

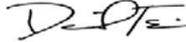


Commonwealth of Massachusetts
Executive Office of Health and Human Services
Office of Medicaid
www.mass.gov/masshealth



MassHealth
Transmittal Letter PHY-156
May 2019

TO: Physicians Participating in MassHealth

FROM: Daniel Tsai, Assistant Secretary for MassHealth 

RE: *Physician Manual* (2019 HCPCS Code Revisions; New Drug Codes and Prior-Authorization Requirements for Treatment of Varicose Veins of the Lower Extremities)

Summary

This letter transmits revisions to Subchapter 6 of the *Physician Manual* to incorporate 2019 Healthcare Common Procedure Coding System (HCPCS) coding updates, and also transmits certain additional drug codes and new prior authorization (PA) requirements for additional codes used for the treatment of varicose veins of the lower extremities, as specified below.

1. 2019 HCPCS/CPT Updates

The Centers for Medicare & Medicaid Services (CMS) has revised the HCPCS codes for 2019. MassHealth has updated Subchapter 6 of the *Physician Manual* to incorporate those 2019 HCPCS/Current Procedural Terminology (CPT) service code updates, as applicable. These 2019 HCPCS/CPT coding updates are effective **for dates of service on or after January 1, 2019**. MassHealth has also updated Subchapter 6 to reflect changes to special requirements or limitations for applicable codes.

2. New PA Requirements

(a) **PA Additions for Treatment of Varicose Veins of the Lower Extremities**

MassHealth has also updated Subchapter 6 to reflect that PA will be required for additional CPT codes used for the treatment of varicose veins of the lower extremities. This policy change does not affect CPT codes 36470 and 36471, which have both required PA for some time and will continue to require PA. However, MassHealth has expanded the list of CPT codes used for the treatment of varicose veins of the lower extremities for which physicians must obtain PA approval from MassHealth to also include the following additional codes. These additional codes will require PA, **effective for dates of service on or after May 31, 2019**.

PA Additions for Treatment of Varicose Veins of the Lower Extremities (cont.)

- Endovenous Ablation Therapy Services

Additional codes requiring PA

36465, 36466, 36473, 36474, 36475, 36476, 36478, and 36479.

- Ligation and Division of Long Saphenous Vein

Additional codes requiring PA

37700, 37718, 37722, 37735, 37760, 37761, 37765, 37766 and 37780.

A PA request for these services must be accompanied by clinical documentation to support medical necessity, as referenced in the current MassHealth *Guidelines for Medical Necessity Determination for Treatment of Varicose Veins of the Lower Extremities*, which may be accessed on the MassHealth website (www.mass.gov/masshealth/guidelines). As a condition of payment, PA approval from MassHealth must be obtained prior to the date of service.

(b) PA Additions for Drug Codes Administered By a Practitioner in the Office Setting

MassHealth has also updated the following additional drug codes in Subchapter 6. MassHealth will require PA approval from MassHealth for these codes when the services are practitioner-administered to a MassHealth Member in the office setting. These additional drug codes will require PA **effective for dates of service on or after May 31, 2019.**¹

J0517, J0572, J0573, J0574 J0575 J0584, J0592, J0599, J0640, J0641, J0712, J0878, J1170, J1301, J1454, J1458, J1459, J1460, J1628, J1743, J1746, J1750, J1885, J1931, J2170, J2175, J2270, J2274, J2278, J2469, J2504, J2794, J2797, J2916, J3030, J3243, J3285, J3304, J3315, J3397, J3591, J7316, J7318, J7329, J7340, J7518, J7527, J7599, J7682, J7699, J7799, J7999, J8655, J9020, J9032, J9035, J9057, J9153, J9173, J9215, J9225, J9226, J9229, J9311, J9312, J9390, Q5103, Q5104, Q5105, Q5106, Q5108, Q5110, Q9991, Q9992.

For dates of service on or after May 31, 2019, MassHealth will process PA requests for the above drug codes using MassHealth's standard procedures and protocols, and will deny payment to the provider for the drug if a required PA approval has not been obtained from MassHealth before the date of service (i.e., before the date that drug is administered). Providers are referred to the MassHealth Drug List (MHDL) for the MassHealth PA approval criteria that will apply to the drug. You can find the MHDL at <https://masshealthdruglist.ehs.state.ma.us/MHDL/>. The PA criteria may be updated from time to time.

¹ For certain drug codes in this list, PA will be required to exceed a certain number of units as indicated in Subchapter 6.

PA Additions for Treatment of Varicose Veins of the Lower Extremities
(cont.)

Additionally, when billing **unlisted codes J3490, J3590, or J9999**, please follow the PA guidelines that apply when the drug in question is designated on the MHDL as requiring PA.

MassHealth reviews requests for PA on the basis of medical necessity. If MassHealth approves the request, payment is still subject to all general conditions of MassHealth, including member eligibility, other insurance, and program restrictions.

MassHealth Website

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

To sign up to receive email alerts when MassHealth issues new transmittal letters and provider bulletins, send a blank email to join-masshealth-provider-pubs@listserv.state.ma.us. No text in the body or subject line is needed.

Questions

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

NEW MATERIAL

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

Physician Manual

Pages 6-1 through 6-26

OBSOLETE MATERIAL

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

Physician Manual

Pages 6-1 through 6-24 — transmitted by Transmittal Letter PHY-155

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601 Introduction

MassHealth providers must refer to the American Medical Association’s Current Procedural Terminology (CPT) 2019 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 (PA) 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.

