



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



MassHealth
Transmittal Letter PHY-144
May 2015

TO: Physicians Participating in MassHealth

FROM: Daniel Tsai, Assistant Secretary and Director of MassHealth

RE: *Physician Manual (2015 HCPCS)*

This letter transmits revisions to the service codes in the [Physician Manual](#). The Centers for Medicare & Medicaid Services (CMS) has revised the Healthcare Common Procedure Coding System (HCPCS) codes for 2015. The revised Subchapter 6 is effective for dates of service on or after January 1, 2015.

Providers must refer to the American Medical Association's *Current Procedural Terminology (CPT) 2015* for the service descriptions listed in Subchapter 6 of the [Physician Manual](#).

A physician may request prior authorization 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 of age, even if it is not designated as covered or payable in the *Physician Manual*.

If you wish to obtain a fee schedule, you may download the Executive Office of Health and Human Services regulations at no cost at www.mass.gov/eohhs. The specific regulation titles for physician services are 101 CMR 317.00 (formerly 114.3 CMR 17.00): Medicine; 114.3 CMR 16.00: Surgery and Anesthesia Services; 114.3 CMR 18.00: Radiology; and 114.3 CMR 20.00: Clinical Laboratory Services.

Fluoride Varnish Billing Code Change

Effective for dates of service on or after January 1, 2015, MassHealth has adopted the Current Procedure Terminology (CPT) Service Code 99188 (application of topical fluoride varnish by a physician or other qualified health care professional) with ICD-9 diagnosis code V07.31 to replace Current Dental Terminology (CDT) Service code D1206.

Pediatricians and other qualified health care professionals who submit claims for the application of fluoride varnish in a medical setting to eligible MassHealth members younger than 21 years of age must use CPT Service Code 99188 with diagnosis code V07.31 beginning with dates of service on or after January 1, 2015.

Effective July 1, 2015, D1206 will no longer be covered for claims submitted by Pediatricians and other qualified health care professionals when applying fluoride varnish. All claims submitted with D1206 for dates of service on or before June 30, 2015, will be paid. Any claim submitted with D1206 for dates of service on or after June 30, 2015, will be denied.

Fluoride Varnish Billing Requirements for CPT Service Code 99188

Providers must submit claims for fluoride varnish services in accordance with applicable

program regulations. Providers should bill MassHealth with Service Code 99188 with diagnosis code V07.31 transmitted through the 837P format or the CMS 1500 claim form. Physicians should **not** use the mid-level modifiers (SA, SB, or HN) when submitting a claim for fluoride varnish services provided by a qualified staff member as listed in 130 CMR 433.448(C) under the supervision of a physician.

For MassHealth managed care organization (MCO) members, providers must contact the appropriate MCO customer service center listed below.

Boston Medical Center HealthNet Plan: 1-888-566-0010
Fallon Health: 1-800-868-5200
Tufts Health Plan – Network Health: 1-888-257-1985
Neighborhood Health Plan: 1-866-414-5533
Health New England: 1-800-310-2835
CeltiCare Health: 1-855-678-6975

Code Changes for Lower Gastrointestinal Endoscopy

In the 2015 Medicare Physician Fee Schedule Final Rule, released October 31, 2014, CMS decided not to fully implement newly revised CPT codes for lower gastrointestinal endoscopy. Instead, CMS established HCPCS G codes for certain lower gastrointestinal endoscopy services. In alignment with CMS's rule, MassHealth requires use of these HCPCS G codes for these lower gastrointestinal endoscopy services provided on or after January 1, 2015.

Lower Gastrointestinal Endoscopy HCPCS G Codes Replacing Deleted 2014 CPT Codes		
2014 CPT Code	2015 HCPCS G Code	Description
44383	G6018	Ileoscopy, through stoma; with transendoscopic stent placement (includes predilation)
44393	G6019	Colonoscopy through stoma; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique
44397	G6020	Colonoscopy through stoma; with transendoscopic stent placement (includes predilation)
44799	G6021	Unlisted procedure, intestine
45339	G6022	Sigmoidoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesions(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique

45345	G6023	Sigmoidoscopy, flexible; with transendoscopic stent placement (includes predilation)
45383	G6024	Colonoscopy, flexible; proximal to splenic flexure; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique
45387	G6025	Colonoscopy, flexible, proximal to splenic flexure; with transendoscopic stent placement (includes predilation)

New 2015 CPT Codes Nonpayable in 2015

CMS additionally determined that certain 2015 CPT lower gastrointestinal codes are not valid for Medicare purposes. Physicians were instructed to continue to bill as they would have in 2014. Therefore, consistent with CMS, MassHealth considers the following 2015 CPT procedure codes non-payable and requires that providers continue to bill these services as they were in 2014.

