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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 2026* 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 the 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	15776	15789	17340	21245
11922	15778	15792	17360	21246
15011	15780	15793	19355	21248
15012	15781	15824	19396	21249
15013	15782	15825	20930	22526
15014	15783	15826	20936	22527
15015	15786	15828	20985	22841
15017	15787	15829	21121	22858
15018	15788	15847	21122	22861

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22864	37279	47384	61635	75577
27458	38204	48160	61640	75580
27713	38207	48550	61641	76014
30469	38208	48551	61642	76015
32491	38209	49013	61715	76016
32850	38210	49014	62287	76017
32855	38211	49621	62328	76018
32856	38212	49622	62329	76019
33274	38213	49623	62330	76140
33275	38214	50300	62331	76145
33276	38215	50323	63043	76390
33277	38225	50325	63044	76496
33278	38226	51712	63374	76497
33279	38227	52443	64451	76498
33280	38228	53865	64454	76883
33281	41870	53866	64466	77086
33287	41872	54900	64467	77089
33288	42975	54901	64468	77090
33741	43206	55200	64469	77091
33745	43252	55300	64473	77092
33746	43752	55400	64474	77336
33882	43842	55870	64624	77370
33900	43843	55877	64625	77371
33901	43889	55880	64654	77372
33902	44132	55881	64655	77373
33903	44381	55882	64656	77402
33904	44403	57465	64657	77407
33930	44404	58321	64658	77412
33933	44405	58322	64659	77417
33940	44406	58323	65760	77423
33944	44407	58345	65765	77424
33995	44408	58350	65767	77425
33997	44705	58750	65771	77436
34839	44715	58752	66683	77437
34717	45349	58760	66987	77438
34718	45350	58970	66988	77439
36415	45390	58974	69090	77520
36416	45393	58976	70471	77522
36468	45398	59070	70472	77525
36591	46948	59072	70473	77790
36592	47133	59412	72159	78267
36598	47143	59897	72198	78268
36836	47144	60660	73225	78351
36837	47145	60661	74263	80143
37262	47383	61630	75571	80151

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602 Nonpayable CPT Codes (cont.)

80161	80358	81187	81253	81318
80167	80359	81188	81254	81319
80181	80360	81189	81255	81320
80189	80361	81190	81256	81321
80193	80362	81191	81257	81322
80204	80363	81192	81260	81323
80210	80364	81193	81261	81324
80320	80365	81194	81262	81325
80321	80366	81195	81263	81326
80322	80367	81200	81264	81327
80323	80368	81201	81265	81329
80324	80369	81202	81266	81330
80325	80370	81203	81267	81331
80326	80371	81204	81270	81332
80327	80372	81205	81271	81333
80328	80373	81206	81274	81336
80329	80374	81207	81275	81337
80330	80375	81208	81278	81338
80331	80376	81209	81279	81339
80332	80377	81210	81284	81340
80333	80500	81216	81285	81341
80334	80502	81221	81286	81342
80335	81105	81222	81289	81343
80336	81106	81223	81290	81344
80337	81107	81224	81291	81345
80338	81108	81225	81292	81347
80339	81109	81226	81293	81348
80340	81110	81227	81294	81350
80341	81111	81231	81295	81351
80342	81167	81232	81296	81352
80343	81168	81233	81297	81353
80344	81171	81234	81298	81354
80345	81172	81235	81299	81355
80346	81173	81236	81300	81357
80347	81174	81237	81301	81360
80348	81177	81239	81302	81370
80349	81178	81240	81303	81371
80350	81179	81241	81304	81372
80351	81180	81242	81305	81373
80352	81181	81243	81306	81374
80353	81182	81244	81310	81375
80354	81184	81245	81312	81376
80355	81183	81250	81315	81377
80356	81185	81251	81316	81378
80357	81186	81252	81317	81379

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602 Nonpayable CPT Codes (cont.)

81380	82077	87493	89291	90743
81381	82166	87494	89321	90744
81382	82233	87513	89322	90748
81383	82234	87523	89325	90758
81400	82681	87564	89329	90845
81413	82962	87594	89330	90863
81414	83884	87626	89331	90865
81418	83987	87627	89335	90875
81419	84145	88000	89342	90876
81422	84393	88005	89343	90880
81439	84394	88007	89344	90885
81441	84410	88012	89346	90889
81443	84431	88014	89352	90901
81449	84433	88016	89353	90912
81451	84830	88020	89354	90913
81456	86041	88025	89356	90940
81457	86042	88027	89398	90989
81458	86043	88028	90377	90993
81459	86079	88029	90384	90997
81462	86305	88036	90385	90999
81463	86366	88037	90386	91132
81464	86581	88040	90461	91133
81500	86890	88045	90586	92288
81503	86891	88099	90587	92314
81506	86910	88125	90622	92315
81509	86911	88333	90626	92316
81510	86927	88334	90627	92317
81511	86930	88738	90634	92325
81512	86931	88749	90644	92352
81514	86932	89250	90647	92353
81515	86945	89251	90648	92354
81517	86950	89253	90649	92355
81518	86960	89254	90650	92358
81521	86965	89255	90664	92371
81524	86985	89257	90666	92517
81529	87150	89258	90667	92518
81539	87153	89259	90668	92519
81541	87154	89260	90680	92531
81546	87182	89261	90681	92532
81551	87183	89264	90695	92533
81554	87467	89268	90697	92534
81558	87468	89272	90698	92548
81596	87469	89280	90700	92549
81599	87478	89281	90702	92559
82075	87484	89290	90723	92560

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602 Nonpayable CPT Codes (cont.)

