



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



MassHealth
Transmittal Letter PHY-161
September 2021

TO: Physicians Participating in MassHealth

FROM: Amanda Cassel Kraft, Acting Assistant Secretary for MassHealth

RE: *Physician Manual* (Addition of Code G2066 and Deletion of Code 93299; Integrated Behavioral Health Service; Facial Feminization Procedures)

Summary

This letter transmits a revision to the service codes in the *Physician Manual* to incorporate a 2020 Healthcare Common Procedure Coding System (HCPCS) coding update, adds to Subchapter 6 a new code for the integrated behavioral health service described in [Physician Bulletin 103](#), and reminds providers that the Executive Office of Health and Human Services (EOHHS) recently updated its rates for certain surgery codes when billed as part of facial feminization surgery to treat gender dysphoria.

1. Addition of HCPCS Code G2066 and Deletion of CPT Code 93299

As described in [Administrative Bulletin 21-06](#), EOHHS has deleted CPT code 93299 and replaced it with HCPCS code G2066, effective for dates of service on or after January 1, 2020. MassHealth has updated Subchapter 6 of the Physician Manual to delete CPT code 93299 and replace it with HCPCS code G2066, effective for dates of service on or after January 1, 2020. The deleted code is not available for use for dates of service after December 31, 2019.

2. Integrated Behavioral Health Service

Effective for dates of service on or after July 1, 2021, MassHealth will pay physicians for providing the integrated behavioral health service described in [Physician Bulletin 103](#) in accordance with the standards and limitations set forth therein. Physicians should bill CPT code 99484 when providing this integrated behavioral health service. MassHealth has updated Subchapter 6 to reflect the addition of this code. The payment rate for this code can be found at 101 CMR 317:00: *Medicine*.

3. Facial Feminization Procedures

As set forth in 101 CMR 316.05(4)(c), EOHHS has updated the rates for the following surgery codes when billed as part of facial feminization surgery to treat gender dysphoria: 14301, 14302, 20912, 21120, 21123, 21137, 21139, 21208, 21209, 21210, 21296, 30410, 30420, 30465, 31750, 64716 and 64771. As described in that regulation, the rates set forth in 101 CMR 316.05(4)(c) apply only to claims for services rendered to treat gender dysphoria. Providers rendering the services described by these codes must adhere to all applicable rules, regulations, and requirements, including all prior authorization requirements as set forth in subchapter 6.

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.

MassHealth Website

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

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Questions

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

NEW MATERIAL

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

Physician Manual

Pages 6-1 through 6-28

OBSOLETE MATERIAL

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

Physician Manual

Pages 6-1 through 6-26 — transmitted by Transmittal Letter PHY-160

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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	15792	19396	22527	33275
11922	15793	20930	22841	33741
15776	15824	20936	22858	33745
15780	15825	20985	22861	33746
15781	15826	21121	22864	33930
15782	15828	21122	30468	33933
15783	15829	21245	32491	33940
15786	15847	21246	32850	33944
15787	17340	21248	32855	33995
15788	17360	21249	32856	33997
15789	19355	22526	33274	34839

