



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

Transmittal Letter PHY-172

DATE: March 2025

TO: Physicians Participating in MassHealth

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

RE: ***Physician Manual: Updates to Subchapter 6 (2025 CPT/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 2025. 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, 2025, you must use the new codes in order to obtain reimbursement.

In addition, the following change has been made.

IB-Stim Coverage

Effective for dates of service on or after March 25, 2025, MassHealth is providing coverage for IB-Stim device (CPT code 64999) for members aged 11 to 18 who meet certain clinical criteria.

MassHealth requires PA for CPT code 64999. A PA request for these services must be accompanied by clinical documentation to support medical necessity. Providers must submit the following clinical documentation with PA requests for the IB-Stim device.

1. The primary diagnosis name(s) and the ICD-CM code(s) for the condition;
2. The secondary diagnosis name(s) and ICD-CM code(s) pertinent to any comorbid conditions, if present;
3. The most recent medical evaluation, including a summary of the medical history and the most recent physical exam;

4. Rationale for consideration of IB-Stim including specific patient diagnosis, length of symptoms, evidence of ruling out of other organic GI disease, and documentation of other agents trialed without resolution of patient symptoms;
5. Any risk factors and/or comorbid conditions; and
6. Other pertinent information that MassHealth may request.

MassHealth reviews requests for PA on the basis of medical necessity. See 130 CMR 450.204. If MassHealth approves the PA request, payment is still subject to all general conditions of MassHealth, including but not limited to member eligibility, other insurance, and program restrictions.

IB-Stim must be billed on professional claims only. Providers may not bill MassHealth a facility claim for IB-Stim.

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 6-28

Obsolete Material

The pages listed here are no longer in effect.

Physician Manual

Pages 6-1 through 6-30 — transmitted by Transmittal Letter PHY-171

Commonwealth of Massachusetts MassHealth Provider Manual Series Physician Manual	Subchapter Number and Title 6. Service Codes	Page vi
	Transmittal Letter PHY-172	Date 01/01/2025

6. Service Codes and Descriptions.....	6-1
601. Introduction.....	6-1
602. Nonpayable CPT Codes	6-1
603. Codes That Have Special Requirements or Limitations	6-5
604. Payable HCPCS Level II Service Codes	6-17
605. Modifiers.....	6-24
Appendix A. Directory	A-1
Appendix C. Third-Party-Liability Codes	C-1
Appendix E. Admission Guidelines.....	E-1
Appendix I. Utilization Management Program	I-1
Appendix K. Teaching Physicians	K-1
Appendix M. MassHealth CARES Program Performance Specifications	M-1
Appendix T. CMSP Covered Codes	T-1
Appendix U. DPH-Designated Serious Reportable Events That Are Not Provider Preventable Conditions	U-1
Appendix V. MassHealth Billing Instructions for Provider Preventable Conditions.....	V-1
Appendix W. EPSDT Services: Medical and Dental Protocols and Periodicity Schedules	W-1
Appendix X. Family Assistance Copayments and Deductibles	X-1
Appendix Y. EVS Codes/Messages	Y-1
Appendix Z. EPSDT/PPHSD Screening Services Codes.....	Z-1

Commonwealth of Massachusetts MassHealth Provider Manual Series Physician Manual	Subchapter Number and Title 6. Service Codes	Page 6-1
	Transmittal Letter PHY-172	Date 01/01/2025

601 Introduction

MassHealth providers must refer to the American Medical Association’s *Current Procedural Terminology (CPT) Professional 2025* 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 [130 CMR 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 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: 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 *not* pay for services billed under the following codes.

Commonwealth of Massachusetts MassHealth Provider Manual Series Physician Manual	Subchapter Number and Title 6. Service Codes	Page 6-2
	Transmittal Letter PHY-172	Date 01/01/2025

602 Nonpayable CPT Codes (cont.)

10040	22864	38211	50323	64468
11922	30468	38212	50325	64469
15011	30469	38213	51712	64473
15012	32491	38214	53865	63374
15013	32850	38215	53866	64624
15014	32855	38225	54900	64625
15015	32856	38226	54901	64628
15017	33274	38227	55200	64629
15018	33275	38228	55300	65760
15776	33276	41870	55400	65765
15778	33277	41872	55870	65767
15780	33278	42975	55880	65771
15781	33279	43206	55881	66683
15782	33280	43252	55882	66987
15783	33281	43752	57465	66988
15786	33287	43842	58321	69090
15787	33288	43843	58322	69705
15788	33741	44132	58323	69706
15789	33745	44381	58345	72159
15792	33746	44403	58350	72198
15793	33900	44404	58750	73225
15824	33901	44405	58752	74263
15825	33902	44406	58760	75571
15826	33903	44407	58970	75580
15828	33904	44408	58974	76014
15829	33930	44705	58976	76015
15847	33933	44715	59070	76016
17340	33940	45349	59072	76017
17360	33944	45350	59412	76018
19355	33995	45390	59897	76019
19396	33997	45393	60660	76140
20930	34839	45398	60661	76145
20936	34717	46948	61630	76390
20985	34718	47133	61635	76496
21121	36415	47143	61640	76497
21122	36416	47144	61641	76498
21245	36468	47145	61642	76883
21246	36591	47383	61715	77086
21248	36592	48160	62287	77089
21249	36598	48550	62328	77090
22526	36836	48551	62329	77091
22527	36837	49013	63043	77092
22841	38204	49014	63044	77336
22858	38207	49621	64451	77370
22861	38208	49622	64454	77371
	38209	49623	64466	77372
	38210	50300	64467	77373