92561	93898	96165	98942	99192
92562	93985	96167	98943	99252
92564	93986	96168	98960	99253
92597	94005	96170	98961	99254
92606	94015	96171	98962	99255
92613	94619	96202	98970	99288
92615	94625	96203	98971	99315
92617	94626	96376	98972	99316
92622	94644	96567	98975	99360
92623	94645	96570	98976	99374
92628	95012	96571	98977	99375
92629	95052	96573	98978	99377
92630	95120	96574	98980	99378
92633	95125	96902	98981	99379
92634	95130	96904	99000	99380
92635	95131	97007	99001	99424
92638	95132	97008	99002	99425
92639	95133	97009	99024	99426
92642	95134	97014	99026	99427
93145	95700	97129	99027	99429
93146	95824	97130	99053	99437
93150	95919	97151	99056	99450
93151	95965	97152	99058	99455
93152	95966	97153	99060	99456
93153	95967	97154	99071	99485
93241	95992	97155	99075	99486
93242	96000	97156	99078	99487
93243	96004	97157	99080	99489
93244	96041	97158	99082	99490
93245	96105	97169	99100	99491
93246	96112	97170	99116	99497
93247	96113	97171	99135	99498
93248	96116	97172	99140	99510
93264	96121	97537	99151	99601
93356	96125	97545	99152	99602
93660	96130	97546	99153	99605
93668	96131	97550	99155	99606
93702	96146	97551	99156	99607
93770	96156	97552	99157	
93786	96158	97755	99172	
93895	96159	98940	99190	
93897	96164	98941	99191	

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603 Codes That Have Special Requirements or Limitations

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

<u>Legend</u>	<u>Description</u>
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 \geq 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.
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.

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

<u>Legend</u>	<u>Description</u>
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

<u>Code</u>	<u>Requirement or Limitation</u>
1999	IC
11920	PA (for non-cancer-related services only)
11921	PA (for non-cancer-related services only)
11950	PA (covered with diagnosis of lipodystrophy associated with, or secondary to, HIV only)
11951	PA (covered with diagnosis of lipodystrophy associated with, or secondary to, HIV only)
11952	PA (covered with diagnosis of lipodystrophy associated with, or secondary to, HIV only)
11954	PA (covered with diagnosis of lipodystrophy associated with, or secondary to, HIV only)
11970	PA (for gender-dysphoria-related services only)
11971	PA (for gender-dysphoria-related services only)
15769	PA (for gender-dysphoria-related services only)
15771	PA (for gender-dysphoria-related services only)
15772	PA (for gender-dysphoria-related services only)
15773	PA (for gender-dysphoria-related services only)
15774	PA (for gender-dysphoria-related services only)
15820	PA
15821	PA
15822	PA
15823	PA
15830	PA
15832	PA
15833	PA
15834	PA
15835	PA
15836	PA
15837	PA
15838	PA
15839	PA
15876	PA; IC (covered (1) with diagnosis of lipodystrophy associated with, or secondary to, HIV, or (2) as a gender-dysphoria-related service)
15877	PA; IC (covered (1) with diagnosis of lipodystrophy associated with, or secondary to, HIV, or (2) as a gender-dysphoria-related service)
15878	PA; IC (covered with diagnosis of lipodystrophy associated with, or secondary to, HIV only, or (2) as a gender-dysphoria-related service)
15879	PA; IC (covered (1) with diagnosis of lipodystrophy associated with, or secondary to, HIV only, or (2) as a gender-dysphoria-related service)

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

Service

<u>Code</u>	<u>Requirement or Limitation</u>
15999	IC
17380	PA; IC
17999	PA; IC
19300	PA
19303	PA (for gender-dysphoria-related services only)
	PA (covered for gender-affirming surgery, cancer-related diagnosis, and congenital
19316	abnormalities/chest wall deformities or trauma)
19318	PA (for non-cancer-related services only)
19324	PA (for non-cancer-related services only)
19325	PA (for non-cancer-related services only)
19328	PA (for non-cancer-related services only)
19340	PA (for non-cancer-related services only)
19350	PA (for non-cancer-related services only)
19499	IC
20999	IC
21088	IC
21089	IC
21137	PA
21138	PA
21139	PA
21146	PA
21147	PA
21150	PA
21151	PA
21154	PA
21155	PA
21159	PA
21160	PA
21172	PA
21175	PA
21188	PA
21193	PA
21194	PA
21195	PA
21196	PA
21198	PA
21199	PA
21206	PA
21208	PA
21209	PA
21210	PA
21215	PA
21230	PA

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Service

<u>Code</u>	<u>Requirement or Limitation</u>
21235	PA
21240	PA
21242	PA
21243	PA
21244	PA
21247	PA
21255	PA
21256	PA
21299	PA; IC
21499	IC
21742	IC
21743	IC
21899	IC
22856	PA
22857	PA
22862	PA
22865	PA
22899	IC
22999	IC
23929	IC
24940	IC
24999	IC
25999	IC
26989	IC
27299	IC
27599	IC
27899	IC
28890	PA
28899	IC
29799	IC
29800	PA
29804	PA
29999	IC
30400	PA
30410	PA
30420	PA
30430	PA
30435	PA
30450	PA
30999	IC
31299	IC
31591	PA (for gender-dysphoria-related services only)
31592	PA (for gender-dysphoria-related services only)

