



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

Transmittal Letter PHY-169

DATE: February 2024

TO: Physicians Participating in MassHealth

FROM: Monica Sawhney, Chief of Provider, Family, and
Safety Net Programs

RE: ***Physician Manual: Updates to Subchapter 6 (2024 HCPCS)***

Revisions to Service Codes and Descriptions

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 2024. 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, 2024, you must use the new codes in order to obtain reimbursement.

In addition, the following change has been made.

- Effective October 1, 2023, CPT code G2213 (Initiation of medication for the treatment of opioid use disorder in the emergency department setting, including assessment, referral to ongoing care, and arranging access to supportive services) is payable as described in this transmittal letter. The G2213 add-on code can be billed for initiating buprenorphine in the emergency department (ED) for individuals who have signs or symptoms of untreated opioid use disorder. The G2213 add-on code must be billed in addition to evaluation and management in the ED setting of the patient's presenting condition. For dates of service on or after October 1, 2023, you 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/info-details/eohhs-regulations. The regulation titles for physician services are 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.

Billing Reminder for Drugs Supplied in a Physician's Office

Before dispensing drugs in a physician's office, you must check the MassHealth Drug List at <https://mhdل.pharmacy.services.conduent.com/MHDL/> to see if the drug is covered and if it requires prior authorization.

Claims for drugs not listed in Subchapter 6 of the Physician Manual should be billed using an unlisted code. For drugs billed with an unlisted code and for drugs requiring individual consideration (IC), you must include an invoice from a wholesale drug distributor or drug manufacturer that indicates the actual acquisition cost of the drug. MassHealth reimburses a physician for unlisted drugs and drugs requiring IC at the physician's acquisition cost. Additionally, you must indicate strength, dose, units administered, and National Drug Code (NDC) number for every drug. When more than one drug is listed on an invoice, you must indicate which drug is being billed.

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 questions about the information in this transmittal letter, please

- Contact the MassHealth Customer Service Center at (800) 841-2900, TDD/TTY: 711, or
- Email your inquiry to provider@masshealthquestions.com.

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-168

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601 Introduction

MassHealth providers must refer to the American Medical Association’s *Current Procedural Terminology (CPT) Professional 2024* 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	15787	15829	21121	22858
11922	15788	15847	21122	22861
15776	15789	17340	21245	22864
15778	15792	17360	21246	30468
15780	15793	19355	21248	30469
15781	15824	19396	21249	32491
15782	15825	20930	22526	32850
15783	15826	20936	22527	32855
15786	15828	20985	22841	32856

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602 Nonpayable CPT Codes (cont.)

33274	41872	57465	76140	80325
33275	42975	58321	76145	80326
33276	43206	58322	76390	80327
33277	43252	58323	76496	80328
33278	43752	58345	76497	80329
33279	43842	58350	76498	80330
33280	43843	58750	76883	80331
33281	44132	58752	77086	80332
33287	44381	58760	77089	80333
33288	44403	58970	77090	80334
33741	44404	58974	77091	80335
33745	44405	58976	77092	80336
33746	44406	59070	77336	80337
33900	44407	59072	77370	80338
33901	44408	59412	77371	80339
33902	44705	59897	77372	80340
33903	44715	61630	77373	80341
33904	45349	61635	77401	80342
33930	45350	61640	77402	80343
33933	45390	61641	77407	80344
33940	45393	61642	77412	80345
33944	45398	62287	77417	80346
33995	46948	62328	77423	80347
33997	47133	62329	77424	80348
34839	47143	63043	77425	80349
34717	47144	63044	77520	80350
34718	47145	64451	77522	80351
36415	47383	64454	77525	80352
36416	48160	64624	77790	80353
36468	48550	64625	78267	80354
36591	48551	64628	78268	80355
36592	49013	65760	78351	80356
36598	49014	65765	80143	80357
36836	49621	65767	80151	80358
36837	49622	65771	80161	80359
38204	49623	66987	80167	80360
38207	50300	66988	80181	80361
38208	50323	69090	80189	80362
38209	50325	69705	80193	80363
38210	54900	69706	80204	80364
38211	54901	72159	80210	80365
38212	55200	72198	80320	80366
38213	55300	73225	80321	80367
38214	55400	74263	80322	80368
38215	55870	75571	80323	80369
41870	55880	75580	80324	80370

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602 Nonpayable CPT Codes (cont.)