Note: Rates paid by MassHealth for covered codes under this Subchapter 6 for drugs, vaccines, and immune globulins administered in a physician’s office are as specified in 101 CMR 317.00: *Medicine*. Subject to any other applicable provision in 101 CMR 317.00, the payment rates for these MassHealth-covered codes are equal to the fees listed in the Quarterly Average Sales Price (ASP) Medicare Part B Drug Pricing File. (See 101 CMR 317.03(1)(c)2 and 317.04(1)(a).). For applicable codes for drugs, vaccines, and immune globulins administered in a physician’s office that are listed in Section 603 or Section 604, below, with “IC,” payment set by IC will apply until such time as the code is listed and a rate set in the Quarterly ASP Medicare Part B Drug Pricing File, consistent with 101 CMR 317.04(1)(a).

602 Nonpayable CPT Codes

Regardless of nonpayable status, a physician may request PA 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	15792	19396	22526	33274
11922	15793	20930	22527	33275
15776	15824	20936	22841	33289
15780	15825	20985	22856	33930
15781	15826	21121	22858	33933
15782	15828	21122	22861	33940
15783	15829	21123	22864	33944
15786	15847	21245	32491	34839
15787	17340	21246	32850	36415
15788	17360	21248	32855	36416
15789	19355	21249	32856	36468

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602 Nonpayable CPT Codes (cont.)

36482	54901	77386	80354	81188
36483	55200	77401	80355	81189
36591	55300	77402	80356	81190
36592	55400	77407	80357	81200
36598	55870	77412	80358	81201
37785	58321	77417	80359	81202
38204	58322	77423	80360	81203
38207	58323	77424	80361	81204
38208	58345	77425	80362	81205
38209	58350	77520	80363	81206
38210	58750	77522	80364	81207
38211	58752	77523	80365	81208
38212	58760	77525	80366	81209
38213	58970	77790	80367	81210
38214	58974	78267	80368	81216
38215	58976	78268	80369	81220
41870	59070	78351	80370	81221
41872	59072	80320	80371	81222
43206	59412	80321	80372	81223
43252	59897	80322	80373	81224
43752	61630	80323	80374	81225
43842	61635	80324	80375	81226
43843	61640	80325	80376	81227
43845	61641	80326	80377	81233
44132	61642	80327	80500	81234
44381	62287	80328	80502	81235
44403	63043	80329	81105	81236
44404	63044	80330	81106	81237
44405	65760	80331	81107	81239
44406	65765	80332	81108	81240
44407	65767	80333	81109	81241
44408	65771	80334	81110	81242
44705	69090	80335	81111	81243
44715	71552	80336	81167	81244
45349	72159	80337	81171	81245
45350	72198	80338	81172	81250
45390	73225	80339	81173	81251
45393	74263	80340	81174	81252
45398	75571	80341	81177	81253
47133	76140	80342	81178	81254
47143	76390	80343	81179	81255
47144	76496	80344	81180	81256
47145	76497	80345	81181	81257
47383	76498	80346	81182	81260
48160	77086	80347	81183	81261
48550	77336	80348	81184	81262
48551	77370	80349	81185	81263
50300	77371	80350	81186	81264
50323	77372	80351	81187	81265
50325	77373	80352		81266
54900	77385	80353		

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602 Nonpayable CPT Codes (cont.)

81267	81343	84145	89260	90865
81270	81344	84431	89261	90875
81271	81345	84410	89264	90876
81274	81350	84830	89268	90880
81275	81355	86079	89272	90885
81284	81370	86305	89280	90889
81285	81371	86890	89281	90901
81286	81372	86891	89290	90911
81289	81373	86910	89291	90940
81290	81374	86911	89321	90989
81291	81375	86927	89322	90993
81292	81376	86930	89325	90997
81293	81377	86931	89329	90999
81294	81378	86932	89330	91112
81295	81379	86945	89331	91132
81296	81380	86950	89335	91133
81297	81381	86960	89342	92314
81298	81382	86965	89343	92315
81299	81383	86985	89344	92316
81300	81400	87150	89346	92317
81301	81401	87153	89352	92325
81302	81402	87493	89353	92352
81303	81403	88000	89354	92353
81304	81404	88005	89356	92354
81305	81405	88007	89398	92355
81306	81406	88012	90586	92358
81310	81407	88014	90587	92371
81312	81408	88016	90634	92531
81315	81413	88020	90644	92532
81316	81414	88025	90647	92533
81317	81422	88027	90648	92534
81318	81439	88028	90649	92548
81319	81443	88029	90650	92559
81320	81500	88036	90653	92560
81321	81503	88037	90655	92561
81322	81506	88040	90657	92562
81323	81508	88045	90680	92564
81324	81509	88099	90681	92597
81325	81510	88125	90685	92605
81326	81511	88333	90687	92606
81327	81512	88334	90689	92613
81329	81518	88738	90697	92615
81330	81521	88749	90698	92617
81331	81539	89250	90700	92630
81332	81541	89251	90702	92633
81333	81551	89253	90723	93264
81336	81596	89254	90743	93660
81337	81599	89255	90744	93668
81340	82075	89257	90748	93702
81341	82962	89258	90845	93770
81342	83987	89259	90863	93786

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602 Nonpayable CPT Codes (cont.)

