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

Transmittal Letter PHY-173

DATE: December 2025

TO: Providers Participating in the MassHealth Physicians Program

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 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.

Behavioral Health Wellness Examinations with No Member Cost-Sharing

Effective August 1, 2025, MassHealth covers annual behavioral health wellness examinations provided by primary care providers or licensed mental health professionals with no member cost-sharing.

Provider types impacted by this requirement include the following.

- Group practice organizations;
- Certified nurse practitioners;
- Physicians;
- Physician assistants (as employed by a group practice organization); and
- Clinical nurse specialists.

The annual behavioral health wellness examination includes a screening or assessment to identify any behavioral or mental health needs and the appropriate resources for treatment. For an overview of the components of this annual behavioral health wellness examination, providers should refer to All Provider Bulletin 408.

Billing for the Annual Behavioral Health Wellness Examination

When the behavioral health wellness examination is provided by a primary care provider (PCP) as part of an office visit or annual preventive visit on the same date of service, the PCP must bill for these services using the procedure code plus modifier combinations listed in the table below. The codes below may not be billed when the behavioral health wellness examination is administered as a standalone service.

Service Code	Modifier
99202	U4
99203	U4
99204	U4
99205	U4
99211	U4
99212	U4
99213	U4
99214	U4
99215	U4
99381	U4
99382	U4
99383	U4
99384	U4
99385	U4
99386	U4
99387	U4
99391	U4
99392	U4
99393	U4
99394	U4
99395	U4
99396	U4
99397	U4

You may download the Executive Office of Health and Human Services regulations at no cost at www.mass.gov/info-details/eohhs-regulations. The regulation titles for physician services are 101 CMR 316.00: *Rates for Surgery and Anesthesia*, 101 CMR 317.00: *Rates for Medicine Services*, 101 CMR 318.00: *Rates for Radiology Services*, and 101 CMR 320.00: *Rates for Clinical Laboratory Services*.

MassHealth Website

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

Sign up to receive email alerts when MassHealth issues new transmittal letters and provider bulletins.

Questions

If you have 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 vi and 6-1 through 6-28

Obsolete Material

The pages listed here are no longer in effect.

Physician Manual

Pages vi and 6-1 through 6-30

Subchapter 6: Physician Manual

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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.

10040	15015	15781	15789	15828
11922	15017	15782	15792	15829
15011	15018	15783	15793	15847
15012	15776	15786	15824	17340
15013	15778	15787	15825	17360
15014	15780	15788	15826	19355

602 Nonpayable CPT Codes (cont.)

19396	33997	45349	58974	76014
20930	34839	45350	58976	76015
20936	34717	45390	59070	76016
20985	34718	45393	59072	76017
21121	36415	45398	59412	76018
21122	36416	46948	59897	76019
21245	36468	47133	60660	76140
21246	36591	47143	60661	76145
21248	36592	47144	61630	76390
21249	36598	47145	61635	76496
22526	36836	47383	61640	76497
22527	36837	48160	61641	76498
22841	38204	48550	61642	76883
22858	38207	48551	61715	77086
22861	38208	49013	62287	77089
22864	38209	49014	62328	77090
30469	38210	49621	62329	77091
32491	38211	49622	63043	77092
32850	38212	49623	63044	77336
32855	38213	50300	64451	77370
32856	38214	50323	64454	77371
33274	38215	50325	64466	77372
33275	38225	51712	64467	77373
33276	38226	53865	64468	77401
33277	38227	53866	64469	77402
33278	38228	54900	64473	77407
33279	41870	54901	64474	77412
33280	41872	55200	63374	77417
33281	42975	55300	64624	77423
33287	43206	55400	64625	77424
33288	43252	55870	65760	77425
33741	43752	55880	65765	77520
33745	43842	55881	65767	77522
33746	43843	55882	65771	77525
33900	44132	57465	66683	77790
33901	44381	58321	66987	78267
33902	44403	58322	66988	78268
33903	44404	58323	69090	78351
33904	44405	58345	72159	80143
33930	44406	58350	72198	80151
33933	44407	58750	73225	80161
33940	44408	58752	74263	80167
33944	44705	58760	75571	80181
33995	44715	58970	75580	80189

