# Transmittal Letter PHY-170

Commonwealth of Massachusetts

Executive Office of Health and Human Services

Office of Medicaid

[www.mass.gov/masshealth](https://www.mass.gov/orgs/masshealth)

**DATE:** July 2024

**TO:** Physicians Participating in MassHealth

**FROM:** Monica Sawhney, Chief of Provider, Family, and Safety Net Programs [signature of Monica Sawhney]

RE: Physician Manual: Updates to Subchapter 6

## Revisions to Service Codes and Descriptions

This letter transmits revisions to the drug codes, other Healthcare Common Procedure Coding System (HCPCS) codes, Current Procedural Terminology (CPT) codes, and special requirements or limitations for certain codes in Subchapter 6 of the *Physician Manual*.

In addition, the following changes have been made:

* Effective August 1, 2024, Remote Patient Monitoring (RPM) CPT codes 99091, 99453, 99454, 99457, and 99458 will be payable.

### Remote Patient Monitoring

Effective August 1, 2024, MassHealth will provide RPM coverage for members who meet certain clinical criteria. MassHealth defines RPM as the use of select medical devices that transmit digital personal health information in a synchronous or asynchronous manner from an at-risk patient to a treating provider at a distant location. The information is generated so the provider can respond to the patient and manage their condition.

MassHealth coverage of RPM does not apply to Continuous Glucose Monitoring (CGM) devices, Holter monitors, implantable pacemakers and defibrillators, or electroencephalograms, which are already covered by MassHealth.

RPM codes must be billed on professional claims only. Providers may not bill MassHealth a facility claim for RPM codes.

## Coverage Criteria

MassHealth provides coverage for RPM when the following criteria are met.

### 1. Eligible conditions

The member must have one of the following conditions.

* Asthma
* Chronic Obstructive Pulmonary Disease (COPD)
* Congestive Heart Failure (CHF)
* Diabetes Type I or II
* Hypertension
* Perinatal state (defined as the period encompassing pregnancy, labor, and delivery, through 12 months following delivery, inclusive of all pregnancy outcomes)

### 2. Patient Criteria

1. For eligible conditions other than the perinatal state, the member’s condition(s) must demonstrate instability or risk for deterioration as evidenced by either
	* a history of more than two hospitalizations or Emergency Department (ED) visits for the same qualifying condition (or for related conditions) over the past 24 months, or
	* presence of factors suggesting the member is at risk for ED or hospitalization (for example, recent discharge from inpatient stay or extended stay in a setting such as a Skilled Nursing Facility, documented poor adherence to ordered medication, or a documented history of care access challenges such as consistently missed appointments), as determined by the ordering provider.
2. For the perinatal state, the provider recommending RPM should identify one or more risk factors that warrant the use of RPM. The following is a non-exhaustive list of risk factors for gestational hypertension and preeclampsia.
* Nulliparity
* Multifetal gestation
* Preeclampsia in a previous pregnancy
* Chronic hypertension
* Pregestational diabetes
* Gestational diabetes
* Thrombophilia
* Systemic lupus erythematosus
* Pregnancy body mass index greater than or equal to 30
* Antiphospholipid antibody syndrome
* Kidney disease
* Assisted reproductive technology
* Obstructive sleep apnea

Comprehensive assessment of risk should be based on clinical judgment and may include consideration of social and demographic factors.

### 3. Provider requirements

* All RPM codes may be billed by the following provider types: physician, nurse practitioner (NP), certified nurse specialist (CNS), physician assistant (PA), certified nurse mid-wife (CNM).
* For new patients or patients not seen by the practitioner within one year, the practitioner must first conduct a face-to-face or telehealth visit with the patient to initiate RPM.
* Providers billing RPM services must have policies and systems in place to ensure timely and appropriate responses to emergent, urgent, and routine member needs related to use of remote-patient monitoring (such as monitoring data outside of expected parameters).
* Providers should ensure that they work with other providers as necessary for care coordination.