93895	96152	98968	99252	99447
94005	96153	98969	99253	99448
94015	96154	99000	99254	99449
94644	96155	99001	99255	99450
94645	96160	99002	99288	99451
95012	96161	99024	99315	99452
95052	96376	99026	99316	99453
95120	96567	99027	99339	99454
95125	96570	99053	99340	99455
95130	96571	99056	99354	99456
95131	96573	99058	99355	99457
95132	96574	99060	99356	99484
95133	96902	99071	99357	99485
95134	96904	99075	99358	99486
95824	97014	99078	99359	99487
95965	97151	99080	99360	99489
95966	97152	99082	99366	99490
95967	97153	99091	99367	99491
95992	97154	99100	99368	99495
96000	97155	99116	99374	99496
96004	97156	99135	99375	99497
96040	97157	99140	99377	99498
96105	97158	99151	99378	99500
96112	97169	99152	99379	99501
96113	97170	99153	99380	99502
96116	97171	99155	99401	99503
96121	97172	99156	99402	99504
96125	97537	99157	99403	99505
96127	97545	99172	99404	99506
96130	97546	99174	99406	99507
96131	97755	99177	99408	99509
96132	98940	99190	99409	99510
96133	98941	99191	99411	99511
96136	98942	99192	99412	99512
96137	98943	99241	99429	99601
96138	98960	99242	99441	99602
96139	98961	99243	99442	99605
96146	98962	99244	99443	99606
96150	98966	99245	99444	99607
96151	98967	99251	99446	

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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 PA, 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; and must be accompanied by modifiers found in Section 605 under Modifiers for Behavioral Health Screening. Covered for members \geq 19. This code is payable only for members age 19 or older; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age.
CPA-2	A completed <i>Certification of Payable Abortion Form</i> must be completed for all induced abortions, except medically induced abortions.
CS-18 or CS-21	A completed <i>Sterilization Consent Form</i> (CS-18 for members aged 18 through 20 years; CS-21 form for members aged 21 and older) must be submitted. See 130 CMR 433.456 through 433.458 for more information.
CS-18* or CS-21*	A completed <i>Sterilization Consent Form</i> (CS-18 form for members aged 18 through 20; CS-21 for members aged 21 and older) must be submitted, except if the conditions of 130 CMR 433.458(D)(2) and (3) are met. See 130 CMR 433.456 through 433.458 for more information and other submission requirements.
HI-1	A completed <i>Hysterectomy Information Form</i> must be completed. See 130 CMR 450.235: <u>Overpayments</u> through 450.260: <u>Monies Owed by Providers</u> and 130 CMR 433.459 for more information.
IC	Claim requires individual consideration. See 130 CMR 433.406 for more information.
PA	Service requires prior authorization. See 130 CMR 433.408 for more information.
PA for OMT > 20	Prior authorization is required for more than 20 osteopathic manipulative therapy visits in a 12-month period.

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

Legend (cont.)

PA for OT > 20

Prior authorization is required for more than 20 occupational therapy visits in a 12-month period.

PA for PT > 20

Prior authorization is required for more than 20 physical therapy visits, regardless of modality, in a 12-month period.

PA for ST > 35

Prior authorization is required for more than 35 speech/language therapy visits in a 12-month period.

PA for Units > 8

Prior authorization is required for claims submitted with greater than 8 units on a given date of service. Urgent Care Only: Service Codes 99050 and 99051 may be used only for urgent care provided in the office after hours, in addition to the basic service.

Service

Code Requirement or Limitation

01999	IC
11920	PA
11921	PA
11950	CD (covered with diagnosis of lipodystrophy associated with, or secondary to, HIV only)
11951	CD (covered with diagnosis of lipodystrophy associated with, or secondary to, HIV only)
11952	CD (covered with diagnosis of lipodystrophy associated with, or secondary to, HIV only)
11954	CD (covered with diagnosis of lipodystrophy associated with, or secondary to, HIV only)
11970	PA (for gender dysphoria-related services only)
11971	PA (for gender dysphoria-related services only)
15820	PA
15821	PA
15822	PA
15823	PA
15830	PA
15832	PA
15833	PA
15834	PA
15835	PA
15836	PA
15837	PA
15838	PA
15839	PA
15876	CD; IC (covered with diagnosis of lipodystrophy associated with, or secondary to, HIV only)
15877	CD; IC (covered with diagnosis of lipodystrophy associated with, or secondary to, HIV only)

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

Service

Code Requirement or Limitation

- 15878 CD; IC (covered with diagnosis of lipodystrophy associated with, or secondary to, HIV only)
- 15879 CD; IC (covered with diagnosis of lipodystrophy associated with, or secondary to, HIV only)
- 15999 IC
- 17380 PA (covered in preparation for gender affirming surgery only)
- 17999 PA; IC
- 19300 PA
- 19303 PA (for gender dysphoria-related services only)
- 19304 PA (for gender dysphoria-related services only)
- 19316 PA
- 19318 PA
- 19324 PA
- 19325 PA

