



Commonwealth of Massachusetts
Executive Office of Health and Human Services
Division of Medical Assistance
600 Washington Street
Boston, MA 02111
www.mass.gov/dma

MASSHEALTH
TRANSMITTAL LETTER PHY-94
March 2003

TO: Physicians Participating in MassHealth
FROM: Douglas S. Brown, Acting Commissioner
RE: *Physician Manual* (2003 HCPCS Codes)

A handwritten signature in black ink, appearing to read 'D. Brown', with a horizontal line extending to the right.

The federal government has revised the Healthcare Common Procedure Coding System (HCPCS) for MassHealth billing.

This letter transmits a revised Subchapter 6 for the *Physician Manual*. Providers should use this revised Subchapter 6 in conjunction with the American Medical Association Current Procedural Terminology (CPT) 2003 code book. Because the Division pays for most of the Centers for Medicare and Medicaid Services Common Procedure Coding System (HCPCS) codes, Subchapter 6 of the *Physician Manual* is structured to list only those codes that:

- are not payable under MassHealth;
- have special limitations or requirements, such as prior authorization, individual consideration, or attachment requirements;
- are categorized as Level II HCPCS codes that are payable under MassHealth; or
- are locally assigned codes for use exclusively for MassHealth services.

In addition, a physician may request prior authorization for any medically necessary service for a member under 21 years of age.

How to Obtain a Physician Fee Schedule

Providers who want to obtain a fee schedule may purchase Division of Health Care Finance and Policy regulations from either the Massachusetts State Bookstore or from the Division of Health Care Finance and Policy (see addresses and telephone numbers below). Providers must contact them first to find out the price of the publication. The Division of Health Care Finance and Policy also has the regulations available on disk. The regulation title for medicine is 114.3 CMR 17.00: Medicine. The regulation title for surgery and anesthesia is 114.3 CMR 16.00: Surgery and Related Anesthesia Care. The regulation title for radiology is 114.3 CMR 18.00: Radiology. The regulation title for laboratory is 114.3 CMR 20.00: Laboratory.

Massachusetts State Bookstore
State House, Room 116
Boston, MA 02133
Telephone: 617-727-2834
www.mass.gov/sec/spr

Division of Health Care Finance and Policy
Two Boylston Street
Boston, MA 02116
Telephone: 617-988-3100
www.mass.gov/dhcfp

Effective Date

The revised Subchapter 6 is effective for dates of service on or after April 1, 2003. The new codes introduced under the 2003 HCPCS code book are effective for dates of service on or after April 1, 2003.

Miscellaneous

The remainder of this transmittal letter contains information, clarifications, and instructions relating to MassHealth billing.

A. Midlevel Practitioner Services

Physicians and group practices must use the appropriate midlevel practitioner modifier when submitting claims for midlevel practitioners under a physician's servicing provider number. Nurse practitioners, nurse midwives, and group practices submitting claims under a nurse practitioner's or nurse midwife's servicing provider number are not required to use midlevel practitioner modifiers.

Failure to use the appropriate midlevel practitioner modifier may result in an inappropriate payment. Any overpayment may subject the provider to administrative penalties as described in 130 CMR 450.234 through 450.240.

Midlevel practitioner modifiers are listed in Subchapter 6 of the *Physician Manual*.

B. PCC Referral Requirements

The PCC referral requirement has been removed for the following services:

- Obstetric services for pregnant and postpartum members
- Acute inpatient hospital services
- Hospital emergency department services
- Clinical Laboratory Services

C. NICU Service Codes

Newborn Infant Care Unit (NICU) service codes (99296, 99298, and 99299) are paid on an individual-consideration basis and require documentation that supports each date of service reported. Providers must attach the required documentation to **each** claim form. This documentation must be in the form of a detailed daily progress note written and signed by the attending physician providing care for the date of service, and must include infant's gestational age at birth, corrected age, current weight, and specific information related to respiratory, fluid/electrolyte/nutrition, infectious-disease, and neurological status. Additional documentation, such as admission/discharge summaries, orders, nurses' notes, flow sheets, and medication sheets is not necessary, and should not replace the attending physician's daily progress note. Extraneous documentation may delay payment. Claims without appropriate documentation will be denied.