### 4. Technology Criteria

* Devices used for RPM may include, but are not limited to, devices that monitor blood pressure, oxygenation, and weight. Coverage of RPM does not apply to Continuous Glucose Monitoring (CGM) devices, Holter monitors, implantable pacemakers and defibrillators, or electroencephalograms, which already are covered by MassHealth.
* Devices must be capable of automatic reporting compatible with Medicare requirements (for example, the device automatically transmits biomonitoring data to the provider) without the member needing to manually report the data.
* Some providers may use RPM through a vendor who assists with management of RPM devices. However, billing must be done by the MassHealth-enrolled provider.
* To bill for CPT code 99454, the member must get the device from the provider, not through the durable medical equipment supplier or pharmacy. Providers can only bill for the device once it has been given to an eligible member.

### 5. Security criteria

* All services must meet the minimum federal and state requirements for protecting patient privacy and security, including but not limited to 45 CFR, Parts 160 and 164 (HIPAA Security Rules). All existing confidentiality requirements that apply to written medical records will apply to services delivered by RPM, including the actual transmission of health care data and any other electronic information/records.
* All devices must be FDA-approved as a medical device.

The rate regulation titles for physician services are

* [101 CMR 316.00](https://www.mass.gov/regulations/101-CMR-31600-rates-for-surgery-and-anesthesia-services): Rates for Surgery and Anesthesia
* [101 CMR 317.00](https://www.mass.gov/regulations/101-CMR-31700-rates-for-medicine-services): Rates for Medicine Services
* [101 CMR 318.00](https://www.mass.gov/regulations/101-CMR-31800-rates-for-radiology-services): Rates for Radiology Services, and
* [101 CMR 320.00](https://www.mass.gov/regulations/101-CMR-32000-rates-for-clinical-laboratory-services): Rates for Clinical Laboratory Services.

## MassHealth Website

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

[Sign up](https://www.mass.gov/forms/email-notifications-for-masshealth-provider-bulletins-and-transmittal-letters) to receive email alerts when MassHealth issues new transmittal letters and provider bulletins.

## Questions?

* Call MassHealth at (800) 841-2900, TDD/TTY: 711
* Email us at provider@masshealthquestions.com

## New Material

The pages listed here contain new or revised language.

### *Physician Manual*

Pages vi, 6-1 through 6-29

## Obsolete Material

The pages listed here are no longer in effect.

### *Physician Manual*

Pages vi, 6-1 through 6-30 — transmitted by Transmittal Letter 169

[MassHealth on Facebook](https://www.facebook.com/MassHealth1/) [MassHealth on LinkedIn](https://www.linkedin.com/company/masshealth) [MassHealth on X](https://www.twitter.com/MassHealth) [MassHealth on YouTube](https://www.youtube.com/channel/UC1QQ61nTN7LNKkhjrjnYOUg)

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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](https://www.mass.gov/regulations/130-CMR-433000-physician-services): Physician Services and [130 CMR 450.000](https://www.mass.gov/regulations/130-CMR-450000-administrative-and-billing-regulations): 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 old, 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**](https://www.mass.gov/regulations/101-CMR-31700-rates-for-medicine-services)**:** 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 old.

MassHealth does notpay for services billed under the following codes.

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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.

LegendDescription

CD MassHealth-specified clinical documentation must be submitted.

Covered for members birth to age 21 This code is payable only for members aged birth to 21 years; used to claim for the administration and scoring of a standardized, behavioral health-screening tool from the approved menu of tools found in Appendix W of your provider manual; and must be accompanied by modifiers

found in Section 605 under Modifiers for Behavioral Health Screening.

Covered for members ≥ 19 This code is payable only for members 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 *Certification of Payable Abortion Form* must be completed for all induced abortions, except medically induced abortions.

CS-18 or CS-21 A completed *Sterilization Consent Form* (CS-18 for members aged 18 through 20 years; CS-21 form for members aged 21 and older) must be submitted. See 130 CMR 433.456: *Sterilization Services: Introduction* through 433.458: *Sterilization Services: Consent Form Requirements* for more information.

CS-18\* or CS-21\* A completed *Sterilization Consent Form* (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 through433.458 for more information and other submission requirements.

FP This service is provided as part of family planning program.

HI-1 A completed *Hysterectomy Information Form* must be completed. See 130 CMR 450.235: *Overpayments* through 450.260: *Monies Owed by Providers* and 130 CMR 433.459: *Hysterectomy Services* for more information.

IC Claim requires individual consideration. See 130 CMR 433.406: *Individual Consideration* for more information.