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

Service

<u>Code</u>	<u>Requirement or Limitation</u>
31599	IC; PA (for gender-dysphoria-related services only)
31750	PA (for gender-dysphoria-related services only)
31899	IC
32851	PA
32852	PA
32999	IC
33289	PA
33935	PA
33981	IC
33982	IC
33983	IC
33999	IC
34841	IC
34842	IC
34843	IC
34844	IC
34845	IC
34846	IC
34847	IC
34848	IC
36299	IC
37195	IC
37216	IC
37501	IC
37799	IC
38129	IC
38230	PA
38240	PA
38242	PA
38589	IC
38999	IC
39499	IC
39599	IC
40799	IC
40840	PA
40842	PA
40843	PA
40844	PA
40845	PA
40899	IC
41599	IC
41820	PA; IC
41821	IC

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

Service

Code Requirement or Limitation

41850	IC
41899	IC
42280	PA
42281	PA
42299	IC
42699	IC
42999	IC
43289	IC
43496	IC
43499	IC
43644	PA
43645	PA
43647	PA; IC
43648	IC
43659	IC
43770	PA
43771	PA
43845	PA
43846	PA
43847	PA
43848	PA
43881	PA; IC
43882	IC
43886	PA
43887	PA
43888	PA
43999	IC
44135	PA; IC
44136	PA; IC
44137	PA; IC
44238	IC
44799	IC
44899	IC
44979	IC
45399	IC
45499	IC
45999	IC
46999	IC
47379	IC
47399	IC
47579	IC
47999	IC
48554	PA

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Service

<u>Code</u>	<u>Requirement or Limitation</u>
48999	IC
49329	IC
49659	IC
49906	IC
49999	IC
50549	IC
50949	IC
51925	HI-1
51999	IC
53430	PA (for gender-dysphoria-related services only)
53899	IC
54125	PA (for gender-dysphoria-related services only)
54400	PA
54401	PA
54405	PA
54440	IC
54520	PA (for gender-dysphoria-related services only)
54660	PA (for gender-dysphoria-related services only)
54690	PA (for gender-dysphoria-related services only)
54699	IC
55175	PA (for gender-dysphoria-related services only)
55180	PA (for gender-dysphoria-related services only)
55250	CS-18 or CS-21
55559	IC
55899	PA; IC (for gender-dysphoria-related services only)
55970	PA; IC
55980	PA; IC
56620	PA (for gender-dysphoria-related services only)
56625	PA (for gender-dysphoria-related services only)
56800	PA
56805	IC
57110	PA (for gender-dysphoria-related services only)
57291	PA (for gender-dysphoria-related services only)
57292	PA (for gender-dysphoria-related services only)
57335	IC
58150	HI-1; PA (for gender-dysphoria-related services only)
58152	HI-1
58180	HI-1; PA (for gender-dysphoria-related services only)
58200	HI-1
58210	HI-1
58240	HI-1
58260	HI-1; PA (for gender-dysphoria-related services only)
58262	HI-1; PA (for gender-dysphoria-related services only)

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

Service

<u>Code</u>	<u>Requirement or Limitation</u>
58263	HI-1
58267	HI-1
58270	HI-1
58275	HI-1
58280	HI-1
58285	HI-1
58290	HI-1; PA (for gender-dysphoria-related services only)
58291	HI-1; PA (for gender-dysphoria-related services only)
58292	HI-1
58293	HI-1
58294	HI-1
58541	HI-1; PA (for gender-dysphoria-related services only)
58542	HI-1; PA (for gender-dysphoria-related services only)
58543	HI-1; PA (for gender-dysphoria-related services only)
58544	HI-1; PA (for gender-dysphoria-related services only)
58548	HI-1
58550	HI-1; PA (for gender-dysphoria-related services only)
58552	HI-1; PA (for gender-dysphoria-related services only)
58553	HI-1; PA (for gender-dysphoria-related services only)
58554	HI-1; PA (for gender-dysphoria-related services only)
58565	CS-18 or CS-21
58570	HI-1; PA (for gender-dysphoria-related services only)
58571	HI-1; PA (for gender-dysphoria-related services only)
58572	HI-1; PA (for gender-dysphoria-related services only)
58573	HI-1; PA (for gender-dysphoria-related services only)
58575	HI-1; PA (for gender-dysphoria-related services only)
58578	IC
58579	IC
58580	PA;
58600	CS-18 or CS-21
58605	CS-18 or CS-21
58611	CS-18 or CS-21
58615	CS-18 or CS-21
58661	CS-18* or CS-21*; PA (for gender-dysphoria-related services only)
58670	CS-18 or CS-21
58671	CS-18 or CS-21
58679	IC
58720	CS-18* or CS-21*; PA (for gender-dysphoria-related services only)
58951	HI-1
58956	HI-1
58999	IC; PA (for gender-dysphoria-related services only)
59525	HI-1
59840	CPA-2