602 Nonpayable CPT Codes (cont.)

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

602 Nonpayable CPT Codes (cont.)

81380	82077	87513	89322	90744
81381	82166	87523	89325	90748
81382	82233	87564	89329	90758
81383	82234	87594	89330	90845
81400	82681	87626	89331	90863
81413	82962	88000	89335	90865
81414	83884	88005	89342	90875
81418	83987	88007	89343	90876
81419	84145	88012	89344	90880
81422	84393	88014	89346	90885
81439	84394	88016	89352	90889
81441	84410	88020	89353	90901
81443	84431	88025	89354	90912
81449	84433	88027	89356	90913
81451	84830	88028	89398	90940
81456	86041	88029	90377	90989
81457	86042	88036	90384	90993
81458	86043	88037	90385	90997
81459	86079	88040	90386	90999
81462	86305	88045	90461	91132
81463	86366	88099	90586	91133
81464	86581	88125	90587	92314
81500	86890	88333	90622	92315
81503	86891	88334	90626	92316
81506	86910	88738	90627	92317
81509	86911	88749	90634	92325
81510	86927	89250	90644	92352
81511	86930	89251	90647	92353
81512	86931	89253	90648	92354
81514	86932	89254	90649	92355
81515	86945	89255	90650	92358
81517	86950	89257	90664	92371
81518	86960	89258	90666	92517
81521	86965	89259	90667	92518
81529	86985	89260	90668	92519
81539	87150	89261	90680	92531
81541	87153	89264	90681	92532
81546	87154	89268	90695	92533
81551	87467	89272	90697	92534
81554	87468	89280	90698	92548
81558	87469	89281	90700	92549
81596	87478	89290	90702	92559
81599	87484	89291	90723	92560
82075	87493	89321	90743	92561

602 Nonpayable CPT Codes (cont.)

92562	94626	96171	98962	99252
92564	94644	96202	98970	99253
92597	94645	96203	98971	99254
92606	95012	96376	98972	99255
92613	95052	96567	98975	99288
92615	95120	96570	98976	99315
92617	95125	96571	98977	99316
92622	95130	96573	98978	99360
92623	95131	96574	98980	99374
92630	95132	96902	98981	99375
92633	95133	96904	99000	99377
93150	95134	97014	99001	99378
93151	95700	97129	99002	99379
93152	95824	97130	99024	99380
93153	95919	97151	99026	99424
93241	95965	97152	99027	99425
93242	95966	97153	99053	99426
93243	95967	97154	99056	99427
93244	95992	97155	99058	99429
93245	96000	97156	99060	99437
93246	96004	97157	99071	99450
93247	96041	97158	99075	99455
93248	96105	97169	99078	99456
93264	96112	97170	99080	99485
93356	96113	97171	99082	99486
93660	96116	97172	99100	99487
93668	96121	97537	99116	99489
93702	96125	97545	99135	99490
93770	96130	97546	99140	99491
93786	96131	97550	99151	99497
93895	96146	97551	99152	99498
93897	96156	97552	99153	99510
93898	96158	97755	99155	99601
93985	96159	98940	99156	99602
93986	96164	98941	99157	99605
94005	96165	98942	99172	99606
94015	96167	98943	99190	99607
94619	96168	98960	99191	
94625	96170	98961	99192	

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 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 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.
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.

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

Legend	Description
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 Code	Req. or Limit
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

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

Service Code	Req. or Limit	Service Code	Req. or Limit	Service Code	Req. or Limit
	a gender	19318	PA	21247	PA
	dysphoria-	19324	PA	21255	PA
	related	19325	PA	21256	PA
	service)	19328	PA	21299	PA; IC
15878	PA; IC	19340	PA	21499	IC
	(covered with	19350	PA	21742	IC
	diagnosis of	19499	IC	21743	IC
	lipodystrophy	20999	IC	21899	IC
	associated	21088	IC	22856	PA
	with, or	21089	IC	22857	PA
	secondary to,	21137	PA	22862	PA
	HIV only, or	21138	PA	22865	PA
	(2) as a	21139	PA	22899	IC
	gender	21146	PA	22999	IC
	dysphoria-	21147	PA	23929	IC
	related	21150	PA	24940	IC
	service)	21151	PA	24999	IC
15879	PA; IC	21154	PA	25999	IC
	(covered (1)	21155	PA	26989	IC
	with diagnosis	21159	PA	27299	IC
	of	21160	PA	27599	IC
	lipodystrophy	21172	PA	27899	IC
	associated	21175	PA	28890	PA
	with, or	21188	PA	28899	IC
	secondary to,	21193	PA	29799	IC
	HIV only, or	21194	PA	29800	PA
	(2) as a	21195	PA	29804	PA
	gender	21196	PA	29999	IC
	dysphoria-	21198	PA	30400	PA
	related	21199	PA	30410	PA
	service)	21206	PA	30420	PA
15999	IC	21208	PA	30430	PA
17380	PA; IC	21209	PA	30435	PA
17999	PA; IC	21210	PA	30450	PA
19300	PA	21215	PA	30999	IC
19303	PA (for	21230	PA	31299	IC
	gender	21235	PA	31591	PA (for
	dysphoria-	21240	PA		gender
	related	21242	PA		dysphoria-
	services only)	21243	PA		related
19316	PA	21244	PA		services only)

