374
62287	80324	80372	81262	81375
63043	80325	80373	81263	81376
63044	80326	80374	81264	81377
65760	80327	80375	81265	81378
65765	80328	80376	81266	81379
65767	80329	80377	81267	81380
65771	80330	80500	81270	81381
69090	80331	80502	81275	81382
71552	80332	81200	81290	81383
72159	80333	81201	81291	81400
72198	80334	81202	81292	81401
73225	80335	81203	81293	81402
74263	80336	81205	81294	81403
75571	80337	81206	81295	81404
76140	80338	81207	81296	81405
76390	80339	81208	81297	81406
76496	80340	81209	81298	81407
76497	80341	81210	81299	81408
76498	80342	81213	81300	81500
77086	80343	81214	81301	81503
77336	80344	81216	81302	81506
77370	80345	81220	81303	81508
77371	80346	81221	81304	81509
77372	80347	81222	81310	81510
77373	80348	81223	81315	81511
77385	80349	81224	81316	81512
77386	80350	81225	81317	81599
77401	80351	81226	81318	82075
77402	80352	81227	81319	82962
77407	80353	81235	81321	83987
77412	80354	81240	81322	84061
77417	80355	81241	81323	84145
77422	80356	81242	81324	84431
77423	80357	81243	81325	84830
77424	80358	81244	81326	86079
77425	80359	81245	81330	86305
77520	80360	81250	81331	86890
77522	80361	81251	81332	86891
77523	80362	81252	81340	86910
77525	80363	81253	81341	86911
77790	80364	81254	81342	86927
78267	80365		81350	86930
78268	80366		81355	86931

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602 Nonpayable CPT Codes (cont.)

86932	89322	90880	94005	97171
86945	89325	90885	94015	97172
86950	89329	90889	94644	97537
86960	89330	90901	94645	97545
86965	89331	90911	95012	97546
86985	89335	90940	95052	97755
87150	89342	90989	95120	98940
87153	89343	90993	95125	98941
87493	89344	90997	95130	98942
88000	89346	90999	95131	98943
88005	89352	91112	95132	98960
88007	89353	91132	95133	98961
88012	89354	91133	95134	98962
88014	89356	92314	95824	98966
88016	89398	92315	95965	98967
88020	90281	92316	95966	98968
88025	90283	92317	95967	98969
88027	90284	92325	95992	99000
88028	90287	92352	96000	99001
88029	90384	92353	96001	99002
88036	90386	92354	96002	99024
88037	90389	92355	96003	99026
88040	90396	92358	96004	99027
88045	90586	92371	96040	99053
88099	90633	92531	96101	99056
88125	90634	92532	96102	99058
88333	90644	92533	96103	99060
88334	90647	92534	96105	99071
88738	90648	92548	96111	99075
88749	90653	92559	96116	99078
89250	90680	92560	96118	99080
89251	90685	92561	96119	99082
89253	90687	92562	96120	99090
89254	90697	92564	96125	99091
89255	90698	92597	96127	99100
89257	90700	92605	96150	99116
89258	90702	92606	96151	99135
89259	90710	92613	96152	99140
89260	90723	92615	96153	99151
89261	90739	92617	96154	99152
89264	90743	92630	96155	99153
89268	90744	92633	96376	99155
89272	90748	93660	96567	99156
89280	90845	93668	96902	99157
89281	90863	93702	96904	99172
89290	90865	93770	97014	99174
89291	90875	93786	97169	99177
89321	90876	93895	97170	99190

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602 Nonpayable CPT Codes (cont.)

99191	99354	99380	99448	99503
99192	99355	99401	99449	99504
99241	99356	99402	99450	99505
99242	99357	99403	99455	99506
99243	99358	99404	99456	99507
99244	99359	99406	99485	99509
99245	99360	99408	99486	99510
99251	99363	99409	99487	99511
99252	99364	99411	99489	99512
99253	99366	99412	99490	99601
99254	99367	99429	99495	99602
99255	99368	99441	99496	99605
99288	99374	99442	99497	99606
99315	99375	99443	99498	99607
99316	99377	99444	99500	
99339	99378	99446	99501	
99340	99379	99447	99502	

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**

CD: MassHealth-specified clinical documentation must be submitted.

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  $\geq 19$ . This code is older; available free of charge through payable only for members aged 19 or

the Massachusetts Immunization Program for children 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.