PA Service requires prior authorization. See 130 CMR 433.408: Prior Authorization, Orders, Referrals, and Prescriptions for more information.

PA for OMT > 20 Prior authorization is required for more than 20 osteopathic manipulative therapy visits in a 12-month period.

PA for OT > 20 Prior authorization is required for more than 20 occupational therapy visits in a 12-month period.

PA for PT > 20 Prior authorization is required for more than 20 physical therapy visits, regardless of modality, in a 12-month period.

PA for ST > 35 Prior authorization is required for more than 35 speech/language therapy visits in a 12-month period.

PA for Units > 8 Prior authorization is required for claims submitted with greater than 8 units on a given date of service.

Urgent Care Only Service codes 99050 and 99051 may be used only for urgent care provided in the office after hours, in addition to the basic service.

Service

CodeRequirement or Limitation

01999 IC

11920 PA

11921 PA

11950 PA (covered with diagnosis of lipodystrophy associated with, or secondary to, HIV only)

11951 PA (covered with diagnosis of lipodystrophy associated with, or secondary to, HIV only)

11952 PA (covered with diagnosis of lipodystrophy associated with, or secondary to, HIV only)

11954 PA (covered with diagnosis of lipodystrophy associated with, or secondary to, HIV only)

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)

15999 IC

17380 PA; IC

17999 PA; IC

19300 PA

19303 PA (for gender dysphoria-related services only)

Service Service Service

Code Req. or Limit Code Req. or Limit Code Req. or Limit

19316 PA

19318 PA

19324 PA

19325 PA

19328 PA

19340 PA

19350 PA

19499 IC

20999 IC

21088 IC

21089 IC

21137 PA

21138 PA

21139 PA

21146 PA

21147 PA

21150 PA

21151 PA

21154 PA

21155 PA

21159 PA

21160 PA

21172 PA

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21256 PA

21299 PA; IC

21499 IC

21742 IC

21743 IC

21899 IC

22856 PA

22857 PA

22862 PA

22865 PA

22899 IC

22999 IC

23929 IC

24940 IC

24999 IC

25999 IC

26989 IC

27299 IC

27599 IC

27899 IC

28890 PA

28899 IC

29799 IC

29800 PA

29804 PA

29999 IC

30400 PA

30410 PA

30420 PA

30430 PA

30435 PA

30450 PA

30999 IC

31299 IC

31591 PA (for gender dysphoria-related services only)

31592 PA (for gender dysphoria-related services only)

31599 IC; PA (for gender dysphoria-related services only)

31750 PA (for gender dysphoria-related services only)

31899 IC

32851 PA

32852 PA

32853 PA

32854 PA

32999 IC

33289 PA

33935 PA

33945 PA

33981 IC

33982 IC

33983 IC

33999 IC

34841 IC

34842 IC

34843 IC

34844 IC

34845 IC

34846 IC

34847 IC

34848 IC

36299 IC

36465 PA

36466 PA

36470 PA

36471 PA

36473 PA

36474 PA

36475 PA

36476 PA

36478 PA

36479 PA

36482 PA

36483 PA

37195 IC

37216 IC

37501 IC

37700 PA

37718 PA

37722 PA

37735 PA

37760 PA

37761 PA

37765 PA

37766 PA

37780 PA

37799 PA; IC

38129 IC

38230 PA

38240 PA

38241 PA

38242 PA

38589 IC

38999 IC

39499 IC

39599 IC

40799 IC

40840 PA

40842 PA

40843 PA

40844 PA

40845 PA

40899 IC

41599 IC

41820 PA; IC

41821 IC

41850 IC

41899 IC

42280 PA

42281 PA

42299 IC

42699 IC

42999 IC

43289 IC

43496 IC

43499 IC

43644 PA

43645 PA

43647 PA; IC

43648 IC

43659 IC

43770 PA

43771 PA

43772 PA

43773 PA

43774 PA

43775 PA

43845 PA

43846 PA

43847 PA

43848 PA

43881 PA; IC

43882 IC

43886 PA

43887 PA

43888 PA

43999 IC

44135 PA; IC

44136 PA; IC

44137 PA; IC

44238 IC

44799 IC

44899 IC

44979 IC

45399 IC

45499 IC

45999 IC

46999 IC

47135 PA

47379 IC

47399 IC

47579 IC

47999 IC

48554 PA

48999 IC

49329 IC

49659 IC

49906 IC

49999 IC

50549 IC

50949 IC

51925 HI-1

51999 IC

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)