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

Service Code	Req. or Limit	Service Code	Req. or Limit	Service Code	Req. or Limit
31592	PA (for gender dysphoria-related services only)	38129	IC	43882	IC
		38230	PA	43886	PA
		38240	PA	43887	PA
		38241	PA	43888	PA
		38242	PA	43999	IC
31599	IC; PA (for gender dysphoria-related services only)	38589	IC	44135	PA; IC
		38999	IC	44136	PA; IC
		39499	IC	44137	PA; IC
		39599	IC	44238	IC
		40799	IC	44799	IC
31750	PA (for gender dysphoria-related services only)	40840	PA	44899	IC
		40842	PA	44979	IC
		40843	PA	45399	IC
		40844	PA	45499	IC
		40845	PA	45999	IC
31899	IC	40899	IC	46999	IC
32851	PA	41599	IC	47135	PA
32852	PA	41820	PA; IC	47379	IC
32853	PA	41821	IC	47399	IC
32854	PA	41850	IC	47579	IC
32999	IC	41899	IC	47999	IC
33289	PA	42280	PA	48554	PA
33935	PA	42281	PA	48999	IC
33945	PA	42299	IC	49329	IC
33981	IC	42699	IC	49659	IC
33982	IC	42999	IC	49906	IC
33983	IC	43289	IC	49999	IC
33999	IC	43496	IC	50549	IC
34841	IC	43499	IC	50949	IC
34842	IC	43644	PA	51925	HI-1
34843	IC	43645	PA	51999	IC
34844	IC	43647	PA; IC	53430	PA (for gender dysphoria-related services only)
34845	IC	43648	IC		
34846	IC	43659	IC		
34847	IC	43770	PA		
34848	IC	43771	PA	53899	IC
36299	IC	43845	PA	54125	PA (for gender dysphoria-related services only)
37195	IC	43846	PA		
37216	IC	43847	PA		
37501	IC	43848	PA		
37799	IC	43881	PA; IC	54400	PA

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

Service Code	Req. or Limit
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-

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

Service Code	Req. or Limit	Service Code	Req. or Limit	Service Code	Req. or Limit
	related services only)	59851	CPA-2	77299	IC
		59852	CPA-2	77385	IC
58572	HI-1; PA (for gender dysphoria-related services only)	59855	CPA-2	77386	IC
		59856	CPA-2	77399	IC
		59857	CPA-2	77499	IC
		59898	IC	77799	IC
58573	HI-1; PA (for gender dysphoria-related services only)	59899	IC	78099	IC
		60659	IC	78199	IC
		60699	IC	78299	IC
		62380	IC	78399	IC
58575	HI-1; PA (for gender dysphoria-related services only)	64650	PA	78499	IC
		64653	PA	78599	IC
		64999	PA for IB-Stim; IC	78699	IC
		65757	IC	78799	IC
58578	IC	65785	PA	78999	IC
58579	IC	66999	IC	79999	IC
58580	PA;	67299	IC	81099	IC
58600	CS-18 or CS-21	67399	IC	81162	PA
58605	CS-18 or CS-21	67599	IC	81163	PA
58611	CS-18 or CS-21	67900	PA	81164	PA
58615	CS-18 or CS-21	67901	PA	81212	PA
58661	CS-18* or CS-21*; PA (for gender dysphoria-related services only)	67902	PA	81215	PA
		67903	PA	81217	PA
		67904	PA	81220	IC
		67906	PA	81228	PA; IC
58670	CS-18 or CS-21	67908	PA	81229	PA; IC
58671	CS-18 or CS-21	67999	IC	81265	PA
58679	IC	68399	IC	81266	PA
58720	CS-18* or CS-21*; PA (for gender dysphoria-related services only)	68899	IC	81401	PA; IC
		69300	PA	81402	PA; IC
		69399	IC	81403	PA; IC
		69710	IC	81404	PA; IC
58951	HI-1	69799	IC	81405	PA; IC
58956	HI-1	69930	PA	81406	PA; IC
58999	IC; PA (for gender dysphoria-related services only)	69949	IC	81407	PA; IC
		69979	IC	81408	PA; IC
		71552	PA	81420	IC
59525	HI-1	76499	IC	81445	PA
59840	CPA-2	76999	IC	81442	PA
59841	CPA-2	77061	IC	81450	PA
59850	CPA-2	77062	IC	81455	PA