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

Service

Code Requirement or Limitation

59841	CPA-2
59850	CPA-2
59851	CPA-2
59852	CPA-2
59855	CPA-2
59856	CPA-2
59857	CPA-2
59898	IC
59899	IC
60659	IC
60699	IC
62380	IC
64567	PA: IC
64653	PA
65757	IC
65785	PA
66999	IC
67299	IC
67399	IC
67599	IC
67900	PA
67901	PA
67902	PA
67903	PA
67904	PA
67906	PA
67908	PA
67999	IC
68399	IC
68899	IC
69300	PA
69399	IC
69710	IC
69799	IC
69930	PA
69949	IC
69979	IC
71552	PA
76499	IC
76999	IC
77061	IC
77062	IC
77299	IC

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

Service

Code Requirement or Limitation

77399	IC
77499	IC
77799	IC
78099	IC
78199	IC
78299	IC
78399	IC
78499	IC
78599	IC
78699	IC
78799	IC
78999	IC
79999	IC
81099	IC
81162	PA
81163	PA
81164	PA
81212	PA
81215	PA
81217	PA
81220	IC
81228	PA; IC
81229	PA; IC
81265	PA
81266	PA
81401	PA; IC
81402	PA; IC
81403	PA; IC
81404	PA; IC
81405	PA; IC
81406	PA; IC
81407	PA; IC
81408	PA; IC
81420	IC
81442	PA
81445	PA
81450	PA
81455	PA
81479	PA; IC
81507	PA; IC
81509	IC
81510	IC
81511	IC

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

Service

Code Requirement or Limitation

81512	IC
81519	IC
84999	IC
85999	IC
86849	IC
86999	IC
87999	PA; IC
88199	IC
88299	IC
88399	IC
89240	IC
90281	IC
90283	IC
90284	PA; IC
90287	IC
90288	IC
90296	IC
90378	PA; IC,
90380	PA ≥ 8 months; Covered for adults ≥ 19; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age
90381	PA ≥ 8 months; Covered for adults ≥ 19; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age
90382	PA ≥ 8 months
90384	IC
90385	IC
90386	IC
90389	IC
90393	PA; IC
90396	IC
90399	IC
90476	IC
90477	IC
90581	IC
90611	Covered for adults ≥ 19; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age
90619	Covered for adults ≥ 19; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age
90620	IC
90621	IC
90624	Covered for adults ≥ 19; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age
90625	IC

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

Service

<u>Code</u>	<u>Requirement or Limitation</u>
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 ≥ 19 ; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age
90656	Covered for members ≥ 19 ; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age
90658	Covered for members ≥ 19 ; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age
90660	Covered for members ≥ 19 ; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age
90661	Covered for members ≥ 19 ; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age
90662	Covered for members ≥ 19 ; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age
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
90674	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	Covered for members ≥ 19 ; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age
90679	PA < 50 years; Available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age
90682	Covered for members ≥ 19 ; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age
90683	PA < 18 years of age; Available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age
90686	Covered for members ≥ 19 ; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age
90688	Covered for members ≥ 19 ; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age

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

Service

<u>Code</u>	<u>Requirement or Limitation</u>
90690	IC
90691	Covered for members \geq 19; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age
90694	Covered for members \geq 19; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age
90696	IC; Covered for members \geq 19; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age
90707	IC; Covered for members \geq 19; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age
90710	IC; Covered for members \geq 19; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age
90713	IC; Covered for members \geq 19; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age
90714	Covered for members \geq 19; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age
90715	Covered for members \geq 19; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age
90716	IC; Covered for members \geq 19; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age
90717	IC
90732	Covered for members \geq 19; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age
90733	IC; Covered for members \geq 19; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age
90734	IC; Covered for members \geq 19; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age
90736	IC; PA is required for members younger than age 50
90738	IC
90739	Covered for members \geq 19
90749	IC
90750	IC; PA required for members younger than age 50
90756	Covered for members \geq 19; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age
90867	IC
90868	PA for >30 sessions per course of treatment; IC
90869	IC
90899	IC
90935	For hospitalized members only; not for chronic maintenance
90937	For hospitalized members only; not for chronic maintenance
90945	For hospitalized members only; not for chronic maintenance
90947	For hospitalized members only; not for chronic maintenance
90952	IC
90953	IC

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

Service

<u>Code</u>	<u>Requirement or Limitation</u>
91110	PA
91111	PA
91299	IC
91318	Covered for members ≥ 19 ; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age
91319	Covered for members ≥ 19 ; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age
91320	Covered for members ≥ 19 ; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age
91321	Covered for members ≥ 19 ; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age
91322	Covered for members ≥ 19 ; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age
92065	PA
92310	PA; includes supply of lenses
92311	PA; includes supply of lenses
92312	PA; includes supply of lenses
96127	Covered in accordance with Section 605
96377	IC
96379	IC
96380	PA ≥ 8 months < 60 years
96381	PA ≥ 8 months < 60 years
96547	PA
96548	PA
96549	IC
96931	IC
96932	IC
96933	IC
96934	IC
96935	IC
96936	IC
96999	IC
97010	PA for PT >20
97012	PA for PT >20
97016	PA for PT >20
97018	PA for PT >20
97022	PA for PT >20
97024	PA for PT >20
97026	PA for PT >20
97028	PA for PT >20
97032	PA for PT >20
97033	PA for PT >20
97034	PA for PT >20

