



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



MassHealth
Transmittal Letter PHY-166
March 2023

TO: Providers Participating in the MassHealth Physician Program

FROM: Mike Levine, Assistant Secretary for MassHealth *Mike Levine*

RE: *Physician Manual (2023 HCPCS Updates to Subchapter 6)*

This letter transmits revisions to the service codes in the Subchapter 6 of the *Physician Manual*. The Centers for Medicare & Medicaid Services (CMS) has revised the Healthcare Common Procedure Coding System (HCPCS) codes for 2023. MassHealth has also updated Subchapter 6 to reflect changes to special requirements or limitations for applicable codes.

Subchapter 6 of the *Physician Manual* also lists the current procedural terminology (CPT) codes that are non-payable, as well as Level II HCPCS codes that are payable by MassHealth for this provider type. Subchapter 6 also contains any special requirements or limitations that are applicable to those codes, such as prior authorization (PA) or individual consideration (IC).

For dates of service on or after January 1, 2023, providers must use the new codes in order to obtain reimbursement.

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. Fee schedules that apply to services rendered by providers participating in the MassHealth Physician Program can be found at 101 CMR 316.00: *Rates for Surgery and Anesthesia*, 101 CMR 317.00: *Rates for Medicine Services*, 101 CMR 318.00: *Rates for Radiology Services* and 101 CMR 320.00: *Rates for Clinical Laboratory Services*.

MassHealth Website

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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, TDD/TTY 711; 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(The pages listed here are no longer in effect.)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 6-30 — transmitted by Transmittal Letter PHY-164

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601 Introduction

MassHealth providers must refer to the American Medical Association’s *Current Procedural Terminology (CPT) Professional 2023* 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	15826	20930	21249
11922	15787	15828	20936	22526
15776	15788	15829	20985	22527
15778	15789	15847	21121	22841
15780	15792	17340	21122	22858
15781	15793	17360	21245	22861
15782	15824	19355	21246	22864
15783	15825	19396	21248	30468

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602 Nonpayable CPT Codes (cont.)

30469	43206	58321	74260	80151
32491	43252	58322	74263	80161
32850	43752	58323	75571	80167
32855	43842	58345	76140	80181
32856	43843	58350	76145	80189
33274	43845	58750	76390	80193
33275	44132	58752	76496	80204
33741	44381	58760	76497	80210
33745	44403	58970	76498	80320
33746	44404	58974	76883	80321
33900	44405	58976	77086	80322
33901	44406	59070	77089	80323
33902	44407	59072	77090	80324
33903	44408	59412	77091	80325
33904	44705	59897	77092	80326
33930	44715	61630	77336	80327
33933	45349	61635	77370	80328
33940	45350	61640	77371	80329
33944	45390	61641	77372	80330
33995	45393	61642	77373	80331
33997	45398	62287	77401	80332
34839	46948	62328	77402	80333
34717	47133	62329	77407	80334
34718	47143	63043	77412	80335
36415	47144	63044	77417	80336
36416	47145	64451	77423	80337
36468	47383	64454	77424	80338
36591	48160	64624	77425	80339
36592	48550	64625	77520	80340
36598	48551	64628	77522	80341
36836	49013	65760	77523	80342
36837	49014	65765	77525	80343
37785	49621	65767	77790	80344
38204	49622	65771	78205	80345
38207	49623	66987	78206	80346
38208	50300	66988	78267	80347
38209	50323	69090	78268	80348
38210	50325	69705	78320	80349
38211	54900	69706	78351	80350
38212	54901	72159	78607	80351
38213	55200	72198	78647	80352
38214	55300	73225	78710	80353
38215	55400	74241	78805	80354
41870	55870	74245	78806	80355
41872	55880	74247	78807	80356
42975	57465	74249	80143	80357

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602 Nonpayable CPT Codes (cont.)