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

<b>Legend</b>	<u>Service Code</u>	<u>Req. or Limit</u>
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.	01999 11920 11921 11950  11951	IC PA PA CD (covered with diagnosis of lipodystrophy associated with or secondary to HIV only) CD (covered with diagnosis of lipodystrophy associated with or secondary to HIV only)
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.	11952	CD (covered with diagnosis of lipodystrophy associated with or secondary to HIV only)
IC: Claim requires individual consideration. See 130 CMR 433.406 for more information.	11954	CD (covered with diagnosis of lipodystrophy associated with or secondary to HIV only)
PA for OMT > 20: Prior authorization is required for more than 20 osteopathic manipulative therapy visits in a 12-month period.	11970 11971	PA (for gender dysphoria-related services only) PA (for gender dysphoria-related services only)
PA for OT > 20: Prior authorization is required for more than 20 occupational therapy visits in a 12-month period.	15820 15821	PA PA
PA for PT > 20: Prior authorization is required for more than 20 physical therapy visits, regardless of modality, in a 12-month period.	15822 15823 15830 15832 15833	PA PA PA PA PA
PA for ST > 35: Prior authorization is required for more than 35 speech/language therapy visits in a 12-month period.	15834 15835 15836 15837	PA PA PA PA
PA for Units > 8: Prior authorization is required for claims submitted with greater than 8 units on a given date of service.	15838 15839 15876	PA PA CD; IC (covered with diagnosis of lipodystrophy associated with or secondary to HIV only)
PA: Service requires prior authorization. See 130 CMR 433.408 for more information.	15877	CD; IC (covered with diagnosis of lipodystrophy associated with or secondary to HIV only)
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.		



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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>
15878	CD; IC (covered with diagnosis of lipodystrophy associated with or secondary to HIV only)	21193	PA
		21194	PA
		21195	PA
		21196	PA
15879	CD; IC (covered with diagnosis of lipodystrophy associated with or secondary to HIV only)	21198	PA
		21199	PA
		21206	PA
		21208	PA
15999	IC	21209	PA
17380	PA (covered in preparation for gender affirming surgery only)	21210	PA
		21215	PA
		21230	PA
		21235	PA
17999	PA; IC	21240	PA
19300	PA	21242	PA
19303	PA (for gender dysphoria-related services only)	21243	PA
		21244	PA
19304	PA (for gender dysphoria-related services only)	21247	PA
		21255	PA
19316	PA	21256	PA
19318	PA	21299	PA; IC
19324	PA	21499	IC
19325	PA	21742	IC
19328	PA	21743	IC
19350	PA	21899	IC
19499	IC	22857	PA
20999	IC	22862	PA
21088	IC	22865	PA
21089	IC	22899	IC
21137	PA	22999	IC
21138	PA	23929	IC
21139	PA	24940	IC
21146	PA	24999	IC
21147	PA	25999	IC
21150	PA	26989	IC
21151	PA	27299	IC
21154	PA	27599	IC
21155	PA	27899	IC
21159	PA	28890	PA
21160	PA	28899	IC
21172	PA	29799	IC
21188	PA	29800	PA