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

Service

<u>Code</u>	<u>Requirement or Limitation</u>
97035	PA for PT >20
97036	PA for PT >20
97039	PA for PT >20; IC
97110	PA for PT >20
97112	PA for PT >20
97113	PA for PT >20
97116	PA for PT >20
97124	PA for PT >20
97139	PA for PT >20; IC
97161	PA for PT >20
97162	PA for PT >20
97164	PA for PT >20
97165	PA for PT >20
97166	PA for PT >20
97167	PA for PT >20
97168	PA for PT >20
97530	PA for OT >20
97533	PA for OT >20
97535	PA for OT >20
97542	PA for OT >20
97602	IC
97607	IC
97608	IC
97760	PA for OT >20
97761	PA for OT >20
97763	PA for OT >20
97799	IC
97810	PA >20
97811	PA >20
97813	PA >20
97814	PA >20
98925	PA for OMT >20
98926	PA for OMT >20
98927	PA for OMT >20
98928	PA for OMT >20
98929	PA for OMT >20
99050	Urgent care only
99051	Urgent care only
99070	IC; excluding family planning supplies, such as trays used in used in the collection of specimens
99091	Once per 30 days; PA >9 times per 12 months
99174	IC
99177	IC

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

Service

<u>Code</u>	<u>Requirement or Limitation</u>
99188	Once per three-month period
99195	For hematologic disorders only
99199	IC
99417	IC
99453	PA > 2 times per 12 months
99454	Once per 30 days; PA >9 times in 12 months
99457	Once per 30 days; PA >9 times in 12 months
99458	Once per 30 days; PA >9 times in 12 months
99499	IC
99600	IC

604 Payable HCPCS Level II and Category III Service Codes

This section lists Level II HCPCS and Category III codes that are payable under MassHealth. For more detailed descriptions when billing for these codes provided to MassHealth members, refer to the Centers for Medicare & Medicaid Services website at [HCPCS Quarterly Update | CMS](#).

Service

<u>Code</u>	<u>Requirement or Limitation</u>
A4261	IC
A4266	
A4267	
A4268	
A4269	
A4641	IC
A4648	IC
A9500	IC
A9502	IC
A9503	IC
A9505	IC
A9512	IC
A9537	IC
A9552	IC
A9575	
A9576	
A9577	
A9578	
A9579	
A9581	
A9585	
A9586	IC
A9587	IC
A9588	IC

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

Service Code	<u>Requirement or Limitation</u>
A9590	IC
A9593	IC
A9594	IC
A9595	IC
A9596	IC
A9800	IC
A9606	PA
G0009	
G0027	
G0105	
G0108	
G0109	
G0121	
G0270	
G0271	
G0279	
G0310	
G0311	
G0312	
G0313	
G0314	
G0315	
G0399	IC
G0480	
G0455	IC
G0481	
G0482	
G0483	
G2213	
J0013	PA; IC
J0121	PA
J0122	PA
J0129	PA
J0131	
J0134	
J0136	
J0137	
J0139	PA; IC
J0153	
J0162	
J0163	
J0164	
J0165	

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

<u>Service Code</u>	<u>Requirement or Limitation</u>
J0166	
J0167	
J0168	
J0169	
J0174	PA
J0175	PA
J0177	
J0178	
J0179	
J0180	PA
J0185	PA
J0202	PA
J0206	
J0208	PA; IC
J0217	PA
J0218	PA
J0219	PA
J0221	PA
J0222	PA
J0223	PA
J0224	PA
J0225	PA
J0248	
J0256	
J0257	
J0281	
J0282	
J0283	
J0285	
J0287	IC
J0289	
J0290	
J0291	PA
J0295	
J0348	
J0349	PA
J0364	IC
J0391	IC
J0400	IC
J0401	PA
J0402	PA
J0456	
J0457	

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

Service <u>Code</u>	<u>Requirement or Limitation</u>
J0458	PA
J0461	
J0462	
J0470	IC
J0475	
J0476	
J0485	PA
J0490	PA
J0491	PA
J0517	PA
J0525	IC
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
J0594	
J0595	
J0596	PA
J0597	PA
J0598	PA
J0599	PA; IC
J0601	IC
J0602	IC
J0603	IC
J0604	IC
J0605	IC
J0607	IC
J0608	IC
J0609	PA; IC

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

Service <u>Code</u>	<u>Requirement or Limitation</u>
J0614	PA
J0615	IC
J0616	
J0618	IC
J0630	PA; IC
J0636	IC
J0637	
J0638	PA
J0640	
J0641	PA
J0642	PA
J0650	
J0651	
J0652	
J0665	
J0668	IC
J0670	
J0687	
J0688	
J0689	
J0690	
J0691	PA; IC
J0692	
J0694	
J0695	PA
J0696	
J0697	
J0699	PA
J0701	
J0702	
J0703	
J0706	IC
J0712	
J0713	
J0714	PA
J0716	IC
J0717	PA
J0720	IC
J0735	
J0736	
J0737	
J0738	PA
J0739	

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

<u>Service Code</u>	<u>Requirement or Limitation</u>
J0740	
J0741	
J0742	PA
J0743	
J0745	PA > 12 units; IC
J0750	
J0751	
J0752	PA
J0770	
J0775	PA
J0780	
J0791	PA
J0801	PA
J0802	PA
J0834	
J0840	
J0850	
J0870	PA
J0872	
J0873	
J0874	
J0875	
J0877	
J0878	
J0879	IC
J0881	PA
J0883	
J0884	
J0885	PA
J0888	
J0891	IC
J0892	IC
J0893	
J0894	
J0895	
J0896	PA
J0897	PA
J0898	
J0899	
J0901	PA
J0911	PA; IC
J1000	
J1010	