80358	81188	81256	81322	81414
80359	81189	81257	81323	81418
80360	81190	81260	81324	81419
80361	81191	81261	81325	81422
80362	81192	81262	81326	81439
80363	81193	81263	81327	81441
80364	81194	81264	81329	81443
80365	81200	81265	81330	81449
80366	81201	81266	81331	81451
80367	81202	81267	81332	81456
80368	81203	81270	81333	81500
80369	81204	81271	81336	81503
80370	81205	81274	81337	81506
80371	81206	81275	81338	81508
80372	81207	81278	81339	81509
80373	81208	81279	81340	81510
80374	81209	81284	81341	81511
80375	81210	81285	81342	81512
80376	81216	81286	81343	81513
80377	81221	81289	81344	81514
80500	81222	81290	81345	81518
80502	81223	81291	81347	81521
81105	81224	81292	81348	81529
81106	81225	81293	81350	81539
81107	81226	81294	81351	81541
81108	81227	81295	81352	81546
81109	81231	81296	81353	81551
81110	81232	81297	81355	81554
81111	81233	81298	81357	81596
81167	81234	81299	81360	81599
81168	81235	81300	81370	82075
81171	81236	81301	81371	82077
81172	81237	81302	81372	82681
81173	81239	81303	81373	82962
81174	81240	81304	81374	83987
81177	81241	81305	81375	84145
81178	81242	81306	81376	84410
81179	81243	81310	81377	84431
81180	81244	81312	81378	84433
81181	81245	81315	81379	84830
81182	81250	81316	81380	86079
81184	81251	81317	81381	86305
81183	81252	81318	81382	86890
81185	81253	81319	81383	86891
81186	81254	81320	81400	86910
81187	81255	81321	81413	86911

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602 Nonpayable CPT Codes (cont.)

86927	89260	90685	92532	95120
86930	89261	90687	92533	95125
86931	89264	90689	92534	95130
86932	89268	90697	92548	95131
86945	89272	90698	92549	95132
86950	89280	90700	92559	95133
86960	89281	90702	92560	95134
86965	89290	90723	92561	95700
86985	89291	90743	92562	95824
87150	89321	90744	92564	95919
87153	89322	90748	92597	95965
87467	89325	90758	92605	95966
87468	89329	90845	92606	95967
87469	89330	90863	92613	95992
87478	89331	90865	92615	96000
87484	89335	90875	92617	96004
87493	89342	90876	92630	96040
88000	89343	90880	92633	96105
88005	89344	90885	93241	96112
88007	89346	90889	93242	96113
88012	89352	90901	93243	96116
88014	89353	90912	93244	96121
88016	89354	90913	93245	96125
88020	89356	90940	93246	96130
88025	89398	90989	93247	96131
88027	90377	90993	93248	96132
88028	90384	90997	93264	96133
88029	90385	90999	93319	96136
88036	90386	91112	93356	96137
88037	90461	91132	93660	96138
88040	90586	91133	93668	96139
88045	90587	92314	93702	96146
88099	90619	92315	93770	96156
88125	90626	92316	93786	96158
88333	90627	92317	93895	96159
88334	90634	92325	93985	96160
88738	90644	92352	93986	96161
88749	90647	92353	94005	96164
89250	90648	92354	94015	96165
89251	90649	92355	94619	96167
89253	90650	92358	94625	96168
89254	90655	92371	94626	96170
89255	90657	92517	94644	96171
89257	90678	92518	94645	96202
89258	90680	92519	95012	96203
89259	90681	92531	95052	96376

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602 Nonpayable CPT Codes (cont.)