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

Service Code	Req. or Limit	Service Code	Req. or Limit	Service Code	Req. or Limit
81479	PA; IC	88299	IC	90385	IC
81507	PA; IC	88399	IC	90386	IC
81509	IC	89240	IC	90389	IC
81510	IC	90281	IC	90393	PA; IC
81511	IC	90283	IC	90396	IC
81512	IC	90284	PA; IC	90399	IC
81519	PA; IC	90287	IC	90476	IC
84999	IC	90288	IC	90477	IC
85999	IC	90296	IC	90581	IC
86849	IC	90378	PA; IC,	90620	IC
86999	IC	90380	PA ≥ 8 months	90621	IC
87999	PA; IC	90381	PA ≥ 8 months	90625	IC
88199	IC	90384	IC		

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
90691	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

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

Service Code	Requirement or Limitation
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
90678	PA < 18 years
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
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

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

Service Code	Requirement or Limitation
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 Code	Req. or Limit	Service Code	Req. or Limit	Service Code	Req. or Limit
96127	Covered in accordance with Section 605	96931	IC	97022	PA for PT >20
		96932	IC		
		96933	IC	97024	PA for PT >20
		96934	IC		
96377	IC	96935	IC	97026	PA for PT >20
96379	IC	96936	IC		
96380	PA ≥ 8 months< 60 years	96999	IC	97028	PA for PT >20
		97010	PA for PT >20	97032	PA for PT >20
96381	PA ≥ 8 months< 60 years	97012	PA for PT >20	97033	PA for PT >20
		97016	PA for PT >20	97034	PA for PT >20
96547	PA				
96548	PA	97018	PA for PT >20		
96549	IC				

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

Service Code	Req. or Limit	Service Code	Req. or Limit	Service Code	Req. or Limit
97035	PA for PT >20	97530	PA for OT >20	99050	Urgent care only
97036	PA for PT >20	97533	PA for OT >20	99051	Urgent care only
97039	PA for PT >20; IC	97535	PA for OT >20	99070	IC; excluding family planning supplies, such as trays used in used in the collection of specimens
97110	PA for PT >20	97542	PA for OT >20		
97112	PA for PT >20	97602	IC		
97113	PA for PT >20	97607	IC		
97116	PA for PT >20	97608	IC		
97124	PA for PT >20	97760	PA for OT >20		
97139	PA for PT >20; IC	97761	PA for OT >20	99174	IC
97161	PA for PT >20	97763	PA for OT >20	99177	IC
97162	PA for PT >20	97799	IC	99188	Once per three-month period
97164	PA for PT >20	97810	PA >20		
97165	PA for PT >20	97811	PA >20	99195	For hematologic disorders only
97166	PA for PT >20	97813	PA >20		
97167	PA for PT >20	97814	PA >20		
97168	PA for PT >20	98925	PA for OMT >20	99199	IC
		98926	PA for OMT >20	99417	IC
		98927	PA for OMT >20	99499	IC
		98928	PA for OMT >20	99600	IC
		98929	PA for OMT >20		

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 HCPCS Quarterly Update | CMS.Service Service Service

Code	Req. or Limit	Code	Req. or Limit	Code	Req. or Limit
A4261	IC	A4268		A4648	IC
A4266		A4269		A9500	IC
A4267		A4641	IC	A9502	IC

604 Payable HCPCS Level II and Category III Service Codes (cont.)

Service Code	Req. or Limit
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	
J0136	
J0137	
J0139	PA; IC
J0153	
J0165	
J0166	
J0167	
J0168	
J0169	
J0174	PA; IC
J0175	PA
J0177	
J0178	
J0179	
J0180	PA
J0185	PA
J0202	PA
J0206	
J0208	PA; IC
J0217	PA; IC
J0218	PA
J0219	PA
J0221	PA
J0222	PA
J0223	PA
J0224	PA
J0225	PA
J0248	
J0256	
J0257	
J0281	
J0282	
J0283	
J0285	
J0287	
J0289	
J0290	
J0291	PA
J0295	
J0348	
J0349	PA
J0364	IC
J0391	PA; IC
J0400	IC
J0401	PA
J0402	PA
J0456	
J0457	
J0461	
J0470	
J0475	
J0476	
J0485	PA
J0490	PA
J0491	PA
J0517	PA
J0558	
J0561	
J0565	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	
J0578	
J0584	PA
J0585	PA
J0586	PA
J0587	PA
J0588	PA
J0589	PA
J0592	PA
J0593	PA; IC
J0594	
J0595	
J0596	PA
J0597	PA