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

Service

<u>Code</u>	<u>Requirement or Limitation</u>
J1050	IC
J1071	PA
J1072	PA
J1073	PA; IC
J1096	
J1097	IC
J1100	
J1105	IC
J1110	PA
J1160	
J1163	
J1171	PA > 24 mg/day
J1190	
J1200	
J1202	PA; IC
J1203	PA
J1205	
J1212	
J1230	PA
J1240	
J1260	IC
J1271	
J1290	PA
J1299	PA
J1301	PA
J1302	PA
J1303	PA
J1304	PA
J1305	PA
J1306	PA
J1307	PA
J1308	
J1320	IC
J1322	PA
J1323	PA
J1325	
J1326	PA
J1370	PA
J1411	PA; IC
J1412	PA; IC
J1413	PA; IC
J1414	PA; IC
J1426	PA; IC

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

Service

<u>Code</u>	<u>Requirement or Limitation</u>
J1427	PA; IC
J1428	PA; IC
J1429	PA; IC
J1434	PA
J1437	
J1438	PA; IC
J1439	
J1440	PA
J1442	
J1447	
J1448	PA
J1449	
J1453	PA >300 units/28 days
J1454	PA > 470 mg -0.5 mg/28 days
J1455	
J1456	
J1458	PA
J1459	PA
J1460	PA
J1551	PA
J1552	PA
J1554	PA
J1555	PA
J1556	PA
J1557	PA
J1558	PA
J1559	PA
J1560	PA
J1561	PA
J1566	PA
J1568	PA
J1569	PA
J1570	
J1571	
J1573	
J1574	IC
J1575	PA
J1576	PA
J1580	
J1596	PA
J1597	PA
J1598	PA
J1599	PA; IC

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

Service <u>Code</u>	<u>Requirement or Limitation</u>
J1602	PA
J1610	
J1611	
J1612	IC
J1626	
J1627	PA >200 units/28 days
J1628	PA
J1630	
J1631	PA<10 years
J1632	PA; IC
J1642	
J1643	
J1644	
J1645	
J1650	
J1652	
J1670	
J1700	IC
J1720	
J1740	PA
J1742	IC
J1743	PA
J1744	PA; IC
J1745	PA
J1746	PA
J1747	PA
J1748	PA; IC
J1750	
J1756	
J1786	PA
J1790	
J1800	IC
J1805	
J1806	
J1807	IC
J1808	
J1809	PA
J1811	
J1812	PA; IC
J1813	
J1814	PA; IC
J1815	IC
J1823	PA

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

Service

<u>Code</u>	<u>Requirement or Limitation</u>
J1826	IC
J1830	IC
J1833	PA; IC
J1834	IC
J1836	
J1837	PA
J1885	PA>4 units
J1920	
J1921	
J1930	
J1931	PA
J1932	
J1938	
J1939	
J1941	PA; IC
J1943	PA< 10 years and > 1 injection/28 days
J1944	PA< 10 years and > 1,064 units/28 days
J1950	PA
J1951	PA
J1952	PA
J1954	PA
J1955	
J1956	
J1961	PA
J1990	IC
J2002	
J2003	IC
J2004	IC
J2020	
J2021	PA
J2060	
J2170	PA; IC
J2175	PA
J2182	PA
J2183	
J2184	
J2185	
J2186	PA; IC
J2246	
J2247	
J2248	
J2249	PA; IC
J2250	

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

Service

<u>Code</u>	<u>Requirement or Limitation</u>
J2251	
J2252	IC
J2265	IC
J2267	PA
J2270	PA >12 units
J2272	PA >12 units
J2274	PA >12 units
J2277	PA
J2281	
J2290	
J2291	
J2300	
J2305	
J2310	IC
J2312	
J2313	
J2315	
J2323	
J2326	PA; IC
J2327	PA
J2329	PA
J2350	PA
J2351	PA
J2353	
J2354	
J2355	IC
J2356	PA
J2357	PA
J2358	PA <10 years and > 405 units/28 days
J2359	
J2401	
J2402	IC
J2403	PA
J2404	
J2405	
J2406	PA
J2407	PA
J2410	PA; IC
J2425	
J2426	PA < 10 years; > 2 injections/28 days within the first 28 days of therapy and > 1 injection/28 days after 28 days of therapy
J2427	PA < 10 years and > 1 injection/84 days
J2428	PA < 10 years and >1 injection/28 days

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<u>Service Code</u>	<u>Requirement or Limitation</u>
J2430	
J2440	IC
J2460	IC
J2468	PA >20 units/28 days
J2469	PA >20 units/28 days
J2470	IC
J2471	IC
J2472	IC
J2502	PA
J2506	
J2507	PA
J2508	PA
J2510	IC
J2515	IC
J2516	
J2540	
J2543	
J2545	IC
J2550	
J2560	
J2561	IC
J2562	
J2675	
J2679	
J2680	PA < 10 years
J2700	
J2704	
J2724	PA
J2760	
J2765	PA
J2777	
J2778	
J2779	
J2781	PA
J2782	PA
J2783	
J2785	
J2786	PA
J2788	
J2790	
J2791	
J2792	
J2793	PA; IC

