




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



MassHealth  
Transmittal Letter PHY-160  
July 2021

**TO:** Physicians Participating in MassHealth

**FROM:** Amanda Cassel Kraft, Acting Assistant Secretary for MassHealth 

**RE:** *Physician Manual* 2021 HCPCS Updates to Subchapter 6; Continued Suspension of Policy Set forth in Transmittal Letter PHY-157

## Summary

This letter transmits revisions to the service codes in the *Physician Manual* to incorporate 2021 Healthcare Common Procedure Coding System (HCPCS) coding updates, and to communicate the continued suspension of the policy set forth in Transmittal Letter PHY-157.

### 1. 2021 HCPCS/CPT Updates

The Centers for Medicare & Medicaid Services (CMS) has revised the HCPCS codes for 2021. MassHealth has updated Subchapter 6 of the *Physician Manual* to incorporate those 2021 HCPCS/Current Procedural Terminology (CPT) service code updates, as applicable. These 2021 HCPCS/CPT coding updates are effective for dates of service on or after January 1, 2021. MassHealth has also updated Subchapter 6 to reflect changes to special requirements or limitations for applicable codes.

### 2. Continued Suspension of the Policy Set Forth in Transmittal Letters PHY-157

As explained in All Provider Bulletin 308, MassHealth has suspended the policy set forth in Transmittal Letter PHY-157, and thus is not currently requiring prior authorization (PA) for the advanced imaging services, non-obstetric ultrasounds, polysomnography, and cardiology services identified in that transmittal letter. Until such time as MassHealth rescinds the suspension of this policy, providers should not submit requests for PA for such services to eviCore.

As further explained in All Provider Bulletin 308, MassHealth may reimpose PA requirements for these services in the future. MassHealth will notify providers in advance of any policy change. Additionally, MassHealth is likely to implement PA for these services without an interim informational edit period. As such, after notifying providers of any such policy change, MassHealth, through eviCore, will deny claims for services and codes if the provider has not obtained the required PA.

## Fee Schedule

If you wish to obtain a fee schedule, you may download the Executive Office of Health and Human Services regulations at no cost at [www.mass.gov/service-details/eohhs-regulations](http://www.mass.gov/service-details/eohhs-regulations).

## **MassHealth Website**

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

[Sign up](#) to receive email alerts when MassHealth issues new bulletins and transmittal letters.

## **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](mailto:providersupport@mahealth.net), or fax your inquiry to (617) 988-8974.

## **NEW MATERIAL**

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

### **Physician Manual**

Pages 6-1 through 6-26

## **OBSOLETE MATERIAL**

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

### **Physician Manual**

Pages 6-1 through 6-26 — transmitted by Transmittal Letter 159

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>  Physician Manual	<b>Subchapter Number and Title</b> 6. Service Codes	<b>Page</b> 6-1
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## 601 Introduction

MassHealth providers must refer to the American Medical Association’s Current Procedural Terminology (CPT) 2021 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	32491
11922	15792	19355	21248	32850
15776	15793	19396	21249	32855
15780	15824	20930	22526	32856
15781	15825	20936	22527	33274
15782	15826	20985	22841	33275
15783	15828	21121	22858	33741
15786	15829	21122	22861	33745
15787	15847	21123	22864	33746
15788	17340	21245	30468	33930

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602 Nonpayable CPT Codes (cont.)