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;

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 Service Service

Code Req. or Limit Code Req. or Limit Code Req. or Limit

59525 HI-1

59840 CPA-2

59841 CPA-2

59850 CPA-2

59851 CPA-2

59852 CPA-2

59855 CPA-2

59856 CPA-2

59857 CPA-2

59898 IC

59899 IC

60659 IC

60699 IC

62380 IC

64650 PA

64653 PA

64999 IC

65757 IC

65785 PA

66999 IC

67299 IC

67399 IC

67599 IC

67900 PA

67901 PA

67902 PA

67903 PA

67904 PA

67906 PA

67908 PA

67999 IC

68399 IC

68899 IC

69300 PA

69399 IC

69710 IC

69799 IC

69930 PA

69949 IC

69979 IC

71552 PA

76499 IC

76999 IC

77061 IC

77062 IC

77299 IC

77385 IC

77386 IC

77399 IC

77499 IC

77799 IC

78099 IC

78199 IC

78299 IC

78399 IC

78499 IC

78599 IC

78699 IC

78799 IC

78999 IC

79999 IC

81099 IC

81162 PA

81163 PA

81164 PA

81212 PA

81215 PA

81217 PA

81220 IC

81228 PA; IC

81229 PA; IC

81265 PA

81266 PA

81401 PA; IC

81402 PA; IC

81403 PA; IC

81404 PA; IC

81405 PA; IC

81406 PA; IC

81407 PA; IC

81408 PA; IC

81420 PA; IC

81445 PA

81442 PA

81450 PA

81455 PA

81479 PA; IC

81507 PA; IC

81508 PA; IC

81509 IC

81510 IC

81511 IC

81512 IC

81519 PA; IC

84999 IC

85999 IC

86849 IC

86999 IC

87999 PA; IC

88199 IC

88299 IC

88399 IC

89240 IC

90281 IC

90283 IC

90284 PA; IC

90287 IC

90288 IC

90296 IC

90378 PA; IC,

90380 PA ≥ 8 months

90381 PA ≥ 8 months

90384 IC

90385 IC

90386 IC

90389 IC

90393 PA; IC

90396 IC

90399 IC

90476 IC

90477 IC

90581 IC

90620 IC

90621 IC

90625 IC

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

90686 Covered for members ≥ 19; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age

90688 Covered for members ≥ 19; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age

90690 IC

90694 Covered for members ≥ 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 ≥ 19; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age

90710 IC; Covered for members ≥ 19; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age

90713 IC; Covered for members ≥ 19; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age

90715 Covered for members ≥ 19; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age

90716 IC; Covered for members ≥ 19; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age

90717 IC

90732 Covered for members ≥ 19; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age

90733 IC; Covered for members ≥ 19; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age

90734 IC; Covered for members ≥ 19; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age

90736 IC; PA is required for members younger than age 50

90738 IC

90739 Covered for members ≥19

90749 IC

90750 IC; PA required for members younger than age 50

90756 Covered for members ≥ 19; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age

90867 IC

90868 PA for >30 sessions per course of treatment; IC

90869 IC

90899 IC

90935 For hospitalized members only; not for chronic maintenance

90937 For hospitalized members only; not for chronic maintenance

90945 For hospitalized members only; not for chronic maintenance

90947 For hospitalized members only; not for chronic maintenance

90952 IC

90953 IC

91110 PA

91111 PA

91299 IC

92065 PA

92310 PA; includes supply of lenses

92311 PA; includes supply of lenses

92312 PA; includes supply of lenses

Service Service

Code Requirement or Limitation 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