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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>
29804	PA	39499	IC
29999	IC	39599	IC
30400	PA	40799	IC
30410	PA	40840	PA
30420	PA	40842	PA
30430	PA	40843	PA
30435	PA	40844	PA
30450	PA	40845	PA
30999	IC	40899	IC
31299	IC	41599	IC
31599	IC	41820	PA; IC
31899	IC	41821	IC
32851	PA	41850	IC
32852	PA	41899	IC
32853	PA	42280	PA
32854	PA	42281	PA
32999	IC	42299	IC
33935	PA	42699	IC
33945	PA	42999	IC
33981	IC	43289	IC
33982	IC	43499	IC
33983	IC	43644	PA
33999	IC	43645	PA
34841	IC	43647	PA; IC
34842	IC	43648	IC
34843	IC	43659	IC
34844	IC	43770	PA
34845	IC	43771	PA
34846	IC	43772	PA
34847	IC	43773	PA
34848	IC	43774	PA
36299	IC	43775	PA
36470	PA	43846	PA
36471	PA	43847	PA
37501	IC	43848	PA
37799	IC	43881	PA; IC
38129	IC	43882	IC
38230	PA	43886	PA
38240	PA	43887	PA
38241	PA	43888	PA
38242	PA	43999	IC
38589	IC	44133	IC
38999	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>
44135	PA; IC	54699	IC
44136	PA; IC	55175	PA (for gender dysphoria-related services only)
44238	IC	55180	PA (for gender dysphoria-related services only)
44799	IC	55250	CS-18 or CS-21
44899	IC	55450	CS-18 or CS-21
44979	IC	55559	IC
45499	IC	55899	IC; PA (for gender dysphoria-related services only)
45999	IC	55970	PA, IC
46999	IC	55980	PA, IC
47135	PA	56620	PA (for gender dysphoria-related services only)
47379	IC	56625	PA (for gender dysphoria-related services only)
47399	IC	56800	PA
47579	IC	56805	IC
47999	IC	57110	PA (for gender dysphoria-related services only)
48554	PA	57291	PA (for gender dysphoria-related services only)
48999	IC	57292	PA (for gender dysphoria-related services only)
49329	IC	57335	IC
49659	IC	58150	HI-1; PA (for gender dysphoria-related services only)
49906	IC	58152	HI-1
49999	IC	58180	HI-1; PA (for gender dysphoria-related services only)
50549	IC	58200	HI-1
50949	IC	58210	HI-1
51925	HI-1	58240	HI-1
51999	IC	58260	HI-1; PA (for gender dysphoria-related services only)
53430	PA (for gender dysphoria-related services only)	58262	HI-1; PA (for gender dysphoria-related services only)
53899	IC	58263	HI-1
54125	PA (for gender dysphoria-related services only)		
54400	PA		
54401	PA		
54405	PA		
54440	IC		
54520	PA (for gender dysphoria-related services only)		
54660	PA (for gender dysphoria-related services only)		
54690	PA (for gender dysphoria-related services only)		

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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>
58267	HI-1	58571	HI-1; PA (for gender dysphoria-related services only)
58270	HI-1		
58275	HI-1		
58280	HI-1	58572	HI-1; PA (for gender dysphoria-related services only)
58285	HI-1		
58290	HI-1; PA (for gender dysphoria-related services only)	58573	HI-1; PA (for gender dysphoria-related services only)
58291	HI-1; PA (for gender dysphoria-related services only)	58578	IC
		58579	IC
58292	HI-1	58600	CS-18 or CS-21
58293	HI-1	58605	CS-18 or CS-21
58294	HI-1	58611	CS-18 or CS-21
58541	HI-1; PA (for gender dysphoria-related services only)	58615	CS-18 or CS-21
		58661	CS-18* or CS-21*; PA (for gender dysphoria-related services only)
58542	HI-1; PA (for gender dysphoria-related services only)	58670	CS-18 or CS-21
		58671	CS-18 or CS-21
58543	HI-1; PA (for gender dysphoria-related services only)	58679	IC
		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
58548	HI-1	58999	IC; PA (for gender dysphoria-related services only)
58550	HI-1; PA (for gender dysphoria-related services only)	59135	HI-1
		59525	HI-1
58552	HI-1; PA (for gender dysphoria-related services only)	59840	CPA-2
		59841	CPA-2
		59850	CPA-2
58553	HI-1; PA (for gender dysphoria-related services only)	59851	CPA-2
		59852	CPA-2
		59855	CPA-2
58554	HI-1; PA (for gender dysphoria-related services only)	59856	CPA-2
		59857	CPA-2
		59898	IC
58565	CS-18 or CS-21	59899	IC
58570	HI-1; PA (for gender dysphoria-related services only)	60659	IC
		60699	IC
		64650	PA

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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>
64653	PA	78599	IC
64999	IC	78699	IC
65757	IC	78799	IC
65785	PA	78999	IC
66999	IC	79999	IC
67299	IC	78699	IC
67399	IC	78799	IC
67599	IC	78999	IC
67900	PA	79999	IC
67901	PA	81099	IC
67902	PA	81211	PA
67903	PA	81212	PA
67904	PA	81215	PA
67906	PA	81217	PA
67908	PA	81420	PA
67999	IC	81479	IC
68399	IC	81507	PA
68899	IC	81519	PA
69300	PA	84999	IC
69399	IC	85999	IC
69710	IC	86849	IC
69799	IC	86999	IC
69930	PA	87999	PA; IC
69949	IC	88199	IC
69979	IC	88299	IC
74261	PA	88399	IC
74262	PA	89240	IC
76499	IC	90288	IC
76999	IC	90291	IC
77058	PA	90296	IC
77059	PA	90378	PA; IC
77061	IC	90393	PA; IC
77062	IC	90399	IC
77299	IC	90476	IC
77387	IC	90477	IC
77399	IC	90581	IC
77499	IC	90620	IC
77799	IC	90621	IC
78099	IC	90625	IC
78199	IC	90630	IC; Covered for members $\geq$
78299	IC		19; available free of charge
78399	IC		through the Massachusetts
78499	IC		Immunization Program for