96567	98942	99082	99359	99450
96570	98943	99091	99360	99451
96571	98960	99100	99366	99452
96573	98961	99116	99367	99453
96574	98962	99135	99368	99454
96902	98970	99140	99374	99455
96904	98971	99151	99375	99456
97014	98972	99152	99377	99457
97129	98975	99153	99378	99458
97130	98976	99155	99379	99473
97151	98977	99156	99380	99474
97152	98978	99157	99408	99485
97153	98980	99172	99409	99486
97154	98981	99190	99411	99487
97155	99000	99191	99412	99489
97156	99001	99192	99421	99490
97157	99002	99242	99422	99491
97158	99024	99243	99424	99495
97169	99026	99244	99425	99496
97170	99027	99245	99426	99497
97171	99053	99252	99427	99498
97172	99056	99253	99429	99510
97537	99058	99254	99437	99601
97545	99060	99255	99439	99602
97546	99071	99288	99446	99605
97755	99075	99315	99447	99606
98940	99078	99316	99448	99607
98941	99080	99358	99449	

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

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

Service
Code

Requirement or Limitation

	<p>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.</p>
CPA-2	<p>A completed <i>Certification of Payable Abortion Form</i> must be completed for all induced abortions, except medically induced abortions.</p>
CS-18 or CS-21	<p>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.</p>
CS-18* or CS-21*	<p>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.</p>
HI-1	<p>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.</p>
IC	<p>Claim requires individual consideration. See 130 CMR 433.406 for more information.</p>
PA	<p>Service requires prior authorization. See 130 CMR 433.408 for more information.</p>
PA for OMT > 20	<p>Prior authorization is required for more than 20 osteopathic manipulative therapy visits in a 12-month period.</p>
PA for OT > 20	<p>Prior authorization is required for more than 20 occupational therapy visits in a 12-month period.</p>
PA for PT > 20	<p>Prior authorization is required for more than 20 physical therapy visits, regardless of modality, in a 12-month period.</p>
PA for ST > 35	<p>Prior authorization is required for more than 35 speech/language therapy visits in a 12-month period.</p>
PA for Units > 8	<p>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.</p>

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

<u>Service Code</u>	<u>Requirement or Limitation</u>
01999	IC
11920	PA
11921	PA
11950	PA (covered with diagnosis of lipodystrophy associated with, or secondary to, HIV only)
11951	PA (covered with diagnosis of lipodystrophy associated with, or secondary to, HIV only)
11952	PA (covered with diagnosis of lipodystrophy associated with, or secondary to, HIV only)
11954	PA (covered with diagnosis of lipodystrophy associated with, or secondary to, HIV only)
11970	PA (for gender dysphoria-related services only)
11971	PA (for gender dysphoria-related services only)
15769	PA (for gender dysphoria-related services only)
15771	PA (for gender dysphoria-related services only)
15772	PA (for gender dysphoria-related services only)
15773	PA (for gender dysphoria-related services only)
15774	PA (for gender dysphoria-related services only)
15820	PA
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	78999	IC	81512	IC
77499	IC	79999	IC	81519	PA; IC
77799	IC	81099	IC	84999	IC
78099	IC	81162	PA	85999	IC
78199	IC	81163	PA	86849	IC
78299	IC	81164	PA	86999	IC
78399	IC	81212	PA	87999	PA; IC
78451	PA	81215	PA	88199	IC
78452	PA	81217	PA	88299	IC
78453	PA	81220	IC	88399	IC
78454	PA	81228	PA; IC	89240	IC
78459	PA	81229	PA; IC	90281	IC
78466	PA	81265	PA	90283	IC
78469	PA	81265	PA	90284	PA ; IC
78472	PA	81266	PA	90287	IC
78473	PA	81266	PA	90288	IC
78481	PA	81401	PA; IC	90296	IC
78483	PA	81402	PA; IC	90378	PA; IC
78491	PA	81403	PA; IC	90384	IC
78492	PA	81404	PA; IC	90385	IC
78494	PA	81405	PA; IC	90386	IC
78496	PA	81406	PA; IC	90389	IC
78499	IC	81407	PA; IC	90393	PA; IC
78599	IC	81408	PA; IC	90396	IC
78608	PA	81420	PA; IC	90399	IC
78609	PA	81442	PA	90476	IC
78699	IC	81450	PA	90477	IC
78799	IC	81455	PA	90581	IC
78811	PA	81479	PA; IC	90620	IC
78812	PA	81507	PA; IC	90621	IC
78813	PA	81508	PA; IC	90625	IC
78814	PA	81509	IC		
78815	PA	81510	IC		
78816	PA	81511	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