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

96931 IC

96932 IC

96933 IC

96934 IC

96935 IC

96936 IC

96999 IC

97010 PA for PT >20

97012 PA for PT >20

97016 PA for PT >20

97018 PA for PT >20

97022 PA for PT >20

97024 PA for PT >20

97026 PA for PT >20

97028 PA for PT >20

97032 PA for PT >20

97033 PA for PT >20

97034 PA for PT >20

97035 PA for PT >20

97036 PA for PT >20

97039 PA for PT >20; IC

97110 PA for PT >20

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

97607 IC

97608 IC

97760 PA for OT >20

97761 PA for OT >20

97763 PA for OT >20

97799 IC

97810 PA >20

97811 PA >20

97813 PA >20

97814 PA >20

98925 PA for OMT >20

98926 PA for OMT >20

98927 PA for OMT >20

98928 PA for OMT >20

98929 PA for OMT >20

99050 Urgent care only

99051 Urgent care only

99070 IC; excluding family planning supplies, such as trays used in used in the collection of specimens

99174 IC

99177 IC

99188 Once per three-month period

99195 For hematologic disorders only

99199 IC

99417 IC

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](http://www.cms.gov/Medicare/Coding/HCPCSReleaseCodeSets/Alpha-Numeric-HCPCS.html).

Service Service Service

Code Req. or Limit Code Req. or Limit Code Req. or Limit

A4261 IC

A4266

A4267

A4268

A4269

A4641 IC

A4648 IC

A9500 IC

A9502 IC

A9503 IC

A9505 IC

A9512 IC

A9537 IC

A9552 IC

A9575

A9576

A9577

A9578

A9579

A9581

A9585

A9586 IC

A9587 IC

A9588 IC

A9590 IC

A9593 IC

A9594 IC

A9595 IC

A9596 IC

A9800 IC

A9606 PA; IC

G0009

G0027

G0105

G0108

G0109

G0121

G0270

G0271

G0279

G0310

G0311

G0312

G0313

G0314

G0315

G0399 IC

G0480

G0455 IC

G0481

G0482

G0483

G2213

J0121 PA

J0122 PA

J0129 PA

J0131

J0134

J0135 PA

J0136

J0137

J0153

J0171

J0172 PA

J0173

J0174 PA; IC

J0177

J0178

J0179

J0185 PA

J0202 PA

J0206

J0208 PA

J0215 PA;