Service Code 99299 has been adopted for subsequent neonatal intensive care, per day, for the evaluation and management of the recovering very low birth-weight infant (1500-2500 grams). This service code must be used for those very low birth-weight infants who are no longer critically ill, but continue to require NICU care. The Division will pay for Service Code 99299 on an individual-consideration basis. Providers must, therefore, attach supporting documentation, as described above.

Service Code 99297 (subsequent neonatal critical care – stable) has been eliminated for services provided on or after April 1, 2003. All neonatal care provided on days after the admission date, that is considered to be critical in nature, must be reported using Service Code 99296.

Questions

Providers with questions about the information in this transmittal letter may contact MassHealth Provider Services at 617-628-4141 or 1-800-325-5231.

NEW MATERIAL

(The pages listed here contain new or revised language.)

Physician Manual

Pages 6-1 through 6-14

OBSOLETE MATERIAL

(The pages listed here are no longer in effect.)

Physician Manual

Pages 6-1 through 6-14 — transmitted by Transmittal Letter PHY-92

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601 Introduction

MassHealth providers must refer to the American Medical Association's *Current Procedural Terminology (CPT) 2003* code book for the service codes and service descriptions when billing for services provided to MassHealth members. The Division 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 the Division's regulations at 130 CMR 433.000 and 450.000, **except** for those codes listed in Section 602 of this subchapter. In addition, a physician may request prior authorization for any medically necessary service for a member under 21 years of age.

- Section 602 lists service codes that are not payable under MassHealth.
- Section 603 lists service 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 locally assigned service codes and Level II HCPCS codes that are payable under MassHealth. The local codes listed in Section 604 are intended only for services provided to MassHealth members.
- Section 605 lists service code modifiers payable under MassHealth.

602 Nonpayable Codes

The Division does not pay for services billed under the following codes.

0001T	0029T	11954	15878	21249
0002T	0030T	15775	15879	22841
0005T	0031T	15776	17340	32491
0006T	0032T	15780	17360	32850
0007T	0033T	15781	17380	33930
0008T	0034T	15782	19316	33940
0009T	0035T	15783	19324	36415
0010T	0036T	15786	19325	36416
0012T	0037T	15787	19355	36468
0013T	0038T	15788	19370	36469
0014T	0039T	15789	19371	36540
0016T	0040T	15792	19396	41870
0017T	0041T	15793	20930	41872
0018T	0042T	15810	20936	43752
0019T	0043T	15811	21120	43842
0020T	0044T	15819	21121	43843
0021T	10040	15824	21122	44132
0023T	11920	15825	21123	44133
0024T	11921	15826	21125	44135
0025T	11922	15828	21127	44136
0026T	11950	15829	21245	47133
0027T	11951	15876	21246	48160
0028T	11952	15877	21248	48550

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602 Nonpayable Codes (cont.)