33933	45390	62329	77522	80342
33940	45393	63043	77523	80343
33944	45398	63044	77525	80344
33995	46948	64451	77790	80345
33997	47133	64454	78205	80346
34839	47143	64624	78206	80347
34717	47144	64625	78267	80348
34718	47145	65760	78268	80349
36415	47383	65765	78320	80350
36416	48160	65767	78351	80351
36468	48550	65771	78607	80352
36482	48551	66987	78647	80353
36483	49013	66988	78710	80354
36591	49014	69090	78805	80355
36592	50300	69705	78806	80356
36598	50323	69706	78807	80357
37785	50325	72159	80143	80358
38204	54900	72198	80151	80359
38207	54901	73225	80161	80360
38208	55200	74241	80167	80361
38209	55300	74245	80181	80362
38210	55400	74247	80189	80363
38211	55870	74249	80193	80364
38212	55880	74260	80204	80365
38213	57465	74263	80210	80366
38214	58321	75571	80320	80367
38215	58322	76140	80321	80368
41870	58323	76145	80322	80369
41872	58345	76390	80323	80370
43206	58350	76496	80324	80371
43252	58750	76497	80325	80372
43752	58752	76498	80326	80373
43842	58760	77086	80327	80374
43843	58970	77336	80328	80375
43845	58974	77370	80329	80376
44132	58976	77371	80330	80377
44381	59070	77372	80331	80500
44403	59072	77373	80332	80502
44404	59412	77401	80333	81105
44405	59897	77402	80334	81106
44406	61630	77407	80335	81107
44407	61635	77412	80336	81108
44408	61640	77417	80337	81109
44705	61641	77423	80338	81110
44715	61642	77424	80339	81111
45349	62287	77425	80340	81167
45350	62328	77520	80341	81168

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602 Nonpayable CPT Codes (cont.)

81171	81237	81303	81374	82681
81172	81239	81304	81375	82962
81173	81240	81305	81376	83987
81174	81241	81306	81377	84145
81177	81242	81310	81378	84431
81178	81243	81312	81379	84410
81179	81244	81315	81380	84830
81180	81245	81316	81381	86079
81181	81250	81317	81382	86305
81182	81251	81318	81383	86890
81184	81252	81319	81400	86891
81183	81253	81320	81401	86910
81185	81254	81321	81402	86911
81186	81255	81322	81403	86927
81187	81256	81323	81404	86930
81188	81257	81324	81405	86931
81189	81260	81325	81406	86932
81190	81261	81326	81407	86945
81191	81262	81327	81408	86950
81192	81263	81329	81413	86960
81193	81264	81330	81414	86965
81194	81265	81331	81419	86985
81200	81266	81332	81422	87150
81201	81267	81333	81439	87153
81202	81270	81336	81443	87493
81203	81271	81337	81500	88000
81204	81274	81338	81503	88005
81205	81275	81339	81506	88007
81206	81278	81340	81508	88012
81207	81279	81341	81509	88014
81208	81284	81342	81510	88016
81209	81285	81343	81511	88020
81210	81286	81344	81512	88025
81216	81289	81345	81513	88027
81221	81290	81347	81514	88028
81222	81291	81348	81518	88029
81223	81292	81350	81521	88036
81224	81293	81351	81529	88037
81225	81294	81352	81539	88040
81226	81295	81353	81541	88045
81227	81296	81355	81546	88099
81231	81297	81357	81551	88125
81232	81298	81360	81554	88333
81233	81299	81370	81596	88334
81234	81300	81371	81599	88738
81235	81301	81372	82075	88749
81236	81302	81373	82077	89250

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602 Nonpayable CPT Codes (cont.)

89251	90687	92548	95700	97151
89253	90689	92549	95824	97152
89254	90697	92559	95965	97153
89255	90698	92560	95966	97154
89257	90700	92561	95967	97155
89258	90702	92562	95992	97156
89259	90723	92564	96000	97157
89260	90743	92597	96004	97158
89261	90744	92605	96040	97169
89264	90748	92606	96105	97170
89268	90845	92613	96112	97171
89272	90863	92615	96113	97172
89280	90865	92617	96116	97537
89281	90875	92630	96121	97545
89290	90876	92633	96125	97546
89291	90880	93241	96127	97755
89321	90885	93242	96130	98940
89322	90889	93243	96131	98941
89325	90901	93244	96132	98942
89329	90912	93245	96133	98943
89330	90913	93246	96136	98960
89331	90940	93247	96137	98961
89335	90989	93248	96138	98962
89342	90993	93264	96139	98970
89343	90997	93356	96146	98971
89344	90999	93660	96156	98972
89346	91112	93668	96158	99000
89352	91132	93702	96159	99001
89353	91133	93770	96160	99002
89354	92314	93786	96161	99024
89356	92315	93895	96164	99026
89398	92316	93985	96165	99027
90377	92317	93986	96167	99053
90586	92325	94005	96168	99056
90587	92352	94015	96170	99058
90619	92353	94619	96171	99060
90634	92354	94644	96376	99071
90644	92355	94645	96567	99075
90647	92358	95012	96570	99078
90648	92371	95052	96571	99080
90649	92517	95120	96573	99082
90650	92518	95125	96574	99091
90655	92519	95130	96902	99100
90657	92531	95131	96904	99116
90680	92532	95132	97014	99135
90681	92533	95133	97129	99140
90685	92534	95134	97130	99151