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34717	47143	64454	77790	80344
34718	47144	64624	78205	80345
36415	47145	64625	78206	80346
36416	47383	65760	78267	80347
36468	48160	65765	78268	80348
36482	48550	65767	78320	80349
36483	48551	65771	78351	80350
36591	49013	66987	78607	80351
36592	49014	66988	78647	80352
36598	50300	69090	78710	80353
37785	50323	69705	78805	80354
38204	50325	69706	78806	80355
38207	54900	72159	78807	80356
38208	54901	72198	80143	80357
38209	55200	73225	80151	80358
38210	55300	74241	80161	80359
38211	55400	74245	80167	80360
38212	55870	74247	80181	80361
38213	55880	74249	80189	80362
38214	57465	74260	80193	80363
38215	58321	74263	80204	80364
41870	58322	75571	80210	80365
41872	58323	76140	80320	80366
43206	58345	76145	80321	80367
43252	58350	76390	80322	80368
43752	58750	76496	80323	80369
43842	58752	76497	80324	80370
43843	58760	76498	80325	80371
43845	58970	77086	80326	80372
44132	58974	77336	80327	80373
44381	58976	77370	80328	80374
44403	59070	77371	80329	80375
44404	59072	77372	80330	80376
44405	59412	77373	80331	80377
44406	59897	77401	80332	80500
44407	61630	77402	80333	80502
44408	61635	77407	80334	81105
44705	61640	77412	80335	81106
44715	61641	77417	80336	81107
45349	61642	77423	80337	81108
45350	62287	77424	80338	81109
45390	62328	77425	80339	81110
45393	62329	77520	80340	81111
45398	63043	77522	80341	81167
46948	63044	77523	80342	81168
47133	64451	77525	80343	81171

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602 Nonpayable CPT Codes (cont.)

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

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602 Nonpayable CPT Codes (cont.)

88334	90655	92518	95120	96571
88738	90657	92519	95125	96573
88749	90680	92531	95130	96574
89250	90681	92532	95131	96902
89251	90685	92533	95132	96904
89253	90687	92534	95133	97014
89254	90689	92548	95134	97129
89255	90697	92549	95700	97130
89257	90698	92559	95824	97151
89258	90700	92560	95965	97152
89259	90702	92561	95966	97153
89260	90723	92562	95967	97154
89261	90743	92564	95992	97155
89264	90744	92597	96000	97156
89268	90748	92605	96004	97157
89272	90845	92606	96040	97158
89280	90863	92613	96105	97169
89281	90865	92615	96112	97170
89290	90875	92617	96113	97171
89291	90876	92630	96116	97172
89321	90880	92633	96121	97537
89322	90885	93241	96125	97545
89325	90889	93242	96127	97546
89329	90901	93243	96130	97755
89330	90912	93244	96131	98940
89331	90913	93245	96132	98941
89335	90940	93246	96133	98942
89342	90989	93247	96136	98943
89343	90993	93248	96137	98960
89344	90997	93264	96138	98961
89346	90999	93356	96139	98962
89352	91112	93660	96146	98970
89353	91132	93668	96156	98971
89354	91133	93702	96158	98972
89356	92314	93770	96159	99000
89398	92315	93786	96160	99001
90377	92316	93895	96161	99002
90586	92317	93985	96164	99024
90587	92325	93986	96165	99026
90619	92352	94005	96167	99027
90634	92353	94015	96168	99053
90644	92354	94619	96170	99056
90647	92355	94644	96171	99058
90648	92358	94645	96376	99060
90649	92371	95012	96567	99071
90650	92517	95052	96570	99075

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602 Nonpayable CPT Codes (cont.)

99078	99241	99357	99417	99473
99080	99242	99358	99421	99474
99082	99243	99359	99422	99485
99091	99244	99360	99429	99486
99100	99245	99366	99439	99487
99116	99251	99367	99446	99489
99135	99252	99368	99447	99490
99140	99253	99374	99448	99491
99151	99254	99375	99449	99495
99152	99255	99377	99450	99496
99153	99288	99378	99451	99497
99155	99315	99379	99452	99498
99156	99316	99380	99453	99510
99157	99339	99406	99454	99601
99172	99340	99408	99455	99602
99190	99354	99409	99456	99605
99191	99355	99411	99457	99606
99192	99356	99412	99458	99607

603 Codes That Have Special Requirements or Limitations

The service codes in this section are payable by MassHealth, subject to all conditions and limitations in MassHealth regulations at 130 CMR 433.000 and 450.000: *Administrative and Billing Regulations*, but require specific attachments or 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 *Certification of Payable Abortion Form* must be completed for all induced abortions, except medically induced abortions.

