



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



MassHealth
Transmittal Letter PHY-164
June 2022

TO: Physicians Participating in MassHealth
FROM: Amanda Cassel Kraft, Assistant Secretary for MassHealth
RE: *Physician Manual* (HCPCS Updates to Subchapter 6)

Summary

This letter transmits revisions to the service codes in the *Physician Manual*. The Centers for Medicare & Medicaid Services (CMS) has revised the Healthcare Common Procedure Coding System (HCPCS) codes for 2022. MassHealth has also updated Subchapter 6 to reflect changes to special requirements or limitations for applicable codes. For dates of service on or after January 1, 2022, providers must use the new codes in order to obtain reimbursement.

In addition, the following changes have been made:

- Current Procedure Terminology (CPT) code 96127 will be added, effective September 1, 2022.
- CPT code 99406 will be moved to payable status, effective June 1, 2022.
- CPT code 90460-unit designation will be increased, effective June 1, 2022.
- CPT code 90461 will become nonpayable, effective June 1, 2022.
- Sonata System (CPT Code 0404T) will become a covered service with prior authorization (PA), effective June 1, 2022; and
- CPT codes 36482 and 36483 will become covered services with PA, effective June 1, 2022.

All of these changes are outlined in this transmittal letter.

Developmental and Behavioral Health Screening Changes

Effective for dates of service on or after September 1, 2022, MassHealth is adding CPT code 96127 for the administration and scoring of standardized behavioral health-screening tools selected from the list referenced in Appendix W of your provider manual for members (except those with MassHealth Limited) from birth to 21 years of age. As described in Section 605 of Subchapter 6 of the *Physician Manual*, this code must be accompanied by modifier U1 or U2 to indicate whether a developmental or behavioral health need was identified.

Additional Smoking and Tobacco Use Cessation Visit Code

CPT code 99406, "Smoking and tobacco use cessation counseling visit: intermediate, greater than 3 minutes up to 10 minutes," has moved from nonpayable to payable status, effective June 1, 2022.

Changes to Immunization Administration Codes 90460 and 90461

Effective June 1, 2022, there will be a change to the unit allowance for administration code 90460. A maximum of 5 units will be allowed.

Effective June 1, 2022, administration code 90461 will be nonpayable.

Under the Vaccine for Children (VFC) program, MassHealth will reimburse for vaccine administration on a per-vaccine basis, and not on a per-antigen or per-combination basis.

Sonata™ Transcervical Fibroid Ablation

Effective for dates of service on or after June 1, 2022, MassHealth is providing coverage for Sonata Transcervical Fibroid Ablation for members with uterine fibroids who meet certain clinical criteria.

Claims for CPT code 0404T (Transcervical uterine fibroid(s) ablation with ultrasound guidance, radiofrequency) will be reviewed and covered when the following general coverage criteria are met. MassHealth requires PA for this code. A PA request for these services must be accompanied by clinical documentation to support medical necessity.

General Coverage Criteria

Providers must submit the following clinical documentation with PA requests for the Sonata Transcervical Fibroid Ablation procedure:

- 1) the primary diagnosis name(s) and the ICD-CM code(s) for the condition;
- 2) the secondary diagnosis name(s) and ICD-CM code(s) pertinent to any comorbid conditions, if present;
- 3) the most recent medical evaluation, including a summary of the medical history and the most recent physical exam with emphasis on findings relevant to uterine fibroids including an abdominal and pelvic exam;
- 4) results of radiology studies (ultrasound, MRI, etc.) and other tests relevant to the condition for which Sonata is being requested;
- 5) a summary of the nonoperative, conservative treatment(s) that have been tried and have been unsuccessful in managing the patient's condition;
- 6) any risk factors and/or comorbid conditions' and
- 7) other pertinent information that MassHealth may request.

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

Treatment of Chronic Venous Disease—Updates Related to the Treatment of Lower Extremity Varicose Veins

Effective for dates of service on or after June 1, 2022, MassHealth is adding cyanoacrylate glue sclerotherapy to its current list of acceptable methods for treating varicose veins. MassHealth will cover this procedure through CPT codes 36482 and 36483. MassHealth requires PA for these codes. A request for PA for these codes must be accompanied by clinical documentation to support medical necessity. MassHealth intends to post an update to its [Guidelines for Medical Necessity Determination for Treatment of Varicose Veins of the Lower Extremities](#) in the near future. Among other things, this update will describe MassHealth's coverage criteria for this new procedure.

MassHealth Website

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

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

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 6-30

OBSOLETE MATERIAL

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

Physician Manual

Pages 6-1 through 6-28 — transmitted by Transmittal Letter PHY-162

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601 Introduction

MassHealth providers must refer to the American Medical Association’s *Current Procedural Terminology (CPT) Professional 2022* 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: *Physician Services* 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: *Rates for Medicine Services*. 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	15786	15825	19355	21245
11922	15787	15826	19396	21246
15776	15788	15828	20930	21248
15780	15789	15829	20936	21249
15781	15792	15847	20985	22526
15782	15793	17340	21121	22527
15783	15824	17360	21122	22841

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602 Nonpayable CPT Codes (cont.)

