




**Commonwealth of Massachusetts
Executive Office of Health and Human Services
Office of Medicaid**

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MassHealth
Transmittal Letter PHY-158
July 2020

TO: Physicians Participating in MassHealth

FROM: Amanda Cassel Kraft, Acting Medicaid Director 

RE: ***Physician Manual (2020 HCPCS Code updates and Removal of PA Requirements for Certain Knee Arthroplasty and Knee Arthroscopy Codes)***

Summary

This letter transmits revisions to the Service Codes and Descriptions (Subchapter 6) of the Physician (PHY) Manual to incorporate 2020 Healthcare Common Procedure Coding System (HCPCS) coding updates, add certain telephonic, home visit, and diagnostic codes, and remove PA requirements from certain knee arthroplasty and knee arthroscopy codes.

1. 2020 HCPCS/CPT Updates

The Centers for Medicare & Medicaid Services (CMS) have revised the HCPCS codes for 2020. MassHealth has updated the Service Codes and Descriptions (Subchapter 6) of the *Physician Manual* to incorporate those 2020 HCPCS/Current Procedural Terminology (CPT) service code updates, as applicable. MassHealth has also updated Subchapter 6 to reflect changes to special requirements or limitations for applicable codes. These 2020 HCPCS/CPT coding updates effective for dates of service on or after January 1, 2020.

2. Certain Telephonic, and Home Visit Codes

In accordance with All Provider Bulletins 289 and 291, effective April 1, 2020, for dates of service beginning March 12, 2020, Providers may bill for the following telephonic, and home visit, codes:

Telephonic Codes

99441, 99442, 99443, 98966, 98967, 98968

Home Visits:

99500, 99501, 99502, 99503, 99504, 99505, 99506, 99507, 99509, 99511, and 99512

3. COVID-19 Remote Patient Monitoring Bundle Services

Effective for dates of service on or after May 12, 2020, MassHealth will pay Physicians and Group Practices for COVID-19 remote patient monitoring bundle services rendered in accordance with the standards and limitations set forth in [All Provider Bulletin 294](#). Providers should bill CPT code 99423 with modifier U9 when rendering COVID-19 remote patient monitoring bundle services. Please refer to All Provider Bulletin 294 for additional information and limitations on the uses of code 99423 with modifier U9.

4. Diagnostic laboratory services for the 2019 novel Coronavirus Disease (COVID-19)

MassHealth has updated Subchapter 6 to add the following codes for clinical laboratory services covering specimen collection, antibody testing, and diagnostic testing for COVID-19:

G2023	Dates of service on or after March 12, 2020
G2024	Dates of service on or after March 12, 2020
G2023 CG	Dates of service on or after May 22, 2020
G2024 CG	Dates of service on or after May 22, 2020
U0002	Dates of service on or after March 12, 2020
U0003	Dates of service on or after March 18, 2020
U0004	Dates of service on or after March 18, 2020
86328 IC	Dates of service on or after April 10, 2020
86769 IC	Dates of service on or after April 10, 2020
87635	Dates of service on or after March 12, 2020

5. PA Requirements Removed from Certain Knee Arthroplasty and Knee Arthroscopy Codes

Effective for dates of service on or after July 15, 2020, MassHealth is removing the prior authorization requirement from the following knee arthroplasty and knee arthroscopy codes .

Knee Arthroplasty

27445, 27446, 27447, 27486, 27487, 27488

Knee Arthroscopy

29870, 29873, 29874, 29875, 29876, 29877, 29879, 29880, 29881, 29882, 29883, 29884, 29885, 29886, 29887, 29888, 29889

6. Liposuction Treatment

Effective for dates of service on or after July 20, 2020, MassHealth is removing the CD limitation for each of CPT codes 11950, 11951, 19952, 11954, and 15876-15879, and replacing it with a PA limitation. Additionally, effective for dates of service on or after July 20, 2020, MassHealth is expanding its coverage for CPT code 15877 to allow providers to use that code as a gender dysphoria-related service. Collectively, section 603 of the updated subchapter 6 limits these codes as follows:

- 11950 PA (covered with diagnosis of lipodystrophy associated with, or secondary to, HIV only)
- 11951 PA (covered with diagnosis of lipodystrophy associated with, or secondary to, HIV only)
- 11952 PA (covered with diagnosis of lipodystrophy associated with, or secondary to, HIV only)
- 11954 PA (covered with diagnosis of lipodystrophy associated with, or secondary to, HIV only)
- 15876 PA:IC (covered with diagnosis of lipodystrophy associated with, or secondary to, HIV only)
- 15877 PA:IC (covered (1) with diagnosis of lipodystrophy associated with, or secondary to, HIV, or (2) as a gender dysphoria-related service)
- 15878 PA:IC (covered with diagnosis of lipodystrophy associated with, or secondary to, HIV only)
- 15879 PA:IC (covered with diagnosis of lipodystrophy associated with, or secondary to, HIV only)

MassHealth Website

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Questions or Concerns

If you have any questions or concerns about the information in 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 6-29— transmitted by Transmittal Letter PHY-157

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601 Introduction

MassHealth providers must refer to the American Medical Association’s Current Procedural Terminology (CPT) 2020 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	15789	17360	21246	32850
11922	15792	19355	21248	32855
15776	15793	19396	21249	32856
15780	15824	20930	22526	33274
15781	15825	20936	22527	33275
15782	15826	20985	22841	33289
15783	15828	21121	22858	33930
15786	15829	21122	22861	33933
15787	15847	21123	22864	33940
15788	17340	21245	32491	33944

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602 Nonpayable CPT Codes (cont.)

34839	47143	65760	78434	80366
34717	47144	65765	80320	80367
34718	47145	65767	80321	80368
36415	47383	65771	80322	80369
36416	48160	66987	80323	80370
36468	48550	66988	80324	80371
36482	48551	69090	80325	80372
36483	49013	71552	80326	80373
36591	49014	72159	80327	80374
36592	50300	72198	80328	80375
36598	50323	73225	80329	80376
37785	50325	74221	80330	80377
38204	54900	74248	80331	80500
38207	54901	74263	80332	80502
38208	55200	75571	80333	81105
38209	55300	76140	80334	81106
38210	55400	76390	80335	81107
38211	55870	76496	80336	81108
38212	58321	76497	80337	81109
38213	58322	76498	80338	81110
38214	58323	77086	80339	81111
38215	58345	77336	80340	81167
41870	58350	77370	80341	81171
41872	58750	77371	80342	81172
43206	58752	77372	80343	81173
43252	58760	77373	80344	81174
43752	58970	77401	80345	81177
43842	58974	77402	80346	81178
43843	58976	77407	80347	81179
43845	59070	77412	80348	81180
44132	59072	77417	80349	81181
44381	59412	77423	80350	81182
44403	59897	77424	80351	81184
44404	61630	77425	80352	81183
44405	61635	77520	80353	81185
44406	61640	77522	80354	81186
44407	61641	77523	80355	81187
44408	61642	77525	80356	81188
44705	62287	77790	80357	81189
44715	62328	78267	80358	81190
45349	62329	78268	80359	81200
45350	63043	78351	80360	81201
45390	63044	78429	80361	81202
45393	64451	78430	80362	81203
45398	64454	78431	80363	81204
46948	64624	78432	80364	81205
47133	64625	78433	80365	81206

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602 Nonpayable CPT Codes (cont.)

81207	81289	81355	84145	89255
81208	81290	81370	84431	89257
81209	81291	81371	84410	89258
81210	81292	81372	84830	89259
81216	81293	81373	86079	89260
81221	81294	81374	86305	89261
81222	81295	81375	86890	89264
81223	81296	81376	86891	89268
81224	81297	81377	86910	89272
81225	81298	81378	86911	89280
81226	81299	81379	86927	89281
81227	81300	81380	86930	89290
81233	81301	81381	86931	89291
81234	81302	81382	86932	89321
81235	81303	81383	86945	89322
81236	81304	81400	86950	89325
81237	81305	81401	86960	89329
81239	81306	81402	86965	89330
81240	81310	81403	86985	89331
81241	81312	81404	87150	89335
81242	81315	81405	87153	89342
81243	81316	81406	87493	89343
81244	81317	81407	88000	89344
81245	81318	81408	88005	89346
81250	81319	81413	88007	89352
81251	81320	81414	88012	89353
81252	81321	81422	88014	89354
81253	81322	81439	88016	89356
81254	81323	81443	88020	89398
81255	81324	81500	88025	90586
81256	81325	81503	88027	90587
81257	81326	81506	88028	90619
81260	81327	81508	88029	90634
81261	81329	81509	88036	90644
81262	81330	81510	88037	90647
81263	81331	81511	88040	90648
81264	81332	81512	88045	90649
81265	81333	81518	88099	90650
81266	81336	81521	88125	90653
81267	81337	81539	88333	90655
81270	81340	81541	88334	90657
81271	81341	81551	88738	90680
81274	81342	81596	88749	90681
81275	81343	81599	89250	90685
81284	81344	82075	89251	90687
81285	81345	82962	89253	90689
81286	81350	83987	89254	90694

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602 Nonpayable CPT Codes (cont.)