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602 Nonpayable CPT Codes (cont.)

99152	99255	99377	99446	99487
99153	99288	99378	99447	99489
99155	99315	99379	99448	99490
99156	99316	99380	99449	99491
99157	99339	99401	99450	99495
99172	99340	99402	99451	99496
99190	99354	99403	99452	99497
99191	99355	99404	99453	99498
99192	99356	99406	99454	99510
99241	99357	99408	99455	99601
99242	99358	99409	99456	99602
99243	99359	99411	99457	99605
99244	99360	99412	99458	99606
99245	99366	99417	99473	99607
99251	99367	99421	99474	
99252	99368	99422	99484	
99253	99374	99429	99485	
99254	99375	99439	99486	

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 $\geq 19$ . 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.

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

**Legend**

**Description**

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 through 450.260: 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.

Service  
Code      Requirement or Limitation

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)



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

Service

Code      Requirement or Limitation

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
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) or (2) as a gender dysphoria-related service)
15879	PA; IC (covered with diagnosis of lipodystrophy associated with, or secondary to, HIV only)
15999	IC
17380	PA; IC
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	19350	PA	21138	PA
19318	PA	19499	IC	21139	PA
19324	PA	20999	IC	21146	PA
19325	PA	21088	IC	21147	PA
19328	PA	21089	IC	21150	PA
19340	PA	21137	PA	21151	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>
21154	PA	26989	IC	36466	PA
21155	PA	27299	IC	36470	PA
21159	PA	27599	IC	36471	PA
21160	PA	27899	IC	36473	PA
21172	PA	28890	PA	36474	PA
21175	PA	28899	IC	36475	PA
21188	PA	29799	IC	36476	PA
21193	PA	29800	PA	36478	PA
21194	PA	29804	PA	36479	PA
21195	PA	29999	IC	37195	IC
21196	PA	30400	PA	37216	IC
21198	PA	30410	PA	37501	IC
21199	PA	30420	PA	37700	PA
21206	PA	30430	PA	37718	PA
21208	PA	30435	PA	37722	PA
21209	PA	30450	PA	37735	PA
21210	PA	30999	IC	37760	PA
21215	PA	31299	IC	37761	PA
21230	PA	31599	IC	37765	PA
21235	PA	31899	IC	37766	PA
21240	PA	32851	PA	37780	PA
21242	PA	32852	PA	37799	PA; IC
21243	PA	32853	PA	38129	IC
21244	PA	32854	PA	38230	PA
21247	PA	32999	IC	38240	PA
21255	PA	33289	PA	38241	PA
21256	PA	33935	PA	38242	PA
21299	PA; IC	33945	PA	38589	IC
21499	IC	33981	IC	38999	IC
21742	IC	33982	IC	39499	IC
21743	IC	33983	IC	39599	IC
21899	IC	33999	IC	40799	IC
22856	PA	34841	IC	40840	PA
22857	PA	34842	IC	40842	PA
22862	PA	34843	IC	40843	PA
22865	PA	34844	IC	40844	PA
22899	IC	34845	IC	40845	PA
22999	IC	34846	IC	40899	IC
23929	IC	34847	IC	41599	IC
24940	IC	34848	IC	41820	PA; IC
24999	IC	36299	IC	41821	IC
25999	IC	36465	PA	41850	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>
41899	IC	43775	PA	45999	IC
42280	PA	43846	PA	46999	IC
42281	PA	43847	PA	47135	PA
42299	IC	43848	PA	47379	IC
42699	IC	43881	PA; IC	47399	IC
42999	IC	43882	IC	47579	IC
43289	IC	43886	PA	47999	IC
43496	IC	43887	PA	48554	PA
43499	IC	43888	PA	48999	IC
43644	PA	43999	IC	49329	IC
43645	PA	44135	PA; IC	49659	IC
43647	PA; IC	44136	PA; IC	49906	IC
43648	IC	44137	PA; IC	49999	IC
43659	IC	44238	IC	50549	IC
43770	PA	44799	IC	50949	IC
43771	PA	44899	IC	51925	HI-1
43772	PA	44979	IC	51999	IC
43773	PA	45399	IC		
43774	PA	45499	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)