80371	81206	81275	81338	81462
80372	81207	81278	81339	81463
80373	81208	81279	81340	81464
80374	81209	81284	81341	81500
80375	81210	81285	81342	81503
80376	81216	81286	81343	81506
80377	81221	81289	81344	81508
80500	81222	81290	81345	81509
80502	81223	81291	81347	81510
81105	81224	81292	81348	81511
81106	81225	81293	81350	81512
81107	81226	81294	81351	81514
81108	81227	81295	81352	81517
81109	81231	81296	81353	81518
81110	81232	81297	81355	81521
81111	81233	81298	81357	81529
81167	81234	81299	81360	81539
81168	81235	81300	81370	81541
81171	81236	81301	81371	81546
81172	81237	81302	81372	81551
81173	81239	81303	81373	81554
81174	81240	81304	81374	81596
81177	81241	81305	81375	81599
81178	81242	81306	81376	82075
81179	81243	81310	81377	82077
81180	81244	81312	81378	82166
81181	81245	81315	81379	82681
81182	81250	81316	81380	82962
81184	81251	81317	81381	83987
81183	81252	81318	81382	84145
81185	81253	81319	81383	84410
81186	81254	81320	81400	84431
81187	81255	81321	81413	84433
81188	81256	81322	81414	84830
81189	81257	81323	81418	86041
81190	81260	81324	81419	86042
81191	81261	81325	81422	86079
81192	81262	81326	81439	86305
81193	81263	81327	81441	86366
81194	81264	81329	81443	86890
81200	81265	81330	81449	86891
81201	81266	81331	81451	86910
81202	81267	81332	81456	86911
81203	81270	81333	81457	86927
81204	81271	81336	81458	86930
81205	81274	81337	81459	86931

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602 Nonpayable CPT Codes (cont.)

86932	89261	90680	92518	94015
86945	89264	90681	92519	94619
86950	89268	90683	92531	94625
86960	89272	90685	92532	94626
86965	89280	90687	92533	94644
86985	89281	90689	92534	94645
87150	89290	90697	92548	95012
87153	89291	90698	92549	95052
87154	89321	90700	92559	95120
87467	89322	90702	92560	95125
87468	89325	90723	92561	95130
87469	89329	90743	92562	95131
87478	89330	90744	92564	95132
87484	89331	90748	92597	95133
87493	89335	90758	92606	95134
87523	89342	90845	92613	95700
88000	89343	90863	92615	95824
88005	89344	90865	92617	95919
88007	89346	90875	92622	95965
88012	89352	90876	92623	95966
88014	89353	90880	92630	95967
88016	89354	90885	92633	95992
88020	89356	90889	93150	96000
88025	89398	90901	93151	96004
88027	90377	90912	93152	96040
88028	90384	90913	93153	96105
88029	90385	90940	93241	96112
88036	90386	90989	93242	96113
88037	90461	90993	93243	96116
88040	90586	90997	93244	96121
88045	90587	90999	93245	96125
88099	90589	91112	93246	96130
88125	90611	91132	93247	96131
88333	90619	91133	93248	96132
88334	90622	92314	93264	96133
88738	90623	92315	93319	96136
88749	90626	92316	93356	96137
89250	90627	92317	93660	96138
89251	90634	92325	93668	96139
89253	90644	92352	93702	96146
89254	90647	92353	93770	96156
89255	90648	92354	93786	96158
89257	90649	92355	93895	96159
89258	90650	92358	93985	96164
89259	90655	92371	93986	96165
89260	90657	92517	94005	96167

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602 Nonpayable CPT Codes (cont.)