Service

Code Req. or Limit

Service

Code Req. or Limit

Service

Code Req. or Limit

- | | | |
|----------|--------------|----------|
| 19328 PA | 21196 PA | 22865 PA |
| 19340 PA | 21198 PA | 22899 IC |
| 19350 PA | 21199 PA | 22999 IC |
| 19499 IC | 21206 PA | 23929 IC |
| 20999 IC | 21208 PA | 24940 IC |
| 21088 IC | 21209 PA | 24999 IC |
| 21089 IC | 21210 PA | 25999 IC |
| 21137 PA | 21215 PA | 26989 IC |
| 21138 PA | 21230 PA | 27299 IC |
| 21139 PA | 21235 PA | 27445 PA |
| 21146 PA | 21240 PA | 27446 PA |
| 21147 PA | 21242 PA | 27447 PA |
| 21150 PA | 21243 PA | 27486 PA |
| 21151 PA | 21244 PA | 27487 PA |
| 21154 PA | 21247 PA | 27488 PA |
| 21155 PA | 21255 PA | 27599 IC |
| 21159 PA | 21256 PA | 27899 IC |
| 21160 PA | 21299 PA; IC | 28890 PA |
| 21172 PA | 21499 IC | 28899 IC |
| 21175 PA | 21742 IC | 29799 IC |
| 21188 PA | 21743 IC | 29800 PA |
| 21193 PA | 21899 IC | 29804 PA |
| 21194 PA | 22857 PA | 29870 PA |
| 21195 PA | 22862 PA | 29873 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>	<u>Service Code</u>	<u>Req. or Limit</u>
29874	PA	34845	IC	40845	PA
29875	PA	34846	IC	40899	IC
29876	PA	34847	IC	41599	IC
29877	PA	34848	IC	41820	PA; IC
29879	PA	36299	IC	41821	IC
29880	PA	36465	PA ¹	41850	IC
29881	PA	36466	PA ¹	41899	IC
29882	PA	36470	PA	42280	PA
29883	PA	36471	PA	42281	PA
29884	PA	36473	PA ¹	42299	IC
29885	PA	36474	PA ¹	42699	IC
29886	PA	36475	PA ¹	42999	IC
29887	PA	36476	PA ¹	43289	IC
29888	PA	36478	PA ¹	43496	IC
29889	PA	36479	PA ¹	43499	IC
29999	IC	37195	IC	43644	PA
30400	PA	37216	IC	43645	PA
29888	PA	37501	IC	43647	PA; IC
30410	PA	37700	PA ¹	43648	IC
30420	PA	37718	PA ¹	43659	IC
30430	PA	37722	PA ¹	43770	PA
30435	PA	37735	PA ¹	43771	PA
30450	PA	37760	PA ¹	43772	PA
30999	IC	37761	PA ¹	43773	PA
31299	IC	37765	PA ¹	43774	PA
31599	IC	37766	PA ¹	43775	PA
31899	IC	37780	PA ¹	43846	PA
32851	PA	37799	PA; IC	43847	PA
32852	PA	38129	IC	43848	PA
32853	PA	38230	PA	43881	PA; IC
32854	PA	38240	PA	43882	IC
32999	IC	38241	PA	43886	PA
33935	PA	38242	PA	43887	PA
33945	PA	38589	IC	43888	PA
33981	IC	38999	IC	43999	IC
33982	IC	39499	IC	44135	PA; IC
33983	IC	39599	IC	44136	PA; IC
33999	IC	40799	IC	44137	PA; IC
34841	IC	40840	PA	44238	IC
34842	IC	40842	PA	44799	IC
34843	IC	40843	PA	44899	IC
34844	IC	40844	PA	44979	IC

¹Effective date for this prior-authorization requirement is for dates of service on or after 05/31/19.

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

Service

Code Requirement or Limitation

45399 IC
45499 IC
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
50949 IC
51925 HI-1
51999 IC
53430 PA (for gender dysphoria-related services only)
53899 IC
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)
54699 IC
55175 PA (for gender dysphoria-related services only)
55180 PA (for gender dysphoria-related services only)
55250 CS-18 or CS-21
55559 IC
55899 PA; IC (for gender dysphoria-related services only)
55970 PA; IC
55980 PA; IC
56620 PA (for gender dysphoria- related services only)
56625 PA (for gender dysphoria-related services only)
56800 PA

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

Service

Code Requirement or Limitation

56805	IC
57110	PA (for gender dysphoria-related services only)
57291	PA (for gender dysphoria-related services only)
57292	PA (for gender dysphoria-related services only)
57335	IC
58150	HI-1; PA (for gender dysphoria-related services only)
58152	HI-1
58180	HI-1; PA (for gender dysphoria-related services only)
58200	HI-1
58210	HI-1
58240	HI-1
58260	HI-1; PA (for gender dysphoria-related services only)
58262	HI-1; PA (for gender dysphoria-related services only)
58263	HI-1
58267	HI-1
58270	HI-1
58275	HI-1
58280	HI-1
58285	HI-1
58290	HI-1; PA (for gender dysphoria-related services only)
58291	HI-1; PA (for gender dysphoria-related services only)
58292	HI-1
58293	HI-1
58294	HI-1
58541	HI-1; PA (for gender dysphoria-related services only)
58542	HI-1; PA (for gender dysphoria-related services only)
58543	HI-1; PA (for gender dysphoria-related services only)
58544	HI-1; PA (for gender dysphoria-related services only)
58548	HI-1
58550	HI-1; PA (for gender dysphoria-related services only)
58552	HI-1; PA (for gender dysphoria-related services only)
58553	HI-1; PA (for gender dysphoria-related services only)
58554	HI-1; PA (for gender dysphoria-related services only)
58565	CS-18 or CS-21
58570	HI-1; PA (for gender dysphoria-related services only)
58571	HI-1; PA (for gender dysphoria-related services only)
58572	HI-1; PA (for gender dysphoria-related services only)
58573	HI-1; PA (for gender dysphoria-related services only)
58575	HI-1; PA (for gender dysphoria-related services only)
58578	IC
58579	IC
58600	CS-18 or CS-21

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

Service

Code Requirement or Limitation

58605 CS-18 or CS-21
 58611 CS-18 or CS-21
 58615 CS-18 or CS-21
 58661 CS-18* or CS-21*; PA (for gender dysphoria-related services only)
 58670 CS-18 or CS-21
 58671 CS-18 or CS-21
 58679 IC
 58720 CS-18* or CS-21*; PA (for gender dysphoria-related services only)
 58951 HI-1
 58956 HI-1
 58999 IC; PA (for gender dysphoria-related services only)