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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>
	children younger than 19 years of age	90667	IC
90632	Covered for adults $\geq$ 19; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age	90668 90670	IC IC IC; Covered for members $\geq$ 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	90672	IC; Covered for members $>$ 19 $<$ 49; 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 years; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age	90673	IC; Covered for members $\geq$ 19; 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 years; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age	90676 90681	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
90666	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>
	through the Massachusetts Immunization Program for children younger than 19 years of age	90935	For hospitalized member only; not for chronic maintenance
		90937	For hospitalized member only; not for chronic maintenance
90713	Covered for members $\geq$ 19; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age	90945	For hospitalized member only; not for chronic maintenance
		90947	For hospitalized member only; not for chronic maintenance
90715	Covered for members $\geq$ 19; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age	90952	IC
		90953	IC
		91110	PA
		91111	PA
		91299	IC
90716	Covered for members $\geq$ 19; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age	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
90732	Covered for members $\geq$ 19; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age	92326	PA
		92499	IPC
		92507	PA for ST >35
		92508	PA for ST >35
		92521	PA for ST >35
		92522	PA for ST >35
90734	IC; Covered for members $\geq$ 19; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age	92523	PA for ST >35
		92524	PA for ST >35
		92526	PA for ST >35
		92588	IC
		92610	PA for ST >35
		92700	IC
90736	IC; PA is required for members less than age 50	92992	IC
		92993	IC
90738	IC	93229	IC
90749	IC	93299	IC
90867	IC	93745	IC
90868	IC	93799	IC
90899	IC	93998	IC
		94669	PA

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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>
94772	IC	97164	PA for PT >20
94774	IC	97165	PA for OT >20
94775	IC	97166	PA for OT >20
94776	IC	97010	PA for PT >20
94777	IC	97012	PA for PT >20
94799	IC	97016	PA for PT >20
95199	IC	97018	PA for PT >20
95803	IC	97022	PA for PT >20
95999	IC	97024	PA for PT >20
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.	97026	PA for PT >20
		97028	PA for PT >20
		97032	PA for PT >20
		97033	PA for PT >20
		97034	PA for PT >20
		97035	PA for PT >20
		97036	PA for PT >20
		97039	PA for PT >20; IC
		97110	PA for PT >20
		97112	PA for PT >20
		97036	PA for PT >20
		97039	PA for PT >20; IC
		97110	PA for PT >20
		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	
96379	IC	97607	IC
96549	IC	97608	IC
96931	IC	97610	IC
96932	IC	97760	PA for OT >20
96933	IC	97761	PA for OT >20
96934	IC	97762	PA for OT >20
96935	IC	97799	IC
96936	IC	98925	PA for OMT >20
99177	IC	98926	PA for OMT >20
96999	IC	98927	PA for OMT >20
97161	PA for PT >20	98928	PA for OMT >20
97162	PA for PT >20	98929	PA for OMT >20
97163	PA for PT >20		



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99050	Urgent care only
99051	Urgent care only
99070	IC; excluding family planning supplies, such as trays, used in used in the collection of specimens
99188	Once per three-month period
99195	For hematologic disorders only
99199	IC
99499	IC
99600	IC

#### 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
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

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604 Payable HCPCS Level II Service Codes (cont.)

<u>Service Code</u>	<u>Service Description</u>
	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
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
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

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604 Payable HCPCS Level II Service Codes (cont.)

Service

<u>Code</u>	<u>Service Description</u>
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)
J0570	Buprenorphine implant, 74.2 mg (PA)
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
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)

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604 Payable HCPCS Level II Service Codes (cont.)