96168	97171	99001	99190	99450
96170	97172	99002	99191	99453
96171	97537	99024	99192	99454
96202	97545	99026	99252	99455
96203	97546	99027	99253	99456
96376	97550	99053	99254	99457
96567	97551	99056	99255	99458
96570	97552	99058	99288	99473
96571	97755	99060	99315	99474
96573	98940	99071	99316	99485
96574	98941	99075	99360	99486
96902	98942	99078	99374	99487
96904	98943	99080	99375	99489
97014	98960	99082	99377	99490
97129	98961	99091	99378	99491
97130	98962	99100	99379	99497
97151	98970	99116	99380	99498
97152	98971	99135	99421	99510
97153	98972	99140	99422	99601
97154	98975	99151	99424	99602
97155	98976	99152	99425	99605
97156	98977	99153	99426	99606
97157	98978	99155	99427	99607
97158	98980	99156	99429	
97169	98981	99157	99437	
97170	99000	99172	99439	

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

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

<u>Legend</u>	<u>Description</u>
Covered for members \geq 19	found in Section 605 under Modifiers for Behavioral Health Screening. This code is payable only for members aged 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: <i>Sterilization Services: Introduction</i> through 433.458: <i>Sterilization Services: Consent Form Requirements</i> 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.
FP HI-1	This service is provided as part of family planning program. 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: <i>Hysterectomy Services</i> for more information.
IC	Claim requires individual consideration. See 130 CMR 433.406: <i>Individual Consideration</i> for more information.
PA	Service requires prior authorization. See 130 CMR 433.408: <i>Prior Authorization, Orders, Referrals, and Prescriptions</i> 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.

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<u>Legend</u>	<u>Description</u>
PA for Units > 8	Prior authorization is required for claims submitted with greater than 8 units on a given date of service.
Urgent Care Only	Service codes 99050 and 99051 may be used only for urgent care provided in the office after hours, in addition to the basic service.

Service

<u>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 (1) with diagnosis of lipodystrophy associated with, or secondary to, HIV, or (2) as a gender dysphoria-related service)
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)

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

Service Code	<u>Requirement or Limitation</u>
15999	IC
17380	PA; IC
17999	PA; IC
19300	PA
19303	PA (for gender dysphoria-related services only)

Service Code	<u>Req. or Limit</u>	Service Code	<u>Req. or Limit</u>	Service Code	<u>Req. or Limit</u>
19316	PA	21208	PA	28890	PA
19318	PA	21209	PA	28899	IC
19324	PA	21210	PA	29799	IC
19325	PA	21215	PA	29800	PA
19328	PA	21230	PA	29804	PA
19340	PA	21235	PA	29999	IC
19350	PA	21240	PA	30400	PA
19499	IC	21242	PA	30410	PA
20999	IC	21243	PA	30420	PA
21088	IC	21244	PA	30430	PA
21089	IC	21247	PA	30435	PA
21137	PA	21255	PA	30450	PA
21138	PA	21256	PA	30999	IC
21139	PA	21299	PA; IC	31299	IC
21146	PA	21499	IC	31591	PA (for gender dysphoria-related services only)
21147	PA	21742	IC		
21150	PA	21743	IC		
21151	PA	21899	IC		
21154	PA	22856	PA	31592	PA (for gender dysphoria-related services only)
21155	PA	22857	PA		
21159	PA	22862	PA		
21160	PA	22865	PA		
21172	PA	22899	IC	31599	IC; PA (for gender dysphoria-related services only)
21175	PA	22999	IC		
21188	PA	23929	IC		
21193	PA	24940	IC		
21194	PA	24999	IC		
21195	PA	25999	IC	31750	PA (for gender dysphoria-related services only)
21196	PA	26989	IC		
21198	PA	27299	IC		
21199	PA	27599	IC		
21206	PA	27899	IC	31899	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>
32851	PA	37761	PA	43772	PA
32852	PA	37765	PA	43773	PA
32853	PA	37766	PA	43774	PA
32854	PA	37780	PA	43775	PA
32999	IC	37799	PA; IC	43845	PA
33289	PA	38129	IC	43846	PA
33935	PA	38230	PA	43847	PA
33945	PA	38240	PA	43848	PA
33981	IC	38241	PA	43881	PA; IC
33982	IC	38242	PA	43882	IC
33983	IC	38589	IC	43886	PA
33999	IC	38999	IC	43887	PA
34841	IC	39499	IC	43888	PA
34842	IC	39599	IC	43999	IC
34843	IC	40799	IC	44135	PA; IC
34844	IC	40840	PA	44136	PA; IC
34845	IC	40842	PA	44137	PA; IC
34846	IC	40843	PA	44238	IC
34847	IC	40844	PA	44799	IC
34848	IC	40845	PA	44899	IC
36299	IC	40899	IC	44979	IC
36465	PA	41599	IC	45399	IC
36466	PA	41820	PA; IC	45499	IC
36470	PA	41821	IC	45999	IC
36471	PA	41850	IC	46999	IC
36473	PA	41899	IC	47135	PA
36474	PA	42280	PA	47379	IC
36475	PA	42281	PA	47399	IC
36476	PA	42299	IC	47579	IC
36478	PA	42699	IC	47999	IC
36479	PA	42999	IC	48554	PA
36482	PA	43289	IC	48999	IC
36483	PA	43496	IC	49329	IC
37195	IC	43499	IC	49659	IC
37216	IC	43644	PA	49906	IC
37501	IC	43645	PA	49999	IC
37700	PA	43647	PA; IC	50549	IC
37718	PA	43648	IC	50949	IC
37722	PA	43659	IC	51925	HI-1
37735	PA	43770	PA	51999	IC
37760	PA	43771	PA		