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

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

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)

<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	67904	PA	70540	PA
59135	HI-1	67906	PA	70542	PA
59840	CPA-2	67908	PA	70543	PA
59841	CPA-2	67999	IC	70544	PA
59850	CPA-2	68399	IC	70545	PA
59851	CPA-2	68899	IC	70546	PA
59852	CPA-2	69300	PA	70547	PA
59855	CPA-2	69399	IC	70548	PA
59856	CPA-2	69710	IC	70549	PA
59857	CPA-2	69799	IC	70551	PA
59898	IC	69930	PA	70552	PA
59899	IC	69949	IC	70553	PA
60659	IC	69979	IC	70554	PA
60699	IC	70336	PA	70555	PA
62380	IC	70450	PA	71250	PA
64650	PA	70460	PA	71260	PA
64653	PA	70470	PA	71270	PA
64999	IC	70480	PA	71275	PA
65757	IC	70481	PA	71550	PA
65785	PA	70482	PA	71551	PA
66999	IC	70486	PA	71552	PA
67299	IC	70487	PA	71555	PA
67399	IC	70488	PA	72125	PA
67599	IC	70490	PA	72126	PA
67900	PA	70491	PA	72127	PA
67901	PA	70492	PA	72128	PA
67902	PA	70496	PA	72129	PA
67903	PA	70498	PA	72130	PA

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

72131	PA	74176	PA	78399	IC
72132	PA	74177	PA	78451	PA
72133	PA	74178	PA	78452	PA
72141	PA	74181	PA	78453	PA
72142	PA	74182	PA	78454	PA
72146	PA	74183	PA	78459	PA
72147	PA	74185	PA	78466	PA
72148	PA	74261	PA	78469	PA
72149	PA	74262	PA	78472	PA
72156	PA	74712	PA	78473	PA
72157	PA	74713	PA	78481	PA
72158	PA	75557	PA	78483	PA
72191	PA	75559	PA	78491	PA
72192	PA	75561	PA	78492	PA
72193	PA	75563	PA	78494	PA
72194	PA	75565	PA	78496	PA
72195	PA	75572	PA	78499	IC
72196	PA	75573	PA	78599	IC
72197	PA	75574	PA	78608	PA
73200	PA	75635	PA	78609	PA
73201	PA	76376	PA	78699	IC
73202	PA	76377	PA	78799	IC
73206	PA	76380	PA	78811	PA
73218	PA	76391	PA	78812	PA
73219	PA	76499	IC	78813	PA
73220	PA	76999	IC	78814	PA
73221	PA	77021	PA	78815	PA
73222	PA	77022	PA	78816	PA
73223	PA	77046	PA	78999	IC
73700	PA	77047	PA	79999	IC
73701	PA	77048	PA	81099	IC
73702	PA	77049	PA	81162	PA
73706	PA	77061	IC	81163	PA
73718	PA	77062	IC	81164	PA
73719	PA	77078	PA	81212	PA
73720	PA	77084	PA	81215	PA
73721	PA	77299	IC	81217	PA
73722	PA	77385	IC	81220	IC
73723	PA	77386	IC	81228	PA; IC
73725	PA	77399	IC	81229	PA; IC
74150	PA	77499	IC	81265	PA
74160	PA	77799	IC	81265	PA
74170	PA	78099	IC	81266	PA
74174	PA	78199	IC	81266	PA
74175	PA	78299	IC	81420	PA; IC