22858	43843	58760	76498	80321
22861	43845	58970	77086	80322
22864	44132	58974	77089	80323
30468	44381	58976	77090	80324
32491	44403	59070	77091	80325
32850	44404	59072	77092	80326
32855	44405	59412	77336	80327
32856	44406	59897	77370	80328
33274	44407	61630	77371	80329
33275	44408	61635	77372	80330
33741	44705	61640	77373	80331
33745	44715	61641	77401	80332
33746	45349	61642	77402	80333
33930	45350	62287	77407	80334
33933	45390	62328	77412	80335
33940	45393	62329	77417	80336
33944	45398	63043	77423	80337
33995	46948	63044	77424	80338
33997	47133	64451	77425	80339
34839	47143	64454	77520	80340
34717	47144	64624	77522	80341
34718	47145	64625	77523	80342
36415	47383	65760	77525	80343
36416	48160	65765	77790	80344
36468	48550	65767	78205	80345
36591	48551	65771	78206	80346
36592	49013	66987	78267	80347
36598	49014	66988	78268	80348
37785	50300	69090	78320	80349
38204	50323	69705	78351	80350
38207	50325	69706	78607	80351
38208	54900	72159	78647	80352
38209	54901	72198	78710	80353
38210	55200	73225	78805	80354
38211	55300	74241	78806	80355
38212	55400	74245	78807	80356
38213	55870	74247	80143	80357
38214	55880	74249	80151	80358
38215	57465	74260	80161	80359
41870	58321	74263	80167	80360
41872	58322	75571	80181	80361
42975	58323	76140	80189	80362
43206	58345	76145	80193	80363
43252	58350	76390	80204	80364
43752	58750	76496	80210	80365
43842	58752	76497	80320	80366

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602 Nonpayable CPT Codes (cont.)

80367	81202	81267	81332	81509
80368	81203	81270	81333	81510
80369	81204	81271	81336	81511
80370	81205	81274	81337	81512
80371	81206	81275	81338	81513
80372	81207	81278	81339	81514
80373	81208	81279	81340	81518
80374	81209	81284	81341	81521
80375	81210	81285	81342	81529
80376	81216	81286	81343	81539
80377	81221	81289	81344	81541
80500	81222	81290	81345	81546
80502	81223	81291	81347	81551
81105	81224	81292	81348	81554
81106	81225	81293	81350	81596
81107	81226	81294	81351	81599
81108	81227	81295	81352	82075
81109	81231	81296	81353	82077
81110	81232	81297	81355	82681
81111	81233	81298	81357	82962
81167	81234	81299	81360	83987
81168	81235	81300	81370	84145
81171	81236	81301	81371	84431
81172	81237	81302	81372	84410
81173	81239	81303	81373	84830
81174	81240	81304	81374	86079
81177	81241	81305	81375	86305
81178	81242	81306	81376	86890
81179	81243	81310	81377	86891
81180	81244	81312	81378	86910
81181	81245	81315	81379	86911
81182	81250	81316	81380	86927
81184	81251	81317	81381	86930
81183	81252	81318	81382	86931
81185	81253	81319	81383	86932
81186	81254	81320	81400	86945
81187	81255	81321	81413	86950
81188	81256	81322	81414	86960
81189	81257	81323	81419	86965
81190	81260	81324	81422	86985
81191	81261	81325	81439	87150
81192	81262	81326	81443	87153
81193	81263	81327	81500	87493
81194	81264	81329	81503	88000
81200	81265	81330	81506	88005
81201	81266	81331	81508	88007

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602 Nonpayable CPT Codes (cont.)

88012	89352	90901	93243	96121
88014	89353	90912	93244	96125
88016	89354	90913	93245	96130
88020	89356	90940	93246	96131
88025	89398	90989	93247	96132
88027	90377	90993	93248	96133
88028	90384	90997	93264	96136
88029	90385	90999	93319	96137
88036	90386	91112	93356	96138
88037	90461	91132	93660	96139
88040	90586	91133	93668	96146
88045	90587	92314	93702	96156
88099	90619	92315	93770	96158
88125	90626	92316	93786	96159
88333	90627	92317	93895	96160
88334	90634	92325	93985	96161
88738	90644	92352	93986	96164
88749	90647	92353	94005	96165
89250	90648	92354	94015	96167
89251	90649	92355	94619	96168
89253	90650	92358	94625	96170
89254	90655	92371	94626	96171
89255	90657	92517	94644	96376
89257	90680	92518	94645	96567
89258	90681	92519	95012	96570
89259	90685	92531	95052	96571
89260	90687	92532	95120	96573
89261	90689	92533	95125	96574
89264	90697	92534	95130	96902
89268	90698	92548	95131	96904
89272	90700	92549	95132	97014
89280	90702	92559	95133	97129
89281	90723	92560	95134	97130
89290	90743	92561	95700	97151
89291	90744	92562	95824	97152
89321	90748	92564	95965	97153
89322	90758	92597	95966	97154
89325	90759	92605	95967	97155
89329	90845	92606	95992	97156
89330	90863	92613	96000	97157
89331	90865	92615	96004	97158
89335	90875	92617	96040	97169
89342	90876	92630	96105	97170
89343	90880	92633	96112	97171
89344	90885	93241	96113	97172
89346	90889	93242	96116	97537

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602 Nonpayable CPT Codes (cont.)