604 Payable HCPCS Level II and Category III Service Codes (cont.)

Service Code	Req. or Limit	Service Code	Req. or Limit	Service Code	Req. or Limit
J0598	PA	J0716	IC	J0894	
J0599	PA; IC	J0717	PA	J0895	
J0601	IC	J0720	IC	J0896	PA
J0602	IC	J0735		J0897	PA
J0603	IC	J0736		J0898	
J0604	IC	J0737		J0899	
J0605	IC	J0739		J0901	PA
J0607	IC	J0740		J0911	PA
J0608	IC	J0741		J1000	
J0609	PA; IC	J0742	PA	J1010	
J0615	IC	J0743		J1050	
J0616		J0745	PA > 12 units; IC	J1071	PA
J0618	IC	J0750		J1072	PA
J0630	PA; IC	J0751		J1096	
J0636	IC	J0770		J1097	IC
J0637		J0775	PA	J1100	
J0638	PA	J0780		J1105	IC
J0640		J0791	PA	J1110	PA
J0641	PA	J0801	PA	J1160	
J0642	PA	J0802	PA	J1163	
J0650		J0834		J1171	PA > 24 mg/day
J0651		J0840		J1190	
J0652		J0850		J1200	
J0665		J0870	PA	J1202	PA; IC
J0670		J0872		J1203	PA
J0687		J0873		J1205	
J0688		J0874		J1212	
J0689		J0875	PA	J1230	PA
J0690		J0877		J1240	
J0691	PA; IC	J0878		J1260	IC
J0692		J0879	IC	J1271	
J0694		J0881	PA	J1290	PA
J0695	PA	J0883	IC	J1299	PA
J0696		J0884		J1301	PA
J0697		J0885	PA	J1302	PA
J0699	PA	J0888		J1303	PA
J0701		J0889	PA; IC	J1304	PA
J0702		J0891	IC	J1305	PA
J0703		J0892	IC	J1306	PA
J0706	IC	J0893		J1307	PA; IC
J0712					
J0713					
J0714	PA				
J0715	IC				

604 Payable HCPCS Level II and Category III Service Codes (cont.)

Service Code	Req. or Limit	Service Code	Req. or Limit	Service Code	Req. or Limit
J1308		J1561	PA	J1745	PA
J1320	IC	J1566	PA	J1746	PA
J1322	PA	J1568	PA	J1747	PA
J1323	PA	J1569	PA	J1748	PA
J1325		J1570		J1750	
J1326	PA	J1571		J1756	
J1411	PA; IC	J1572	PA; IC	J1786	PA
J1412	PA; IC	J1573	IC	J1790	
J1413	PA; IC	J1574	IC	J1800	IC
J1414	PA; IC	J1575	PA	J1805	
J1426	PA; IC	J1576	PA	J1806	
J1427	PA; IC	J1580		J1808	
J1428	PA; IC	J1596	PA	J1811	
J1429	PA; IC	J1597	PA; IC	J1812	PA; IC
J1434	PA	J1598	PA	J1813	
J1437	PA	J1599	PA; IC	J1814	PA; IC
J1438	PA; IC	J1602	PA	J1815	
J1439	PA	J1610		J1823	PA
J1440	PA	J1611		J1826	IC
J1442		J1626		J1830	IC
J1447		J1627	PA >200 units/28 days	J1833	PA; IC
J1448	PA			J1836	
J1449		J1628	PA; IC	J1885	PA>4 units
J1453	PA >300 units/28 days	J1630		J1920	
		J1631	PA<10 years	J1921	
J1454	PA >2 units	J1632	PA; IC	J1930	
J1455	IC	J1642		J1931	PA
J1456		J1643		J1932	
J1458	PA	J1644		J1938	
J1459	PA	J1645		J1939	
J1460	PA	J1650		J1941	PA; IC
J1551	PA	J1652		J1943	PA< 10 years
J1552	PA	J1655		J1944	PA< 10 years
J1554	PA	J1670		J1950	PA
J1555	PA	J1700	IC	J1951	PA
J1556	PA	J1710	IC	J1952	PA
J1557	PA	J1720		J1954	PA
J1558	PA	J1740	PA	J1955	
J1559	PA	J1743	PA	J1956	
J1560	PA	J1744	PA; IC	J1961	PA