J0217 PA: IC

J0218 PA

J0219 PA

J0221 PA

J0222 PA

J0223 PA

J0224 PA

J0225 PA

J0248

J0257

J0282

J0283

J0285

J0287

J0289

J0290

J0291 PA

J0295

J0348

J0349 PA; IC

J0364 IC

J0391 PA: IC

J0400 IC

J0401 PA

J0402 PA: IC

J0456

J0457

J0461

J0470

J0475

J0476

J0485 PA

J0490 PA

J0491 PA

J0517 PA

J0558

J0561

J0565 PA

J0570 PA

J0571 PA; IC

J0572 PA >10.7 units; IC

J0573 PA >5.4 units; IC

J0574 PA >3.2 units; IC

J0575 PA >4 units; IC

J0577 PA

J0578 PA

J0584 PA

J0585 PA

J0586 PA

J0587 PA

J0588 PA

J0592 PA

J0593 PA; IC

J0594

J0596 PA

J0598 PA

J0599 PA; IC

J0604 IC

J0636

J0637

J0638 PA

J0640 PA

J0641 PA

J0642 PA

J0650

J0651

J0652

J0665

J0670

J0687

J0688 IC

J0689

J0690

J0692

J0693 IC

J0694

J0695 PA

J0696

J0697

J0699 PA

J0701

J0702

J0703

J0706

J0712 PA

J0713

J0714 PA

J0715 IC

J0716 IC

J0717 PA

J0720

J0736

J0737

J0739

J0740

J0741

J0742 PA

J0743

J0750

J0751

J0770

J0775 PA

J0780

J0791 PA

J0801 PA: IC

J0802 PA; IC

J0834

J0840

J0850

J0872

J0873 IC

J0874 IC

J0875 PA

J0877

J0878

J0879

J0881 PA

J0882 PA

J0883 IC

J0884 IC

J0885 PA

J0887 PA

J0889 PA

J0890 PA

J0891

J0892

J0893

J0894

J0895

J0896 PA

J0897 PA

J0898

J0899

J1000

J1010

J1050

J1071 PA

J1094

J1096 IC

J1097 IC

J1100

J1105 IC

J1160

J1170 PA >8 units

J1190

J1200

J1201 IC

J1202 PA

J1203 PA

J1212 PA

J1240

J1260 IC

J1290 PA

J1300 PA

J1301 PA

J1302 PA

J1303 PA

J1304 PA

J1305 PA

J1306 PA

J1320 IC

J1322 PA

J1323 PA

J1411 PA; IC

J1412 PA; IC

J1413 PA

J1426 PA; IC

J1427 PA; IC

J1428 PA; IC

J1429 IC

J1437 PA

J1438 PA; IC

J1439 PA

J1440 PA

J1442 PA

J1444 IC

J1445 IC

J1447

J1448 PA

J1449

J1453 PA > 150 units

J1454 PA >2 units

J1455 IC

J1456

J1458 PA

J1459 PA

J1460 PA

J1551 PA

J1554 PA

J1555 PA

J1556 PA

J1557 PA

J1559 PA

J1560 PA

J1561 PA

J1562 PA; IC

J1566 PA

J1568 PA

J1569 PA

J1570

J1571

J1572

J1573 IC

J1574

J1575 PA

J1576 PA

J1580

J1596 PA

J1599 PA; IC

J1602 PA

J1610

J1611

J1626

J1627 PA >10 units

J1628 PA; IC

J1630

J1631 PA<6 years

J1642

J1643

J1644

J1645

J1650

J1652

J1655

J1670

J1700 IC

J1710 IC

J1720 PA

J1740 PA

J1743 PA

J1744 PA; IC

J1745 PA

J1746 PA

J1747 PA

J1750

J1756

J1786 PA

J1790

J1800

J1805

J1806

J1811

J1812 PA

J1813

J1814 PA

J1815 PA

J1817 PA

J1823 PA; IC

J1826 IC

J1830 PA; IC

J1836

J1885 PA>4 units

J1890 IC

J1920

J1921

J1930

J1931 PA

J1932

J1939 IC

J1941 PA

J1943 PA< 6 years

J1944 PA< 6 years

J1950 PA

J1951 PA

J1952 PA

J1954

J1955

J1956

J1961 PA

J1990

J2020 PA

J2021 PA

J2060

J2150

J2170 PA; IC

J2175 PA

J2182 PA

J2183

J2184

J2185

J2186 PA

J2212 PA; IC

J2246

J2247

J2248

J2249 PA

J2250

J2251

J2265 IC

J2270 PA >12 units

J2272

J2274 PA >12 units

J2277 PA

J2281

J2278 PA

J2300

J2305

J2310 PA; IC

J2311

J2315

J2323

J2326 PA; IC

J2327 PA

J2329 PA

J2350 PA

J2353

J2354

J2355 IC

J2356 PA

J2357 PA

J2358 PA <6 years

J2359 IC

J2401

J2402

J2403 PA

J2404 IC

J2405

J2406 PA

J2407 PA

J2425

J2426 PA < 6 years

J2427 PA<6 years

J2430

J2440

J2460 IC

J2468 PA > 2 units/28 days

J2469 PA >250 units

J2470

J2471

J2502 PA; IC

J2505 IC

J2506

J2507 PA

J2508 PA; IC

J2510

J2515

J2540

J2543

J2545

J2550

J2560

J2561

J2562

J2675

J2679 IC

J2680 PA < 6 years

J2700

J2704

J2724 PA

J2760

J2777

J2778

J2779

J2781 PA; IC

J2782 PA

J2783

J2785

J2786 PA