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

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
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)

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

Service

Code Requirement or Limitation

58291 HI-1; PA (for gender dysphoria-related services only)
 58292 HI-1
 58293 HI-1
 58294 HI-1
 58541 HI-1; PA (for gender dysphoria-related services only)
 58542 HI-1; PA (for gender dysphoria-related services only)
 58543 HI-1; PA (for gender dysphoria-related services only)
 58544 HI-1; PA (for gender dysphoria-related services only)
 58548 HI-1
 58550 HI-1; PA (for gender dysphoria-related services only)
 58552 HI-1; PA (for gender dysphoria-related services only)
 58553 HI-1; PA (for gender dysphoria-related services only)
 58554 HI-1; PA (for gender dysphoria-related services only)
 58565 CS-18 or CS-21
 58570 HI-1; PA (for gender dysphoria-related services only)
 58571 HI-1; PA (for gender dysphoria-related services only)
 58572 HI-1; PA (for gender dysphoria-related services only)
 58573 HI-1; PA (for gender dysphoria-related services only)
 58575 HI-1; PA (for gender dysphoria-related services only)
 58578 IC
 58579 IC
 58580 PA; 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	59850	CPA-2	59855	CPA-2
59840	CPA-2	59851	CPA-2	59856	CPA-2
59841	CPA-2	59852	CPA-2	59857	CPA-2

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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>
59898	IC	77499	IC	81509	IC
59899	IC	77799	IC	81510	IC
60659	IC	78099	IC	81511	IC
60699	IC	78199	IC	81512	IC
62380	IC	78299	IC	81519	PA; IC
64650	PA	78399	IC	84999	IC
64653	PA	78499	IC	85999	IC
64999	IC	78599	IC	86849	IC
65757	IC	78699	IC	86999	IC
65785	PA	78799	IC	87999	PA; IC
66999	IC	78999	IC	88199	IC
67299	IC	79999	IC	88299	IC
67399	IC	81099	IC	88399	IC
67599	IC	81162	PA	89240	IC
67900	PA	81163	PA	90281	IC
67901	PA	81164	PA	90283	IC
67902	PA	81212	PA	90284	PA; IC
67903	PA	81215	PA	90287	IC
67904	PA	81217	PA	90288	IC
67906	PA	81220	IC	90296	IC
67908	PA	81228	PA; IC	90378	PA; IC,
67999	IC	81229	PA; IC	90380	PA ≥ 8 months
68399	IC	81265	PA	90381	PA ≥ 8 months
68899	IC	81266	PA	90384	IC
69300	PA	81401	PA; IC	90385	IC
69399	IC	81402	PA; IC	90386	IC
69710	IC	81403	PA; IC	90389	IC
69799	IC	81404	PA; IC	90393	PA; IC
69930	PA	81405	PA; IC	90396	IC
69949	IC	81406	PA; IC	90399	IC
69979	IC	81407	PA; IC	90476	IC
71552	PA	81408	PA; IC	90477	IC
76499	IC	81420	PA; IC	90581	IC
76999	IC	81445	PA	90620	IC
77061	IC	81442	PA	90621	IC
77062	IC	81450	PA	90625	IC
77299	IC	81455	PA		
77385	IC	81479	PA; IC		
77386	IC	81507	PA; IC		
77399	IC	81508	PA; IC		