90697	92562	95724	97129	99140
90698	92564	95725	97130	99151
90700	92597	95726	97151	99152
90702	92605	95824	97152	99153
90723	92606	95965	97153	99155
90743	92613	95966	97154	99156
90744	92615	95967	97155	99157
90748	92617	95992	97156	99172
90845	92630	96000	97157	99174
90863	92633	96004	97158	99177
90865	93264	96040	97169	99190
90875	93356	96105	97170	99191
90876	93660	96112	97171	99192
90880	93668	96113	97172	99241
90885	93702	96116	97537	99242
90889	93770	96121	97545	99243
90901	93786	96125	97546	99244
90912	93895	96127	97755	99245
90913	93985	96130	98940	99251
90940	93986	96131	98941	99252
90989	94005	96132	98942	99253
90993	94015	96133	98943	99254
90997	94644	96136	98960	99255
90999	94645	96137	98961	99288
91112	95012	96138	98962	99315
91132	95052	96139	98970	99316
91133	95120	96146	98971	99339
92314	95125	96156	98972	99340
92315	95130	96158	99000	99354
92316	95131	96159	99001	99355
92317	95132	96160	99002	99356
92325	95133	96161	99024	99357
92352	95134	96164	99026	99358
92353	95700	96165	99027	99359
92354	95705	96167	99053	99360
92355	95707	96168	99056	99366
92358	95708	96170	99058	99367
92371	95710	96171	99060	99368
92531	95711	96376	99071	99374
92532	95714	96567	99075	99375
92533	95717	96570	99078	99377
92534	95718	96571	99080	99378
92548	95719	96573	99082	99379
92549	95720	96574	99091	99380
92559	95721	96902	99100	99401
92560	95722	96904	99116	99402
92561	95723	97014	99135	99403

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602 Nonpayable CPT Codes (cont.)

99404	99446	99455	99487	99601
99406	99447	99456	99489	99602
99408	99448	99457	99490	99605
99409	99449	99458	99491	99606
99411	99450	99473	99495	99607
99412	99451	99474	99496	
99421	99452	99484	99497	
99422	99453	99485	99498	
99429	99454	99486	99510	

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

Description

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 ≥ 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: <i>Overpayments</i> through

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

<u>Legend</u>	<u>Description</u>
	450.260: <i>Monies Owed by Providers</i> 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.
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.

<u>Service Code</u>	<u>Requirement or Limitation</u>
01999	IC
11920	PA
11921	PA
11950	PA (covered with diagnosis of lipodystrophy associated with, or secondary to, HIV only)
11951	PA (covered with diagnosis of lipodystrophy associated with, or secondary to, HIV only)
11952	PA (covered with diagnosis of lipodystrophy associated with, or secondary to, HIV only)
11954	PA (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)
15769	PA (for gender dysphoria-related services only)
15771	PA (for gender dysphoria-related services only)
15772	PA (for gender dysphoria-related services only)
15773	PA (for gender dysphoria-related services only)
15774	PA (for gender dysphoria-related services only)
15820	PA

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

Service

Code Requirement or Limitation

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 PA; IC (covered with diagnosis of lipodystrophy associated with, or secondary to, HIV only)
 15877 PA; IC (covered (1) with diagnosis of lipodystrophy associated with, or secondary to, HIV, or (2) as a gender dysphoria-related service)
 15878 PA; IC (covered with diagnosis of lipodystrophy associated with, or secondary to, HIV only)
 15879 PA; 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)

Service

Code Req. or Limit

Service

Code Req. or Limit

Service

Code Req. or Limit

19316	PA	21146	PA	21196	PA
19318	PA	21147	PA	21198	PA
19324	PA	21150	PA	21199	PA
19325	PA	21151	PA	21206	PA
19328	PA	21154	PA	21208	PA
19340	PA	21155	PA	21209	PA
19350	PA	21159	PA	21210	PA
19499	IC	21160	PA	21215	PA
20999	IC	21172	PA	21230	PA
21088	IC	21175	PA	21235	PA
21089	IC	21188	PA	21240	PA
21137	PA	21193	PA	21242	PA
21138	PA	21194	PA	21243	PA
21139	PA	21195	PA	21244	PA