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

<u>Service Code</u>	<u>Requirement or Limitation</u>
90632	Covered for adults ≥ 19 ; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age
90633	IC; Covered for members ≥ 19 ; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age
90636	Covered for members ≥ 19 ; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age
90651	IC; Covered for members aged 19 to 45 years; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age
90654	IC; Covered for members ≥ 19 ; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age
90656	IC; Covered for members ≥ 19 ; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age
90658	IC; Covered for members ≥ 19 ; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age
90660	IC; Covered for members ≥ 19 ; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age
90661	IC; Covered for members ≥ 19 ; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age
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

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

<u>Service Code</u>	<u>Requirement or Limitation</u>
90688	Covered for members \geq 19; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age
90690	IC
90694	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

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

Service

Code Requirement or Limitation

91110 PA
 91111 PA
 91299 IC
 91300 Covered for members >12 years of age
 91311 Covered for members 6 months to 5 years of age
 91312 Covered for members >12 years of age
 91313 Covered for members > 18 years of age
 91314 Covered for members 6 to 11 years of age
 91315 Covered for members 5 to 11 years of age
 92065 PA
 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.)

<u>Service Code</u>	<u>Requirement or Limitation</u>	<u>Service Code</u>	<u>Requirement or Limitation</u>
96110	Developmental screening, with interpretation and report, per standardized instrument form. Covered for members birth to age 21 for the administration and scoring of a standardized behavioral health-screening tool from the approved menu of tools found in Appendix W of your MassHealth provider manual; must be accompanied by modifiers found in Section 605 under Behavioral Health Screening Modifiers to indicate whether a behavioral health need was identified.	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		J0172	PA
0404T	PA; IC	G0105		J0173	
A4261	IC	G0108		J0178	
A4266		G0109		J0179	
A4267		G0121		J0185	PA
A4268		G0270		J0202	PA
A4269		G0271		J0215	PA; IC
A4641	IC	G0279		J0219	PA
A4648	IC	G0399	PA; IC	J0221	PA
A9500	IC	G0480		J0222	PA
A9502	IC	G0455	IC	J0223	
A9503	IC	G0481		J0224	PA; IC
A9505	IC	G0482		J0225	PA
A9512	IC	G0483		J0248	PA
A9537	IC	G2023		J0256	
A9552	IC	G2023	CG	J0257	
A9575		G2024		J0282	
A9576		G2024	CG	J0283	
A9577		G2066	IC	J0285	
A9578		J0121	PA	J0287	
A9579		J0122	PA	J0289	
A9581		J0129	PA	J0290	
A9585		J0131	IC	J0291	PA
A9586	IC	J0134		J0295	
A9587	IC	J0135	PA; IC	J0348	
A9588	IC	J0136		J0364	IC
A9590	IC	J0153		J0400	IC
A9606	PA; IC	J0171			