50300	77301	86079	89320	90993
51701	77305	86585	89321	90997
51702	77310	86890	89325	90999
54900	77315	86891	89329	91132
54901	77321	86910	89330	91133
55200	77326	86911	90281	92314
55300	77327	86927	90378	92315
55400	77328	86930	90379	92316
55870	77331	86931	90396	92317
55970	77332	86932	90633	92325
55980	77333	86945	90634	92330
58321	77334	86950	90636	92335
58322	77336	86965	90645	92340
58323	77370	86985	90646	92341
58345	77399	88000	90647	92342
58350	77401	88005	90648	92352
58750	77402	88007	90657	92353
58752	77403	88012	90658	92354
58760	77404	88014	90659	92355
58970	77406	88016	90660	92358
58974	77407	88020	90669	92370
58976	77408	88025	90680	92371
59412	77409	88027	90700	92390
63043	77411	88028	90701	92391
63044	77412	88029	90702	92392
65760	77413	88036	90708	92393
65765	77414	88037	90710	92395
65767	77416	88040	90712	92396
65771	77417	88045	90718	92510
69090	77418	88099	90720	92531
71552	77520	88125	90721	92532
72159	77522	89250	90723	92533
72198	77523	89251	90744	92534
73225	77525	89252	90748	92548
76085	77790	89253	90845	92559
76093	78267	89254	90865	92560
76094	78268	89255	90875	92561
76140	78351	89256	90876	92562
76150	78890	89257	90880	92564
76350	78891	89258	90885	92597
76390	80500	89259	90889	93660
76400	80502	89260	90901	93668
76496	82075	89261	90911	93760
76497	82962	89264	90939	93762
76498	84061	89300	90940	93770
77300	84830	89310	90989	93784

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602 Nonpayable Codes (cont.)

93786	97139	99288	99553
93788	97530	99315	99554
93790	97537	99316	99555
94015	97545	99354	99556
95052	97546	99355	99557
95120	97601	99356	99558
95125	97602	99357	99559
95130	97780	99358	99560
95131	97781	99359	99561
95132	97802	99360	99562
95133	97803	99361	99563
95134	97804	99362	99564
95144	98940	99371	99565
95145	98941	99372	99566
95146	98942	99373	99567
95147	98943	99374	99568
95148	99001	99375	99569
95149	99002	99377	
95165	99024	99378	
95170	99025	99379	
95824	99026	99380	
95965	99027	99401	
95966	99056	99402	
95967	99058	99403	
96000	99071	99404	
96001	99075	99411	
96002	99078	99412	
96003	99080	99420	
96004	99082	99429	
96100	99090	99450	
96105	99091	99455	
96110	99100	99456	
96111	99116	99500	
96115	99135	99501	
96117	99140	99502	
96150	99141	99503	
96151	99142	99504	
96152	99172	99505	
96153	99190	99506	
96154	99191	99507	
96155	99192	99509	
96567	99271	99510	
96902	99272	99511	
97005	99273	99512	
97006	99274	99551	
97014	99275	99552	

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603 Codes That Have Special Requirements or Limitations

The following service codes are payable by MassHealth, subject to all conditions and limitations in the Division's regulations at 130 CMR 433.000 and 450.000, but require specific attachments or prior authorization, or have other specific instructions or limitations. Refer to Section 604 for specific requirements or limitations for HCPCS Level II and locally assigned service codes.

Legend:

- *: Available free of charge through the Massachusetts Immunization Program for children under 19 years of age.
- Centrifuging required: Service Code 99000 may only be used to pay a physician who centrifuges and mails a specimen to a laboratory for analysis. (See 130 CME 433.439.)
- Covered for adults ≥ 19: This code is only payable for adults aged 19 or older.
- CPA-2: A completed Certification of Payable Abortion Form must be attached to the claim.
- CS-18: A completed Sterilization Consent Form (for members aged 18 through 20) must be attached to the claim.
- CS-21: A completed Sterilization Consent Form (for members aged 21 and older) must be attached to the claim.
- HI-1: A completed Hysterectomy Information Form must be attached to the claim.
- IC: Claim requires individual consideration. See 130 CMR 433.406 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 PT >20: Prior authorization is required for more than 20 physical therapy visits, regardless of modality, in a 12-month period.
- PA: Service requires prior authorization. See 130 CMR 433.408 for more information.
- Urgent Care Only: Service Codes 99050, 99052, and 99054 may be used only for urgent care provided in the office after hours, in addition to the basic service.