Commonwealth of Massachusetts MassHealth Provider Manual Series Physician Manual	Subchapter Number and Title 6. Service Codes	Page 6-3
	Transmittal Letter PHY-172	Date 01/01/2025

602 Nonpayable CPT Codes (cont.)

77401	80345	81178	81244	81317
77402	80346	81179	81245	81318
77407	80347	81180	81250	81319
77412	80348	81181	81251	81320
77417	80349	81182	81252	81321
77423	80350	81184	81253	81322
77424	80351	81183	81254	81323
77425	80352	81185	81255	81324
77520	80353	81186	81256	81325
77522	80354	81187	81257	81326
77525	80355	81188	81260	81327
77790	80356	81189	81261	81329
78267	80357	81190	81262	81330
78268	80358	81191	81263	81331
78351	80359	81192	81264	81332
80143	80360	81193	81265	81333
80151	80361	81194	81266	81336
80161	80362	81195	81267	81337
80167	80363	81200	81270	81338
80181	80364	81201	81271	81339
80189	80365	81202	81274	81340
80193	80366	81203	81275	81341
80204	80367	81204	81278	81342
80210	80368	81205	81279	81343
80320	80369	81206	81284	81344
80321	80370	81207	81285	81345
80322	80371	81208	81286	81347
80323	80372	81209	81289	81348
80324	80373	81210	81290	81350
80325	80374	81216	81291	81351
80326	80375	81221	81292	81352
80327	80376	81222	81293	81353
80328	80377	81223	81294	81355
80329	80500	81224	81295	81357
80330	80502	81225	81296	81360
80331	81105	81226	81297	81370
80332	81106	81227	81298	81371
80333	81107	81231	81299	81372
80334	81108	81232	81300	81373
80335	81109	81233	81301	81374
80336	81110	81234	81302	81375
80337	81111	81235	81303	81376
80338	81167	81236	81304	81377
80339	81168	81237	81305	81378
80340	81171	81239	81306	81379
80341	81172	81240	81310	81380
80342	81173	81241	81312	81381
80343	81174	81242	81315	81382
80344	81177	81243	81316	81383

Commonwealth of Massachusetts MassHealth Provider Manual Series Physician Manual	Subchapter Number and Title 6. Service Codes	Page 6-4
	Transmittal Letter PHY-172	Date 01/01/2025

602 Nonpayable CPT Codes (cont.)

81400	84393	88028	90461	92325
81413	84394	88029	90586	92352
81414	84410	88036	90587	92353
81418	84431	88037	90593	92354
81419	84433	88040	90619	92355
81422	84830	88045	90622	92358
81439	86041	88099	90626	92371
81441	86042	88125	90627	92517
81443	86043	88333	90634	92518
81449	86079	88334	90644	92519
81451	86305	88738	90647	92531
81456	86366	88749	90648	92532
81457	86581	89250	90649	92533
81458	86890	89251	90650	92534
81459	86891	89253	90680	92548
81462	86910	89254	90681	92549
81463	86911	89255	90695	92559
81464	86927	89257	90697	92560
81500	86930	89258	90698	92561
81503	86931	89259	90700	92562
81506	86932	89260	90702	92564
81509	86945	89261	90723	92597
81510	86950	89264	90743	92606
81511	86960	89268	90744	92613
81512	86965	89272	90748	92615
81514	86985	89280	90758	92617
81515	87150	89281	90845	92622
81517	87153	89290	90863	92623
81518	87154	89291	90865	92630
81521	87467	89321	90875	92633
81529	87468	89322	90876	93150
81539	87469	89325	90880	93151
81541	87478	89329	90885	93152
81546	87484	89330	90889	93153
81551	87493	89331	90901	93241
81554	87513	89335	90912	93242
81558	87523	89342	90913	93243
81596	87564	89343	90940	93244
81599	87594	89344	90989	93245
82075	87626	89346	90993	93246
82077	88000	89352	90997	93247
82166	88005	89353	90999	93248
82233	88007	89354	91112	93264
82234	88012	89356	91132	93319
82681	88014	89398	91133	93356
82962	88016	90377	92314	93660
83884	88020	90384	92315	93668
83987	88025	90385	92316	93702
84145	88027	90386	92317	93770

Commonwealth of Massachusetts MassHealth Provider Manual Series Physician Manual	Subchapter Number and Title 6. Service Codes	Page 6-5
	Transmittal Letter PHY-172	Date 01/01/2025

602 Nonpayable CPT Codes (cont.)

93786	96116	97152	99001	99360
93895	96121	97153	99002	99374
93897	96125	97154	99024	99375
93898	96130	97155	99026	99377
93985	96131	97156	99027	99378
93986	96132	97157	99053	99379
94005	96133	97158	99056	99380
94015	96136	97169	99058	99421
94619	96137	97170	99060	99422
94625	96138	97171	99071	99424
94626	96139	97172	99075	99425
94644	96146	97537	99078	99426
94645	96156	97545	99080	99427
95012	96158	97546	99082	99429
95052	96159	97550	99100	99437
95120	96164	97551	99116	99439
95125	96165	97552	99135	99450
95130	96167	97755	99140	99455
95131	96168	98940	99151	99456
95132	96170	98941	99152	99485
95133	96171	98942	99153	99486
95134	96202	98943	99155	99487
95700	96203	98960	99156	99489
95824	96376	98961	99157	99490
95919	96567	98962	99172	99491
95965	96570	98970	99190	99497
95966	96571	98971	99191	99498
95967	96573	98972	99192	99510
95992	96574	98975	99252	99601
96000	96902	98976	99253	99602
96004	96904	98977	99254	99605
96041	97014	98978	99255	99606
96105	97129	98980	99288	99607
96112	97130	98981	99315	
96113	97151	99000	99316	

Commonwealth of Massachusetts MassHealth Provider Manual Series Physician Manual	Subchapter Number and Title 6. Service Codes	Page 6-6
	Transmittal Letter PHY-172	Date 01/01/2025

603 Codes That Have Special Requirements or Limitations

The service codes in this section are payable by MassHealth, subject to all conditions and limitations in MassHealth regulations at 130 CMR 433.000 and 450.000, but require specific attachments or PA, or have other specific instructions or limitations. Refer to Section 604 for specific requirements or limitations for HCPCS Level II codes.