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Service

<u>Code</u>	<u>Requirement or Limitation</u>
J2794	PA <10 years and > 2 injections/28 days
J2795	
J2798	PA < 10 years and > 1 injection/28 days
J2799	PA < 10 years and > 1 injection/28 days
J2800	PA
J2801	PA; IC
J2802	PA
J2804	
J2820	
J2840	PA; IC
J2860	PA
J2865	
J2916	
J2919	
J2941	PA; IC
J2998	PA; IC
J3000	
J3010	
J3030	PA; IC
J3031	PA; IC
J3032	PA
J3055	PA
J3060	PA
J3090	PA
J3095	PA
J3105	
J3110	PA; IC
J3111	PA
J3121	PA
J3145	PA
J3230	
J3240	
J3241	PA
J3243	PA
J3244	PA; IC
J3245	PA
J3247	PA
J3250	
J3262	PA
J3263	PA
J3285	PA
J3299	
J3300	

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Service <u>Code</u>	<u>Requirement or Limitation</u>
J3301	
J3302	IC
J3304	PA
J3315	PA
J3316	PA
J3357	PA; IC
J3358	PA
J3360	
J3373	
J3374	
J3375	
J3376	
J3379	IC
J3380	PA
J3385	PA
J3387	PA
J3389	PA; IC
J3391	PA; IC
J3392	PA; IC
J3393	PA; IC
J3394	PA; IC
J3397	PA; IC
J3398	PA; IC
J3399	PA; IC
J3401	PA
J3402	PA; IC
J3403	PA; IC
J3410	
J3411	
J3424	IC
J3425	
J3430	
J3465	
J3470	
J3471	
J3472	IC
J3473	
J3475	
J3486	
J3489	
J3490	IC
J3490	FP; IC
J3590	IC

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Service <u>Code</u>	<u>Requirement or Limitation</u>
J3591	PA; IC
J7030	
J7040	
J7050	
J7060	
J7070	
J7120	
J7121	IC
J7131	IC
J7165	IC
J7168	IC
J7170	
J7171	PA
J7172	PA
J7173	PA
J7174	PA
J7177	
J7181	
J7182	
J7192	
J7200	
J7201	
J7203	
J7205	
J7212	
J7213	
J7294	IC
J7295	IC
J7296	IC
J7297	IC
J7298	IC
J7300	IC
J7301	IC
J7304	IC
J7307	IC
J7308	PA
J7311	
J7312	
J7313	
J7314	
J7315	IC
J7318	PA
J7320	PA

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Service

Code Requirement or Limitation

J7321	PA
J7322	PA
J7323	PA
J7324	PA
J7325	PA
J7326	PA
J7327	PA
J7328	PA
J7329	PA
J7331	PA
J7332	PA
J7336	PA
J7340	PA
J7342	IC
J7345	PA
J7351	PA
J7352	PA; IC
J7353	PA; IC
J7354	PA
J7355	PA
J7356	PA
J7402	PA
J7500	PA
J7501	IC
J7502	
J7503	PA
J7504	
J7507	
J7508	
J7509	
J7510	
J7511	
J7512	
J7514	PA
J7515	
J7516	
J7517	
J7518	
J7520	
J7521	PA
J7527	
J7528	PA
J7599	PA; IC

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Service <u>Code</u>	<u>Requirement or Limitation</u>
J7601	PA
J7608	
J7613	
J7620	
J7626	
J7633	IC
J7639	
J7644	
J7665	IC
J7669	IC
J7676	IC
J7682	PA
J7686	PA
J7999	PA; IC
J8499	PA; IC
J8501	PA > 150 units/28 days
J8522	
J8540	
J8541	PA; IC
J8565	PA; IC
J8597	IC
J8610	
J8611	PA
J8612	PA
J8655	PA >1 unit
J8999	PA; IC
J9000	
J9011	PA
J9015	PA; IC
J9017	
J9021	PA
J9022	PA
J9023	PA
J9024	PA
J9025	
J9026	PA
J9027	
J9028	PA
J9029	PA
J9030	
J9032	PA
J9033	
J9034	

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Service <u>Code</u>	<u>Requirement or Limitation</u>
J9035	PA
J9036	
J9038	PA
J9039	PA
J9040	
J9041	PA
J9042	PA
J9043	PA
J9045	
J9046	IC
J9047	PA
J9048	IC
J9049	
J9050	
J9051	IC
J9052	IC
J9054	PA
J9055	
J9056	
J9060	
J9061	PA
J9063	PA
J9064	PA; IC
J9065	
J9071	
J9072	
J9073	
J9074	
J9075	
J9076	
J9100	
J9118	PA
J9119	PA
J9120	
J9130	
J9144	PA
J9145	PA
J9150	
J9153	PA
J9155	PA
J9171	
J9172	
J9173	PA

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Service

Code Requirement or Limitation

J9176	PA
J9177	PA
J9178	
J9179	PA
J9181	
J9184	IC
J9185	
J9190	
J9196	
J9198	PA; IC
J9200	
J9201	
J9203	PA
J9204	PA
J9205	PA
J9206	
J9207	
J9208	
J9209	
J9210	PA
J9211	
J9213	IC
J9216	IC
J9217	PA
J9218	PA; IC
J9223	PA
J9226	PA
J9227	PA
J9228	PA
J9229	PA
J9230	IC
J9245	
J9246	
J9248	PA
J9249	IC
J9255	IC
J9256	PA
J9258	IC
J9260	
J9261	
J9262	PA; IC
J9263	
J9264	