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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>
21247	PA	32999	IC	38241	PA
21255	PA	33935	PA	38242	PA
21256	PA	33945	PA	38589	IC
21299	PA; IC	33981	IC	38999	IC
21499	IC	33982	IC	39499	IC
21742	IC	33983	IC	39599	IC
21743	IC	33999	IC	40799	IC
21899	IC	34841	IC	40840	PA
22856	PA	34842	IC	40842	PA
22857	PA	34843	IC	40843	PA
22862	PA	34844	IC	40844	PA
22865	PA	34845	IC	40845	PA
22899	IC	34846	IC	40899	IC
22999	IC	34847	IC	41599	IC
23929	IC	34848	IC	41820	PA; IC
24940	IC	36299	IC	41821	IC
24999	IC	36465	PA	41850	IC
25999	IC	36466	PA	41899	IC
26989	IC	36470	PA	42280	PA
27299	IC	36471	PA	42281	PA
27599	IC	36473	PA	42299	IC
27899	IC	36474	PA	42699	IC
28890	PA	36475	PA	42999	IC
28899	IC	36476	PA	43289	IC
29799	IC	36478	PA	43496	IC
29800	PA	36479	PA	43499	IC
29804	PA	37195	IC	43644	PA
29999	IC	37216	IC	43645	PA
30400	PA	37501	IC	43647	PA; IC
30410	PA	37700	PA	43648	IC
30420	PA	37718	PA	43659	IC
30430	PA	37722	PA	43770	PA
30435	PA	37735	PA	43771	PA
30450	PA	37760	PA	43772	PA
30999	IC	37761	PA	43773	PA
31299	IC	37765	PA	43774	PA
31599	IC	37766	PA	43775	PA
31899	IC	37780	PA	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

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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>
43886	PA	44979	IC	48554	PA
43887	PA	45399	IC	48999	IC
43888	PA	45499	IC	49329	IC
43999	IC	45999	IC	49659	IC
44135	PA; IC	46999	IC	49906	IC
44136	PA; IC	47135	PA	49999	IC
44137	PA; IC	47379	IC	50549	IC
44238	IC	47399	IC	50949	IC
44799	IC	47579	IC	51925	HI-1
44899	IC	47999	IC	51999	IC

Code Requirement or Limitation

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
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)

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

<u>Code</u>	<u>Requirement or Limitation</u>
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
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

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Code Requirement or Limitation

58956 HI-1
58999 IC; PA (for gender dysphoria-related services only)

<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>
59525	HI-1	69300	PA	70554	PA ¹
59135	HI-1	69399	IC	70555	PA ¹
59840	CPA-2	69710	IC	71250	PA ¹
59841	CPA-2	69799	IC	71260	PA ¹
59850	CPA-2	69930	PA	71270	PA ¹
59851	CPA-2	69949	IC	71275	PA ¹
59852	CPA-2	69979	IC	71550	PA ¹
59855	CPA-2	70336	PA ¹	71551	PA ¹
59856	CPA-2	70450	PA ¹	71555	PA ¹
59857	CPA-2	70460	PA ¹	72125	PA ¹
59898	IC	70470	PA ¹	72126	PA ¹
59899	IC	70480	PA ¹	72127	PA ¹
60659	IC	70481	PA ¹	72128	PA ¹
60699	IC	70482	PA ¹	72129	PA ¹
62380	IC	70486	PA ¹	72130	PA ¹
64650	PA	70487	PA ¹	72131	PA ¹
64653	PA	70488	PA ¹	72132	PA ¹
64999	IC	70490	PA ¹	72133	PA ¹
65757	IC	70491	PA ¹	72141	PA ¹
65785	PA	70492	PA ¹	72142	PA ¹
66999	IC	70496	PA ¹	72146	PA ¹
67299	IC	70498	PA ¹	72147	PA ¹
67399	IC	70540	PA ¹	72148	PA ¹
67599	IC	70542	PA ¹	72149	PA ¹
67900	PA	70543	PA ¹	72156	PA ¹
67901	PA	70544	PA ¹	72157	PA ¹
67902	PA	70545	PA ¹	72158	PA ¹
67903	PA	70546	PA ¹	72191	PA ¹
67904	PA	70547	PA ¹	72192	PA ¹
67906	PA	70548	PA ¹	72193	PA ¹
67908	PA	70549	PA ¹	72194	PA ¹
67999	IC	70551	PA ¹	72195	PA ¹
68399	IC	70552	PA ¹	72196	PA ¹
68899	IC	70553	PA ¹	72197	PA ¹
73200	PA ¹	73202	PA ¹	73218	PA ¹
73201	PA ¹	73206	PA ¹	73219	PA ¹

¹PA is required for dates of service on or after March 1, 2020. If a code comprises both a professional component and a technical component, PA is required for the technical component only, and the TC modifier must be included on the PA request.