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

<u>Service Code</u>	<u>Requirement or Limitation</u>
90630	IC; Covered for members ≥ 19 ; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age
90632	Covered for adults ≥ 19 ; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age
90633	IC; Covered for members ≥ 19 ; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age
90636	Covered for members ≥ 19 ; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age
90651	IC; Covered for members aged 19 to 45 years; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age
90654	IC; Covered for members ≥ 19 ; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age
90656	IC; Covered for members ≥ 19 ; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age
90658	IC; Covered for members ≥ 19 ; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age
90660	IC; Covered for members ≥ 19 ; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age
90661	IC; Covered for members ≥ 19 ; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age
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
90679	PA < 60 years
90682	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>
90686	Covered for members \geq 19; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age
90688	Covered for members \geq 19; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age
90690	IC
90694	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

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

Service
Code Requirement or Limitation

90952 IC
 90953 IC
 91110 PA
 91111 PA
 91299 IC
 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
 93745 IC
 93799 IC
 93998 IC
 94669 PA
 94772 IC
 94774 IC
 94775 IC

Service
Code Requirement or Limitation

94776 IC
 94777 IC
 94799 IC
 95199 IC
 95941 IC
 95943 IC
 95999 IC
 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.
 96377 IC
 96379 IC
 96380 PA < 60 years
 96381 PA < 60 years
 96549 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>
96931	IC	97168	PA for PT >20
96932	IC	97530	PA for OT >20
96933	IC	97533	PA for OT >20
96934	IC	97535	PA for OT >20
96935	IC	97542	PA for OT >20
96936	IC	97602	IC
96999	IC	97607	IC
97010	PA for PT >20	97608	IC
97012	PA for PT >20	97760	PA for OT >20
97016	PA for PT >20	97761	PA for OT >20
97018	PA for PT >20	97763	PA for OT >20
97022	PA for PT >20	97799	IC
97024	PA for PT >20	97810	PA >20
97026	PA for PT >20	97811	PA >20
97028	PA for PT >20	97813	PA >20
97032	PA for PT >20	97814	PA >20
97033	PA for PT >20	98925	PA for OMT >20
97034	PA for PT >20	98926	PA for OMT >20
97035	PA for PT >20	98927	PA for OMT >20
97036	PA for PT >20	98928	PA for OMT >20
97039	PA for PT >20; IC	98929	PA for OMT >20
97110	PA for PT >20	99050	Urgent care only
97112	PA for PT >20	99051	Urgent care only
97113	PA for PT >20	99070	IC; excluding family planning supplies, such as trays used in used in the collection of specimens
97116	PA for PT >20	99174	IC
97124	PA for PT >20	99177	IC
97139	PA for PT >20; IC	99188	Once per three-month period
97161	PA for PT >20	99195	For hematologic disorders only
97162	PA for PT >20	99199	IC
97164	PA for PT >20	99417	IC
97165	PA for PT >20	99499	IC
97166	PA for PT >20	99600	IC
97167	PA for PT >20		

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604 Payable HCPCS Level II and Category III Service Codes

This section lists Level II HCPCS and Category III codes that are payable under MassHealth. For more detailed descriptions when billing for these codes provided to MassHealth members, refer to the Centers for Medicare & Medicaid Services website at www.cms.gov/Medicare/Coding/HCPCSReleaseCodeSets/Alpha-Numeric-HCPCS.html.