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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>
J0401		J0690		J0891	
J0456		J0691	PA	J0892	
J0461		J0692		J0893	
J0470	IC	J0693	IC	J0894	
J0475		J0694		J0895	
J0476		J0695	PA	J0897	PA
J0485	PA	J0696		J0898	
J0490	PA	J0697		J0899	
J0491	PA	J0699	PA	J1000	
J0517	PA	J0701		J1020	
J0558		J0702		J1030	
J0561		J0703		J1040	
J0565	PA	J0712	PA	J1050	
J0570	PA	J0713		J1071	PA
J0571	PA; IC	J0714	PA	J1094	IC
J0572	PA >10.7 units; IC	J0715	IC	J1096	IC
J0573	PA >5.4 units; IC	J0716	IC	J1097	IC
J0574	PA >3.2 units; IC	J0717	PA	J1100	
J0575	PA >4 units; IC	J0720		J1160	
J0584	PA	J0739	PA	J1170	PA >8 units
J0585	PA	J0740		J1190	
J0586	PA	J0741		J1200	
J0587	PA	J0742	PA	J1201	IC
J0588	PA	J0743		J1212	PA
J0592	PA	J0770		J1240	
J0593	PA; IC	J0775	PA	J1260	IC
J0594		J0780		J1290	PA
J0596	PA	J0834		J1300	PA
J0598	PA	J0840		J1301	PA
J0599	PA; IC	J0850		J1302	PA
J0604	IC	J0875	PA	J1303	PA
J0611		J0877		J1305	PA; IC
J0636		J0878		J1306	PA
J0637		J0879		J1320	IC
J0638	PA	J0881	PA	J1322	PA
J0640	PA	J0882	PA	J1426	PA; IC
J0641	PA	J0883	IC	J1427	PA; IC
J0642	PA	J0884	IC	J1428	PA; IC
J0670		J0885	PA	J1429	IC
J0689		J0890	PA; IC	J1437	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>
J1438	PA; IC	J1642		J1954	
J1439	PA	J1643		J1956	
J1442	PA	J1644		J1990	IC
J1444	IC	J1645		J2020	PA
J1445	IC	J1650		J2021	PA
J1447	PA	J1652		J2060	
J1448	PA	J1655	IC	J2150	
J1453		J1670		J2170	PA; IC
J1454	PA >2 units	J1700	IC	J2175	PA
J1455	IC	J1710	IC	J2182	PA
J1456		J1720	PA	J2184	
J1458	PA	J1726	PA; IC	J2186	PA
J1459	PA	J1729	PA; IC	J2212	PA; IC
J1460	PA	J1740	PA	J2247	
J1551	PA	J1743	PA	J2248	
J1554	PA	J1744	PA; IC	J2250	
J1555	PA	J1745	PA	J2251	
J1556	PA	J1746	PA	J2265	IC
J1557	PA	J1750		J2270	PA >12 units
J1559	PA	J1756		J2272	
J1560	PA	J1786	PA	J2274	PA >12 units
J1561	PA	J1790	IC	J2281	
J1562	PA; IC	J1800		J2278	PA
J1566	PA	J1815	PA	J2300	
J1568	PA	J1817	PA	J2310	
J1569	PA	J1823	PA ; IC	J2311	
J1571		J1826	IC	J2315	
J1572		J1830	PA; IC	J2323	
J1573	IC	J1840	IC	J2326	PA; IC
J1574		J1850	IC	J2327	PA
J1575	PA	J1885	PA>4 units	J2350	PA
J1580		J1890	IC	J2353	
J1599	PA; IC	J1930		J2354	
J1602	PA	J1931	PA	J2355	IC
J1610		J1932		J2356	PA
J1611		J1943	PA< 6 years	J2357	PA
J1626		J1944	PA< 6 years	J2358	PA >1 unit
J1627	PA >10 units	J1950	PA	J2401	
J1628	PA; IC	J1951	PA	J2402	
J1630		J1952	PA; IC	J2405	