CS-18 or CS-21

A completed *Sterilization Consent Form* (CS-18 for members aged 18 through 20 years; CS-21 form for

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<u>Legend</u>	<u>Description</u>
CS-18* or CS-21*	members aged 21 and older) must be submitted. See 130 CMR 433.456 through 433.458 for more information. 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 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.
Service Code	<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)

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

Service

Code Requirement or Limitation

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

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Service

Code Requirement or Limitation

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)
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)

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Service

Code Requirement or Limitation

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

Service

Code Req. or Limit

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

Service

Code Req. or Limit

64999 IC
65757 IC
65785 PA
66999 IC
67299 IC
67399 IC
67599 IC
67900 PA
67901 PA
67902 PA
67903 PA
67904 PA
67906 PA
67908 PA
67999 IC
68399 IC
68899 IC

Service

Code Req. or Limit

69300 PA
69399 IC
69710 IC
69799 IC
69930 PA
69949 IC
69979 IC
70336 PA
70450 PA
70460 PA
70470 PA
70480 PA
70481 PA
70482 PA
70486 PA
70487 PA
70488 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>
70490	PA	72149	PA	74182	PA
70491	PA	72156	PA	74183	PA
70492	PA	72157	PA	74185	PA
70496	PA	72158	PA	74261	PA
70498	PA	72191	PA	74262	PA
70540	PA	72192	PA	74712	PA
70542	PA	72193	PA	74713	PA
70543	PA	72194	PA	75557	PA
70544	PA	72195	PA	75559	PA
70545	PA	72196	PA	75561	PA
70546	PA	72197	PA	75563	PA
70547	PA	73200	PA	75565	PA
70548	PA	73201	PA	75572	PA
70549	PA	73202	PA	75573	PA
70551	PA	73206	PA	75574	PA
70552	PA	73218	PA	75635	PA
70553	PA	73219	PA	76376	PA
70554	PA	73220	PA	76377	PA
70555	PA	73221	PA	76380	PA
71250	PA	73222	PA	76391	PA
71260	PA	73223	PA	76499	IC
71270	PA	73700	PA	76999	IC
71275	PA	73701	PA	77021	PA
71550	PA	73702	PA	77022	PA
71551	PA	73706	PA	77046	PA
71552	PA	73718	PA	77047	PA
71555	PA	73719	PA	77048	PA
72125	PA	73720	PA	77049	PA
72126	PA	73721	PA	77061	IC
72127	PA	73722	PA	77062	IC
72128	PA	73723	PA	77078	PA
72129	PA	73725	PA	77084	PA
72130	PA	74150	PA	77299	IC
72131	PA	74160	PA	77385	IC
72132	PA	74170	PA	77386	IC
72133	PA	74174	PA	77399	IC
72141	PA	74175	PA	77499	IC
72142	PA	74176	PA	77799	IC
72146	PA	74177	PA	78099	IC
72147	PA	74178	PA	78199	IC
72148	PA	74181	PA	78299	IC

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

Service Code	Req. or Limit	Service Code	Req. or Limit	Service Code	Req. or Limit
78399	IC	78999	IC	86999	IC
78451	PA	79999	IC	87999	PA; IC
78452	PA	81099	IC	88199	IC
78453	PA	81162	PA	88299	IC
78454	PA	81163	PA	88399	IC
78459	PA	81164	PA	89240	IC
78466	PA	81212	PA	90281	IC
78469	PA	81215	PA	90283	IC
78472	PA	81217	PA	90284	PA ; IC
78473	PA	81220	IC	90287	IC
78481	PA	81228	PA; IC	90288	IC
78483	PA	81229	PA; IC	90296	IC
78491	PA	81265	PA	90378	PA; IC
78492	PA	81265	PA	90384	IC
78494	PA	81266	PA	90385	IC
78496	PA	81266	PA	90386	IC
78499	IC	81420	PA; IC	90389	IC
78599	IC	81479	PA; IC	90393	PA; IC
78608	PA	81507	PA; IC	90396	IC
78609	PA	81508	PA; IC	90399	IC
78699	IC	81509	IC	90476	IC
78799	IC	81510	IC	90477	IC
78811	PA	81511	IC	90581	IC
78812	PA	81512	IC	90620	IC
78813	PA	81519	PA; IC	90621	IC
78814	PA	84999	IC	90625	IC
78815	PA	85999	IC		
78816	PA	86849	IC		