604 Payable HCPCS Level II and Category III Service Codes (cont.)

Service Code	Req. or Limit	Service Code	Req. or Limit	Service Code	Req. or Limit
J1990		J2329	PA	J2545	
J2002		J2350	PA	J2550	
J2003	IC	J2351	PA	J2560	
J2004	IC	J2353		J2561	IC
J2020	PA	J2354		J2562	
J2021	PA	J2355	IC	J2675	
J2060		J2356	PA	J2679	
J2150		J2357	PA	J2680	PA < 10 years
J2170	PA; IC	J2358	PA <10 years	J2700	
J2175	PA	J2359		J2704	
J2182	PA	J2401		J2724	PA
J2183		J2402	IC	J2760	
J2184		J2403	PA	J2765	PA
J2185		J2404		J2777	
J2186	PA; IC	J2405		J2778	
J2212	PA; IC	J2406	PA	J2779	
J2246		J2407	PA	J2781	PA
J2247		J2410	PA; IC	J2782	PA
J2248		J2425		J2783	
J2249	PA; IC	J2426	PA < 10 years	J2785	
J2250		J2427	PA < 10 years	J2786	PA
J2251		J2428	PA	J2788	
J2252	IC	J2430		J2790	
J2265	IC	J2440		J2791	
J2267	PA	J2460	IC	J2792	
J2270	PA >12 units	J2468	PA >20 units/28	J2793	PA; IC
J2272	PA >12 units		days	J2794	PA <10 years
J2274	PA >12 units	J2469	PA >20 units/28	J2795	
J2277	PA		days	J2798	PA < 10 years
J2281		J2470	IC	J2799	PA < 10 years
J2290		J2471	IC	J2800	PA; IC
J2300		J2472	IC	J2801	PA; IC
J2305		J2502	PA	J2802	PA
J2310	IC	J2506		J2804	
J2312		J2507	PA	J2820	
J2313		J2508	PA	J2840	PA; IC
J2315		J2510	IC	J2860	PA
J2323		J2515	IC	J2865	
J2326	PA; IC	J2540		J2910	IC
J2327	PA	J2543		J2916	

604 Payable HCPCS Level II and Category III Service Codes (cont.)

Service Code	Req. or Limit	Service Code	Req. or Limit	Service Code	Req. or Limit
J2919		J3375		J7171	PA
J2941	PA; IC	J3380	PA	J7172	PA
J2998	PA; IC	J3385	PA	J7177	
J3000		J3391	PA; IC	J7181	
J3010		J3392	PA; IC	J7182	
J3030	PA; IC	J3393	PA; IC	J7192	
J3031	PA; IC	J3394	PA; IC	J7200	
J3032	PA	J3396		J7201	
J3055	PA	J3397	PA; IC	J7203	
J3060	PA	J3398	PA; IC	J7205	
J3090	PA	J3399	PA; IC	J7212	
J3095	PA	J3401	PA	J7213	
J3105		J3410		J7294	IC
J3110	PA; IC	J3411		J7295	IC
J3111	PA	J3424	IC	J7296	IC
J3121	PA	J3425		J7297	IC
J3145	PA	J3430		J7298	IC
J3230		J3465		J7300	IC
J3240		J3470		J7301	IC
J3241	PA	J3471		J7303	IC
J3243	PA	J3472	IC	J7304	IC
J3244	PA; IC	J3473		J7307	IC
J3245	PA	J3475		J7308	PA
J3247	PA	J3486		J7309	IC
J3250		J3489		J7310	IC
J3262	PA	J3490	IC	J7311	
J3263	PA	J3490	FP; IC	J7312	
J3285	PA	J3590	IC	J7313	
J3299		J3591	PA; IC	J7314	
J3300		J7030		J7315	IC
J3301		J7040		J7318	PA
J3302	IC	J7050		J7320	PA
J3304	PA	J7060		J7321	PA
J3315	PA	J7070		J7322	PA
J3316	PA	J7120		J7323	PA
J3357	PA; IC	J7121		J7324	PA
J3358	PA	J7131	IC	J7325	PA
J3360		J7165	IC	J7326	PA
J3373		J7168	IC	J7327	PA
J3374		J7170		J7328	PA

604 Payable HCPCS Level II and Category III Service Codes (cont.)

Service Code	Req. or Limit	Service Code	Req. or Limit	Service Code	Req. or Limit
J7329	PA	J7644		J9040	
J7331	PA	J7665	IC	J9041	
J7332	PA	J7669	IC	J9042	PA
J7336	PA	J7676	IC	J9043	PA
J7340	PA	J7682	PA	J9045	
J7342	IC	J7686	PA	J9046	IC
J7345	PA	J7999	PA; IC	J9047	PA
J7351	PA	J8499	PA; IC	J9048	
J7352	PA; IC	J8522		J9049	
J7353	PA; IC	J8540	PA	J9050	
J7354	PA	J8541	PA; IC	J9051	IC
J7355	PA	J8562	IC	J9052	IC
J7356	PA	J8565	PA; IC	J9055	
J7402	PA	J8597	IC	J9056	
J7500	PA	J8610		J9060	
J7501	IC	J8611	PA	J9061	PA
J7502		J8612	PA	J9063	PA
J7503	PA	J8655	PA >1 unit	J9064	PA; IC
J7504		J8999	PA; IC	J9065	
J7507		J9000		J9071	
J7508		J9015	PA; IC	J9072	
J7509		J9017		J9073	
J7510	PA	J9019	PA	J9074	
J7511		J9020	PA; IC	J9075	
J7512		J9021	PA	J9076	
J7514	PA; IC	J9022	PA	J9098	IC
J7515		J9023	PA	J9100	
J7517		J9024	PA	J9118	PA
J7518		J9025		J9119	PA
J7520		J9026	PA	J9120	
J7521	PA	J9027		J9130	
J7527		J9028	PA	J9144	PA
J7599	PA; IC	J9029	PA; IC	J9145	PA
J7601	PA	J9030		J9150	
J7608		J9032	PA	J9153	PA
J7613		J9033		J9155	PA
J7620		J9034		J9171	
J7626		J9035	PA	J9172	
J7633	IC	J9036		J9173	PA
J7639		J9039	PA	J9176	PA