<u>Service Code</u>	<u>Req. or Limit</u>	<u>Service Code</u>	<u>Req. or Limit</u>	<u>Service Code</u>	<u>Req. or Limit</u>
A4261	IC	G0109		J0206	
A4266		G0121		J0208	PA
A4267		G0270		J0215	PA;
A4268		G0271		J0217	PA: IC
A4269		G0279		J0218	PA
A4641	IC	G0310		J0219	PA
A4648	IC	G0311		J0221	PA
A9500	IC	G0312		J0222	PA
A9502	IC	G0313		J0223	PA
A9503	IC	G0314		J0224	PA
A9505	IC	G0315		J0225	PA
A9512	IC	G0399	IC	J0248	
A9537	IC	G0480		J0257	
A9552	IC	G0455	IC	J0282	
A9575		G0481		J0283	
A9576		G0482		J0285	
A9577		G0483		J0287	
A9578		G2213		J0289	
A9579		J0121	PA	J0290	
A9581		J0122	PA	J0291	PA
A9585		J0129	PA	J0295	
A9586	IC	J0131		J0348	
A9587	IC	J0134		J0349	PA; IC
A9588	IC	J0135	PA	J0364	IC
A9590	IC	J0136		J0391	PA: IC
A9593	IC	J0137		J0400	IC
A9594	IC	J0153		J0401	
A9595	IC	J0171		J0402	PA: IC
A9596	IC	J0172	PA	J0456	
A9800	IC	J0173		J0457	
A9606	PA; IC	J0174	PA; IC	J0461	
G0009		J0178		J0470	
G0027		J0179		J0475	
G0105		J0185	PA	J0476	
G0108		J0202	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>
J0485	PA	J0695	PA	J0884	IC
J0490	PA	J0696		J0885	PA
J0491	PA	J0697		J0887	PA
J0517	PA	J0699	PA	J0890	PA
J0558		J0701		J0891	
J0561		J0702		J0892	
J0565	PA	J0703		J0893	
J0570	PA	J0706		J0894	
J0571	PA; IC	J0712	PA	J0895	
J0572	PA >10.7 units; IC	J0713		J0896	PA
J0573	PA >5.4 units; IC	J0714	PA	J0897	PA
J0574	PA >3.2 units; IC	J0715	IC	J0898	
J0575	PA >4 units; IC	J0716	IC	J0899	
J0576	PA; IC	J0717	PA	J1000	
J0584	PA	J0720		J1020	
J0585	PA	J0736		J1030	
J0586	PA	J0737		J1040	
J0587	PA	J0739	PA	J1050	
J0588	PA	J0740		J1071	PA
J0592	PA	J0741		J1094	
J0593	PA; IC	J0742	PA	J1096	IC
J0594		J0743		J1097	IC
J0596	PA	J0770		J1100	
J0598	PA	J0775	PA	J1105	IC
J0599	PA; IC	J0780		J1160	
J0604	IC	J0791	PA	J1170	PA >8 units
J0636		J0801	PA; IC	J1190	
J0637		J0802	PA; IC	J1200	
J0638	PA	J0834		J1201	IC
J0640	PA	J0840		J1212	PA
J0641	PA	J0850		J1240	
J0642	PA	J0873	IC	J1260	IC
J0665		J0874	IC	J1290	PA
J0670		J0875	PA	J1300	PA
J0688	IC	J0877		J1301	PA
J0689		J0878		J1302	PA
J0690		J0879		J1303	PA
J0692		J0881	PA	J1305	PA
J0693	IC	J0882	PA	J1306	PA
J0694		J0883	IC	J1320	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>
J1322	PA	J1574		J1815	PA
J1411	PA; IC	J1575	PA	J1817	PA
J1412	PA; IC	J1576	PA	J1823	PA; IC
J1426	PA; IC	J1580		J1826	IC
J1427	PA; IC	J1599	PA; IC	J1830	PA; IC
J1428	PA; IC	J1602	PA	J1836	
J1429	IC	J1610		J1840	IC
J1437	PA	J1611		J1850	IC
J1438	PA; IC	J1626		J1885	PA>4 units
J1439	PA	J1627	PA >10 units	J1890	IC
J1440	PA	J1628	PA; IC	J1920	
J1442	PA	J1630		J1921	
J1444	IC	J1642		J1930	
J1445	IC	J1643		J1931	PA
J1447	PA	J1644		J1932	
J1448	PA	J1645		J1939	IC
J1449		J1650		J1941	PA
J1453		J1652		J1943	PA< 6 years
J1454	PA >2 units	J1655		J1944	PA< 6 years
J1455	IC	J1670		J1950	PA
J1456		J1700	IC	J1951	PA
J1458	PA	J1710	IC	J1952	PA;
J1459	PA	J1720	PA	J1954	
J1460	PA	J1740	PA	J1955	
J1551	PA	J1743	PA	J1956	
J1554	PA	J1744	PA; IC	J1961	PA
J1555	PA	J1745	PA	J1990	
J1556	PA	J1746	PA	J2020	PA
J1557	PA	J1747	PA	J2021	PA
J1559	PA	J1750		J2060	
J1560	PA	J1756		J2150	
J1561	PA	J1786	PA	J2170	PA; IC
J1562	PA; IC	J1790		J2175	PA
J1566	PA	J1800		J2182	PA
J1568	PA	J1805		J2184	
J1569	PA	J1806		J2185	
J1570		J1811		J2186	PA
J1571		J1812	PA	J2212	PA; IC
J1572		J1813		J2247	
J1573	IC	J1814	PA	J2248	