Service

Code Requirement or Limitation

59525 HI-1
 59135 HI-1
 59840 CPA-2
 59841 CPA-2
 59850 CPA-2
 59851 CPA-2
 59852 CPA-2
 59855 CPA-2
 59856 CPA-2
 59857 CPA-2
 59898 IC
 59899 IC
 60659 IC
 60699 IC
 62380 IC
 64650 PA
 64653 PA
 64999 IC
 65757 IC
 65785 PA
 66999 IC
 67299 IC

Service

Code Requirement or Limitation

67399 IC
 67599 IC
 67900 PA
 67901 PA
 67902 PA
 67903 PA
 67904 PA
 67906 PA
 67908 PA
 67999 IC
 68399 IC
 68899 IC
 69300 PA
 69399 IC
 69710 IC
 69799 IC
 69930 PA
 69949 IC
 69979 IC
 74261 PA
 74262 PA
 76499 IC

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

<u>Service Code</u>	<u>Requirement or Limitation</u>	<u>Service Code</u>	<u>Requirement or Limitation</u>
76999	IC	81509	IC
77046	PA	81510	IC
77047	PA	81511	IC
77048	PA	81512	IC
77049	PA	81519	PA; IC
77061	IC	84999	IC
77062	IC	88199	IC
77299	IC	85999	IC
77387	IC	86849	IC
77399	IC	86999	IC
77499	IC	87999	PA; IC
77799	IC	88299	IC
78099	IC	81266	PA
78199	IC	88399	IC
78299	IC	81265	PA
78399	IC	89240	IC
78499	IC	90281	IC
78599	IC	90283	IC
78699	IC	90284	IC
78799	IC	90287	IC
78999	IC	90288	IC
79999	IC	90296	IC
81099	IC	90378	PA; IC
81162	PA	90384	IC
81163	PA	90385	IC
81164	PA	90386	IC
81212	PA	90389	IC
81215	PA	90393	PA; IC
81217	PA	90396	IC
81220	IC	90399	IC
81228	PA; IC	90476	IC
81229	PA; IC	90477	IC
81420	PA; IC	90581	IC
81479	IC	90620	IC
81507	PA; IC	90621	IC
81508	IC	90625	IC

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

Service

Code Requirement or Limitation

- 90630 Covered for members ≥ 19 ; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age
- 90632 Covered for adults ≥ 19 ; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age
- 90633 IC; Covered for members ≥ 19 ; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age
- 90636 Covered for members ≥ 19 ; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age
- 90651 IC; Covered for members aged 19 to 45 years; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age
- 90654 IC; Covered for members ≥ 19 ; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age
- 90658 IC; Covered for members ≥ 19 ; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age
- 90660 IC; Covered for members ≥ 19 ; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age
- 90661 IC; Covered for members ≥ 19 ; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age
- 90664 IC
- 90666 IC
- 90667 IC
- 90668 IC
- 90670 Covered for members ≥ 19 ; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age
- 90672 Covered for members $> 19 < 49$; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age
- 90673 Covered for members ≥ 19 ; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age
- 90676 IC
- 90682 Covered for members ≥ 19 ; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age
- 90686 Covered for members ≥ 19 ; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age
- 90688 Covered for members ≥ 19 ; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age
- 90690 IC
- 90696 IC
- 90707 IC; Covered for members ≥ 19 ; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age

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

Service

Code Requirement or Limitation

- 90710 IC; Covered for members ≥ 19 ; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age
- 90713 IC; Covered for members ≥ 19 ; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age
- 90715 Covered for members ≥ 19 ; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age
- 90716 IC; Covered for members ≥ 19 ; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age
- 90717 IC; Covered for members ≥ 19 ; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age
- 90732 Covered for members ≥ 19 ; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age
- 90733 IC; Covered for members ≥ 19 ; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age
- 90734 IC; Covered for members ≥ 19 ; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age
- 90736 IC; PA is required for members younger than age 50
- 90738 IC
- 90739 Covered for members ≥ 19
- 90749 IC
- 90750 IC; PA required for members younger than age 50
- 90756 Covered for members ≥ 19 ; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age
- 90867 IC
- 90868 PA for >30 sessions per course of treatment; IC
- 90869 IC
- 90899 IC
- 90935 For hospitalized members only; not for chronic maintenance
- 90937 For hospitalized members only; not for chronic maintenance
- 90945 For hospitalized members only; not for chronic maintenance
- 90947 For hospitalized members only; not for chronic maintenance
- 90952 IC
- 90953 IC
- 91110 PA
- 91111 PA
- 91299 IC
- 92065 PA
- 92310 PA; includes supply of lenses
- 92311 PA; includes supply of lenses
- 92312 PA; includes supply of lenses

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

<u>Service Code</u>	<u>Requirement or Limitation</u>	<u>Service Code</u>	<u>Requirement or Limitation</u>	
92313	PA; includes supply of lenses	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.	
92326	PA			
92499	IC			
92507	PA for ST >35			
92508	PA for ST >35			
92521	PA for ST >35			
92522	PA for ST >35			
92523	PA for ST >35			
92524	PA for ST >35			
92526	PA for ST >35			
92558	IC			
92610	PA for ST >35			
92700	IC			
92925	IC			
92934	IC			
92938	IC			
92944	IC			
92992	IC	96377		IC
92993	IC	96379		IC
93229	IC	96549		IC
93299	IC	96931	IC	
93745	IC	96932	IC	
93799	IC	96933	IC	
93998	IC	96934	IC	
94669	PA	96935	IC	
94772	IC	96936	IC	
94774	IC	96999	IC	
94775	IC	97010	PA for PT >20	
94776	IC	97012	PA for PT >20	
94777	IC	97016	PA for PT >20	
94799	IC	97018	PA for PT >20	
95199	IC	97022	PA for PT >20	
95941	IC	97024	PA for PT >20	
95943	IC	97026	PA for PT >20	
95999	IC	97028	PA for PT >20	