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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>
73220	PA ¹	76380	PA ¹	78609	PA ¹
73221	PA ¹	76391	PA ¹	78699	IC
73222	PA ¹	76499	IC	78799	IC
73223	PA ¹	76999	IC	78811	PA ¹
73700	PA ¹	77021	PA ¹	78812	PA ¹
73701	PA ¹	77022	PA ¹	78813	PA ¹
73702	PA ¹	77046	PA ¹	78814	PA ¹
73706	PA ¹	77047	PA ¹	78815	PA ¹
73718	PA ¹	77048	PA ¹	78816	PA ¹
73719	PA ¹	77049	PA ¹	78999	IC
73720	PA ¹	77061	IC	79999	IC
73721	PA ¹	77062	IC	81099	IC
73722	PA ¹	77078	PA ¹	81162	PA
73723	PA ¹	77084	PA ¹	81163	PA
73725	PA ¹	77299	IC	81164	PA
74150	PA ¹	77385	IC	81212	PA
74160	PA ¹	77386	IC	81215	PA
74170	PA ¹	77399	IC	81217	PA
74174	PA ¹	77499	IC	81220	IC
74175	PA ¹	77799	IC	81228	PA; IC
74176	PA ¹	78099	IC	81229	PA; IC
74177	PA ¹	78199	IC	81265	PA
74178	PA ¹	78299	IC	81265	PA
74181	PA ¹	78399	IC	81266	PA
74182	PA ¹	78451	PA ¹	81266	PA
74183	PA ¹	78452	PA ¹	81420	PA; IC
74185	PA ¹	78453	PA ¹	81479	PA; IC
74261	PA ¹	78454	PA ¹	81507	PA; IC
74262	PA ¹	78459	PA ¹	81508	PA; IC
74712	PA ¹	78466	PA ¹	81509	IC
74713	PA ¹	78469	PA ¹	81510	IC
75557	PA ¹	78472	PA ¹	81511	IC
75559	PA ¹	78473	PA ¹	81512	IC
75561	PA ¹	78481	PA ¹	81519	PA; IC
75563	PA ¹	78483	PA ¹	84999	IC
75565	PA ¹	78491	PA ¹	85999	IC
75572	PA ¹	78492	PA ¹	86849	IC
75573	PA ¹	78494	PA ¹	86999	IC
75574	PA ¹	78496	PA ¹	87999	PA; IC
75635	PA ¹	78499	IC	88199	IC
76376	PA ¹	78599	IC	88299	IC
76377	PA ¹	78608	PA ¹	88399	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>	<u>Service Code</u>	<u>Req. or Limit</u>
89240	IC	90384	IC	90477	IC
90281	IC	90385	IC	90581	IC
90283	IC	90386	IC	90620	IC
90284	IC	90389	IC	90621	IC
90287	IC	90393	PA; IC	90625	IC
90288	IC	90396	IC		
90296	IC	90399	IC		
90378	PA; IC	90476	IC		

<u>Service Code</u>	<u>Requirement or Limitation</u>
90630	IC; 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
90656	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

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

<u>Service Code</u>	<u>Requirement or Limitation</u>
	Immunization Program for children younger than 19 years of age
90676	IC
90682	Covered for members \geq 19; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age
90686	Covered for members \geq 19; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age
90688	Covered for members \geq 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 \geq 19; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age
90710	IC; Covered for members \geq 19; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age
90713	IC; Covered for members \geq 19; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age
90715	Covered for members \geq 19; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age
90716	IC; Covered for members \geq 19; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age
90717	IC;
90732	Covered for members \geq 19; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age
90733	IC; Covered for members \geq 19; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age
90734	IC; Covered for members \geq 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 \geq 19
90749	IC
90750	IC; PA required for members younger than age 50
90756	Covered for members \geq 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

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

Service

<u>Code</u>	<u>Requirement or Limitation</u>
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

Service

<u>Code</u>	<u>Requirement or Limitation</u>
92313	PA; includes supply of lenses
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
92993	IC
93229	IC
93299	IC
93350	PA ¹
93351	PA ¹
93745	IC
93799	IC
93998	IC
94669	PA
94772	IC
94774	IC