97545	99056	99243	99377	99454
97546	99058	99244	99378	99455
97755	99060	99245	99379	99456
98940	99071	99251	99380	99457
98941	99075	99252	99408	99458
98942	99078	99253	99409	99473
98943	99080	99254	99411	99474
98960	99082	99255	99412	99485
98961	99091	99288	99421	99486
98962	99100	99315	99422	99487
98970	99116	99316	99424	99489
98971	99135	99339	99425	99490
98972	99140	99340	99426	99491
98975	99151	99354	99427	99495
98976	99152	99355	99429	99496
98977	99153	99356	99437	99497
98980	99155	99357	99439	99498
98981	99156	99358	99446	99510
99000	99157	99359	99447	99601
99001	99172	99360	99448	99602
99002	99190	99366	99449	99605
99024	99191	99367	99450	99606
99026	99192	99368	99451	99607
99027	99241	99374	99452	
99053	99242	99375	99453	

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, 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

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

Legend

Description

	only for members age 19 or older; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age.
CPA-2	A completed <i>Certification of Payable Abortion Form</i> must be completed for all induced abortions, except medically induced abortions.
CS-18 or CS-21	A completed <i>Sterilization Consent Form</i> (CS-18 for members aged 18 through 20 years; CS-21 form for members aged 21 and older) must be submitted. See 130 CMR 433.456 through 433.458 for more information.
CS-18* or CS-21*	A completed <i>Sterilization Consent Form</i> (CS-18 form for members aged 18 through 20; CS-21 for members aged 21 and older) must be submitted, except if the conditions of 130 CMR 433.458(D)(2) and (3) are met. See 130 CMR 433.456 through 433.458 for more information and other submission requirements.
HI-1	A completed <i>Hysterectomy Information Form</i> must be completed. See 130 CMR 450.235: <i>Overpayments</i> through 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.
01999	IC
11920	PA

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Service

Code Requirement or Limitation

11921	PA
11950	PA (covered with diagnosis of lipodystrophy associated with, or secondary to, HIV only)
11951	PA (covered with diagnosis of lipodystrophy associated with, or secondary to, HIV only)
11952	PA (covered with diagnosis of lipodystrophy associated with, or secondary to, HIV only)
11954	PA (covered with diagnosis of lipodystrophy associated with, or secondary to, HIV only)
11970	PA (for gender dysphoria-related services only)
11971	PA (for gender dysphoria-related services only)
15769	PA (for gender dysphoria-related services only)
15771	PA (for gender dysphoria-related services only)
15772	PA (for gender dysphoria-related services only)
15773	PA (for gender dysphoria-related services only)
15774	PA (for gender dysphoria-related services only)
15820	PA
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)

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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>
19316	PA	21244	PA	32853	PA
19318	PA	21247	PA	32854	PA
19324	PA	21255	PA	32999	IC
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	36482	PA
21199	PA	30410	PA	36483	PA
21206	PA	30420	PA	37195	IC
21208	PA	30430	PA	37216	IC
21209	PA	30435	PA	37501	IC
21210	PA	30450	PA	37700	PA
21215	PA	30999	IC	37718	PA
21230	PA	31299	IC	37722	PA
21235	PA	31599	IC	37735	PA
21240	PA	31899	IC	37760	PA
21242	PA	32851	PA	37761	PA
21243	PA	32852	PA	37765	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>
37766	PA	42299	IC	44135	PA; IC
37780	PA	42699	IC	44136	PA; IC
37799	PA; IC	42999	IC	44137	PA; IC
38129	IC	43289	IC	44238	IC
38230	PA	43496	IC	44799	IC
38240	PA	43499	IC	44899	IC
38241	PA	43644	PA	44979	IC
38242	PA	43645	PA	45399	IC
38589	IC	43647	PA; IC	45499	IC
38999	IC	43648	IC	45999	IC
39499	IC	43659	IC	46999	IC
39599	IC	43770	PA	47135	PA
40799	IC	43771	PA	47379	IC
40840	PA	43772	PA	47399	IC
40842	PA	43773	PA	47579	IC
40843	PA	43774	PA	47999	IC
40844	PA	43775	PA	48554	PA
40845	PA	43846	PA	48999	IC
40899	IC	43847	PA	49329	IC
41599	IC	43848	PA	49659	IC
41820	PA; IC	43881	PA; IC	49906	IC
41821	IC	43882	IC	49999	IC
41850	IC	43886	PA	50549	IC
41899	IC	43887	PA	50949	IC
42280	PA	43888	PA	51925	HI-1
42281	PA	43999	IC	51999	IC