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<u>Service Code</u>	<u>Requirement or Limitation</u>
J9266	
J9267	
J9268	
J9269	PA
J9271	PA
J9272	PA
J9273	PA
J9274	PA
J9276	PA
J9280	
J9281	PA
J9282	PA; IC
J9286	PA
J9289	PA
J9292	PA
J9293	
J9294	
J9295	PA
J9296	
J9297	
J9298	PA
J9299	PA
J9301	PA
J9302	PA; IC
J9303	
J9304	PA
J9305	
J9306	PA
J9307	
J9308	PA
J9309	PA
J9311	PA
J9312	PA
J9314	
J9316	PA
J9317	PA
J9318	PA
J9319	PA
J9320	IC
J9321	PA
J9322	IC
J9323	
J9324	PA

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Service <u>Code</u>	<u>Requirement or Limitation</u>
J9325	PA
J9328	
J9329	PA
J9330	
J9331	PA
J9332	PA
J9333	PA
J9334	PA
J9345	PA
J9347	PA
J9348	PA
J9349	PA
J9350	PA
J9351	
J9352	
J9353	PA
J9354	PA
J9355	PA
J9356	PA
J9357	
J9358	PA
J9359	PA
J9360	
J9370	
J9376	PA; IC
J9380	PA
J9381	PA
J9382	PA
J9390	
J9393	IC
J9394	
J9395	
J9400	PA
J9999	IC
Q0138	
Q0139	
Q0155	PA; IC
Q0161	PA < 10 years; IC
Q0162	
Q0167	PA > 8 units/day
Q0180	PA; IC
Q0220	IC
Q0224	PA

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Service Code	<u>Requirement or Limitation</u>
Q0249	
Q2009	IC
Q2035	IC
Q2036	IC
Q2037	IC
Q2038	IC
Q2041	PA; IC
Q2042	PA; IC
Q2043	PA
Q2049	IC
Q2050	
Q2053	PA; IC
Q2054	PA; IC
Q2055	PA; IC
Q2056	PA; IC
Q2057	PA; IC
Q2058	PA; IC
Q4081	
Q4101	IC
Q4102	IC
Q4103	IC
Q4104	IC
Q4106	IC
Q4107	IC
Q4108	IC
Q4110	IC
Q4121	IC
Q4132	IC
Q4133	PA; IC
Q4151	PA; IC
Q4159	PA; IC
Q4161	IC
Q4162	IC
Q4163	IC
Q4164	IC
Q4165	IC
Q4196	PA; IC
Q4186	IC
Q4187	IC
Q4199	IC
Q4251	IC
Q4252	IC
Q4253	IC

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Service <u>Code</u>	<u>Requirement or Limitation</u>
Q5098	PA; IC
Q5099	PA
Q5100	PA
Q5101	
Q5103	PA
Q5104	PA
Q5105	
Q5106	
Q5107	PA
Q5108	
Q5110	
Q5111	
Q5112	PA
Q5113	PA
Q5114	PA
Q5115	PA
Q5116	PA
Q5117	PA
Q5118	PA
Q5119	PA
Q5121	PA
Q5122	
Q5123	PA
Q5124	
Q5125	
Q5126	PA
Q5127	
Q5128	
Q5129	PA
Q5130	
Q5133	PA
Q5135	PA
Q5136	PA; IC
Q5137	PA; IC
Q5138	PA
Q5140	PA; IC
Q5141	PA; IC
Q5142	PA; IC
Q5143	PA; IC
Q5144	PA; IC
Q5145	PA; IC
Q5146	PA
Q5151	PA

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

Service Code	<u>Requirement or Limitation</u>
Q5152	PA
Q5157	PA; IC
Q5158	PA; IC
Q9950	
Q9991	
Q9992	
Q9996	PA; IC
Q9997	PA
Q9998	PA
Q9999	PA
S0021	IC
S0023	IC
S0190	IC
S0199	
S0191	IC
S0302	
S2260	CPA-2; IC
S3005	
S4989	IC
S4993	
T1023	
T2023	
U0002	
V2600	PA; IC
V2610	PA; IC
V2615	PA; IC
V2799	PA; IC

605 Modifiers

The following service code modifiers are allowed for billing under MassHealth. See the MassHealth Billing Guide for Paper Claim Submitters 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)

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605 Modifiers (cont.)

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

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605 Modifiers (cont.)

<u>Modifier</u>	<u>Modifier Description</u>
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)
	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.)
QK	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.)
QY	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.)
QX	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.)
QZ	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.)
RB	Right coronary artery
RC	Ramus intermedius coronary artery
RI	Right side (used to identify procedures performed on the right side of the body)
RT	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.)
SA	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).)
SL	
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

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605 Modifiers (cont.)

<u>Modifier</u>	<u>Modifier Description</u>
TA	Left foot, great toe 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.
TC	
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

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605 Modifiers (cont.)

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

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.

Modifier for Child and Adolescent Needs and Strengths (CANS)

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

<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

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605 Modifiers (cont.)

Modifier for Behavioral Health Wellness Examination

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

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.