Legend

Description

CD

MassHealth-specified clinical documentation must be submitted.

Covered for members birth to age 21

This code is payable only for members aged birth to 21 years; used to claim for the administration and scoring of a standardized, behavioral health-screening tool from the approved menu of tools found in Appendix W of your provider manual; and must be accompanied by modifiers found in Section 605 under Modifiers for Behavioral Health Screening.

Covered for members ≥ 19

This code is payable 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

CS-18* or CS-21*

Requirements for more information. 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 through 433.458 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.

Commonwealth of Massachusetts MassHealth Provider Manual Series Physician Manual	Subchapter Number and Title 6. Service Codes	Page 6-7
	Transmittal Letter PHY-172	Date 01/01/2025

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

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: 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.

Commonwealth of Massachusetts MassHealth Provider Manual Series Physician Manual	Subchapter Number and Title 6. Service Codes	Page 6-8
	Transmittal Letter PHY-172	Date 01/01/2025

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>
01999	IC	15773	PA (for gender dysphoria-related services only)	15879	PA; IC (covered (1) with diagnosis of lipodystrophy associated with, or secondary to, HIV only, or (2) as a gender dysphoria-related service)
11920	PA				
11921	PA				
11950	PA (covered with diagnosis of lipodystrophy associated with, or secondary to, HIV only)	15774	PA (for gender dysphoria-related services only)		
		15820	PA		
		15821	PA		
		15822	PA	15999	IC
11951	PA (covered with diagnosis of lipodystrophy associated with, or secondary to, HIV only)	15823	PA	17380	PA; IC
		15830	PA	17999	PA; IC
		15832	PA	19300	PA
		15833	PA	19303	PA (for gender dysphoria-related services only)
		15834	PA		
		15835	PA		
11952	PA (covered with diagnosis of lipodystrophy associated with, or secondary to, HIV only)	15836	PA	19316	PA
		15837	PA	19318	PA
		15838	PA	19324	PA
		15839	PA	19325	PA
		15876	PA; IC (covered (1) with diagnosis of lipodystrophy associated with, or secondary to, HIV, or (2) as a gender dysphoria-related service)	19328	PA
11954	PA (covered with diagnosis of lipodystrophy associated with, or secondary to, HIV only)			19340	PA
				19350	PA
				19499	IC
				20999	IC
				21088	IC
				21089	IC
11970	PA (for gender dysphoria-related services only)	15877	PA; IC (covered (1) with diagnosis of lipodystrophy associated with, or secondary to, HIV, or (2) as a gender dysphoria-related service)	21137	PA
				21138	PA
11971	PA (for gender dysphoria-related services only)			21139	PA
				21146	PA
				21147	PA
15769	PA (for gender dysphoria-related services only)			21150	PA
				21151	PA
				21154	PA
				21155	PA
		15878	PA; IC (covered with diagnosis of lipodystrophy associated with, or secondary to, HIV only, or (2) as a gender dysphoria-related service)	21159	PA
15771	PA (for gender dysphoria-related services only)			21160	PA
				21172	PA
				21175	PA
15772	PA (for gender dysphoria-related services only)			21188	PA
				21193	PA
				21194	PA
				21195	PA

Commonwealth of Massachusetts MassHealth Provider Manual Series Physician Manual	Subchapter Number and Title 6. Service Codes	Page 6-9
	Transmittal Letter PHY-172	Date 01/01/2025

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>
21196	PA	30410	PA	34848	IC
21198	PA	30420	PA	36299	IC
21199	PA	30430	PA	37195	IC
21206	PA	30435	PA	37216	IC
21208	PA	30450	PA	37501	IC
21209	PA	30999	IC	37799	IC
21210	PA	31299	IC	38129	IC
21215	PA	31591	PA (for gender dysphoria-related services only)	38230	PA
21230	PA			38240	PA
21235	PA			38241	PA
21240	PA			38242	PA
21242	PA	31592	PA (for gender dysphoria-related services only)	38589	IC
21243	PA			38999	IC
21244	PA			39499	IC
21247	PA			39599	IC
21255	PA	31599	IC; PA (for gender dysphoria-related services only)	40799	IC
21256	PA			40840	PA
21299	PA; IC			40842	PA
21499	IC			40843	PA
21742	IC	31750	PA (for gender dysphoria-related services only)	40844	PA
21743	IC			40845	PA
21899	IC			40899	IC
22856	PA			41599	IC
22857	PA	31899	IC	41820	PA; IC
22862	PA	32851	PA	41821	IC
22865	PA	32852	PA	41850	IC
22899	IC	32853	PA	41899	IC
22999	IC	32854	PA	42280	PA
23929	IC	32999	IC	42281	PA
24940	IC	33289	PA	42299	IC
24999	IC	33935	PA	42699	IC
25999	IC	33945	PA	42999	IC
26989	IC	33981	IC	43289	IC
27299	IC	33982	IC	43496	IC
27599	IC	33983	IC	43499	IC
27899	IC	33999	IC	43644	PA
28890	PA	34841	IC	43645	PA
28899	IC	34842	IC	43647	PA; IC
29799	IC	34843	IC	43648	IC
29800	PA	34844	IC	43659	IC
29804	PA	34845	IC	43770	PA
29999	IC	34846	IC	43771	PA
30400	PA	34847	IC		

Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title		Page
	6. Service Codes		6-10
	Transmittal Letter		Date
Physician Manual	PHY-172		01/01/2025

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

Service Code	Req. or Limit	Service Code	Req. or Limit	Service Code	Req. or Limit
43845	PA	54125	PA (for gender dysphoria-related services only)	56625	PA (for gender dysphoria-related services only)
43846	PA				
43847	PA				
43848	PA				
43881	PA; IC	54400	PA	56800	PA
43882	IC	54401	PA	56805	IC
43886	PA	54405	PA	57110	PA (for gender dysphoria-related services only)
43887	PA	54440	IC		
43888	PA	54520	PA (for gender dysphoria-related services only)		
43999	IC			57291	PA (for gender dysphoria-related services only)
44135	PA; IC				
44136	PA; IC				
44137	PA; IC	54660	PA (for gender dysphoria-related services only)		
44238	IC				
44799	IC			57292	PA (for gender dysphoria-related services only)
44899	IC				
44979	IC	54690	PA (for gender dysphoria-related services only)		
45399	IC				
45499	IC			57335	IC
45999	IC			58150	HI-1; PA (for gender dysphoria-related services only)
46999	IC	54699	IC		
47135	PA	55175	PA (for gender dysphoria-related services only)		
47379	IC				
47399	IC				
47579	IC			58152	HI-1
47999	IC	55180	PA (for gender dysphoria-related services only)	58180	HI-1; PA (for gender dysphoria-related services only)
48554	PA				
48999	IC				
49329	IC				
49659	IC	55250	CS-18 or CS-21		
49906	IC			58200	HI-1
49999	IC	55559	IC	58210	HI-1
50549	IC	55899	PA; IC (for gender dysphoria-related services only)	58240	HI-1
50949	IC			58260	HI-1; PA (for gender dysphoria-related services only)
51925	HI-1				
51999	IC				
53430	PA (for gender dysphoria-related services only)	55970	PA; IC		
		55980	PA; IC	58262	HI-1; PA (for gender dysphoria-related services only)
		56620	PA (for gender dysphoria-related services only)		
53899	IC				

Commonwealth of Massachusetts MassHealth Provider Manual Series Physician Manual	Subchapter Number and Title 6. Service Codes	Page 6-11
	Transmittal Letter PHY-172	Date 01/01/2025

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>
58263	HI-1	58550	HI-1; PA (for gender dysphoria-related services only)	58578	IC
58267	HI-1			58579	IC
58270	HI-1			58580	PA;
58275	HI-1			58600	CS-18 or CS-21
58280	HI-1	58552	HI-1; PA (for gender dysphoria-related services only)	58605	CS-18 or CS-21
58285	HI-1			58611	CS-18 or CS-21
58290	HI-1; PA (for gender dysphoria-related services only)	58553	HI-1; PA (for gender dysphoria-related services only)	58615	CS-18 or CS-21
58291	HI-1; PA (for gender dysphoria-related services only)	58554	HI-1; PA (for gender dysphoria-related services only)	58661	CS-18* or CS-21*; PA (for gender dysphoria-related services only)
58292	HI-1	58565	CS-18 or CS-21		
58293	HI-1	58570	HI-1; PA (for gender dysphoria-related services only)	58670	CS-18 or CS-21
58294	HI-1			58671	CS-18 or CS-21
58541	HI-1; PA (for gender dysphoria-related services only)	58571	HI-1; PA (for gender dysphoria-related services only)	58679	IC
58542	HI-1; PA (for gender dysphoria-related services only)			58720	CS-18* or CS-21*; PA (for gender dysphoria-related services only)
58543	HI-1; PA (for gender dysphoria-related services only)	58572	HI-1; PA (for gender dysphoria-related services only)		
58544	HI-1; PA (for gender dysphoria-related services only)	58573	HI-1; PA (for gender dysphoria-related services only)	58951	HI-1
				58956	HI-1
58548	HI-1			58999	IC; PA (for gender dysphoria-related services only)
		58575	HI-1; PA (for gender dysphoria-		

Commonwealth of Massachusetts MassHealth Provider Manual Series Physician Manual	Subchapter Number and Title 6. Service Codes	Page 6-12
	Transmittal Letter PHY-172	Date 01/01/2025