Service Code and Req. or Limit

Service Code and Req. or Limit

01999	IC	19318	PA
15820	PA	19328	PA
15821	PA	19330	PA
15822	PA	19340	PA
15823	PA	19342	PA
15831	IC; PA	19350	PA
15832	IC; PA	19357	PA
15833	IC; PA	19361	PA
15834	IC; PA	19364	PA
15835	IC; PA	19366	PA
15836	IC; PA	19367	PA
15837	IC; PA	19368	PA
15838	IC; PA	19369	PA
15839	IC; PA	19380	PA
15999	IC	19499	IC
17999	IC	20999	IC
19140	PA	21076	IC; PA

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

Service Code and Req. or Limit

Service Code and Req. or Limit

21077	IC; PA	21209	PA
21079	IC; PA	21210	PA
21080	IC; PA	21215	PA
21081	IC; PA	21230	PA
21082	IC; PA	21235	PA
21083	IC; PA	21240	PA
21084	IC; PA	21242	PA
21085	IC; PA	21243	PA
21086	IC; PA	21244	PA
21087	IC; PA	21247	PA
21088	IC; PA	21255	PA
21089	IC; PA	21256	PA
21110	IC	21260	PA
21137	PA	21261	PA
21138	PA	21263	PA
21139	PA	21267	PA
21141	PA	21268	PA
21142	PA	21270	PA
21143	PA	21275	PA
21145	PA	21280	PA
21146	PA	21282	PA
21147	PA	21295	PA
21150	PA	21296	PA
21151	PA	21299	IC; PA
21154	PA	21499	IC
21155	PA	21742	IC
21159	PA	21743	IC
21160	PA	21899	IC
21172	PA	22899	IC
21175	PA	22999	IC
21179	PA	23929	IC
21180	PA	24940	IC
21181	PA	24999	IC
21182	PA	25915	IC
21183	PA	25999	IC
21184	PA	26989	IC
21188	PA	27299	IC
21193	PA	27599	IC
21194	PA	27899	IC
21195	PA	28360	IC
21196	PA	28899	IC
21198	PA	29799	IC
21206	PA	29800	PA
21208	PA	29804	PA

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

Service Code and Req. or Limit

Service Code and Req. or Limit

29999	IC	38589	IC
30400	PA	38999	IC
30410	PA	39499	IC
30420	PA	39599	IC
30430	PA	40799	IC
30435	PA	40840	PA
30450	PA	40842	PA
30999	IC	40843	PA
31299	IC	40844	PA
31599	IC	40845	PA
31899	IC	40899	IC
32851	PA	41599	IC
32852	PA	41820	IC; PA
32853	PA	41821	IC
32854	PA	41822	IC
32999	IC	41823	IC
33924	IC	41828	IC
33935	PA	41850	IC
33945	PA	41899	IC
33979	IC	42140	PA
33980	IC	42280	PA
33999	IC	42281	PA
36299	IC	42299	IC
36470	PA	42699	IC
36471	PA	42999	IC
37501	IC	43289	IC
37799	IC	43496	IC
38129	IC	43499	IC
38204	IC	43659	IC
38205	PA	43846	PA
38206	IC	43847	PA
38207	IC; PA	43848	PA
38208	IC; PA	43999	IC
38209	IC; PA	44238	IC
38210	IC; PA	44239	IC
38211	IC; PA	44799	IC
38212	IC; PA	44899	IC
38213	IC; PA	44979	IC
38214	IC; PA	45999	IC
38215	IC; PA	46999	IC
38230	PA	47134	IC; PA
38240	PA	47135	IC; PA
38241	PA	47136	IC; PA
38242	PA	47379	IC