J2788

J2790

J2791

J2792

J2793 PA; IC

J2794 PA <6 years

J2795

J2796 PA

J2798 PA < 6 years

J2799 PA < 6 years

J2801 PA

J2820

J2840 PA; IC

J2860 PA

J2910 IC

J2916

J2919

J2940 PA; IC

J2998 PA

J3000

J3010

J3030 PA; IC

J3031 PA; IC

J3032 IC

J3055 PA

J3060 PA

J3090 PA

J3095 PA

J3110 PA; IC

J3111 PA

J3121 PA

J3145 PA

J3230

J3240

J3241 PA

J3243 PA

J3244 PA

J3245 PA

J3250

J3262 PA

J3263 PA

J3285 PA

J3299

J3300

J3301

J3302 IC

J3304 PA

J3315 PA

J3357 PA

J3360

J3370

J3371

J3372

J3380 PA

J3385 PA

J3393 PA

J3394 PA

J3396

J3397 PA; IC

J3398 PA; IC

J3401 PA; IC

J3410

J3411

J3424

J3425

J3430

J3465

J3470 PA

J3471

J3472 IC

J3473

J3475

J3486

J3489

J3490 IC

J3490 FP; IC

J3590 IC

J3591 PA; IC

J7030

J7040

J7050

J7060

J7070

J7120

J7131 IC

J7165

J7168 IC

J7170

J7177

J7203 IC

J7205

J7212 IC

J7213

J7294 IC

J7295 IC

J7296 IC

J7297 IC

J7298 IC

J7300 IC

J7301 IC

J7303 IC

J7304 IC

J7307 IC

J7309 IC

J7310 IC

J7311

J7312

J7313

J7314 PA

J7315 IC

J7316 PA

J7318 PA

J7320 PA

J7321 PA

J7322 PA

J7323 PA

J7324 PA

J7325 PA

J7326 PA

J7327 PA

J7328 PA

J7329 PA

J7331 PA

J7332 PA

J7336 PA

J7340 PA

J7342

J7345

J7351 PA; IC

J7352 PA; IC

J7353 PA

J7354 PA

J7401 IC

J7402 PA

J7500

J7501

J7502

J7503

J7504

J7507

J7508

J7509

J7510

J7511

J7512

J7513 PA; IC

J7515

J7517

J7518 PA

J7520

J7527 PA

J7599 PA

J7608

J7614 PA

J7620

J7626

J7633 IC

J7639

J7644

J7665 IC

J7669 IC

J7676 IC

J7677

J7682 PA

J7686 PA

J7699 PA; IC

J7799 PA; IC

J7999 PA

J8499 IC

J8562 IC

J8611 PA

J8612 PA

J8655 PA >1 unit

J8670 PA >180 units

J8999 PA; IC

J9000

J9015 PA; IC

J9017

J9019 PA

J9020 PA; IC

J9021 IC

J9022 PA

J9023 PA

J9025

J9027

J9029 PA; IC

J9030

J9032 PA

J9033

J9034

J9035 PA

J9036

J9037

J9039 PA

J9040

J9041

J9042 PA

J9043 PA

J9045

J9046

J9047 PA

J9048

J9049

J9050

J9051 IC

J9052 IC

J9055

J9056

J9057 PA; IC

J9058

J9059

J9060

J9061 PA

J9063 PA

J9064 PA; IC

J9065

J9071

J9072 IC

J9073

J9074

J9075

J9098 IC

J9100

J9118

J9119 PA

J9120

J9130

J9144 PA; IC

J9145 PA

J9150

J9153 PA

J9155 PA

J9171

J9172 IC

J9173 PA

J9176 PA

J9177 PA

J9178

J9179 PA

J9181 PA

J9185

J9190

J9196

J9198 PA

J9199 PA; IC

J9200

J9201

J9202 PA

J9203 PA

J9204 PA

J9205 PA

J9206

J9207

J9208

J9209

J9210 PA; IC

J9211

J9212

J9213 IC

J9215 PA; IC

J9216

J9217 PA

J9218 PA

J9219 PA

J9223 PA

J9225 PA

J9226 PA

J9227 PA

J9228 PA

J9229 PA

J9230

J9245

J9246

J9247

J9248

J9249

J9255 IC

J9258 IC

J9259

J9260

J9261 PA

J9262 PA

J9263

J9264

J9266

J9267

J9268

J9269 PA

J9271 PA

J9272

J9273 PA

J9274 PA

J9280

J9281

J9286 PA

J9293

J9294

J9295 PA

J9296

J9297

J9298 PA

J9299 PA

J9301 PA

J9302 PA

J9303

J9304 PA

J9305

J9306 PA

J9307

J9308 PA

J9309 PA

J9311 PA

J9312 PA

J9314

J9315 PA

J9316 PA

J9317 PA; IC

J9318 PA; IC

J9319 PA

J9320

J9321 PA

J9322

J9323

J9324 IC

J9325 PA

J9328

J9330

J9331 PA

J9332 PA

J9333 PA

J9334 PA

J9340

J9345 PA; IC

J9347 PA

J9348 PA

J9349 PA

J9350 PA

J9351

J9352

J9353 PA

J9354 PA

J9355 PA

J9356 PA

J9357

J9358 PA

J9359 PA

J9360

J9370

J9376 PA

J9380 PA

J9381 PA

J9390

J9393 PA

J9394 PA

J9395 PA

J9400 PA

J9999 IC

Q0138

Q0139

Q0162

Q0220

Q0249

Q2009 IC

Q2017 IC

Q2028 PA; IC (covered with diagnosis of lipodystrophy associated with, or secondary to, HIV only)