Service

Code

Service Description

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, dexamethosone sodium phosphate, 1 mg
J1130	Injection, diclofenac sodium, 0.5 mg (PA) (IC)
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)
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)

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604 Payable HCPCS Level II Service Codes (cont.)

Service

<u>Code</u>	<u>Service Description</u>
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)
J1942	Injection, aripiprazole lauroxil, 1 mg (PA) (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
J2182	Injection, mepolizumab, 1 mg (PA) (IC)
J2212	Injection, methyl naltrexone, 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, 10 mg
J2300	Injection, nalbuphine HCl, per 10 mg

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604 Payable HCPCS Level II Service Codes (cont.)

Service

Code

Service Description

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
J2786	Injection, reslizumab, 1 mg (PA) (IC)
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
J2840	Injection, sebelipase alfa, 1 mg (PA) (IC)
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 acetate, not otherwise specified, 10 mg
J3302	Injection, triamcinolone diacetate, per 5 mg
J3303	Injection, triamcinolone hexacetate, 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

Code

Service Description

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
J7320	Hyaluronan or derivative, GenVisc 850, for intra-articular injection, 1 mg (PA)
J7320	Hyaluronan or derivative, GenVisc 850, for intra-articular injection, 1 mg (PA)
J7321	Hyaluronan or derivative, Hyalgan or Supartz, for intra-articular injection, per dose (PA)
J7322	Hyaluronan or derivative, Hymovis, for intra-articular injection, 1 mg (PA) (IC)
J7322	Hyaluronan or derivative, Hymovis, for intra-articular injection, 1 mg (PA) (IC)
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)
J7342	Installation, ciprofloxacin otic suspension, 6 mg (IC)
J7342	Installation, ciprofloxacin otic suspension, 6 mg (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)



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604 Payable HCPCS Level II Service Codes (cont.)

Service

<u>Code</u>	<u>Service Description</u>
J7639	Dornase alpha, inhalation solution, FDA-approved final product, noncompounded, administered through DME, unit dose form, per mg
J7644	Ipratropium bromide, inhalation solution, FDA-approved final product, noncompounded, administered through DME, unit dose form, per mg
J7665	Mannitol, administered through an inhaler, 5 mg (IC)
J7669	Metaproterenol sulfate, inhalation solution, FDA-approved final product, noncompounded, administered through DME, unit dose form, per 10 mg
J7676	Pentamidine isethionate, inhalation solution, compounded product, administered through DME, unit dose form, per 300 mg (IC)
J7682	Tobramycin, inhalation solution, FDA-approved final product, noncompounded, unit dose form, administered through DME, per 300 mg
J7686	Treprostinil, inhalation solution, FDA-approved final product, noncompounded, administered through DME, unit dose form, 1.74 mg (PA) (IC)
J7699	NOC drugs, inhalation solution administered through DME (IC)
J7799	NOC drugs, other than inhalation drugs, administered through DME (IC)
J7999	Compounded drug, not otherwise classified (IC)
J8562	Fludarabine phosphate, oral, 10 mg (IC)
J8655	Netupitant 300 mg and palonosetron 0.5 mg
J8670	Rolapitant, oral, 1 mg (PA) (IC)
J8670	Rolapitant, oral, 1 mg (PA) (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
J9034	Injection, bendamustine HCL (bendeka), 1 mg
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
J9145	Injection, daratumumab, 10 mg (PA)
J9155	Injection, degarelix, 1 mg (PA)
J9171	Injection, docetaxel, 1 mg
J9176	Injection, elotuzumab, 1 mg (PA)
J9178	Injection, epirubicin HCl, 2 mg

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604 Payable HCPCS Level II Service Codes (cont.)

Service

Code

Service Description

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)
J9205	Injection, irinotecan liposome, 1 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
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
J9295	Injection, necitumumab, 1 mg (PA)
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)
J9325	Injection, talimogene laherparepvec, per 1 million plaque forming units (PA)
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)

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604 Payable HCPCS Level II Service Codes (cont.)

Service

<u>Code</u>	<u>Service Description</u>
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
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

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604 Payable HCPCS Level II Service Codes (cont.)

<u>Service Code</u>	<u>Service Description</u>
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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>
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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 procedures
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

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605 Modifiers (cont.)

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

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605 Modifiers (cont.)

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

### 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
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

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605 Modifiers (cont.)

- 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.
- 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-

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605 Modifiers (cont.)

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.

**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. 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)* codebook.



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