Service
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

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

Service

Code Requirement or Limitation

55175 PA (for gender dysphoria-related services only)
 55180 PA (for gender dysphoria-related services only)
 55250 CS-18 or CS-21
 55559 IC
 55899 PA; IC (for gender dysphoria-related services only)
 55970 PA; IC
 55980 PA; IC
 56620 PA (for gender dysphoria- related services only)
 56625 PA (for gender dysphoria-related services only)
 56800 PA
 56805 IC
 57110 PA (for gender dysphoria-related services only)
 57291 PA (for gender dysphoria-related services only)
 57292 PA (for gender dysphoria-related services only)
 57335 IC
 58150 HI-1; PA (for gender dysphoria-related services only)
 58152 HI-1
 58180 HI-1; PA (for gender dysphoria-related services only)
 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)

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

Service

Code Requirement or Limitation

58553 HI-1; PA (for gender dysphoria-related services only)
58554 HI-1; PA (for gender dysphoria-related services only)
58565 CS-18 or CS-21
58570 HI-1; PA (for gender dysphoria-related services only)
58571 HI-1; PA (for gender dysphoria-related services only)
58572 HI-1; PA (for gender dysphoria-related services only)
58573 HI-1; PA (for gender dysphoria-related services only)
58575 HI-1; PA (for gender dysphoria-related services only)
58578 IC
58579 IC
58600 CS-18 or CS-21
58605 CS-18 or CS-21
58611 CS-18 or CS-21
58615 CS-18 or CS-21
58661 CS-18* or CS-21*; PA (for gender dysphoria-related services only)
58670 CS-18 or CS-21
58671 CS-18 or CS-21
58679 IC
58720 CS-18* or CS-21*; PA (for gender dysphoria-related services only)
58951 HI-1
58956 HI-1
58999 IC; PA (for gender dysphoria-related services only)

Service

Code Req. or Limit

Service

Code Req. or Limit

Service

Code Req. or Limit

59525	HI-1	64650	PA	67908	PA
59135	HI-1	64653	PA	67999	IC
59840	CPA-2	64999	IC	68399	IC
59841	CPA-2	65757	IC	68899	IC
59850	CPA-2	65785	PA	69300	PA
59851	CPA-2	66999	IC	69399	IC
59852	CPA-2	67299	IC	69710	IC
59855	CPA-2	67399	IC	69799	IC
59856	CPA-2	67599	IC	69930	PA
59857	CPA-2	67900	PA	69949	IC
59898	IC	67901	PA	69979	IC
59899	IC	67902	PA	70336	PA
60659	IC	67903	PA	70450	PA
60699	IC	67904	PA	70460	PA
62380	IC	67906	PA	70470	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>
70480	PA	72133	PA	74174	PA
70481	PA	72141	PA	74175	PA
70482	PA	72142	PA	74176	PA
70486	PA	72146	PA	74177	PA
70487	PA	72147	PA	74178	PA
70488	PA	72148	PA	74181	PA
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

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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>
77399	IC	78816	PA	81519	PA; IC
77499	IC	78999	IC	84999	IC
77799	IC	79999	IC	85999	IC
78099	IC	81099	IC	86849	IC
78199	IC	81162	PA	86999	IC
78299	IC	81163	PA	87999	PA; IC
78399	IC	81164	PA	88199	IC
78451	PA	81212	PA	88299	IC
78452	PA	81215	PA	88399	IC
78453	PA	81217	PA	89240	IC
78454	PA	81220	IC	90281	IC
78459	PA	81228	PA; IC	90283	IC
78466	PA	81229	PA; IC	90284	PA ; IC
78469	PA	81265	PA	90287	IC
78472	PA	81265	PA	90288	IC
78473	PA	81266	PA	90296	IC
78481	PA	81266	PA	90378	PA; IC
78483	PA	81401	PA; IC	90384	IC
78491	PA	81402	PA; IC	90385	IC
78492	PA	81403	PA; IC	90386	IC
78494	PA	81404	PA; IC	90389	IC
78496	PA	81405	PA; IC	90393	PA; IC
78499	IC	81406	PA; IC	90396	IC
78599	IC	81407	PA; IC	90399	IC
78608	PA	81408	PA; IC	90476	IC
78609	PA	81420	PA; IC	90477	IC
78699	IC	81479	PA; IC	90581	IC
78799	IC	81507	PA; IC	90620	IC
78811	PA	81508	PA; IC	90621	IC
78812	PA	81509	IC	90625	IC
78813	PA	81510	IC		
78814	PA	81511	IC		
78815	PA	81512	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

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

<u>Service Code</u>	<u>Requirement or Limitation</u>
90633	IC; Covered for members ≥ 19 ; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age
90636	Covered for members ≥ 19 ; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age
90651	IC; Covered for members aged 19 to 45 years; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age
90654	IC; Covered for members ≥ 19 ; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age
90656	IC; Covered for members ≥ 19 ; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age
90658	IC; Covered for members ≥ 19 ; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age
90660	IC; Covered for members ≥ 19 ; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age
90661	IC; Covered for members ≥ 19 ; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age
90662	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
90671	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
90677	Covered for members ≥ 19 ; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age
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