604 Payable HCPCS Level II and Category III Service Codes (cont.)

Service Code	Req. or Limit	Service Code	Req. or Limit	Service Code	Req. or Limit
J9177	PA	J9263		J9321	PA
J9178		J9264		J9322	
J9179	PA	J9266		J9323	
J9181	PA	J9267		J9324	PA
J9185		J9268		J9325	PA
J9190		J9269	PA	J9328	
J9196		J9271	PA	J9329	PA
J9198	PA; IC	J9272	PA	J9330	
J9200		J9273	PA	J9331	PA
J9201		J9274	PA	J9332	PA
J9203	PA	J9276	PA	J9333	PA
J9204	PA	J9280		J9334	PA
J9205	PA	J9281	PA	J9345	PA
J9206		J9286	PA	J9347	PA
J9207		J9289	PA	J9348	PA
J9208		J9292	PA; IC	J9349	PA
J9209		J9293		J9350	PA
J9210	PA	J9294		J9351	
J9211		J9295	PA	J9352	
J9212		J9296		J9353	PA
J9213	IC	J9297		J9354	PA
J9216		J9298	PA	J9355	PA
J9217	PA	J9299	PA	J9356	PA
J9218	PA; IC	J9301	PA	J9357	
J9223	PA	J9302	PA; IC	J9358	PA
J9226	PA	J9303		J9359	PA
J9227	PA	J9304	PA	J9360	
J9228	PA	J9305		J9370	
J9229	PA	J9306	PA	J9376	PA
J9230	IC	J9307		J9380	PA
J9245		J9308	PA	J9381	PA
J9246		J9309	PA	J9382	PA
J9248	PA	J9311	PA	J9390	
J9249	IC	J9312	PA	J9393	PA; IC
J9255	IC	J9314		J9394	PA
J9258	IC	J9316	PA	J9395	PA
J9259	IC	J9317	PA	J9400	PA
J9260		J9318	PA	J9999	IC
J9261	PA	J9319	PA	Q0138	
J9262	PA; IC	J9320	IC	Q0139	

604 Payable HCPCS Level II and Category III Service Codes (cont.)

Service Code	Req. or Limit	Service Code	Req. or Limit	Service Code	Req. or Limit
Q0155	PA; IC	Q4162	IC	Q5130	
Q0162		Q4163		Q5133	PA
Q0167		Q4164		Q5135	PA
Q0180	PA; IC	Q4165	IC	Q5137	PA
Q0220	IC	Q4196	PA	Q5138	PA
Q0224	PA	Q4186		Q5140	PA
Q0249		Q4187		Q5141	PA
Q2009	IC	Q4199		Q5142	PA
Q2017	IC	Q4251	IC	Q5143	PA
Q2035	IC	Q4252		Q5144	PA
Q2036	IC	Q4253		Q5145	PA
Q2037	IC	Q5099	PA; IC	Q5146	PA
Q2038	IC	Q5100	PA; IC	Q9950	
Q2041	PA	Q5101		Q9991	
Q2042	PA	Q5103	PA	Q9992	
Q2043	PA	Q5104	PA	Q9996	PA
Q2049	IC	Q5105	PA	Q9997	PA
Q2050		Q5106	PA	Q9998	PA
Q2053	PA	Q5107	PA	Q9999	PA
Q2054	PA	Q5108		S0013	PA
Q2055	PA	Q5110		S0021	IC
Q2056	PA	Q5111		S0023	IC
Q2057	PA	Q5112	PA	S0190	IC
Q2058	PA; IC	Q5113	PA	S0199	
Q4081		Q5114	PA	S0191	IC
Q4101		Q5115	PA	S0302	
Q4102		Q5116	PA	S2260	CPA-2; IC
Q4103		Q5117	PA	S3005	
Q4104		Q5118	PA	S4989	IC
Q4106	IC	Q5119	PA	S4993	
Q4107		Q5121	PA	T1023	
Q4108		Q5122		T2023	
Q4110		Q5123	PA	U0002	
Q4121		Q5124		V2600	PA; IC
Q4132		Q5125		V2610	PA; IC
Q4133	PA	Q5126	PA	V2615	PA; IC
Q4151	PA	Q5127		V2799	PA; IC
Q4159	PA	Q5128			
Q4161		Q5129	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.