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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>
J2249	PA	J2503	IC	J2840	PA; IC
J2250		J2505	IC	J2860	PA
J2251		J2506		J2910	IC
J2265	IC	J2507	PA	J2916	
J2270	PA >12 units	J2508	PA; IC	J2920	
J2272		J2510		J2930	
J2274	PA >12 units	J2515		J2940	PA; IC
J2281		J2540		J2998	PA
J2278	PA	J2543		J3000	
J2300		J2545		J3010	
J2305		J2550		J3030	PA; IC
J2310	PA; IC	J2560		J3031	PA; IC
J2311		J2562		J3032	IC
J2315		J2675		J3060	PA
J2323		J2679	IC	J3090	PA
J2326	PA; IC	J2680		J3095	PA
J2327	PA	J2700		J3110	PA; IC
J2329	PA	J2704		J3111	PA
J2350	PA	J2724	PA	J3121	PA
J2353		J2760		J3145	PA
J2354		J2770	PA	J3230	
J2355	IC	J2777		J3240	
J2356	PA	J2778		J3241	PA
J2357	PA	J2779		J3243	PA
J2358	PA <6 years	J2781	PA; IC	J3244	PA
J2359	IC	J2783		J3245	PA
J2401		J2785		J3250	
J2402		J2786	PA	J3262	PA
J2404	IC	J2788		J3285	PA
J2405		J2790		J3299	
J2406	PA	J2791		J3300	
J2407	PA	J2792		J3301	
J2425		J2793	PA; IC	J3302	IC
J2426	PA >819 units	J2794	PA <6 years	J3304	PA
J2427	PA <6 years	J2795		J3315	PA
J2430		J2796	PA	J3357	PA
J2440		J2797	PA >166.5 units; IC	J3360	
J2460	IC	J2798	PA; IC	J3370	
J2469	PA >250 units	J2799	PA; IC	J3371	
J2502	PA; IC	J2820		J3372	

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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>
J3380	PA	J7301	IC	J7509	
J3385	PA	J7303	IC	J7510	
J3396		J7304	IC	J7511	
J3397	PA; IC	J7307	IC	J7512	
J3398	PA; IC	J7309	IC	J7513	PA; IC
J3401	PA; IC	J7310	IC	J7515	
J3410		J7311		J7517	
J3411		J7312		J7518	PA
J3430		J7313		J7520	
J3465		J7314	PA	J7527	PA
J3470	PA	J7315	IC	J7599	PA
J3471		J7316	PA	J7608	
J3472	IC	J7318	PA	J7614	PA
J3473		J7320	PA	J7620	
J3475		J7321	PA	J7626	
J3486		J7322	PA	J7633	IC
J3489		J7323	PA	J7639	
J3490	IC	J7324	PA	J7644	
J3490	FP; IC	J7325	PA	J7665	IC
J3591	PA; IC	J7326	PA	J7669	IC
J7030		J7327	PA	J7676	IC
J7040		J7328	PA	J7677	
J7050		J7329	PA	J7682	PA
J7060		J7331	PA	J7686	PA
J7070		J7332	PA	J7699	PA; IC
J7120		J7336	PA	J7799	PA; IC
J7131	IC	J7340	PA	J7999	PA
J7168	IC	J7342		J8499	IC
J7170		J7345		J8562	IC
J7177		J7351	PA; IC	J8655	PA >1 unit
J7203	IC	J7352	PA; IC	J8670	PA >180 units
J7205		J7401	IC	J8999	PA; IC
J7212	IC	J7402	PA	J9000	
J7213		J7500		J9015	PA; IC
J7294	IC	J7501		J9017	
J7295	IC	J7502		J9019	PA
J7296	IC	J7503		J9020	PA; IC
J7297	IC	J7504		J9021	IC
J7298	IC	J7507		J9022	PA
J7300	IC	J7508		J9023	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>
J9025		J9120		J9225	PA
J9027		J9130		J9226	PA
J9029	PA; IC	J9144	PA; IC	J9227	PA
J9030		J9145	PA	J9228	PA
J9032	PA	J9150		J9229	PA
J9033		J9153	PA	J9230	
J9034		J9155	PA	J9245	
J9035	PA	J9171		J9246	
J9036		J9172	IC	J9247	
J9037		J9173	PA	J9250	
J9039	PA	J9176	PA	J9255	IC
J9040		J9177	PA	J9258	IC
J9041		J9178		J9259	
J9042	PA	J9179	PA	J9260	
J9043	PA	J9181	PA	J9261	PA
J9045		J9185		J9262	PA
J9046		J9190		J9263	
J9047	PA	J9196		J9264	
J9048		J9198	PA	J9266	
J9049		J9199	PA; IC	J9267	
J9050		J9200		J9268	
J9051	IC	J9201		J9269	PA
J9052	IC	J9202	PA	J9271	PA
J9055		J9204	PA	J9272	
J9056		J9205	PA	J9273	PA
J9057	PA; IC	J9206		J9274	PA
J9058		J9207		J9280	
J9059		J9208		J9281	
J9060		J9209		J9293	
J9061		J9210	PA; IC	J9294	
J9063	PA	J9211		J9295	PA
J9064	PA; IC	J9212		J9296	
J9065		J9213	IC	J9297	
J9070		J9214		J9298	PA
J9071		J9215	PA; IC	J9299	PA
J9072	IC	J9216		J9301	PA
J9098	IC	J9217	PA	J9302	PA
J9100		J9218	PA	J9303	
J9118		J9219	PA	J9304	PA
J9119	PA	J9223		J9305	