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>
59525	HI-1	76999	IC	81450	PA
59840	CPA-2	77061	IC	81455	PA
59841	CPA-2	77062	IC	81479	PA; IC
59850	CPA-2	77299	IC	81507	PA; IC
59851	CPA-2	77385	IC	81509	IC
59852	CPA-2	77386	IC	81510	IC
59855	CPA-2	77399	IC	81511	IC
59856	CPA-2	77499	IC	81512	IC
59857	CPA-2	77799	IC	81519	PA; IC
59898	IC	78099	IC	84999	IC
59899	IC	78199	IC	85999	IC
60659	IC	78299	IC	86849	IC
60699	IC	78399	IC	86999	IC
62380	IC	78499	IC	87999	PA; IC
64650	PA	78599	IC	88199	IC
64653	PA	78699	IC	88299	IC
64999	PA for IB-Stim; IC	78799	IC	88399	IC
65757	IC	78999	IC	89240	IC
65785	PA	79999	IC	90281	IC
66999	IC	81099	IC	90283	IC
67299	IC	81162	PA	90284	PA; IC
67399	IC	81163	PA	90287	IC
67599	IC	81164	PA	90288	IC
67900	PA	81212	PA	90296	IC
67901	PA	81215	PA	90378	PA; IC,
67902	PA	81217	PA	90380	PA ≥ 8 months
67903	PA	81220	IC	90381	PA ≥ 8 months
67904	PA	81228	PA; IC	90384	IC
67906	PA	81229	PA; IC	90385	IC
67908	PA	81265	PA	90386	IC
67999	IC	81266	PA	90389	IC
68399	IC	81401	PA; IC	90393	PA; IC
68899	IC	81402	PA; IC	90396	IC
69300	PA	81403	PA; IC	90399	IC
69399	IC	81404	PA; IC	90476	IC
69710	IC	81405	PA; IC	90477	IC
69799	IC	81406	PA; IC	90581	IC
69930	PA	81407	PA; IC	90620	IC
69949	IC	81408	PA; IC	90621	IC
69979	IC	81420	IC	90625	IC
71552	PA	81445	PA		
76499	IC	81442	PA		

Commonwealth of Massachusetts MassHealth Provider Manual Series Physician Manual	Subchapter Number and Title 6. Service Codes	Page 6-13
	Transmittal Letter PHY-172	Date 01/01/2025

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

Service Code Requirement or Limitation

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
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
90683	PA < 60 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

Commonwealth of Massachusetts MassHealth Provider Manual Series Physician Manual	Subchapter Number and Title 6. Service Codes	Page 6-14
	Transmittal Letter PHY-172	Date 01/01/2025

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

Service Code Requirement or Limitation

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

Commonwealth of Massachusetts MassHealth Provider Manual Series Physician Manual	Subchapter Number and Title 6. Service Codes	Page 6-15
	Transmittal Letter PHY-172	Date 01/01/2025

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>
96127	Covered in accordance with Section 605	97036	PA for PT >20	97763	PA for OT >20
96377	IC	97039	PA for PT >20; IC	97799	IC
96379	IC	97110	PA for PT >20	97810	PA >20
96380	PA ≥ 8 months< 60 years	97112	PA for PT >20	97811	PA >20
96381	PA ≥ 8 months< 60 years	97113	PA for PT >20	97813	PA >20
96547	PA	97116	PA for PT >20	97814	PA >20
96548	PA	97124	PA for PT >20	98925	PA for OMT >20
96549	IC	97139	PA for PT >20; IC	98926	PA for OMT >20
96931	IC	97161	PA for PT >20	98927	PA for OMT >20
96932	IC	97162	PA for PT >20	98928	PA for OMT >20
96933	IC	97164	PA for PT >20	98929	PA for OMT >20
96934	IC	97165	PA for PT >20	98929	PA for OMT >20
96935	IC	97166	PA for PT >20	99050	Urgent care only
96936	IC	97167	PA for PT >20	99051	Urgent care only
96999	IC	97168	PA for PT >20	99070	IC; excluding family planning supplies, such as trays used in the collection of specimens
97010	PA for PT >20	97530	PA for OT >20	99174	IC
97012	PA for PT >20	97533	PA for OT >20	99177	IC
97016	PA for PT >20	97535	PA for OT >20	99188	Once per three-month period
97018	PA for PT >20	97542	PA for OT >20	99195	For hematologic disorders only
97022	PA for PT >20	97602	IC		
97024	PA for PT >20	97607	IC		
97026	PA for PT >20	97608	IC	99199	IC
97028	PA for PT >20	97760	PA for OT >20	99417	IC
97032	PA for PT >20	97761	PA for OT >20	99499	IC
97033	PA for PT >20			99600	IC
97034	PA for PT >20				
97035	PA for PT >20				

Commonwealth of Massachusetts MassHealth Provider Manual Series Physician Manual	Subchapter Number and Title 6. Service Codes	Page 6-16
	Transmittal Letter PHY-172	Date 01/01/2025

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	G0310		J0222	PA
A4266		G0311		J0223	PA
A4267		G0312		J0224	PA
A4268		G0313		J0225	PA
A4269		G0314		J0248	
A4641	IC	G0315		J0257	
A4648	IC	G0399	IC	J0282	
A9500	IC	G0480		J0283	
A9502	IC	G0455	IC	J0285	
A9503	IC	G0481		J0287	
A9505	IC	G0482		J0289	
A9512	IC	G0483		J0290	
A9537	IC	G2213		J0291	PA
A9552	IC	J0121	PA	J0295	
A9575		J0122	PA	J0348	
A9576		J0129	PA	J0349	PA; IC
A9577		J0131		J0364	IC
A9578		J0134		J0391	PA; IC
A9579		J0135	PA	J0400	IC
A9581		J0136		J0401	PA
A9585		J0137		J0402	PA; IC
A9586	IC	J0139	PA	J0456	
A9587	IC	J0153		J0457	
A9588	IC	J0171		J0461	
A9590	IC	J0172	PA	J0470	
A9593	IC	J0173		J0475	
A9594	IC	J0174	PA; IC	J0476	
A9595	IC	J0175	PA	J0485	PA
A9596	IC	J0177		J0490	PA
A9800	IC	J0178		J0491	PA
A9606	PA; IC	J0179		J0517	PA
G0009		J0185	PA	J0558	
G0027		J0202	PA	J0561	
G0105		J0206		J0565	PA
G0108		J0208	PA	J0571	PA; IC
G0109		J0215	PA	J0572	PA >10.7 units; IC
G0121		J0217	PA; IC	J0573	PA >5.4 units; IC
G0270		J0218	PA	J0574	PA >3.2 units; IC
G0271		J0219	PA	J0575	PA >4 units; IC
G0279		J0221	PA		