Q2035

Q2036 IC

Q2037 IC

Q2038 IC

Q2041 PA

Q2042 PA

Q2043 PA

Q2049 IC

Q2050

Q2053 PA

Q2054 PA

Q2055 PA

Q2056 PA

Q4074

Q4081

Q4101

Q4102

Q4103

Q4104

Q4106

Q4107

Q4108

Q4110

Q4121

Q4132

Q4133 PA

Q4151 PA; IC

Q4159 PA

Q4161

Q4162 IC

Q4163 IC

Q4164

Q4165 IC

Q4196 PA

Q4186

Q4187

Q4199

Q4251

Q4252

Q4253

Q5101

Q5103 PA

Q5104 PA

Q5105 PA

Q5106 PA

Q5107 PA

Q5108

Q5110

Q5111

Q5112 PA

Q5113 PA

Q5114 PA

Q5115 PA

Q5116 PA

Q5117 PA

Q5118 PA

Q5119 PA

Q5121 PA

Q5122

Q5123 PA

Q5124

Q5125

Q5126 PA

Q5127

Q5128

Q5129 PA

Q5130

Q5131 PA

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

605 Modifiers

The following service code modifiers are allowed for billing under MassHealth. See the [*MassHealth Billing Guide for Paper Claim Submitters*](http://www.mass.gov/eohhs/gov/laws-regs/masshealth/provider-library/masshealth-billing-guides-paper-claim-submitters.html)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

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

605 Modifiers (cont.)

Modifier Modifier Description

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 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

605 Modifiers (cont.)

Modifier Modifier Description

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.

UD Medicaid level of care 13, as defined by each state

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.

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

605 Modifiers (cont.)

Modifier Modifier Description

U3 Group counseling, at least 60–90 minutes in duration, provided by a registered nurse, or a tobacco-cessation counselor, under the supervision of a physician

**Modifiers for Developmental and Behavioral Health Screening**

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

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

605 Modifiers (cont.)

**Modifiers for Administration of MassHealth-Approved Screening Tools**

Service code S3005, usedfor the performance measurement and evaluation of patient self-assessment and depression, must be accompanied by one of the modifiers below to indicate whether a behavioral health need was identified.

Modifier Modifier Description

U1 Perinatal Care Provider – Positive Screen: completed prenatal or postpartum depression screening and behavioral health need identified.

U2 Perinatal Care Provider – Negative Screen: completed prenatal or postpartum depression screening with no behavioral health need identified.

Please refer to the Massachusetts Department of Public Health’s (DPH) postpartum depression (PPD) screening-tool grid for any revisions to the list of MassHealth-approved screening tools at [www.mass.gov/service-details/about-postpartum-depression-ppd](http://www.mass.gov/service-details/about-postpartum-depression-ppd).

**Modifier for Child and Adolescent Needs and Strengths (CANS)**

Modifier Modifier Description

HA Service code 90791 must be accompanied by this modifier to indicate that the Child and Adolescent Needs and Strengths (CANS) is included in the psychiatric diagnostic interview examination. This modifier may be billed only by psychiatrists or psychiatric clinical nurse specialists.

**Modifiers for Provider Preventable Conditions That Are National Coverage Determinations**

Modifier Modifier Description

PA Surgical or other invasive procedure on wrong body part

PB Surgical or other invasive procedure on wrong patient

PC Wrong surgery or other invasive procedure on patient

For more information on the use of these modifiers, see Appendix V of your provider manual.

This publication contains codes that are copyrighted by the American Medical Association. Certain terms used in the service descriptions for HCPCS codes are defined in the *Current Procedural Terminology (CPT)* *Professional* codebook.