Service

<u>Code</u>	<u>Requirement or Limitation</u>
94775	IC
94776	IC
94777	IC
94799	IC
95199	IC
95782	PA ¹
95783	PA ¹
95800	PA ¹
95805	PA ¹
95806	PA ¹
95807	PA ¹
95808	PA ¹
95810	PA ¹
95811	PA ¹
95941	IC
95943	IC
95999	IC

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<u>Service Code</u>	<u>Requirement or Limitation</u>	<u>Service Code</u>	<u>Requirement or Limitation</u>
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.	97113	PA for PT >20
96377	IC	97116	PA for PT >20
96379	IC	97124	PA for PT >20
96549	IC	97139	PA for PT >20; IC
96931	IC	97161	PA for PT >20
96932	IC	97162	PA for PT >20
96933	IC	97164	PA for PT >20
96934	IC	97165	PA for PT >20
96935	IC	97166	PA for PT >20
96936	IC	97167	PA for PT >20
96999	IC	97168	PA for PT >20
97010	PA for PT >20	97530	PA for OT >20
97012	PA for PT >20	97533	PA for OT >20
97016	PA for PT >20	97535	PA for OT >20
97018	PA for PT >20	97542	PA for OT >20
97022	PA for PT >20	97602	IC
97024	PA for PT >20	97607	IC
97026	PA for PT >20	97608	IC
97028	PA for PT >20	97760	PA for OT >20
97032	PA for PT >20	97761	PA for OT >20
97033	PA for PT >20	97763	PA for OT >20
97034	PA for PT >20	97799	IC
97035	PA for PT >20	97810	PA >20
97036	PA for PT >20	97811	PA >20
97039	PA for PT >20; IC	97813	PA >20
97110	PA for PT >20	97814	PA >20
97112	PA for PT >20	98925	PA for OMT >20
		98926	PA for OMT >20
		98927	PA for OMT >20
		98928	PA for OMT >20
		98929	PA for OMT >20
		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

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604 Payable HCPCS Level II and Category III Service Codes

This section lists Level II HCPCS and Category III 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	G0480		J0470	
A4266		G0455	IC	J0475	
A4267		G0481		J0476	
A4268		G0482		J0485	PA
A4269		G0483		J0490	PA
A4641	IC	G2023		J0517	PA
A4648	IC	G2023	CG	J0558	
A9500	IC	G2024		J0561	
A9502	IC	G2024	CG	J0565	PA
A9503	IC	J0121	PA	J0570	PA
A9505	IC	J0122	PA	J0571	PA; IC
A9512	IC	J0129	PA	J0572	PA >10.7 units; IC
A9537	IC	J0131	IC	J0573	PA >5.4 units; IC
A9552	IC	J0135	PA; IC	J0574	PA >3.2 units; IC
A9575		J0153		J0575	PA >4 units; IC
A9576		J0171		J0584	PA; IC
A9577		J0178		J0585	PA
A9578		J0185		J0586	PA
A9579		J0202	PA	J0587	PA
A9581		J0215	PA; IC	J0588	PA
A9585		J0221	PA	J0592	PA
A9586	IC	J0222	PA; IC	J0593	PA; IC
A9587	IC	J0256		J0594	
A9588	IC	J0257		J0596	PA
A9590	IC	J0285		J0598	PA
A9606	PA; IC	J0287		J0599	PA; IC
G0027		J0289		J0604	IC
G0105		J0290		J0636	
G0108		J0291	PA ; IC	J0637	
G0109		J0295		J0638	PA
G0121		J0348		J0640	PA
G0270		J0364	IC	J0641	PA
G0271		J0400	IC	J0642	PA
G0279		J0401		J0670	
G0297	PA ¹	J0456		J0690	
G0399	PA; IC ¹	J0461		J0692	