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

Service Code and Req. or Limit

Service Code and Req. or Limit

47399	IC	58275	HI-1
47579	IC	58280	HI-1
47999	IC	58285	HI-1
48554	PA	58290	HI-1
48556	PA	58291	HI-1
48999	IC	58292	HI-1
49329	IC	58293	HI-1
49659	IC	58294	HI-1
49906	IC	58550	HI-1
49999	IC	58552	HI-1
50549	IC	58553	HI-1
50949	IC	58554	HI-1
51597	HI-1	58578	IC
51715	PA	58579	IC
51925	HI-1	58600	CS-18 or CS-21
52327	PA	58605	CS-18 or CS-21
53850	PA	58611	CS-18 or CS-21
53852	PA	58615	CS-18 or CS-21
53899	IC	58661	CS-18 or CS-21
54240	PA	58670	CS-18 or CS-21
54250	PA	58671	CS-18 or CS-21
54400	PA	58679	IC
54401	PA	58951	HI-1
54405	PA	58999	IC
54440	IC	59135	HI-1
54699	IC	59525	HI-1
55250	CS-18 or CS-21	59840	CPA-2; (first trimester)
55450	CS-18 or CS-21	59841	CPA-2; (first trimester)
55559	IC	59850	CPA-2; (second trimester, third trimester in hospital only)
55899	IC	59851	CPA-2; (second trimester, third trimester in hospital only)
56800	PA	59852	CPA-2; (second trimester, third trimester in hospital only)
56805	PA; IC	59855	CPA-2
57335	PA; IC	59856	CPA-2
58150	HI-1	59857	CPA-2
58152	HI-1	59898	IC
58180	HI-1	59899	IC
58200	HI-1	60659	IC
58210	HI-1	60699	IC
58240	HI-1	62287	IC
58260	HI-1	64999	IC
58262	HI-1	66990	IC
58263	HI-1		
58267	HI-1		
58270	HI-1		

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

Service Code and Req. or Limit

Service Code and Req. or Limit

66999 IC
 67299 IC
 67399 IC
 67599 IC
 67900 PA
 67901 PA
 67902 PA
 67903 PA
 67904 PA
 67906 PA
 67908 PA
 67909 PA
 67911 PA
 67916 PA
 67917 PA
 67923 PA
 67924 PA
 67961 PA
 67966 PA
 67971 PA
 67973 PA
 67974 PA
 67975 PA
 67999 IC
 68399 IC
 68899 IC
 69300 PA
 69399 IC
 69710 IC
 69799 IC
 69930 PA
 69949 IC
 69979 IC
 70336 PA
 71555 IC
 73725 IC
 74185 IC
 75556 IC
 76380 IC
 76496 IC
 76497 IC
 76498 IC
 76499 IC
 76999 IC

77299 IC
 77399 IC
 77499 IC
 77799 IC
 78099 IC
 78172 IC
 78199 IC
 78282 IC
 78299 IC
 78399 IC
 78414 IC
 78459 IC
 78491 IC
 78492 IC
 78499 IC
 78599 IC
 78608 IC
 78609 IC
 78699 IC
 78799 IC
 78810 IC
 78990 IC
 78999 IC
 79300 IC
 79420 IC
 79900 IC
 79999 IC
 80103 IC
 80406 IC
 81099 IC
 82154 IC
 83527 IC
 83880 IC
 83937 IC
 84140 IC
 84143 IC
 84302 IC
 84449 IC
 84466 IC
 84586 IC
 84999 IC
 85004 IC
 85032 IC
 85049 IC

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Service Code and Req. or Limit