Service Code	Requirement or Limitation
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

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

<u>Service Code</u>	<u>Requirement or Limitation</u>
90654	Massachusetts Immunization Program for children younger than 19 years of age IC; Covered for members ≥ 19 ; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age
90656	Massachusetts Immunization Program for children younger than 19 years of age IC; Covered for members ≥ 19 ; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age
90658	Massachusetts Immunization Program for children younger than 19 years of age IC; Covered for members ≥ 19 ; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age
90660	Massachusetts Immunization Program for children younger than 19 years of age IC; Covered for members ≥ 19 ; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age
90661	Massachusetts Immunization Program for children younger than 19 years of age IC; Covered for members ≥ 19 ; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age
90664	IC
90666	IC
90667	IC
90668	IC
90670	Covered for members ≥ 19 ; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age
90672	Covered for members $> 19 < 49$; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age
90673	Covered for members ≥ 19 ; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age
90676	IC
90682	Covered for members ≥ 19 ; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age
90686	Covered for members ≥ 19 ; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age
90688	Covered for members ≥ 19 ; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age
90690	IC
90694	IC
90696	IC
90707	IC; Covered for members ≥ 19 ; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age
90710	IC; Covered for members ≥ 19 ; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age
90713	IC; Covered for members ≥ 19 ; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age
90715	Covered for members ≥ 19 ; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age
90716	IC; Covered for members ≥ 19 ; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age

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

Service

Code Requirement or Limitation

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

Service

Code Requirement or Limitation

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

Service

Code Requirement or Limitation

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

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

Service <u>Code</u>	<u>Requirement or Limitation</u>	Service <u>Code</u>	<u>Requirement or Limitation</u>
92925	IC		
92934	IC		
92938	IC		
92944	IC		
92992	IC		
92993	IC		
93350	PA		
93351	PA		
93745	IC		
93799	IC		
93998	IC		
94669	PA		
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		

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

Service Code	Requirement or Limitation	Service Code	Requirement or Limitation
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.	97112	PA for PT >20
96377	IC	97113	PA for PT >20
96379	IC	97116	PA for PT >20
96549	IC	97124	PA for PT >20
96931	IC	97139	PA for PT >20; IC
96932	IC	97161	PA for PT >20
96933	IC	97162	PA for PT >20
96934	IC	97164	PA for PT >20
96935	IC	97165	PA for PT >20
96936	IC	97166	PA for PT >20
96999	IC	97167	PA for PT >20
97010	PA for PT >20	97168	PA for PT >20
97012	PA for PT >20	97530	PA for OT >20
97016	PA for PT >20	97533	PA for OT >20
97018	PA for PT >20	97535	PA for OT >20
97022	PA for PT >20	97542	PA for OT >20
97024	PA for PT >20	97602	IC
97026	PA for PT >20	97607	IC
97028	PA for PT >20	97608	IC
97032	PA for PT >20	97760	PA for OT >20
97033	PA for PT >20	97761	PA for OT >20
97034	PA for PT >20	97763	PA for OT >20
97035	PA for PT >20	97799	IC
97036	PA for PT >20	97810	PA >20
97039	PA for PT >20; IC	97811	PA >20
97110	PA for PT >20	97813	PA >20
		97814	PA >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
		99174	IC
		99177	IC
		99188	Once per three-month period
		99195	For hematologic disorders only
		99199	IC

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

Service Code	Requirement or Limitation	Service Code	Requirement or Limitation
99499	IC		
99600	IC		

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.