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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>
J2406	PA	J2797	PA >166.5 units; IC	J3371	
J2407	PA	J2798	PA	J3372	
J2426	PA >819 units	J2820		J3380	PA
J2430		J2840	PA; IC	J3385	PA
J2440	IC	J2910	IC	J3396	
J2460	IC	J2916		J3397	PA; IC
J2469	PA >250 units	J2920		J3398	IC
J2502	PA; IC	J2930		J3410	
J2503	IC	J2940	PA; IC	J3411	
J2505	IC	J2941	PA; IC	J3430	
J2506		J3000		J3465	
J2507	PA	J3010		J3471	
J2510		J3030	PA; IC	J3472	IC
J2515		J3031	PA; IC	J3473	
J2540		J3032	IC	J3475	
J2543		J3060	PA	J3486	
J2545		J3090	PA	J3489	PA
J2550		J3095	PA	J3490	IC
J2560		J3110	PA; IC	J3490	FP; IC
J2562		J3111	PA	J3590	IC
J2675		J3121	PA	J3591	PA; IC
J2680		J3145	PA	J7030	
J2700		J3230		J7040	
J2704		J3240		J7050	
J2724	PA	J3241		J7060	
J2760	IC	J3243	PA	J7070	
J2770	PA	J3244	PA	J7120	
J2777		J3245	PA	J7131	IC
J2778		J3250		J7168	IC
J2779		J3262	PA	J7170	
J2785		J3285	PA	J7177	
J2786	PA	J3299		J7203	IC
J2788		J3300		J7205	
J2790		J3301		J7212	IC
J2791		J3302	IC	J7294	IC
J2792		J3304	PA	J7295	IC
J2793	PA; IC	J3315	PA	J7296	IC
J2794	PA >100 units	J3357	PA	J7297	IC
J2795		J3360		J7298	IC
J2796	PA	J3370		J7300	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>
J7301	IC	J7510		J9030	
J7303	IC	J7511		J9032	PA
J7304	IC	J7512		J9033	
J7307	IC	J7513	PA; IC	J9034	
J7309	IC	J7515		J9035	PA
J7310	IC	J7517		J9036	
J7311		J7518	PA	J9037	
J7312		J7520		J9039	PA
J7313		J7527	PA	J9040	
J7314	PA; IC	J7599	PA	J9041	
J7315	IC	J7608		J9042	PA
J7316	PA	J7614	PA	J9043	PA
J7318	PA; IC	J7620		J9045	
J7320	PA; IC	J7626		J9046	
J7321	PA	J7633	IC	J9047	PA
J7322	PA; IC	J7639		J9048	
J7323	PA	J7644		J9049	
J7324	PA	J7665	IC	J9050	
J7325	PA	J7669	IC	J9055	
J7326	PA; IC	J7676	IC	J9057	PA; IC
J7327	PA	J7677		J9060	
J7328	PA; IC	J7682	PA	J9061	
J7329	PA; IC	J7686	PA	J9065	
J7331	PA	J7699	PA; IC	J9070	
J7332	PA; IC	J7799	PA; IC	J9071	
J7336	PA	J7999	PA	J9098	IC
J7340	PA; IC	J8499	IC	J9100	
J7342		J8562	IC	J9118	IC
J7345		J8655	PA >1 unit	J9119	PA
J7351	PA	J8670	PA >180 units	J9120	
J7352	PA; IC	J8999	IC	J9130	
J7401	IC	J9000		J9144	
J7402	PA	J9015	PA ; IC	J9145	PA
J7500		J9017		J9153	PA
J7502		J9019	PA	J9155	PA
J7503		J9020	PA; IC	J9160	IC
J7504		J9021	IC	J9171	
J7507		J9022	PA	J9173	PA
J7508		J9023	PA	J9176	PA
J7509		J9025		J9177	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>
J9178		J9267		J9351	
J9179	PA	J9268		J9352	
J9181		J9269		J9353	PA
J9185		J9271	PA	J9354	PA
J9190		J9272		J9355	
J9199	PA ; IC	J9273	PA	J9356	PA
J9200		J9274	PA	J9357	PA
J9201		J9280		J9358	PA
J9202	PA	J9281		J9359	PA
J9204	PA	J9293		J9360	
J9205	PA	J9295	PA	J9370	
J9206		J9298	PA	J9371	PA
J9207		J9299	PA	J9390	PA
J9208		J9301	PA	J9393	PA
J9209		J9302	PA	J9394	PA
J9210	PA; IC	J9303		J9395	PA
J9211		J9304	PA	J9400	PA
J9212	IC	J9305		J9999	IC
J9213	IC	J9306	PA	Q0138	
J9214		J9307		Q0139	
J9215	PA; IC	J9308	PA	Q0162	
J9216	IC	J9309	PA	Q0220	
J9217	PA	J9311	PA	Q0221	
J9218	PA	J9312	PA	Q0222	
J9219	PA; IC	J9313	PA	Q0240	
J9223		J9314		Q0243	
J9225	PA	J9315	PA	Q0244	
J9226	PA	J9316		Q0245	
J9227	PA	J9317		Q0247	
J9228	PA	J9318	IC	Q0249	
J9229	PA	J9319		Q2009	IC
J9230		J9320		Q2017	IC
J9247		J9325	PA	Q2028	PA; IC (covered with diagnosis of lipodystrophy associated with, or secondary to, HIV only)
J9250		J9328			
J9260		J9330			
J9261	PA	J9331	PA		
J9262	PA	J9332	PA		
J9263		J9340			
J9264		J9348	IC	Q2035	IC
J9266		J9349	PA	Q2036	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>
Q2037	IC	Q4259		S4989	IC
Q2038	IC	Q4260		S4993	
Q2041	PA	Q4261		T1023	
Q2042	PA	Q4262		U0002	
Q2043	PA	Q4263		U0003	
Q2049	IC	Q4264		U0004	
Q2050		Q5101	PA	V2600	PA; IC
Q2053		Q5103	PA	V2610	PA; IC
Q2054		Q5104	PA	V2615	PA; IC
Q2055		Q5105	PA	V2799	PA; IC
Q2056	PA	Q5106	PA		
Q4074		Q5107	PA		
Q4081		Q5108			
Q4101		Q5110	PA		
Q4102		Q5111			
Q4103	IC	Q5112			
Q4104	IC	Q5113			
Q4106		Q5114			
Q4107	IC	Q5115	PA		
Q4108	IC	Q5116	PA		
Q4110		Q5117	PA		
Q4121		Q5118	PA		
Q4132	IC	Q5119	PA		
Q4133		Q5122			
Q4161	IC	Q5123			
Q4162	IC	Q5125	PA		
Q4163	IC	Q5126	PA		
Q4164	IC	Q9950			
Q4165	IC	Q9991			
Q4186		Q9992			
Q4187		S0020	IC		
Q4199		S0021	IC		
Q4224		S0077	IC		
Q4225		S0190	IC		
Q4251		S0023	IC		
Q4252		S0199			
Q4253		S0191	IC		
Q4256		S0302			
Q4257		S2260	CPA-2; IC		
Q4258		S3005			