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	Synchronous Telemedicine Service Rendered Via Telephone or Other Real-Time Interactive Audio-Only Telecommunications System
95	Synchronous Telemedicine Service Rendered Via a Real-Time Interactive Audio and Video Telecommunications System
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

605 Modifiers (cont.)

Modifier	Modifier Description
F3	Left hand, fourth digit
F4	Left hand, fifth digit
F5	Right hand, thumb
F6	Right hand, second digit
F7	Right hand, third digit
F8	Right hand, fourth digit
F9	Right hand, fifth digit
FA	Left hand, thumb
FP	Service provided as part of family planning program
FQ	Service was furnished using audio-only communication technology
FR	Supervising practitioner was present through two-way, audio/video communication technology
GT	Service rendered via interactive video and audio telecommunications system
GQ	Service rendered via asynchronous telehealth
LC	Left circumflex coronary artery
LD	Left anterior descending coronary artery
LM	Left main coronary artery
LT	Left side (used to identify procedures performed on the left side of the body)
QK	Medical direction by a physician of two, three, or four concurrent anesthesia procedures. (Use to indicate physician medical direction of multiple certified registered nurse anesthetists (CRNAs).) This allows payment of 50% of the total anesthesia fee for the physician's services.)
QY	Medical direction of one CRNA by a physician. (Use to indicate physician medical direction of one CRNA. This allows payment of 50% of the total anesthesia fee for the physician's services.)
QX	CRNA anesthesia services with medical direction by a physician. (Use to indicate CRNA anesthesia services with medical direction by a physician. This allows payment of 50% of the total anesthesia fee for the CRNA's services. Not for use if CRNA is employed by the facility in which the anesthesia services were performed.)
QZ	CRNA anesthesia services without medical direction by a physician. (This allows payment of 100% of the total anesthesia fee for the CRNA's services. Not for use if CRNA is employed by the facility in which the anesthesia services were performed.)
RB	Replacement of a part of a DME, orthotic, or prosthetic item furnished as part of a repair (This modifier should only be used with 92340, 92341, and 92342 to bill for the dispensing of replacement lenses.)
RC	Right coronary artery
RI	Ramus intermedius coronary artery
RT	Right side (used to identify procedures performed on the right side of the body)
SA	Nurse practitioner rendering service in collaboration with a physician. (This modifier is to be applied to service codes billed by a physician that were performed by a certified 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).

605 Modifiers (cont.)

Modifier	Modifier Description
	A certified nurse practitioner billing under his/her own individual provider number, or a group practice, should not use this modifier.)
SL	State supplied vaccine (This modifier is to be applied to the vaccine code to identify the administration of vaccines provided at no cost by the Massachusetts Department of Public Health for individuals aged 18 years and younger, including those administered under the Vaccine for Children Program (VFC).)
T1	Left foot, second digit
T2	Left foot, third digit
T3	Left foot, fourth digit
T4	Left foot, fifth digit
T5	Right foot, great toe
T6	Right foot, second digit
T7	Right foot, third digit
T8	Right foot, fourth digit
T9	Right foot, fifth digit
TA	Left foot, great toe
TC	Technical component. Under certain circumstances, a charge may be made for the technical component alone. Under those circumstances, the technical component charge is identified by adding modifier 'TC' to the usual procedure number. Technical component charges are institutional charges and not billed separately by physicians. However, portable x-ray suppliers only bill for technical component and should utilize modifier TC. The charge data from portable x-ray suppliers will then be used to build customary and prevailing profiles.
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.

605 Modifiers (cont.)

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

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

Modifiers for Developmental and Behavioral Health Screening

The administration and scoring of standardized developmental or behavioral health-screening tools, 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.

Modifier	Modifier Description
U1	Providers Serving Perinatal Members – Positive Screen: completed prenatal or postpartum depression screening and behavioral health need identified.
U2	Providers Serving Perinatal Members – Negative Screen: completed prenatal or postpartum depression screening with no behavioral health need identified.

605 Modifiers (cont.)

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)

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

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

Modifier for Behavioral Health Wellness Examination

U4	Behavioral health wellness examination provided as part of an office visit or annual preventative visit

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