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

<u>Service Code</u>	<u>Requirement or Limitation</u>	<u>Service Code</u>	<u>Requirement or Limitation</u>
97032	PA for PT >20	97760	PA for OT >20
97033	PA for PT >20	97761	PA for OT >20
97034	PA for PT >20	97763	PA for OT >20
97035	PA for PT >20	97799	IC
97036	PA for PT >20	97810	PA >20
97039	PA for PT >20; IC	97811	PA>20
97110	PA for PT >20	97813	PA >20
97112	PA for PT >20	97814	PA>20
97113	PA for PT >20	98925	PA for OMT >20
97116	PA for PT >20	98926	PA for OMT >20
97124	PA for PT >20	98927	PA for OMT >20
97127	PA for PT >20	98928	PA for OMT >20
97139	PA for PT >20; IC	98929	PA for OMT >20
97161	PA for PT >20	99050	Urgent care only
97162	PA for PT >20	99051	Urgent care only
97164	PA for PT >20	99070	IC; excluding family planning supplies, such as trays used in used in the collection of specimens
97165	PA for PT >20		
97166	PA for PT >20		
97167	PA for PT >20		
97168	PA for PT >20	99188	Once per three-month period
97530	PA for OT >20	99195	For hematologic disorders only
97533	PA for OT >20	99199	IC
97535	PA for OT >20	99499	IC
97542	PA for OT >20	99600	IC
97602	IC		
97607	IC		
97608	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 these 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.

<u>Service Code</u>	<u>Req. or Limit</u>	<u>Service Code</u>	<u>Req. or Limit</u>	<u>Service Code</u>	<u>Req. or Limit</u>
A4261	IC	A9500	IC	A9576	
A4266		A9502	IC	A9577	
A4267		A9503	IC	A9578	
A4268		A9505	IC	A9579	
A4269		A9512	IC	A9581	
A4641	IC	A9537	IC	A9585	
A4648	IC	A9575		A9606	PA; IC

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604 Payable HCPCS Level II Service Codes (cont.)

<u>Service Code</u>	<u>Req. or Limit</u>	<u>Service Code</u>	<u>Req. or Limit</u>	<u>Service Code</u>	<u>Req. or Limit</u>
G0027		J0561		J0850	
G0105		J0565	PA	J0875	PA
G0108		J0570	PA	J0878	PA ¹
G0109		J0571	PA; IC	J0881	PA
G0121		J0572	PA ¹ >10.7 units; IC	J0882	PA
G0270		J0573	PA ¹ >5.4 units; IC	J0883	IC
G0271		J0574	PA ¹ >3.2 units; IC	J0884	IC
G0279		J0575	PA ¹ >4 units; IC	J0885	PA
G0297		J0584	PA ¹ ; IC	J0890	PA; IC
G0480		J0585	PA	J0894	
G0455	IC	J0586	PA	J0895	
G0481		J0587	PA	J0897	PA
G0482		J0588	PA	J1000	
G0483		J0592	PA ¹	J1020	
J0129	PA	J0594		J1030	
J0131	IC	J0596	PA	J1040	
J0135	PA; IC	J0598	PA	J1050	
J0153		J0599	PA ¹ ; IC	J1071	PA
J0171		J0604	IC	J1094	IC
J0178		J0636		J1100	
J0185		J0637		J1130	PA; IC
J0202	PA	J0638	PA	J1160	
J0215	PA; IC	J0640	PA ¹	J1170	PA ¹ >8 units
J0221	PA	J0641	PA ¹	J1190	
J0256		J0670		J1200	
J0257		J0690		J1212	
J0285		J0692		J1240	
J0287		J0694		J1260	IC
J0289		J0696		J1290	
J0290		J0697		J1300	PA
J0295		J0702		J1301	PA ¹ ; IC
J0348		J0712	PA ¹	J1320	IC
J0364	IC	J0713		J1322	PA; IC
J0400	IC	J0715	IC	J1428	PA; IC
J0401		J0716	IC	J1438	PA; IC
J0456		J0717	PA	J1439	PA
J0461		J0720		J1442	PA
J0470		J0740		J1447	
J0475		J0743		J1453	
J0476		J0770		J1454	PA ¹ >2 units
J0485	PA	J0775	PA	J1455	IC
J0490	PA	J0780		J1458	PA ¹
J0517	PA ¹	J0834		J1459	PA ¹
J0558		J0840		J1460	PA ¹

¹Effective date for this prior-authorization requirement is for dates of service on or after 05/31/19.