Service Code	Req. or Limit	Service Code	Req. or Limit	Service Code	Req. or Limit
A4261	IC	G0105		J0202	PA
A4266		G0108		J0215	PA; IC
A4267		G0109		J0221	PA
A4268		G0121		J0222	PA;
A4269		G0270		J0223	
A4641	IC	G0271		J0256	
A4648	IC	G0279		J0257	
A9500	IC	G0399	PA; IC	J0285	
A9502	IC	G0480		J0287	
A9503	IC	G0455	IC	J0289	
A9505	IC	G0481		J0290	
A9512	IC	G0482		J0291	PA
A9537	IC	G0483		J0295	
A9552	IC	G2023		J0348	
A9575		G2023	CG	J0364	IC
A9576		G2024		J0400	IC
A9577		G2024	CG	J0401	
A9578		G2066	IC	J0456	
A9579		J0121	PA	J0461	
A9581		J0122	PA	J0470	IC
A9585		J0129	PA	J0475	
A9586	IC	J0131	IC	J0476	
A9587	IC	J0135	PA; IC	J0485	PA
A9588	IC	J0153		J0490	PA
A9590	IC	J0171		J0517	PA
A9606	PA; IC	J0178		J0558	
G0027		J0179		J0561	
		J0185	PA		

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604 Payable HCPCS Level II and Category III Service Codes (cont.)

Service Code	Req. or Limit	Service Code	Req. or Limit	Service Code	Req. or Limit
J0565	PA	J0742		J1303	PA
J0570	PA	J0743		J1320	IC
J0571	PA; IC	J0770		J1322	PA
J0572	PA >10.7 units; IC	J0775	PA	J1428	PA; IC
J0573	PA >5.4 units; IC	J0780		J1429	IC
J0574	PA >3.2 units; IC	J0834		J1438	PA; IC
J0575	PA >4 units; IC	J0840		J1439	PA
J0584	PA;	J0850		J1442	PA
J0585	PA	J0875	PA	J1444	IC
J0586	PA	J0878	PA	J1447	PA
J0587	PA	J0881	PA	J1453	
J0588	PA	J0882	PA	J1454	PA >2 units
J0592	PA	J0883	IC	J1455	IC
J0593	PA; IC	J0884	IC	J1458	PA
J0594		J0885	PA	J1459	PA
J0596	PA	J0890	PA; IC	J1460	PA
J0598	PA	J0894		J1555	PA
J0599	PA; IC	J0895		J1556	PA
J0604	IC	J0897	PA	J1557	PA
J0636		J1000		J1559	PA
J0637		J1020		J1560	PA
J0638	PA	J1030		J1561	PA
J0640	PA	J1040		J1562	PA; IC
J0641	PA	J1050		J1566	PA
J0642	PA	J1071	PA	J1568	PA
J0670		J1094	IC	J1569	PA
J0690		J1096	IC	J1571	
J0692		J1097	IC	J1572	
J0693	IC	J1100		J1573	IC
J0694		J1160		J1575	PA
J0696		J1170	PA >8 units	J1580	
J0697		J1190		J1599	PA; IC
J0702		J1200		J1602	PA
J0712	PA	J1201	IC	J1610	
J0713		J1212	PA	J1626	
J0715	IC	J1240		J1627	PA >10 units; IC
J0716	IC	J1260	IC	J1628	PA; IC
J0717	PA	J1290		J1630	
J0720		J1300	PA	J1642	
J0740		J1301	PA	J1644	

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604 Payable HCPCS Level II and Category III Service Codes (cont.)