Commonwealth of Massachusetts MassHealth Provider Manual Series Physician Manual	Subchapter Number and Title 6. Service Codes	Page 6-17
	Transmittal Letter PHY-172	Date 01/01/2025

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>
J0577	PA	J0696		J0884	IC
J0578	PA	J0697		J0885	PA
J0584	PA	J0699	PA	J0887	PA
J0585	PA	J0701		J0889	PA
J0586	PA	J0702		J0890	PA
J0587	PA	J0703		J0891	
J0588	PA	J0706		J0892	
J0592	PA	J0712	PA	J0893	
J0593	PA; IC	J0713		J0894	
J0594		J0714	PA	J0895	
J0596	PA	J0715	IC	J0896	PA
J0598	PA	J0716	IC	J0897	PA
J0599	PA; IC	J0717	PA	J0898	
J0601		J0720		J0899	
J0602		J0736		J0911	PA
J0603		J0737		J1000	
J0604	IC	J0739		J1010	
J0605		J0740		J1050	
J0607		J0741		J1071	PA
J0608		J0742	PA	J1094	
J0609	PA	J0743		J1096	IC
J0604	IC	J0750		J1097	IC
J0615		J0751		J1100	
J0636		J0770		J1105	IC
J0637		J0775	PA	J1160	
J0638	PA	J0780		J1170	PA >8 units
J0640	PA	J0791	PA	J1171	PA > 24 mg/day
J0641	PA	J0801	PA; IC	J1190	
J0642	PA	J0802	PA; IC	J1200	
J0650		J0834		J1201	IC
J0651		J0840		J1202	PA
J0652		J0850		J1203	PA
J0665		J0872		J1212	PA
J0670		J0873	IC	J1240	
J0687		J0874	IC	J1260	IC
J0688	IC	J0875	PA	J1290	PA
J0689		J0877		J1300	PA
J0690		J0878		J1301	PA
J0692		J0879		J1302	PA
J0693	IC	J0881	PA	J1303	PA
J0694		J0882	PA	J1304	PA
J0695	PA	J0883	IC	J1305	PA

Commonwealth of Massachusetts MassHealth Provider Manual Series Physician Manual	Subchapter Number and Title 6. Service Codes	Page 6-18
	Transmittal Letter PHY-172	Date 01/01/2025

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>
J1306	PA	J1569	PA	J1800	
J1320	IC	J1570		J1805	
J1322	PA	J1571		J1806	
J1323	PA	J1572		J1811	
J1411	PA; IC	J1573	IC	J1812	PA
J1412	PA; IC	J1574		J1813	
J1413	PA	J1575	PA	J1814	PA
J1414	PA	J1576	PA	J1815	PA
J1426	PA; IC	J1580		J1817	PA
J1427	PA; IC	J1596	PA	J1823	PA; IC
J1428	PA; IC	J1597	PA	J1826	IC
J1429	IC	J1599	PA; IC	J1830	PA; IC
J1434	PA	J1602	PA	J1836	
J1437	PA	J1610		J1885	PA>4 units
J1438	PA; IC	J1611		J1890	IC
J1439	PA	J1626		J1920	
J1440	PA	J1627	PA >10 units	J1921	
J1442	PA	J1628	PA; IC	J1930	
J1444	IC	J1630		J1931	PA
J1445	IC	J1631	PA<6 years	J1932	
J1447		J1642		J1939	IC
J1448	PA	J1643		J1941	PA
J1449		J1644		J1943	PA< 6 years
J1453	PA > 150 units	J1645		J1944	PA< 6 years
J1454	PA >2 units	J1650		J1950	PA
J1455	IC	J1652		J1951	PA
J1456		J1655		J1952	PA
J1458	PA	J1670		J1954	
J1459	PA	J1700	IC	J1955	
J1460	PA	J1710	IC	J1956	
J1551	PA	J1720	PA	J1961	PA
J1552	PA	J1740	PA	J1990	
J1554	PA	J1743	PA	J2002	
J1555	PA	J1744	PA; IC	J2003	
J1556	PA	J1745	PA	J2004	
J1557	PA	J1746	PA	J2020	PA
J1559	PA	J1747	PA	J2021	PA
J1560	PA	J1748	PA	J2060	
J1561	PA	J1750		J2150	
J1562	PA; IC	J1756		J2170	PA; IC
J1566	PA	J1786	PA	J2175	PA
J1568	PA	J1790		J2182	PA

Commonwealth of Massachusetts MassHealth Provider Manual Series Physician Manual	Subchapter Number and Title 6. Service Codes	Page 6-19
	Transmittal Letter PHY-172	Date 01/01/2025