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<u>Service Code</u>	<u>Req. or Limit</u>	<u>Service Code</u>	<u>Req. or Limit</u>	<u>Service Code</u>	<u>Req. or Limit</u>
J1555	PA	J1826	IC	J2502	PA; IC
J1556	PA	J1830	PA; IC	J2503	
J1557	PA	J1840	IC	J2504	PA ¹
J1559	PA	J1850	IC	J2505	
J1560	PA	J1885	PA ¹ >4 units	J2507	PA
J1561	PA	J1890	IC	J2510	
J1562	PA; IC	J1930		J2515	
J1566	PA	J1931	PA ¹	J2540	
J1568	PA	J1942	PA >1064 units	J2543	
J1569	PA	J1950	PA	J2545	
J1571		J1956		J2550	
J1572		J1990	IC	J2560	
J1573	IC	J2060		J2562	
J1575		J2150		J2675	
J1580		J2170	PA ¹ ; IC	J2680	
J1599	PA; IC	J2175	PA ¹	J2700	
J1602	PA	J2182	PA	J2704	
J1626		J2212	PA; IC	J2760	IC
J1627	PA > 10 units; IC	J2248		J2778	
J1628	PA ¹ ; IC	J2250		J2785	
J1630		J2265	IC	J2786	PA
J1642		J2270	PA ¹ >12 units	J2788	
J1644		J2274	PA ¹ >12 units	J2790	
J1645		J2278	PA ¹	J2791	
J1650		J2300		J2792	
J1652		J2310		J2793	PA; IC
J1655	IC	J2315		J2794	PA ¹ >100 units
J1670		J2323		J2795	
J1700	IC	J2326	PA; IC	J2796	PA
J1710	IC	J2350	PA	J2797	PA ¹ >166.5 units; IC
J1720		J2353		J2820	
J1726	PA; IC	J2354		J2840	PA; IC
J1729	PA; IC	J2355	IC	J2910	IC
J1740	PA	J2357	PA	J2916	PA ¹
J1743	PA ¹	J2358	PA >1 unit	J2920	
J1744	PA; IC	J2400		J2930	
J1745	PA	J2405		J2940	PA; IC
J1746	PA ¹ ; IC	J2407	PA	J2941	PA; IC
J1750	PA ¹	J2426	PA >819 units	J2997	
J1786	PA	J2430		J3000	
J1756	PA	J2440	IC	J3010	
J1790	IC	J2460	IC	J3030	PA ¹ ; IC
J1800		J2469	PA ¹ >250 units	J3060	PA
J1815					

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<u>Service Code</u>	<u>Req. or Limit</u>	<u>Service Code</u>	<u>Req. or Limit</u>	<u>Service Code</u>	<u>Req. or Limit</u>
J3090	PA	J7120		J7510	
J3095	PA	J7131	IC	J7511	
J3110	PA; IC	J7170		J7512	
J3121	PA	J7177	IC	J7515	
J3145	PA	J7203	IC	J7517	
J3230		J7205		J7518	PA ¹
J3240		J7296	IC	J7520	
J3243	PA ¹	J7297	IC	J7527	PA ¹
J3250		J7298	IC	J7599	PA ¹
J3262	PA	J7300	IC	J7608	
J3285	PA ¹	J7301	IC	J7614	PA
J3300		J7303	IC	J7620	
J3301		J7304	IC	J7626	
J3302	IC	J7307	IC	J7633	IC
J3303	IC	J7309	IC	J7639	
J3304	PA ¹	J7310	IC	J7644	
J3315	PA ¹	J7311	IC	J7665	IC
J3357	PA	J7312		J7669	IC
J3360		J7313		J7676	IC
J3370		J7315	IC	J7682	PA ¹
J3380	PA	J7316	PA ¹	J7686	PA
J3385	PA	J7318	PA ¹ ; IC	J7699	PA ¹ ; IC
J3396		J7320	PA; IC	J7799	PA ¹ ; IC
J3397	PA ¹ ; IC	J7321	PA	J7999	PA ¹
J3410		J7322	PA; IC	J8562	IC
J3411		J7323	PA	J8655	PA ¹ >1 unit
J3430		J7324	PA	J8670	PA >180 units
J3465		J7325	PA	J9000	
J3471		J7326	PA; IC	J9015	IC
J3472	IC	J7327	PA	J9017	
J3473		J7328	PA; IC	J9019	PA
J3475		J7329	PA ¹ ; IC	J9020	PA ¹ ; IC
J3486		J7336	PA	J9022	PA
J3489	PA	J7340	PA ¹ ; IC	J9023	PA
J3490	IC	J7342	IC	J9025	
J3490-FP; IC		J7345	IC	J9031	
J3590	IC	J7500		J9032	PA ¹
J3591	PA ¹ ; IC	J7502		J9033	
J7030		J7503		J9034	
J7040		J7504		J9035	PA ¹
J7050		J7507		J9039	PA
J7060		J7508		J9040	
J7070		J7509		J9041	

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<u>Service Code</u>	<u>Req. or Limit</u>	<u>Service Code</u>	<u>Req. or Limit</u>	<u>Service Code</u>	<u>Req. or Limit</u>
J9042	PA	J9218	PA	J9371	PA
J9043	PA	J9219	PA; IC	J9390	PA ¹
J9044		J9225	PA ¹	J9395	PA
J9045		J9226	PA ¹	J9400	PA
J9047	PA	J9228		J9999	IC
J9050		J9229	PA ¹ ; IC	Q0138	
J9055		J9230		Q0139	
J9057	PA ¹ ; IC	J9250		Q0162	
J9060		J9260		Q2009	IC
J9065		J9261	PA	Q2017	IC
J9070		J9262	PA; IC	Q2028	IC; CD (covered with diagnosis of lipodystrophy associated with, or secondary to, HIV only)
J9098		J9263			
J9100		J9264		Q2035	
J9120		J9266		Q2036	IC
J9130		J9267		Q2037	IC
J9145	PA	J9268		Q2038	IC
J9153	PA ¹	J9271	PA	Q2043	PA
J9155	PA	J9280		Q2049	IC
J9160	IC	J9293		Q2050	
J9171		J9295	PA	Q4074	
J9173	PA ¹ ; IC	J9299	PA	Q4081	
J9176	PA	J9301	PA	Q4101	
J9178		J9302	PA	Q4102	
J9179	PA	J9303		Q4103	IC
J9181		J9305		Q4104	IC
J9185		J9306	PA	Q4106	
J9190		J9307		Q4107	
J9200		J9308	PA	Q4108	IC
J9201		J9311	PA ¹	Q4110	IC
J9202	PA	J9312	PA ¹	Q4121	
J9205	PA	J9315	PA	Q4132	
J9206		J9320		Q4133	
J9207		J9325	PA	Q4161	IC
J9208		J9328		Q4162	IC
J9209		J9330		Q4163	IC
J9211		J9340	IC	Q4164	IC
J9212	IC	J9351		Q4165	IC
J9213	IC	J9352		Q4186	
J9214		J9354	PA	Q4187	IC
J9215	PA; IC	J9355		Q5101	PA
J9216	IC	J9357			
J9217	PA	J9360			
J9215	PA ¹	J9370			

¹Effective date for this prior-authorization requirement is for dates of service on or after 05/31/19.