Service Code	Req. or Limit	Service Code	Req. or Limit	Service Code	Req. or Limit
J1645		J2212	PA; IC	J2680	
J1650		J2248		J2700	
J1652		J2250		J2704	
J1655	IC	J2265	IC	J2760	IC
J1670		J2270	PA >12 units	J2778	
J1700	IC	J2274	PA >12 units	J2785	
J1710	IC	J2278	PA	J2786	PA
J1720		J2300		J2788	
J1726	PA; IC	J2310		J2790	
J1729	PA; IC	J2315		J2791	
J1740	PA	J2323		J2792	
J1743	PA	J2326	PA; IC	J2793	PA; IC
J1744	PA; IC	J2350	PA	J2794	PA >100 units
J1745	PA	J2353		J2795	
J1746	PA	J2354		J2796	PA
J1750	PA	J2355	IC	J2797	PA >166.5 units; IC
J1756		J2357	PA	J2798	PA
J1786	PA	J2358	PA >1 unit	J2820	
J1790	IC	J2400		J2840	PA; IC
J1800		J2405		J2910	IC
J1815		J2407	PA	J2916	PA
J1823	IC	J2426	PA >819 units	J2920	
J1826	IC	J2430		J2930	
J1830	PA; IC	J2440	IC	J2940	PA; IC
J1840	IC	J2460	IC	J2941	PA; IC
J1850	IC	J2469	PA >250 units	J3000	
J1885	PA >4 units	J2502	PA; IC	J3010	
J1890	IC	J2503		J3030	PA; IC
J1930		J2504	PA	J3031	PA; IC
J1931	PA	J2505		J3032	IC
J1943	PA < 6 years	J2507	PA	J3060	PA
J1944	PA < 6 years	J2510		J3090	PA
J1950	PA	J2515		J3095	PA
J1956		J2540		J3110	PA; IC
J1990	IC	J2543		J3111	PA
J2060		J2545		J3121	PA
J2150		J2550		J3145	PA
J2170	PA; IC	J2560		J3230	
J2175	PA	J2562		J3240	
J2182	PA	J2675		J3241	

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604 Payable HCPCS Level II and Category III Service Codes (cont.)

Service Code	Req. or Limit	Service Code	Req. or Limit	Service Code	Req. or Limit
J3243	PA	J7170		J7502	
J3245	PA	J7177		J7503	
J3250		J7203	IC	J7504	
J3262	PA	J7205		J7507	
J3285	PA	J7296	IC	J7508	
J3300		J7297	IC	J7509	
J3301		J7298	IC	J7510	
J3302	IC	J7300	IC	J7511	
J3303	IC	J7301	IC	J7512	
J3304	PA	J7303	IC	J7513	PA; IC
J3315	PA	J7304	IC	J7515	
J3357	PA	J7307	IC	J7517	
J3360		J7309	IC	J7518	PA
J3370		J7310	IC	J7520	
J3380	PA	J7311	IC	J7527	PA
J3385	PA	J7312		J7599	PA
J3396		J7313		J7608	
J3397	PA; IC	J7314	PA; IC	J7614	PA
J3398	IC	J7315	IC	J7620	
J3410		J7316	PA	J7626	
J3411		J7318	PA; IC	J7633	IC
J3430		J7320	PA; IC	J7639	
J3465		J7321	PA	J7644	
J3471		J7322	PA; IC	J7665	IC
J3472	IC	J7323	PA	J7669	IC
J3473		J7324	PA	J7676	IC
J3475		J7325	PA	J7677	IC
J3486		J7326	PA; IC	J7682	PA
J3489	PA	J7327	PA	J7686	PA
J3490	IC	J7328	PA; IC	J7699	PA; IC
J3490	FP; IC	J7329	PA; IC	J7799	PA; IC
J3590	IC	J7332	PA; IC	J7999	PA
J3591	PA; IC	J7336	PA	J8499	IC
J7030		J7340	PA; IC	J8562	IC
J7040		J7342		J8655	PA >1 unit
J7050		J7345		J8670	PA >180 units
J7060		J7351		J8999	IC
J7070		J7352	IC	J9000	
J7120		J7401	IC	J9015	IC
J7131	IC	J7500		J9017	