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

81479	PA; IC	88199	IC	90386	IC
81507	PA; IC	88299	IC	90389	IC
81508	PA; IC	88399	IC	90393	PA; IC
81509	IC	89240	IC	90396	IC
81510	IC	90281	IC	90399	IC
81511	IC	90283	IC	90476	IC
81512	IC	90284	PA ; IC	90477	IC
81519	PA; IC	90287	IC	90581	IC
84999	IC	90288	IC	90620	IC
85999	IC	90296	IC	90621	IC
86849	IC	90378	PA; IC	90625	IC
86999	IC	90384	IC		
87999	PA; IC	90385	IC		

Service

Code      Requirement or Limitation

90630	IC; Covered for members $\geq$ 19; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age
90632	Covered for adults $\geq$ 19; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age
90633	IC; Covered for members $\geq$ 19; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age
90636	Covered for members $\geq$ 19; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age
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 $\geq$ 19; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age
90656	IC; Covered for members $\geq$ 19; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age
90658	IC; Covered for members $\geq$ 19; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age
90660	IC; Covered for members $\geq$ 19; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age
90661	IC; Covered for members $\geq$ 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 $\geq$ 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

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

<u>Service Code</u>	<u>Requirement or Limitation</u>
90673	Massachusetts Immunization Program for children younger than 19 years of age Covered for members $\geq$ 19; available free of charge through the Massachusetts 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
90694	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



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

Service

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

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
92921	IC
92925	IC
92934	IC
92938	IC
92944	IC
92992	IC
92993	IC
93350	PA
93351	PA
93745	IC
93799	IC
93998	IC
94669	PA

Service

<u>Code</u>	<u>Requirement or Limitation</u>
94772	IC
94774	IC
94775	IC
94776	IC
94777	IC
94799	IC
95199	IC
95782	PA
95783	PA
95800	PA
95805	PA
95806	PA
95807	PA
95808	PA
95810	PA
95811	PA
95941	IC
95943	IC
95999	IC

<sup>1</sup>PA 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>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.	97116	PA for PT >20
		97124	PA for PT >20
		97139	PA for PT >20; IC
		97161	PA for PT >20
		97162	PA for PT >20
		97164	PA for PT >20
		97165	PA for PT >20
		97166	PA for PT >20
		97167	PA for PT >20
		97168	PA for PT >20
		97530	PA for OT >20
		97533	PA for OT >20
		97535	PA for OT >20
		97542	PA for OT >20
		97602	IC
		97607	IC
		97608	IC
96377	IC	97760	PA for OT >20
96379	IC	97761	PA for OT >20
96549	IC	97763	PA for OT >20
96931	IC	97799	IC
96932	IC	97810	PA >20
96933	IC	97811	PA >20
96934	IC	97813	PA >20
96935	IC	97814	PA >20
96936	IC	98925	PA for OMT >20
96999	IC	98926	PA for OMT >20
97010	PA for PT >20	98927	PA for OMT >20
97012	PA for PT >20	98928	PA for OMT >20
97016	PA for PT >20	98929	PA for OMT >20
97018	PA for PT >20	99050	Urgent care only
97022	PA for PT >20	99051	Urgent care only
97024	PA for PT >20	99070	IC; excluding family planning supplies, such as trays used in used in the collection of specimens
97026	PA for PT >20		
97028	PA for PT >20		
97032	PA for PT >20	99174	IC
97033	PA for PT >20	99177	IC
97034	PA for PT >20	99188	Once per three-month period
97035	PA for PT >20	99195	For hematologic disorders only
97036	PA for PT >20	99199	IC
97039	PA for PT >20; IC	99499	IC
97110	PA for PT >20	99600	IC
97112	PA for PT >20		
97113	PA for PT >20		