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

<u>Service Code</u>	<u>Requirement or Limitation</u>
90694	Covered for members \geq 19; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age
90696	IC
90707	IC; Covered for members \geq 19; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age
90710	IC; Covered for members \geq 19; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age
90713	IC; Covered for members \geq 19; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age
90715	Covered for members \geq 19; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age
90716	IC; Covered for members \geq 19; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age
90717	IC
90732	Covered for members \geq 19; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age
90733	IC; Covered for members \geq 19; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age
90734	IC; Covered for members \geq 19; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age
90736	IC; PA is required for members younger than age 50
90738	IC
90739	Covered for members \geq 19
90749	IC
90750	IC; PA required for members younger than age 50
90756	Covered for members \geq 19; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age
90867	IC
90868	PA for >30 sessions per course of treatment; IC
90869	IC
90899	IC
90935	For hospitalized members only; not for chronic maintenance
90937	For hospitalized members only; not for chronic maintenance
90945	For hospitalized members only; not for chronic maintenance
90947	For hospitalized members only; not for chronic maintenance
90952	IC
90953	IC
91110	PA
91111	PA
91299	IC
92065	PA

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

Service

Code Requirement or Limitation

92250 PA required for subsequent service after first in a year
 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
 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

Service

Code Requirement or Limitation

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	<u>Requirement or Limitation</u>	Service Code	<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.	97112	PA for PT >20
		97113	PA for PT >20
		97116	PA for PT >20
		97124	PA for PT >20
		97139	PA for PT >20; IC
		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
96377	IC	97607	IC
96379	IC	97608	IC
96549	IC	97760	PA for OT >20
96931	IC	97761	PA for OT >20
96932	IC	97763	PA for OT >20
96933	IC	97799	IC
96934	IC	97810	PA >20
96935	IC	97811	PA >20
96936	IC	97813	PA >20
96999	IC	97814	PA >20
97010	PA for PT >20	98925	PA for OMT >20
97012	PA for PT >20	98926	PA for OMT >20
97016	PA for PT >20	98927	PA for OMT >20
97018	PA for PT >20	98928	PA for OMT >20
97022	PA for PT >20	98929	PA for OMT >20
97024	PA for PT >20	99050	Urgent care only
97026	PA for PT >20	99051	Urgent care only
97028	PA for PT >20	99070	IC; excluding family planning supplies, such as trays used in used in the collection of specimens
97032	PA for PT >20		
97033	PA for PT >20	99174	IC
97034	PA for PT >20	99177	IC
97035	PA for PT >20	99188	Once per three-month period
97036	PA for PT >20	99195	For hematologic disorders only
97039	PA for PT >20; IC	99199	IC
97110	PA for PT >20	99417	IC

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

Service Code	<u>Requirement or Limitation</u>	Service Code	<u>Requirement or Limitation</u>
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	<u>Req. or Limit</u>	Service Code	<u>Req. or Limit</u>	Service Code	<u>Req. or Limit</u>
0094A		G0027		J0179	
0404T	PA; IC	G0105		J0185	PA
A4261	IC	G0108		J0202	PA
A4266		G0109		J0215	PA; IC
A4267		G0121		J0221	PA
A4268		G0270		J0222	PA;
A4269		G0271		J0223	
A4641	IC	G0279		J0224	PA; IC
A4648	IC	G0399	PA; IC	J0248	
A9500	IC	G0480		J0256	
A9502	IC	G0455	IC	J0257	
A9503	IC	G0481		J0282	
A9505	IC	G0482		J0285	
A9512	IC	G0483		J0287	
A9537	IC	G2023		J0289	
A9552	IC	G2023	CG	J0290	
A9575		G2024		J0291	PA
A9576		G2024	CG	J0295	
A9577		G2066	IC	J0348	
A9578		J0121	PA	J0364	IC
A9579		J0122	PA	J0400	IC
A9581		J0129	PA	J0401	
A9585		J0131	IC	J0456	
A9586	IC	J0135	PA; IC	J0461	
A9587	IC	J0153		J0470	IC
A9588	IC	J0171		J0475	
A9590	IC	J0172	PA	J0476	
A9606	PA; IC	J0178			