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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>
J9306	PA	J9381	PA	Q4107	
J9307		J9390	PA	Q4108	
J9308	PA	J9393	PA	Q4110	
J9309	PA	J9394	PA	Q4121	
J9311	PA	J9395	PA	Q4132	
J9312	PA	J9400	PA	Q4133	PA
J9313	PA	J9999	IC	Q4151	PA; IC
J9314		Q0138		Q4159	PA
J9315	PA	Q0139		Q4161	
J9316	PA	Q0162		Q4162	IC
J9317	PA; IC	Q0220		Q4163	IC
J9318	PA; IC	Q0249		Q4164	
J9319	PA	Q2009	IC	Q4165	IC
J9320		Q2017	IC	Q4196	PA
J9322		Q2028	PA; IC (covered	Q4186	
J9323			with diagnosis of	Q4187	
J9324	IC		lipodystrophy	Q4199	
J9325	PA		associated with, or	Q4251	
J9328			secondary to, HIV	Q4252	
J9330			only)	Q4253	
J9331	PA	Q2035		Q5101	PA
J9332	PA	Q2036	IC	Q5103	PA
J9340		Q2037	IC	Q5104	PA
J9345	PA; IC	Q2038	IC	Q5105	PA
J9347	PA	Q2041	PA	Q5106	PA
J9348	PA	Q2042	PA	Q5107	PA
J9349	PA	Q2043	PA	Q5108	
J9350	PA	Q2049	IC	Q5110	PA
J9351		Q2050		Q5111	
J9352		Q2053	PA	Q5112	PA
J9353	PA	Q2054	PA	Q5113	PA
J9354	PA	Q2055	PA	Q5114	PA
J9355	PA	Q2056	PA	Q5115	PA
J9356	PA	Q4074		Q5116	PA
J9357		Q4081		Q5117	PA
J9358	PA	Q4101		Q5118	PA
J9359	PA	Q4102		Q5119	PA
J9360		Q4103		Q5122	
J9370		Q4104			
J9371	PA	Q4106			

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Service

Code Req. or Limit

Q5123 PA
 Q5124
 Q5125 PA
 Q5126 PA
 Q5127
 Q5128
 Q5129 PA
 Q5130
 Q5132 PA; IC
 Q9950
 Q9991
 Q9992
 S0013 PA
 S0021 IC
 S0023 IC
 S0190 IC
 S0199
 S0191 IC
 S0302
 S2260 CPA-2; IC
 S3005
 S4989 IC
 S4993
 T1023
 T2023
 U0002
 V2600 PA; IC
 V2610 PA; IC
 V2615 PA; IC
 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
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.
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.
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.

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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.