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>
J2185		J2407	PA	J2790	
J2186	PA	J2425		J2791	
J2212	PA; IC	J2426	PA < 6 years	J2792	
J2246		J2427	PA<6 years	J2793	PA; IC
J2247		J2430		J2794	PA <6 years
J2248		J2440		J2795	
J2249	PA	J2460	IC	J2796	PA
J2250		J2468	PA > 2 units/28 days	J2798	PA < 6 years
J2251		J2469	PA >250 units	J2799	PA < 6 years
J2252		J2470		J2801	PA
J2265	IC	J2471		J2802	PA
J2267	PA	J2472		J2820	
J2270	PA >12 units	J2502	PA; IC	J2840	PA; IC
J2272		J2505	IC	J2860	PA
J2274	PA >12 units	J2506		J2910	IC
J2277	PA	J2507	PA	J2916	
J2281		J2508	PA; IC	J2919	
J2278	PA	J2510		J2940	PA; IC
J2290		J2515		J2998	PA
J2300		J2540		J3000	
J2305		J2543		J3010	
J2310	PA; IC	J2545		J3030	PA; IC
J2311		J2550		J3031	PA; IC
J2315		J2560		J3032	IC
J2323		J2561		J3055	PA
J2326	PA; IC	J2562		J3060	PA
J2327	PA	J2675		J3090	PA
J2329	PA	J2679	IC	J3095	PA
J2350	PA	J2680	PA < 6 years	J3110	PA; IC
J2353		J2700		J3111	PA
J2354		J2704		J3121	PA
J2355	IC	J2724	PA	J3145	PA
J2356	PA	J2760		J3230	
J2357	PA	J2777		J3240	
J2358	PA <6 years	J2778		J3241	PA
J2359	IC	J2779		J3243	PA
J2401		J2781	PA; IC	J3244	PA
J2402		J2782	PA	J3245	PA
J2403	PA	J2783		J3247	PA
J2404	IC	J2785		J3250	
J2405		J2786	PA	J3262	PA
J2406	PA	J2788		J3263	PA

Commonwealth of Massachusetts MassHealth Provider Manual Series Physician Manual	Subchapter Number and Title 6. Service Codes	Page 6-20
	Transmittal Letter PHY-172	Date 01/01/2025

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>
J3301		J7120		J7336	PA
J3302	IC	J7131	IC	J7340	PA
J3304	PA	J7165		J7342	
J3315	PA	J7168	IC	J7345	
J3357	PA	J7170		J7351	PA; IC
J3358	PA	J7171	PA	J7352	PA; IC
J3360		J7177		J7353	PA
J3370		J7203	IC	J7354	PA
J3371		J7205		J7355	PA
J3372		J7212	IC	J7401	IC
J3380	PA	J7213		J7402	PA
J3385	PA	J7294	IC	J7500	
J3392	PA	J7295	IC	J7501	
J3393	PA	J7296	IC	J7502	
J3394	PA	J7297	IC	J7503	
J3396		J7298	IC	J7504	
J3397	PA; IC	J7300	IC	J7507	
J3398	PA; IC	J7301	IC	J7508	
J3399	PA	J7303	IC	J7509	
J3401	PA; IC	J7304	IC	J7510	
J3410		J7307	IC	J7511	
J3411		J7309	IC	J7512	
J3424		J7310	IC	J7513	PA; IC
J3425		J7311		J7514	PA
J3430		J7312		J7515	
J3465		J7313		J7517	
J3470	PA	J7314	PA	J7518	PA
J3471		J7315	IC	J7520	
J3472	IC	J7316	PA	J7527	PA
J3473		J7318	PA	J7599	PA
J3475		J7320	PA	J7608	
J3486		J7321	PA	J7613	
J3489		J7322	PA	J7614	PA
J3490	IC	J7323	PA	J7620	
J3490	FP; IC	J7324	PA	J7626	
J3590	IC	J7325	PA	J7633	IC
J3591	PA; IC	J7326	PA	J7639	
J7030		J7327	PA	J7644	
J7040		J7328	PA	J7665	IC
J7050		J7329	PA	J7669	IC
J7060		J7331	PA	J7676	IC
J7070		J7332	PA	J7677	

Commonwealth of Massachusetts MassHealth Provider Manual Series Physician Manual	Subchapter Number and Title 6. Service Codes	Page 6-21
	Transmittal Letter PHY-172	Date 01/01/2025

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>
J7682	PA	J9049		J9198	PA
J7686	PA	J9050		J9199	PA; IC
J7699	PA; IC	J9051	IC	J9200	
J7799	PA; IC	J9052	IC	J9201	
J7999	PA	J9055		J9202	PA
J8499	IC	J9056		J9203	PA
J8522		J9057	PA; IC	J9204	PA
J8541	PA	J9058		J9205	PA
J8562	IC	J9059		J9206	
J8611	PA	J9060		J9207	
J8612	PA	J9061	PA	J9208	
J8655	PA >1 unit	J9063	PA	J9209	
J8670	PA >180 units	J9064	PA; IC	J9210	PA; IC
J8999	PA; IC	J9065		J9211	
J9000		J9071		J9212	
J9015	PA; IC	J9072	IC	J9213	IC
J9017		J9073		J9215	PA; IC
J9019	PA	J9074		J9216	
J9020	PA; IC	J9075		J9217	PA
J9021	IC	J9076		J9218	PA
J9022	PA	J9098	IC	J9219	PA
J9023	PA	J9100		J9223	PA
J9025		J9118		J9225	PA
J9026	PA	J9119	PA	J9226	PA
J9027		J9120		J9227	PA
J9029	PA; IC	J9130		J9228	PA
J9030		J9144	PA; IC	J9229	PA
J9032	PA	J9145	PA	J9230	
J9033		J9150		J9245	
J9034		J9153	PA	J9246	
J9035	PA	J9155	PA	J9247	
J9036		J9171		J9248	PA
J9037		J9172	IC	J9249	
J9039	PA	J9173	PA	J9255	IC
J9040		J9176	PA	J9258	IC
J9041		J9177	PA	J9259	
J9042	PA	J9178		J9260	
J9043	PA	J9179	PA	J9261	PA
J9045		J9181	PA	J9262	PA
J9046		J9185		J9263	
J9047	PA	J9190		J9264	
J9048		J9196		J9266	

Commonwealth of Massachusetts MassHealth Provider Manual Series Physician Manual	Subchapter Number and Title 6. Service Codes	Page 6-22
	Transmittal Letter PHY-172	Date 01/01/2025