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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
93	Service rendered via audio-only telehealth
95	Counseling and therapy services rendered via audio-video telecommunications
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

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605 Modifiers (cont.)

Modifier Modifier Description

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
FQ	Counseling and therapy services provided using audio-only telecommunications
FR	Supervising practitioner was present through a real-time two-way, audio and video communication technology
GT	Service rendered via interactive video and telecommunications system
GQ	Service rendered via asynchronous telehealth
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 certified registered nurse anesthetists (CRNAs).) This allows payment of 50% of the total anesthesia fee for the physician's services.)
QY	Medical direction of one CRNA by a physician. (Use to indicate physician medical direction of one CRNA. This allows payment of 50% of the total anesthesia fee for the physician's services.)
QX	CRNA anesthesia services with medical direction by a physician. (Use to indicate CRNA anesthesia services with medical direction by a physician. This allows payment of 50% of the total anesthesia fee for the CRNA's services. Not for use if CRNA is employed by the facility in which the anesthesia services were performed.)
QZ	CRNA anesthesia services without medical direction by a physician. (This allows payment of 100% of the total anesthesia fee for the CRNA's services. Not for use if CRNA is employed by the facility in which the anesthesia services were performed.)
RB	Replacement of a part of a DME, orthotic, or prosthetic item furnished as part of a repair (This modifier should only be used with 92340, 92341, and 92342 to bill for the dispensing of replacement lenses.)
RC	Right coronary artery
RI	Ramus intermedius coronary artery
RT	Right side (used to identify procedures performed on the right side of the body)
SA	Nurse practitioner rendering service in collaboration with a physician. (This modifier is to be applied to service codes billed by a physician that were performed by a certified

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605 Modifiers (cont.)

Modifier Modifier Description

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

Modifiers for Tobacco-Cessation Services

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

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605 Modifiers (cont.)

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.)

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.

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605 Modifiers (cont.)

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.
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.

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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.

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.