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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](http://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	G0455	IC	J0456	
A4266		G0481		J0461	
A4267		G0482		J0470	IC
A4268		G0483		J0475	
A4269		G2023		J0476	
A4641	IC	G2023	CG	J0485	PA
A4648	IC	G2024		J0490	PA
A9500	IC	G2024	CG	J0517	PA
A9502	IC	G2066	IC	J0558	
A9503	IC	J0121	PA	J0561	
A9505	IC	J0122	PA	J0565	PA
A9512	IC	J0129	PA	J0570	PA
A9537	IC	J0131	IC	J0571	PA; IC
A9552	IC	J0135	PA; IC	J0572	PA >10.7 units; IC
A9575		J0153		J0573	PA >5.4 units; IC
A9576		J0171		J0574	PA >3.2 units; IC
A9577		J0178		J0575	PA >4 units; IC
A9578		J0179		J0584	PA;
A9579		J0185	PA	J0585	PA
A9581		J0202	PA	J0586	PA
A9585		J0215	PA; IC	J0587	PA
A9586	IC	J0221	PA	J0588	PA
A9587	IC	J0222	PA;	J0592	PA
A9588	IC	J0223		J0593	PA; IC
A9590	IC	J0256		J0594	
A9606	PA; IC	J0257		J0596	PA
G0027		J0285		J0598	PA
G0105		J0287		J0599	PA; IC
G0108		J0289		J0604	IC
G0109		J0290		J0636	
G0121		J0291	PA	J0637	
G0270		J0295		J0638	PA
G0271		J0348		J0640	PA
G0279		J0364	IC	J0641	PA
G0399	PA; IC	J0400	IC	J0642	PA
G0480		J0401		J0670	