Service Code and Req. or Limit

91123	IC	97026	PA for PT >20
91299	IC	97028	PA for PT >20
92065	IC; PA	97032	PA for PT >20
92250	PA	97033	PA for PT >20
92310	PA	97034	PA for PT >20
92311	PA; includes supply of lenses	97035	PA for PT >20
92312	PA; includes supply of lenses	97036	PA for PT >20
92313	PA; IC; includes supply of lenses	97039	PA for PT >20; IC
92326	PA	97110	PA for PT >20
92499	IC	97112	PA for PT >20
92605	PA; IC	97113	PA for PT >20; IC
92606	IC	97116	PA for PT >20
92610	PA	97124	PA for PT >20
92611	PA	97140	PA for PT >20
92613	IC	97150	PA for PT >20
92615	IC	97504	PA for PT >20
92617	IC	97520	PA for PT >20
92700	IC	97532	PA for PT >20
92953	IC	97533	PA for PT >20
93799	IC	97535	PA for PT >20
94642	IC	97542	PA for PT >20
94772	IC	97799	IC
94799	IC	98925	PA for OMT >20
95071	IC	98926	PA for OMT >20
95199	IC	98927	PA for OMT >20
95875	IC	98928	PA for OMT >20
95999	IC	98929	PA for OMT >20
96423	IC	98928	IC
96425	IC	98929	IC
96545	IC	98940	IC
96549	IC	98941	IC
96913	IC	98942	IC
96999	IC	98943	IC
97001	PA for PT >20	99000	Centrifuging required
97002	PA for PT >20	99050	Urgent care only
97003	PA for PT >20	99052	Urgent care only
97004	PA for PT >20	99054	Urgent care only
97010	PA for PT >20	99070	IC; excluding family planning supplies and supplies, such as trays, used in the collection of specimens
97012	PA for PT >20		
97016	PA for PT >20		
97018	PA for PT >20		
97020	PA for PT >20	99185	IC
97022	PA for PT >20	99186	IC
97024	PA for PT >20	99195	For hematologic disorders only

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

Service Code and Req. or Limit

99199	IC
99289	IC
99290	IC
99296	IC
99298	IC
99299	IC
99344	IC
99345	IC
99350	IC
99499	IC
99600	IC

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604 HCPCS Level II and Locally Assigned Service Codes

The locally assigned service codes and service descriptions are exclusive to MassHealth. These local codes describe services that are not recognized in the CPT code book. The local codes are intended only for services provided to MassHealth members.

Service
Code

Description

Family Planning Supplies

A4261	Cervical cap for contraceptive use (I.C.)
J1055	Injection, medroxyprogesterone acetate for contraceptive use, 150 mg (150 mg Depo Provera) (I.C.)
J1056	Injection, medroxyprogesterone acetate/estradiol cypionate, 5 mg/25 mg (5 mg/25 mg Lunelle) (I.C.)
S4989	Contraceptive intrauterine device (e.g., Progestacert IUD), including implants and supplies (I.C.)
S4993	Oral contraceptives (birth control pills) actual to maximum cost of \$4.00 per cycle
X1051	Diaphragm (including applicator and contraceptive cream or jelly)
X1052	Condoms (three)
X1054	Contraceptive jelly
X1056	Contraceptive cream
X1057	Vaginal contraceptive film (three)
X1058	Contraceptive foam
X1059	Female condoms with lubricant (three)
X1060	Female condoms with lubricant (six)
X1061	Contraceptive suppositories (package of 12)
X1063	Cervical sponges (three)
X1069	Medications and injectables related to family planning services, with the exception of Rho(D) human immune globulin and contraceptive injectables, such as Depo Provera (The Division will pay for the items listed under Service Code X1069 at the provider's cost.) (I.C.)

Miscellaneous Services and Supplies

R0070	Transportation of portable X-ray equipment and personnel to home or nursing home, per trip to facility or location, one patient seen
X0410	Allergenic extract, single-unit-dose, administered by either the preparer or dispenser of the extract
X0411	Preparation of a multi-dose vial of allergenic extract, for dispensing and administration by another physician.
X0412	Stinging insect venom(s) (I.C.)
X0415	Palivizumab (Synagis) supplied in a physician's office. This code requires prior authorization. (I.C.) (P.A.)
X3333	Injectable and infusible drugs and devices supplied in a physician's office that require prior authorization (I.C.) (P.A.)
X5539	Emergency psychiatry service (per 30 minute unit, four units maximum per date of service)
X5552	Administration of VFC pediatric vaccines for individuals 18 years and under (not for use in conjunction with an office visit or other outpatient visit)
X5911	Emergency department screening for determination of level of care

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605 Modifiers

The following service code modifiers are allowed for billing under MassHealth. See Subchapter 5 of the *Physician Manual* for billing instructions related to the use of modifiers.