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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>
J0485	PA	J0713		J1201	IC
J0490	PA	J0715	IC	J1212	PA
J0517	PA	J0716	IC	J1240	
J0558		J0717	PA	J1260	IC
J0561		J0720		J1290	PA
J0565	PA	J0740		J1300	PA
J0570	PA	J0741		J1301	PA
J0571	PA; IC	J0742		J1303	PA
J0572	PA >10.7 units; IC	J0743		J1305	PA; IC
J0573	PA >5.4 units; IC	J0770		J1320	IC
J0574	PA >3.2 units; IC	J0775	PA	J1322	PA
J0575	PA >4 units; IC	J0780		J1426	PA; IC
J0584	PA	J0834		J1427	PA; IC
J0585	PA	J0840		J1428	PA; IC
J0586	PA	J0850		J1429	IC
J0587	PA	J0875	PA	J1437	PA
J0588	PA	J0878		J1438	PA; IC
J0592	PA	J0881	PA	J1439	PA
J0593	PA; IC	J0882	PA	J1442	PA
J0594		J0883	IC	J1444	IC
J0596	PA	J0884	IC	J1445	IC
J0598	PA	J0885	PA	J1447	PA
J0599	PA; IC	J0890	PA; IC	J1448	PA
J0604	IC	J0894		J1453	
J0636		J0895		J1454	PA >2 units
J0637		J0897	PA	J1455	IC
J0638	PA	J1000		J1458	PA
J0640	PA	J1020		J1459	PA
J0641	PA	J1030		J1460	PA
J0642	PA	J1040		J1554	PA
J0670		J1050		J1555	PA
J0690		J1071	PA	J1556	PA
J0692		J1094	IC	J1557	PA
J0693	IC	J1096	IC	J1559	PA
J0694		J1097	IC	J1560	PA
J0696		J1100		J1561	PA
J0697		J1160		J1562	PA; IC
J0699	PA	J1170	PA >8 units	J1566	PA
J0702		J1190		J1568	PA
J0712	PA	J1200		J1569	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>
J1571		J1885	PA>4 units	J2460	IC
J1572		J1890	IC	J2469	PA >250 units
J1573	IC	J1930		J2502	PA; IC
J1575	PA	J1931	PA	J2503	IC
J1580		J1943	PA< 6 years	J2505	IC
J1599	PA; IC	J1944	PA< 6 years	J2506	
J1602	PA	J1950	PA	J2507	PA
J1610		J1951	PA	J2510	
J1626		J1952	PA ; IC	J2515	
J1627	PA >10 units	J1956		J2540	
J1628	PA; IC	J1990	IC	J2543	
J1630		J2060		J2545	
J1642		J2150		J2550	
J1644		J2170	PA; IC	J2560	
J1645		J2175	PA	J2562	
J1650		J2182	PA	J2675	
J1652		J2212	PA; IC	J2680	
J1655	IC	J2248		J2700	
J1670		J2250		J2704	
J1700	IC	J2265	IC	J2760	IC
J1710	IC	J2270	PA >12 units	J2778	
J1720	PA	J2274	PA >12 units	J2785	
J1726	PA; IC	J2278	PA	J2786	PA
J1729	PA; IC	J2300		J2788	
J1740	PA	J2310		J2790	
J1743	PA	J2315		J2791	
J1744	PA; IC	J2323		J2792	
J1745	PA	J2326	PA; IC	J2793	PA; IC
J1746	PA	J2350	PA	J2794	PA >100 units
J1750	PA	J2353		J2795	
J1756	PA	J2354		J2796	PA
J1786	PA	J2355	IC	J2797	PA >166.5 units; IC
J1790	IC	J2357	PA	J2798	PA
J1800		J2358	PA >1 unit	J2820	
J1815	PA	J2400		J2840	PA; IC
J1823	PA ; IC	J2405		J2910	IC
J1826	IC	J2407	PA	J2916	PA
J1830	PA; IC	J2426	PA >819 units	J2920	
J1840	IC	J2430		J2930	
J1850	IC	J2440	IC	J2940	PA; 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>
J2941	PA; IC	J3473		J7320	PA; IC
J3000		J3475		J7321	PA
J3010		J3486		J7322	PA; IC
J3030	PA; IC	J3489	PA	J7323	PA
J3031	PA; IC	J3490	IC	J7324	PA
J3032	IC	J3490	FP; IC	J7325	PA
J3060	PA	J3590	IC	J7326	PA; IC
J3090	PA	J3591	PA; IC	J7327	PA
J3095	PA	J7030		J7328	PA; IC
J3110	PA; IC	J7040		J7329	PA; IC
J3111	PA	J7050		J7332	PA; IC
J3121	PA	J7060		J7336	PA
J3145	PA	J7070		J7340	PA; IC
J3230		J7120		J7342	
J3240		J7131	IC	J7345	
J3241		J7168	IC	J7351	
J3243	PA	J7170		J7352	IC
J3245	PA	J7177		J7401	IC
J3250		J7203	IC	J7402	
J3262	PA	J7205		J7500	
J3285	PA	J7212	IC	J7502	
J3300		J7294	IC	J7503	
J3301		J7295	IC	J7504	
J3302	IC	J7296	IC	J7507	
J3304	PA	J7297	IC	J7508	
J3315	PA	J7298	IC	J7509	
J3357	PA	J7300	IC	J7510	
J3360		J7301	IC	J7511	
J3370		J7303	IC	J7512	
J3380	PA	J7304	IC	J7513	PA; IC
J3385	PA	J7307	IC	J7515	
J3396		J7309	IC	J7517	
J3397	PA; IC	J7310	IC	J7518	PA
J3398	IC	J7311		J7520	
J3410		J7312		J7527	PA
J3411		J7313		J7599	PA
J3430		J7314	PA; IC	J7608	
J3465		J7315	IC	J7614	PA
J3471		J7316	PA	J7620	
J3472	IC	J7318	PA; IC	J7626	