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>
J9267		J9328			lipodystrophy
J9268		J9329	PA		associated with, or
J9269	PA	J9330			secondary to, HIV
J9271	PA	J9331	PA		only
J9272		J9332	PA	Q2035	
J9273	PA	J9333	PA	Q2036	IC
J9274	PA	J9334	PA	Q2037	IC
J9280		J9340		Q2038	IC
J9281		J9345	PA; IC	Q2041	PA
J9286	PA	J9347	PA	Q2042	PA
J9292		J9348	PA	Q2043	PA
J9293		J9349	PA	Q2049	IC
J9294		J9350	PA	Q2050	
J9295	PA	J9351		Q2053	PA
J9296		J9352		Q2054	PA
J9297		J9353	PA	Q2055	PA
J9298	PA	J9354	PA	Q2056	PA
J9299	PA	J9355	PA	Q4074	
J9301	PA	J9356	PA	Q4081	
J9302	PA	J9357		Q4101	
J9303		J9358	PA	Q4102	
J9304	PA	J9359	PA	Q4103	
J9305		J9360		Q4104	
J9306	PA	J9370		Q4106	
J9307		J9376	PA	Q4107	
J9308	PA	J9380	PA	Q4108	
J9309	PA	J9381	PA	Q4110	
J9311	PA	J9390		Q4121	
J9312	PA	J9393	PA	Q4132	
J9314		J9394	PA	Q4133	PA
J9315	PA	J9395	PA	Q4151	PA; IC
J9316	PA	J9400	PA	Q4159	PA
J9317	PA; IC	J9999	IC	Q4161	
J9318	PA; IC	Q0138		Q4162	IC
J9319	PA	Q0139		Q4163	IC
J9320		Q0162		Q4164	
J9321	PA	Q0220		Q4165	IC
J9322		Q0249		Q4196	PA
J9323		Q2009	IC	Q4186	
J9324	IC	Q2017	IC	Q4187	
J9325	PA	Q2028	PA; IC (covered with diagnosis of	Q4199	

Commonwealth of Massachusetts MassHealth Provider Manual Series Physician Manual	Subchapter Number and Title 6. Service Codes	Page 6-23
	Transmittal Letter PHY-172	Date 01/01/2025

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>
Q4251		Q5119	PA	S0021	IC
Q4252		Q5121	PA	S0023	IC
Q4253		Q5122		S0190	IC
Q5101		Q5123	PA	S0199	
Q5103	PA	Q5124		S0191	IC
Q5104	PA	Q5125		S0302	
Q5105	PA	Q5126	PA	S2260	CPA-2; IC
Q5106	PA	Q5127		S3005	
Q5107	PA	Q5128		S4989	IC
Q5108		Q5129	PA	S4993	
Q5110		Q5130		T1023	
Q5111		Q5131	PA	T2023	
Q5112	PA	Q5132	PA; IC	U0002	
Q5113	PA	Q5133	PA	V2600	PA; IC
Q5114	PA	Q5135	PA	V2610	PA; IC
Q5115	PA	Q9950		V2615	PA; IC
Q5116	PA	Q9991		V2799	PA; IC
Q5117	PA	Q9992			
Q5118	PA	S0013	PA		

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.

<u>Modifier</u>	<u>Modifier Description</u>
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

Commonwealth of Massachusetts MassHealth Provider Manual Series Physician Manual	Subchapter Number and Title 6. Service Codes	Page 6-24
	Transmittal Letter PHY-172	Date 01/01/2025

605 Modifiers (cont.)

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

Commonwealth of Massachusetts MassHealth Provider Manual Series Physician Manual	Subchapter Number and Title 6. Service Codes	Page 6-25
	Transmittal Letter PHY-172	Date 01/01/2025

605 Modifiers (cont.)

<u>Modifier</u>	<u>Modifier Description</u>
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

Commonwealth of Massachusetts MassHealth Provider Manual Series Physician Manual	Subchapter Number and Title 6. Service Codes	Page 6-26
	Transmittal Letter PHY-172	Date 01/01/2025

605 Modifiers (cont.)

<u>Modifier</u>	<u>Modifier Description</u>
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.
U1	Medicaid level of care 1, as defined by each state
U2	Medicaid level of care 2, as defined by each state
U3	Medicaid level of care 3, as defined by each state
U4	Medicaid level of care 4, as defined by each state
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.)

<u>Modifier</u>	<u>Modifier Description</u>
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

Commonwealth of Massachusetts MassHealth Provider Manual Series Physician Manual	Subchapter Number and Title 6. Service Codes	Page 6-27
	Transmittal Letter PHY-172	Date 01/01/2025

605 Modifiers (cont.)

<u>Modifier</u>	<u>Modifier Description</u>
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- | | |
|----|---|
| 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, as detailed 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 must be billed with modifiers in accordance with Appendix Z of your provider manual.

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.

<u>Modifier</u>	<u>Modifier Description</u>
-----------------	-----------------------------

- | | |
|----|---|
| 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 mass.gov/info-details/postpartum-depression-screening-tools-trainings-continuing-education

Modifier for Child and Adolescent Needs and Strengths (CANS)

<u>Modifier</u>	<u>Modifier Description</u>
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- | | |
|----|--|
| 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. |
|----|--|

Commonwealth of Massachusetts MassHealth Provider Manual Series Physician Manual	Subchapter Number and Title 6. Service Codes	Page 6-28
	Transmittal Letter PHY-172	Date 01/01/2025

605 Modifiers (cont.)

Modifiers for Provider Preventable Conditions That Are National Coverage Determinations

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