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604 Payable HCPCS Level II Service Codes (cont.)

<u>Service Code</u>	<u>Req. or Limit</u>	<u>Service Code</u>	<u>Req. or Limit</u>	<u>Service Code</u>	<u>Req. or Limit</u>
Q5103	PA ¹	S0020	IC	S3005	
Q5104	PA ¹	S0021	IC	S4989	IC
Q5105	PA ¹	S0077	IC	S4993	
Q5106	PA ¹	S0190	IC	T1023	
Q5108	PA ¹	S0023	IC	V2600	PA; IC
Q5110	PA ¹	S0199		V2610	PA; IC
Q9950		S0191	IC	V2615	PA; IC
Q9991	PA ¹	S0302		V2799	PA; IC
Q9992	PA ¹	S2260	CPA-2; IC		

¹Effective date for this prior-authorization requirement is for dates of service on or after 05/31/19.

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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.

Modifier Modifier Description

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 procedure
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
AA	Anesthesia services performed personally by an anesthesiologist. (This allows payment of 100% of the Total Anesthesia Fee for the anesthesiologist's services.)
AS	Physician assistant, nurse practitioner, or clinical nurse specialist services for assistant at surgery.
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

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605 Modifiers (cont.)

Modifier Modifier Description

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
LC	Left circumflex coronary artery
LD	Left anterior descending coronary artery
LM	Left main coronary artery
LT	Left side (used to identify procedures performed on the left side of the body)
QK	Medical direction by a physician of two, three, or four concurrent anesthesia procedures. (Use to indicate physician medical direction of multiple CRNAs. This allows payment of 50% of the Total Anesthesia Fee for the physician's services.)
QY	Medical direction of one CRNA by a physician. (Use to indicate physician medical direction of one CRNA. This allows payment of 50% of the Total Anesthesia Fee for the physician's services.)
QX	CRNA anesthesia services with medical direction by a physician. (Use to indicate CRNA anesthesia services with medical direction by a physician. This allows payment of 50% of the Total Anesthesia Fee for the CRNA's services. Not for use if CRNA is employed by the facility in which the anesthesia services were performed.)
QZ	CRNA anesthesia services without medical direction by a physician. (This allows payment of 100% of the Total Anesthesia Fee for the CRNA's services. Not for use if CRNA is employed by the facility in which the anesthesia services were performed.)
RB	Replacement of a part 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 service codes billed by a physician that were performed by a certified nurse practitioner employed by the physician (the physician employer must be practicing as an individual and not practicing as a professional corporation or as a member of a group practice). A certified nurse practitioner billing under his/her own individual provider number, or a group practice, should not use this modifier.)

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605 Modifiers (cont.)

Modifier Modifier Description

- 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

Modifiers for Tobacco-Cessation Services

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

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605 Modifiers (cont.)

Modifier Modifier Description

- HQ Group counseling, at least 60-90 minutes in duration, provided by a physician, physician assistant, certified nurse practitioner, clinical nurse specialist, psychiatric clinical nurse specialist or certified nurse midwife.
- TD Individual counseling provided by a registered nurse (RN) under the supervision of a physician.
- TF Individual counseling, intensive (intake/assessment counseling, at least 45 minutes in duration) provided by a physician, physician assistant, certified nurse practitioner, clinical nurse specialist, psychiatric clinical nurse specialist or certified nurse midwife
- U1 Individual counseling services provided by a tobacco-cessation counselor under the supervision of a physician
- U2 Individual counseling; intensive (intake/assessment counseling, at least 45 minutes in duration), provided by a 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 registered nurse, or a tobacco-cessation counselor, under the supervision of a physician

Modifiers for Behavioral Health Screening

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

Modifier Modifier Description

- U1 Completed behavioral health screening using a standardized behavioral health-screening tool selected from the approved menu of tools found in Appendix W of your provider manual with “no behavioral health need identified” when administered by a physician, certified nurse midwife, certified nurse practitioner or physician assistant.
- 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, certified nurse midwife, certified nurse practitioner or physician assistant.
- 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 certified nurse practitioner employed by a physician.

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605 Modifiers (cont.)

Modifier Modifier Description

- 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 certified nurse practitioner employed by a physician.
- UD Covered for members birth to 6 months for the administration and scoring of the Edinburgh Postnatal Depression Scale. UD must be used together with one of the above modifiers, U1, U2, U5, or U6.

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.

Modifier Modifier Description

- 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.

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.

Modifier for Child and Adolescent Needs and Strengths (CANS)

Modifier Modifier Description

- HA Service Code 90791 must be accompanied by this modifier to indicate that the Child and Adolescent Needs and Strengths (CANS) is included in the psychiatric diagnostic interview examination. This modifier may be billed only by psychiatrists or psychiatric clinical nurse specialists.

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

Modifier Modifier Description

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

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

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