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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>
J7633	IC	J9047	PA	J9213	IC
J7639		J9050		J9214	
J7644		J9055		J9215	PA; IC
J7665	IC	J9057	PA; IC	J9216	IC
J7669	IC	J9060		J9217	PA
J7676	IC	J9061		J9218	PA
J7677		J9065		J9219	PA; IC
J7682	PA	J9070		J9223	
J7686	PA	J9098	IC	J9225	PA
J7699	PA; IC	J9100		J9226	PA
J7799	PA; IC	J9118	IC	J9228	PA
J7999	PA	J9119	PA	J9229	PA
J8499	IC	J9120		J9230	
J8562	IC	J9130		J9247	
J8655	PA >1 unit	J9144		J9250	
J8670	PA >180 units	J9145	PA	J9260	
J8999	IC	J9153	PA	J9261	PA
J9000		J9155	PA	J9262	PA
J9015	PA ; IC	J9160	IC	J9263	
J9017		J9171		J9264	
J9019	PA	J9173	PA	J9266	
J9020	PA; IC	J9176	PA	J9267	
J9021	IC	J9178		J9268	
J9022	PA	J9179	PA	J9269	
J9023	PA	J9181		J9271	PA
J9025		J9185		J9272	
J9030		J9190		J9280	
J9032	PA	J9199	PA ; IC	J9281	
J9033		J9200		J9293	
J9034		J9201		J9295	PA
J9035	PA	J9202	PA	J9299	PA
J9036		J9204	PA	J9301	PA
J9037		J9205	PA	J9302	PA
J9039	PA	J9206		J9303	
J9040		J9207		J9305	
J9041		J9208		J9306	PA
J9042	PA	J9209		J9307	
J9043	PA	J9210	PA; IC	J9308	PA
J9044		J9211		J9309	PA
J9045		J9212	IC	J9311	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>
J9312	PA	Q2028	PA; IC (covered	Q5101	PA
J9313	PA		with diagnosis of	Q5103	PA
J9315	PA		lipodystrophy	Q5104	PA
J9316			associated with, or	Q5105	PA
J9317			secondary to, HIV	Q5106	PA
J9318	IC		only)	Q5107	
J9319		Q2035	IC	Q5108	
J9320		Q2036	IC	Q5110	PA
J9325	PA	Q2037	IC	Q5111	
J9328		Q2038	IC	Q5112	
J9330		Q2043	PA	Q5113	
J9340		Q2049	IC	Q5114	
J9348	IC	Q2050		Q5115	PA
J9349		Q2053		Q5118	
J9351		Q2054		Q5119	PA
J9352		Q2055		Q5122	
J9353		Q4074		Q5123	
J9354	PA	Q4081		Q9950	
J9355		Q4101		Q9991	
J9356		Q4102		Q9992	
J9357		Q4103	IC	S0020	IC
J9360		Q4104	IC	S0021	IC
J9370		Q4106		S0077	IC
J9371	PA	Q4107	IC	S0190	IC
J9390	PA	Q4108	IC	S0023	IC
J9395	PA	Q4110		S0199	
J9400	PA	Q4121		S0191	IC
J9999	IC	Q4132	IC	S0302	
Q0138		Q4133		S2260	CPA-2; IC
Q0139		Q4161	IC	S3005	
Q0162		Q4162	IC	S4989	IC
Q0220		Q4163	IC	S4993	
Q0240		Q4164	IC	T1023	
Q0243		Q4165	IC	U0002	
Q0244		Q4186		U0003	
Q0245		Q4187		U0004	
Q0247		Q4199		V2600	PA; IC
Q0249		Q4251		V2610	PA; IC
Q2009	IC	Q4252		V2615	PA; IC
Q2017	IC	Q4253		V2799	PA; IC

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605 Modifiers

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

Modifier Modifier Description

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
53	Discontinued procedure (To be used with surgical codes only)
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

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605 Modifiers (cont.)

Modifier Modifier Description

F4	Left hand, fifth digit
F5	Right hand, thumb
F6	Right hand, second digit
F7	Right hand, third digit
F8	Right hand, fourth digit
F9	Right hand, fifth digit
FA	Left hand, thumb
FP	Service provided as part of family planning program
LC	Left circumflex coronary artery
LD	Left anterior descending coronary artery
LM	Left main coronary artery
LT	Left side (used to identify procedures performed on the left side of the body)
QK	Medical direction by a physician of two, three, or four concurrent anesthesia procedures. (Use to indicate physician medical direction of multiple CRNAs (Certified Registered Nurse Anesthetists). This allows payment of 50% of the Total Anesthesia Fee for the physician's services.)
QY	Medical direction of one CRNA by a physician. (Use to indicate physician medical direction of one CRNA. This allows payment of 50% of the Total Anesthesia Fee for the physician's services.)
QX	CRNA anesthesia services with medical direction by a physician. (Use to indicate CRNA anesthesia services with medical direction by a physician. This allows payment of 50% of the Total Anesthesia Fee for the CRNA's services. Not for use if CRNA is employed by the facility in which the anesthesia services were performed.)
QZ	CRNA anesthesia services without medical direction by a physician. (This allows payment of 100% of the Total Anesthesia Fee for the CRNA's services. Not for use if CRNA is employed by the facility in which the anesthesia services were performed.)
RB	Replacement of a part of a DME, orthotic, or prosthetic item furnished as part of a repair (This modifier should only be used with 92340, 92341, and 92342 to bill for the dispensing of replacement lenses.)
RC	Right coronary artery
RI	Ramus intermedius coronary artery
RT	Right side (used to identify procedures performed on the right side of the body)
SA	Nurse practitioner rendering service in collaboration with a physician. (This modifier is to be applied to service codes billed by a physician that were performed by a certified nurse practitioner employed by the physician (the physician employer must 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, 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).)