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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>
J0690		J1097	IC	J1573	IC
J0692		J1100		J1575	PA
J0693	IC	J1160		J1580	
J0694		J1170	PA >8 units	J1599	PA; IC
J0696		J1190		J1602	PA
J0697		J1200		J1610	
J0702		J1201	IC	J1626	
J0712	PA	J1212	PA	J1627	PA >10 units; IC
J0713		J1240		J1628	PA; IC
J0715	IC	J1260	IC	J1630	
J0716	IC	J1290		J1642	
J0717	PA	J1300	PA	J1644	
J0720		J1301	PA	J1645	
J0740		J1303	PA	J1650	
J0742		J1320	IC	J1652	
J0743		J1322	PA	J1655	IC
J0770		J1428	PA; IC	J1670	
J0775	PA	J1429	IC	J1700	IC
J0780		J1438	PA; IC	J1710	IC
J0834		J1439	PA	J1720	
J0840		J1442	PA	J1726	PA; IC
J0850		J1444	IC	J1729	PA; IC
J0875	PA	J1447	PA	J1740	PA
J0878	PA	J1453		J1743	PA
J0881	PA	J1454	PA >2 units	J1744	PA; IC
J0882	PA	J1455	IC	J1745	PA
J0883	IC	J1458	PA	J1746	PA
J0884	IC	J1459	PA	J1750	PA
J0885	PA	J1460	PA	J1756	
J0890	PA; IC	J1555	PA	J1786	PA
J0894		J1556	PA	J1790	IC
J0895		J1557	PA	J1800	
J0897	PA	J1559	PA	J1815	
J1000		J1560	PA	J1823	IC
J1020		J1561	PA	J1826	IC
J1030		J1562	PA; IC	J1830	PA; IC
J1040		J1566	PA	J1840	IC
J1050		J1568	PA	J1850	IC
J1071	PA	J1569	PA	J1885	PA >4 units
J1094	IC	J1571		J1890	IC
J1096	IC	J1572		J1930	
				J1931	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>
J1943	PA < 6 years	J2510		J3095	PA
J1944	PA < 6 years	J2515		J3110	PA; IC
J1950	PA	J2540		J3111	PA
J1956		J2543		J3121	PA
J1990	IC	J2545		J3145	PA
J2060		J2550		J3230	
J2150		J2560		J3240	
J2170	PA; IC	J2562		J3241	
J2175	PA	J2675		J3243	PA
J2182	PA	J2680		J3245	PA
J2212	PA; IC	J2700		J3250	
J2248		J2704		J3262	PA
J2250		J2760	IC	J3285	PA
J2265	IC	J2778		J3300	
J2270	PA >12 units	J2785		J3301	
J2274	PA >12 units	J2786	PA	J3302	IC
J2278	PA	J2788		J3303	IC
J2300		J2790		J3304	PA
J2310		J2791		J3315	PA
J2315		J2792		J3357	PA
J2323		J2793	PA; IC	J3360	
J2326	PA; IC	J2794	PA >100 units	J3370	
J2350	PA	J2795		J3380	PA
J2353		J2796	PA	J3385	PA
J2354		J2797	PA >166.5 units; IC	J3396	
J2355	IC	J2798	PA	J3397	PA; IC
J2357	PA	J2820		J3398	IC
J2358	PA >1 unit	J2840	PA; IC	J3410	
J2400		J2910	IC	J3411	
J2405		J2916	PA	J3430	
J2407	PA	J2920		J3465	
J2426	PA >819 units	J2930		J3471	
J2430		J2940	PA; IC	J3472	IC
J2440	IC	J2941	PA; IC	J3473	
J2460	IC	J3000		J3475	
J2469	PA >250 units	J3010		J3486	
J2502	PA; IC	J3030	PA; IC	J3489	PA
J2503		J3031	PA; IC	J3490	IC
J2504	PA	J3032	IC	J3490	FP; IC
J2505		J3060	PA	J3590	IC
J2507	PA	J3090	PA	J3591	PA; 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>
J7030		J7342		J8670	PA >180 units
J7040		J7345		J8999	IC
J7050		J7351		J9000	
J7060		J7352	IC	J9015	IC
J7070		J7401	IC	J9017	
J7120		J7500		J9019	PA
J7131	IC	J7502		J9020	PA; IC
J7170		J7503		J9022	PA
J7177		J7504		J9023	PA
J7203	IC	J7507		J9025	
J7205		J7508		J9030	
J7296	IC	J7509		J9032	PA
J7297	IC	J7510		J9033	
J7298	IC	J7511		J9034	
J7300	IC	J7512		J9035	PA
J7301	IC	J7513	PA; IC	J9036	
J7303	IC	J7515		J9039	PA
J7304	IC	J7517		J9040	
J7307	IC	J7518	PA	J9041	
J7309	IC	J7520		J9042	PA
J7310	IC	J7527	PA	J9043	PA
J7311	IC	J7599	PA	J9044	
J7312		J7608		J9045	
J7313		J7614	PA	J9047	PA
J7314	PA; IC	J7620		J9050	
J7315	IC	J7626		J9055	
J7316	PA	J7633	IC	J9057	PA; IC
J7318	PA; IC	J7639		J9060	
J7320	PA; IC	J7644		J9065	
J7321	PA	J7665	IC	J9070	
J7322	PA; IC	J7669	IC	J9098	IC
J7323	PA	J7676	IC	J9100	
J7324	PA	J7677	IC	J9118	IC
J7325	PA	J7682	PA	J9119	PA
J7326	PA; IC	J7686	PA	J9120	
J7327	PA	J7699	PA; IC	J9130	
J7328	PA; IC	J7799	PA; IC	J9144	
J7329	PA; IC	J7999	PA	J9145	PA
J7332	PA; IC	J8499	IC	J9153	PA
J7336	PA	J8562	IC	J9155	PA
J7340	PA; IC	J8655	PA >1 unit	J9160	IC