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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>
J0694		J1190		J1627	PA >10 units; IC
J0696		J1200		J1628	PA; IC
J0697		J1212	PA	J1630	
J0702		J1240		J1642	
J0712	PA	J1260	IC	J1644	
J0713		J1290		J1645	
J0715	IC	J1300	PA	J1650	
J0716	IC	J1301	PA; IC	J1652	
J0717	PA	J1303	PA	J1655	IC
J0720		J1320	IC	J1670	
J0740		J1322	PA; IC	J1700	IC
J0743		J1428	PA; IC	J1710	IC
J0770		J1438	PA; IC	J1720	
J0775	PA	J1439	PA	J1726	PA; IC
J0780		J1442	PA	J1729	PA; IC
J0834		J1444	IC	J1740	PA
J0840		J1447	PA	J1743	PA
J0850		J1453		J1744	PA; IC
J0875	PA	J1454	PA >2 units	J1745	PA
J0878	PA	J1455	IC	J1746	PA; IC
J0881	PA	J1458	PA	J1750	PA
J0882	PA	J1459	PA	J1786	PA
J0883	IC	J1460	PA	J1756	PA
J0884	IC	J1555	PA	J1790	IC
J0885	PA	J1556	PA	J1800	
J0890	PA; IC	J1557	PA	J1815	
J0894		J1559	PA	J1826	IC
J0895		J1560	PA	J1830	PA; IC
J0897	PA	J1561	PA	J1840	IC
J1000		J1562	PA; IC	J1850	IC
J1020		J1566	PA	J1885	PA >4 units
J1030		J1568	PA	J1890	IC
J1040		J1569	PA	J1930	
J1050		J1571		J1931	PA
J1071	PA	J1572		J1943	PA < 6 years
J1094	IC	J1573	IC	J1944	PA < 6 years
J1096	IC	J1575	PA	J1950	PA
J1097	IC	J1580		J1956	
J1100		J1599	PA; IC	J1990	IC
J1160		J1602	PA	J2060	
J1170	PA >8 units	J1626		J2150	

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604 Payable HCPCS Level II and Category III 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>
J2170	PA; IC	J2562		J3245	PA
J2175	PA	J2675		J3250	
J2182	PA	J2680		J3262	PA
J2212	PA; IC	J2700		J3285	PA
J2248		J2704		J3300	
J2250		J2760	IC	J3301	
J2265	IC	J2778		J3302	IC
J2270	PA >12 units	J2785		J3303	IC
J2274	PA >12 units	J2786	PA	J3304	PA
J2278	PA	J2788		J3315	PA
J2300		J2790		J3357	PA
J2310		J2791		J3360	
J2315		J2792		J3370	
J2323		J2793	PA; IC	J3380	PA
J2326	PA; IC	J2794	PA >100 units	J3385	PA
J2350	PA	J2795		J3396	
J2353		J2796	PA	J3397	PA; IC
J2354		J2797	PA >166.5 units; IC	J3410	
J2355	IC	J2798	PA	J3411	
J2357	PA	J2820		J3430	
J2358	PA >1 unit	J2840	PA; IC	J3465	
J2400		J2910	IC	J3471	
J2405		J2916	PA	J3472	IC
J2407	PA	J2920		J3473	
J2426	PA >819 units	J2930		J3475	
J2430		J2940	PA; IC	J3486	
J2440	IC	J2941	PA; IC	J3489	PA
J2460	IC	J3000		J3490	IC
J2469	PA >250 units	J3010		J3490	FP; IC
J2502	PA; IC	J3030	PA; IC	J3590	IC
J2503		J3031	PA; IC	J3591	PA; IC
J2504	PA	J3060	PA	J7030	
J2505		J3090	PA	J7040	
J2507	PA	J3095	PA	J7050	
J2510		J3110	PA; IC	J7060	
J2515		J3111	PA; IC	J7070	
J2540		J3121	PA	J7120	
J2543		J3145	PA	J7131	IC
J2545		J3230		J7170	
J2550		J3240		J7177	IC
J2560		J3243	PA	J7203	IC

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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>
J7205		J7510		J9035	PA
J7296	IC	J7511		J9036	
J7297	IC	J7512		J9039	PA
J7298	IC	J7513	PA; IC	J9040	
J7300	IC	J7515		J9041	
J7301	IC	J7517		J9042	PA
J7303	IC	J7518	PA	J9043	PA
J7304	IC	J7520		J9044	
J7307	IC	J7527	PA	J9045	
J7309	IC	J7599	PA	J9047	PA
J7310	IC	J7608		J9050	
J7311	IC	J7614	PA	J9055	
J7312		J7620		J9057	PA; IC
J7313		J7626		J9060	
J7314	PA; IC	J7633	IC	J9065	
J7315	IC	J7639		J9070	
J7316	PA	J7644		J9098	
J7318	PA; IC	J7665	IC	J9100	
J7320	PA; IC	J7669	IC	J9119	PA
J7321	PA	J7676	IC	J9120	
J7322	PA; IC	J7677	IC	J9130	
J7323	PA	J7682	PA	J9145	PA
J7324	PA	J7686	PA	J9153	PA
J7325	PA	J7699	PA; IC	J9155	PA
J7326	PA; IC	J7799	PA; IC	J9160	IC
J7327	PA	J7999	PA	J9171	
J7328	PA; IC	J8562	IC	J9173	PA; IC
J7329	PA; IC	J8655	PA >1 unit	J9176	PA
J7332	PA; IC	J8670	PA >180 units	J9178	
J7336	PA	J9000		J9179	PA
J7340	PA; IC	J9015	IC	J9181	
J7342	IC	J9017		J9185	
J7345	IC	J9019	PA	J9190	
J7401	IC	J9020	PA; IC	J9199	PA ; IC
J7500		J9022	PA	J9200	
J7502		J9023	PA	J9201	
J7503		J9025		J9202	PA
J7504		J9030		J9204	PA
J7507		J9032	PA	J9205	PA
J7508		J9033		J9206	
J7509		J9034		J9207	