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605 Modifiers (cont.)

Modifier Modifier Description

T1	Left foot, second digit
T2	Left foot, third digit
T3	Left foot, fourth digit
T4	Left foot, fifth digit
T5	Right foot, great toe
T6	Right foot, second digit
T7	Right foot, third digit
T8	Right foot, fourth digit
T9	Right foot, fifth digit
TA	Left foot, great toe
TC	Technical component. Under certain circumstances, a charge may be made for the technical component alone. Under those circumstances, the technical component charge is identified by adding modifier ‘TC’ to the usual procedure number. Technical component charges are institutional charges and not billed separately by physicians. However, portable x-ray suppliers only bill for technical component and should utilize modifier TC. The charge data from portable x-ray suppliers will then be used to build customary and prevailing profiles.
XE	Separate encounter, a service that is distinct because it occurred during a separate encounter
XP	Separate practitioner, a service that is distinct because it was performed by a different practitioner
XS	Separate structure, a service that is distinct because it was performed on a separate organ/structure
XU	Unusual non-overlapping service, the use of a service that is distinct because it does not overlap usual components of the main service

Modifiers for Tobacco-Cessation Services

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

Service Code 99406 (Smoking and tobacco use cessation counseling visit: intermediate, greater than 3 minutes up to 10 minutes without a modifier to report an individual smoking and tobacco-use cessation counseling visit of less than 10 minutes.)

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605 Modifiers (cont.)

Modifier Modifier Description

- HQ Group counseling, at least 60–90 minutes in duration, provided by a physician, physician assistant, certified nurse practitioner, clinical nurse specialist, psychiatric clinical nurse specialist or certified nurse midwife.
- TD Individual counseling provided by a registered nurse (RN) under the supervision of a physician.
- TF Individual counseling, intensive (intake/assessment counseling, at least 45 minutes in duration) provided by a physician, physician assistant, certified nurse practitioner, clinical nurse specialist, psychiatric clinical nurse specialist or certified nurse midwife.
- U1 Individual counseling services provided by a tobacco-cessation counselor under the supervision of a physician
- U2 Individual counseling; intensive (intake/assessment counseling, at least 45 minutes in duration), provided by a registered nurse or a tobacco-cessation counselor, under the supervision of a physician
- U3 Group counseling, at least 60–90 minutes in duration, provided by a registered nurse, or a tobacco-cessation counselor, under the supervision of a physician

Modifiers for Developmental and Behavioral Health Screening

The administration and scoring of standardized developmental or behavioral health-screening tools selected from the list referenced in in Appendix W of your provider manual, is covered for members (except MassHealth Limited) from birth to 21 years of age. Service Codes 96110 and 96127 (with the latter effective for dates of service on or after September 1, 2022) must be accompanied by one of the modifiers listed below to indicate whether a developmental or behavioral health need was identified. “Developmental need identified” means the provider administering the screening tool, in their professional judgment, identified a child with a potential developmental health services need. “Behavioral health need identified” means the provider administering the screening tool, in their professional judgment, identified a child with a potential behavioral health services need.

Code	Modifier	Description
96110	U1	Covered for members birth through 3 years old for the administration and scoring of a standardized developmental health screening tool selected from the list referenced in Appendix W of your MassHealth provider manual; with no developmental health need identified.
96110	U2	Covered for members birth through 3 years old for the administration and scoring of a standardized developmental health screening selected from the list referenced in Appendix W of your MassHealth provider manual; with developmental health need identified.

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Code	Modifier	Description
96110	U3	Covered for members 18- and 24 months for the administration and scoring of a standardized Autism screening tool selected from the list referenced in Appendix W of your MassHealth provider manual; with no further follow up needed.
96110	U4	Covered for members 18- and 24 months for the administration and scoring of a standardized Autism screening tool selected from the list referenced in Appendix W of your MassHealth provider manual; with further follow up needed.
96127	U1	Covered for members 4 to 21 years old for the administration and scoring of a standardized behavioral health screening tool selected from the list referenced in Appendix W of your MassHealth provider manual; with no behavioral health need identified.
96127	U2	Covered for members 4 to 21 years old for the administration and scoring of a standardized behavioral health screening tool selected from the list referenced in Appendix W of your MassHealth provider manual; with behavioral health need identified.
96110	UD	Covered for members birth to 6 months for the administration and scoring of the Edinburgh Postnatal Depression Scale with member’s caregiver. UD must be used together with either U1 or U2.

605 Modifiers (cont.)

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

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605 Modifiers (cont.)

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.

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