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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>
J9171		J9268		Q0162	
J9173	PA	J9269		Q2009	IC
J9176	PA ; IC	J9271	PA	Q2017	IC
J9178		J9280		Q2028	PA; IC (covered with
J9179	PA	J9281			diagnosis of
J9181		J9293			lipodystrophy
J9185		J9295	PA		associated with,
J9190		J9299	PA		or secondary to,
J9199	PA ; IC	J9301	PA		HIV only)
J9200		J9302	PA	Q2035	IC
J9201		J9303		Q2036	IC
J9202	PA	J9305		Q2037	IC
J9204	PA	J9306	PA	Q2038	IC
J9205	PA	J9307		Q2043	PA
J9206		J9308	PA	Q2049	IC
J9207		J9309	PA	Q2050	
J9208		J9311	PA	Q4074	
J9209		J9312	PA	Q4081	
J9210	PA; IC	J9313	PA	Q4101	
J9211		J9315	PA	Q4102	
J9212	IC	J9316		Q4103	IC
J9213	IC	J9317		Q4104	IC
J9214		J9320		Q4106	
J9215	PA; IC	J9325	PA	Q4107	IC
J9216	IC	J9328		Q4108	IC
J9217	PA	J9330		Q4110	
J9218	PA	J9340		Q4121	
J9219	PA; IC	J9351		Q4132	IC
J9225	PA	J9352		Q4133	
J9226	PA	J9354	PA	Q4161	IC
J9228	PA	J9355		Q4162	IC
J9229	PA; IC	J9357		Q4163	IC
J9230		J9360		Q4164	IC
J9250		J9370		Q4165	IC
J9260		J9371	PA	Q4186	
J9261	PA	J9390	PA	Q4187	
J9262	PA	J9395	PA	Q5101	PA
J9263		J9400	PA	Q5103	PA
J9264		J9999	IC	Q5104	PA
J9266		Q0138		Q5105	PA
J9267		Q0139		Q5106	PA

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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>
Q5108		S0077	IC	T1023	
Q5110	PA	S0190	IC	U0002	
Q5111		S0023	IC	U0003	
Q5115		S0199		U0004	
Q5119		S0191	IC	V2600	PA; IC
Q9950		S0302		V2610	PA; IC
Q9991		S2260	CPA-2; IC	V2615	PA; IC
Q9992	PA	S3005		V2799	PA; IC
S0020	IC	S4989	IC		
S0021	IC	S4993			

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



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605 Modifiers (cont.)

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

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605 Modifiers (cont.)

Modifier    Modifier Description

	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.)
SL	State supplied vaccine (This modifier should only be applied to codes 90460, 90461, 90471, 90472, 90473, and 90474 to identify administration of vaccines provided at no cost by the Massachusetts Department of Public Health for individuals aged 18 years and younger, including those administered under the Vaccine for Children Program (VFC).)
T1	Left foot, second digit
T2	Left foot, third digit
T3	Left foot, fourth digit
T4	Left foot, fifth digit
T5	Right foot, great toe
T6	Right foot, second digit
T7	Right foot, third digit
T8	Right foot, fourth digit
T9	Right foot, fifth digit
TA	Left foot, great toe
TC	Technical component. Under certain circumstances, a charge may be made for the technical component alone. Under those circumstances, the technical component charge is identified by adding modifier 'TC' to the usual procedure number. Technical component charges are institutional charges and not billed separately by physicians. However, portable x-ray suppliers only bill for technical component and should utilize modifier TC. The charge data from portable x-ray suppliers will then be used to build customary and prevailing profiles.
XE	Separate encounter, a service that is distinct because it occurred during a separate encounter
XP	Separate practitioner, a service that is distinct because it was performed by a different practitioner
XS	Separate structure, a service that is distinct because it was performed on a separate organ/structure
XU	Unusual non-overlapping service, the use of a service that is distinct because it does not overlap usual components of the main service

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605 Modifiers (cont.)

Modifier    Modifier Description

**Modifiers for Tobacco-Cessation Services**

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

- HQ        Group counseling, at least 60–90 minutes in duration, provided by a physician, 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/service-details/about-postpartum-depression-ppd](http://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.