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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>
J9208		J9312	PA	Q4102	
J9209		J9313	PA	Q4103	IC
J9210	PA; IC	J9315	PA	Q4104	IC
J9211		J9320		Q4106	
J9212	IC	J9325	PA	Q4107	IC
J9213	IC	J9328		Q4108	IC
J9214		J9330		Q4110	
J9215	PA; IC	J9340	IC	Q4121	
J9216	IC	J9351		Q4132	
J9217	PA	J9352		Q4133	
J9218	PA	J9354	PA	Q4161	IC
J9219	PA; IC	J9355		Q4162	IC
J9225	PA	J9357		Q4163	IC
J9226	PA	J9360		Q4164	IC
J9228		J9370		Q4165	IC
J9229	PA; IC	J9371	PA	Q4186	
J9230		J9390	PA	Q4187	IC
J9250		J9395	PA	Q5101	PA
J9260		J9400	PA	Q5103	PA
J9261	PA	J9999	IC	Q5104	PA
J9262	PA; IC	Q0138		Q5105	PA
J9263		Q0139		Q5106	PA
J9264		Q0162		Q5108	PA
J9266		Q2009	IC	Q5110	PA
J9267		Q2017	IC	Q9950	
J9268		Q2028	PA; CD (covered with diagnosis of lipodystrophy associated with, or secondary to, HIV only)	Q9991	PA
J9269	IC			Q9992	PA
J9271	PA			S0020	IC
J9280				S0021	IC
J9293				S0077	IC
J9295	PA			S0190	IC
J9299	PA	Q2035		S0023	IC
J9301	PA	Q2036	IC	S0199	
J9302	PA	Q2037	IC	S0191	IC
J9303		Q2038	IC	S0302	
J9305		Q2043	PA	S2260	CPA-2; IC
J9306	PA	Q2049	IC	S3005	
J9307		Q2050		S4989	IC
J9308	PA	Q4074		S4993	
J9309	PA	Q4081		T1023	
J9311	PA	Q4101		U0002	

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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>
U0003		V2600	PA; IC	V2615	PA; IC
U0004		V2610	PA; IC	V2799	PA; IC

605 Modifiers

The following service code modifiers are allowed for billing under MassHealth. See the *MassHealth Billing Guide for Paper Claim Submitters* for billing instructions on the use of modifiers.

<u>Modifier</u>	<u>Modifier Description</u>
22	Increased Procedural Services
24	Unrelated evaluation and management service by the same physician or other qualified health care professional during a postoperative period
25	Significant, separately identifiable evaluation and management service by the same physician or other qualified health care professional on the same day of the procedure or other service
26	Professional component
50	Bilateral procedure
51	Multiple 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.

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605 Modifiers (cont.)

<u>Modifier</u>	<u>Modifier Description</u>
CG	Policy Criteria Applied
E1	Upper left, eyelid
E2	Lower left, eyelid
E3	Upper right, eyelid
E4	Lower right eyelid
F1	Left hand, second digit
F2	Left hand, third digit
F3	Left hand, fourth digit
F4	Left hand, fifth digit
F5	Right hand, thumb
F6	Right hand, second digit
F7	Right hand, third digit
F8	Right hand, fourth digit
F9	Right hand, fifth digit
FA	Left hand, thumb
FP	Service provided as part of family planning program
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 (Certified Registered Nurse Anesthetists). 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

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605 Modifiers (cont.)

Modifier Modifier Description

	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.)
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.
- 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.

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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/service-details/about-postpartum-depression-ppd

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 codes are defined in the *Current Procedural Terminology (CPT) Professional* codebook.