- 26 Professional component
- 50 Bilateral procedure
- 51 Multiple procedures
- 54 Surgical care only
- 62 Two surgeons
- 66 Surgical team
- 80 Assistant surgeon
- 82 Assistant surgeon (when qualified resident surgeon not available)
- 99 Multiple modifiers
- EP Initial well-child visit provided by a physician, independent nurse practitioner, or independent nurse midwife in accordance with the EPSDT Schedule. To identify a well-child office visit provided by a physician, independent nurse practitioner, or independent nurse midwife as an initial health assessment (screening), add the modifier EP to the appropriate preventive medicine service code. Refer to 130 CMR 433.433(C) for the definition of independent nurse practitioner. Refer to 130 CMR 433.419(C) for the definition of independent nurse midwife.
- Y3 Subsequent well-child visit provided by a physician, independent nurse practitioner, or independent nurse midwife in accordance with the EPSDT Schedule. To identify a well-child office visit provided by a physician, independent nurse practitioner, or independent nurse midwife as a subsequent health assessment (screening), add the modifier Y3 to the end of the appropriate preventive medicine service code. Refer to 130 CMR 433.433(C) for the definition of independent nurse practitioner. Refer to 130 CMR 433.419(C) for the definition of independent nurse midwife.
- R3 Non-independent nurse practitioner services. To identify services provided by a non-independent nurse practitioner who is employed by a physician, add the modifier R3 to the end of the appropriate service code. Refer to 130 CMR 433.433(D) for the definition of non-independent nurse practitioner.
- R4 Initial well-child visit provided by a non-independent nurse practitioner in accordance with the EPSDT Schedule. To identify a well-child office visit provided by a non-independent nurse practitioner (employed by a physician) as an initial health assessment (screening), add the modifier R4 to the end of the appropriate preventive medicine service code. Refer to 130 CMR 433.433(D) for the definition of non-independent nurse practitioner.
- R5 Subsequent well-child visit provided by a non-independent nurse practitioner in accordance with the EPSDT Schedule. To identify a well-child office visit provided by a non-independent nurse practitioner (employed by a physician) as a subsequent health assessment (screening), add the modifier R5 to the end of the appropriate preventive medicine service code. Refer to 130 CMR 433.433(D) for the definition of non-independent nurse practitioner.
- S1 Physician assistant services. To identify services provided by a physician assistant employed by a physician or group practice, add the modifier S1 to the end of the appropriate service code.
- S2 Initial well-child visit provided by a physician assistant in accordance with the EPSDT Schedule. To identify a well-child office visit provided by physician assistant as an initial health assessment (screening), add the modifier S2 to the end of the appropriate preventive medicine service code.

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605 Modifiers (cont.)

- S3 Subsequent well-child visit provided by a physician assistant in accordance with the EPSDT Schedule. To identify a well-child office visit provided by a physician assistant as a subsequent health assessment (screening), add the modifier S3 to the end of the appropriate preventive medicine service code.
- W5 Non-independent nurse midwife services. To identify services provided by a non-independent nurse midwife who is employed by a physician, add the modifier W5 to the end of the appropriate service code. Refer to 130 CMR 433.419(D) for definition of non-independent nurse midwife.
- W6 Initial well-child visit provided by a non-independent nurse midwife in accordance with the EPSDT Schedule. To identify a well-child office visit provided by a non-independent nurse midwife (employed by a physician) as an initial health assessment (screening), add the modifier W6 to the end of the appropriate preventive medicine service code. Refer to 130 CMR 433.419(D) for the definition of non-independent nurse midwife.
- W7 Subsequent well-child visit provided by a non-independent nurse midwife in accordance with the EPSDT Schedule. To identify a well-child office visit provided by a non-independent nurse midwife (employed by a physician) as a subsequent health assessment (screening), add the modifier W7 to the end of the appropriate preventive medicine service code. Refer to 130 CMR 433.419(D) for the definition of non-independent nurse midwife.
- W8 Emergency treatment in a nursing facility. To identify a visit to a nursing facility for emergency treatment, add the modifier W8 to the end of the nursing facility visit service code.