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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>
J9019	PA	J9179	PA	J9280	
J9020	PA; IC	J9181		J9281	
J9022	PA	J9185		J9293	
J9023	PA	J9190		J9295	PA
J9025		J9199	PA ; IC	J9299	PA
J9030		J9200		J9301	PA
J9032	PA	J9201		J9302	PA
J9033		J9202	PA	J9303	
J9034		J9204	PA	J9305	
J9035	PA	J9205	PA	J9306	PA
J9036		J9206		J9307	
J9039	PA	J9207		J9308	PA
J9040		J9208		J9309	PA
J9041		J9209		J9311	PA
J9042	PA	J9210	PA; IC	J9312	PA
J9043	PA	J9211		J9313	PA
J9044		J9212	IC	J9315	PA
J9045		J9213	IC	J9316	
J9047	PA	J9214		J9317	
J9050		J9215	PA; IC	J9320	
J9055		J9216	IC	J9325	PA
J9057	PA; IC	J9217	PA	J9328	
J9060		J9218	PA	J9330	
J9065		J9219	PA; IC	J9340	
J9070		J9225	PA	J9351	
J9098	IC	J9226	PA	J9352	
J9100		J9228	PA	J9354	PA
J9118	IC	J9229	PA; IC	J9355	
J9119	PA	J9230		J9357	
J9120		J9250		J9360	
J9130		J9260		J9370	
J9144		J9261	PA	J9371	PA
J9145	PA	J9262	PA	J9390	PA
J9153	PA	J9263		J9395	PA
J9155	PA	J9264		J9400	PA
J9160	IC	J9266		J9999	IC
J9171		J9267		Q0138	
J9173	PA	J9268		Q0139	
J9176	PA ; IC	J9269		Q0162	
J9178		J9271	PA	Q2009	IC

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604 Payable HCPCS Level II and Category III Service Codes (cont.)

Service Code	Req. or Limit	Service Code	Req. or Limit	Service Code	Req. or Limit
Q2017	IC	Q4110		Q9992	PA
Q2028	PA; IC (covered with diagnosis of lipodystrophy associated with, or secondary to, HIV only)	Q4121		S0020	IC
		Q4132	IC	S0021	IC
		Q4133		S0077	IC
		Q4161	IC	S0190	IC
		Q4162	IC	S0023	IC
		Q4163	IC	S0199	
Q2035	IC	Q4164	IC	S0191	IC
Q2036	IC	Q4165	IC	S0302	
Q2037	IC	Q4186		S2260	CPA-2; IC
Q2038	IC	Q4187		S3005	
Q2043	PA	Q5101	PA	S4989	IC
Q2049	IC	Q5103	PA	S4993	
Q2050		Q5104	PA	T1023	
Q4074		Q5105	PA	U0002	
Q4081		Q5106	PA	U0003	
Q4101		Q5108		U0004	
Q4102		Q5110	PA	V2600	PA; IC
Q4103	IC	Q5111		V2610	PA; IC
Q4104	IC	Q5115		V2615	PA; IC
Q4106		Q5119		V2799	PA; IC
Q4107	IC	Q9950			
Q4108	IC	Q9991			

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

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605 Modifiers (cont.)

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

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605 Modifiers (cont.)

Modifier Modifier Description

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 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, and 90473, 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

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605 Modifiers (cont.)

Modifier Modifier Description

technical component alone. Under those circumstances, the technical component charge is identified by adding modifier 'TC' to the usual procedure number. Technical component charges are institutional charges and not billed separately by physicians. However, portable x-ray suppliers only bill for technical component and should utilize modifier TC. The charge data from portable x-ray suppliers will then be used to build customary and prevailing profiles.

- XE Separate encounter, a service that is distinct because it occurred during a separate encounter
- XP Separate practitioner, a service that is distinct because it was performed by a different practitioner
- XS Separate structure, a service that is distinct because it was performed on a separate organ/structure
- XU Unusual non-overlapping service, the use of a service that is distinct because it does not overlap usual components of the main service

Modifiers for Tobacco-Cessation Services

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

- HQ Group counseling, at least 60–90 minutes in duration, provided by a physician, 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

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605 Modifiers (cont.)

Modifier Modifier Description

(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

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.