Nonpayable CPT 2015 Code	Description	Payable Codes to Continue Billing Per CMS 2015 Crosswalk
44381	S bowel endoscopy w/dilation	44380 or 44799
44403	C-stoma w/EMR resection	44388 or 44799
44404	C-stoma w/injection	44388 or 44799
44405	C-stoma w/dilation	44388 or 44799
44406	C-stoma w/ultrasound	44388 or 44799
44407	C-stoma w/ndl aspir/bx	44388 or 44799
44408	C-stoma w/decompression	44388 or 44799
45349	Sigmoidoscopy w/EMR resection	45330 or 44799
45350	Sgmdsc w/band ligation	45330 or 44799
45390	Colonoscopy w/EMR resection	45378 or 44799
45393	Colonoscopy w/decompression	45378 or 44799
45398	Colonoscopy w/band ligation	45378 or 44799

Code Changes for Drug Testing

The American Medical Association adopted new code sections for Presumptive Drug Class Screening (CPT 80300–80304) and Definitive Drug Testing (CPT 80320-80377). MassHealth is following the CMS coverage determination for these code sections and has determined that these codes initially would be nonpayable.

Providers should continue to bill for drug screening using codes G0431 (Drug screen, qualitative; multiple drug classes by high complexity test method (e.g., immunoassay, enzyme assay), per patient encounter) and G0434 (Drug screen, other than chromatographic; any number of drug classes, by CLIA waived test or moderate complexity test, per patient encounter). Codes for quantitative and confirmatory testing that have been deleted for dates of service on or after January 1, 2015 have been mapped to the codes listed in the following table.

Deleted Code	2015 Replacement Code	Replacement Code Service Description
80102	G6058	Drug confirmation, each procedure
80152	G6030	Assay of amitriptyline
80154	G6031	Assay of benzodiazepines
80160	G6032	Assay of desipramine
80166	G6034	Assay of doxepin
80172	G6035	Assay of gold
80174	G6036	Assay of imipramine
80182	G6037	Assay of nortriptyline
80196	G6038	Assay of salicylate
82003	G6039	Assay of acetaminophen
82055	G6040	Assay of alcohol (ethanol); any specimen except breath
82101	G6041	Alkaloids, urine, quantitative
82145	G6042	Assay of amphetamine or methamphetamine
82205	G6043	Assay of barbiturates, not elsewhere specified
82520	G6044	Assay of cocaine or metabolite
82646	G6045	Assay of dihydrocodeinone
82649	G6046	Assay of dihydromorphinone
82651	G6047	Assay of dihydrotestosterone
82654	G6048	Assay of dimethadione
82666	G6049	Assay of epiandrosterone
82690	G6050	Assay of etchlorvynol
82742	G6051	Assay of flurazepam
83805	G6052	Assay of meprobamate

83840	G6053	Assay of methadone
83858	G6054	Assay of methsuximide
83887	G6055	Assay of nicotine
83925	G6056	Opiate(s), drug and metabolites, each procedure
84022	G6057	Assay of phenothiazine
84600	82441	Chlorinated hydrocarbons,screen

Quantitative Drug Test Edit

As transmitted through [Independent Clinical Laboratory Provider Bulletin 9](#), MassHealth established claim edits for quantitative drug test codes billed on the same date of service as drug screen service codes. Effective January 1, 2015, this edit has been updated to reflect the code changes made for quantitative drug test codes.

Primary Procedure Codes	Secondary Procedure Codes	EOB Code/Description
G0431 – Drug screen, qualitative; multiple drug classes by high complexity test method (e.g., immunoassay, enzyme assay), per patient encounter and/or G0434 – Drug screen, other than chromatographic; any number of drug classes, by CLIA waived test or moderate complexity test, per patient encounter	80299 – Quantitation of therapeutic drug, not elsewhere specified 82570 – Creatinine; other source 82575 – Creatinine; clearance 83992 – Phencyclidine G6031 - Assay of benzodiazepines G6040 - Assay of alcohol (ethanol); any specimen except breath G6042 - Assay of amphetamine or methamphetamine G6043 - Assay of barbiturates, not elsewhere specified G6044 - Assay of cocaine or metabolite G6052 - Assay of meprobamate G6053 - Assay of methadone G6055- Assay of nicotine G6056 - Opiate(s), drug and metabolites, each procedure	8304 – Lab conflict w/ each other on the same day

MassHealth Website

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

Questions

If you have any questions about the information in this transmittal letter, please contact MassHealth Customer Service at 1-800-841-2900, e-mail your inquiry to providersupport@mahealth.net, or fax your inquiry to 617-988-8974.

NEW MATERIAL

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

Physician Manual

Pages 6-1 through 6-28

OBSOLETE MATERIAL

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

Physician Manual

Page iv — transmitted by Transmittal Letter PHY-141

Pages 6-1 through 6-24 — transmitted by Transmittal Letter PHY-141

Commonwealth of Massachusetts MassHealth Provider Manual Series Physician Manual	Subchapter Number and Title 6. Service Codes	Page 6-1
	Transmittal Letter PHY-144	Date 01/02/15

601 Introduction

MassHealth providers must refer to the American Medical Association's *Current Procedural Terminology (CPT) 2015* code book for the descriptions for the service codes 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 and 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 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 of age 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.

602 Nonpayable CPT Codes

Regardless of nonpayable status, a physician may request prior authorization for any medically necessary service for a MassHealth Standard or CommonHealth member younger than 21 years of age.

MassHealth does **not** pay for services billed under the following codes.

10040	15793	20936	32850	38209
11922	15824	20985	32855	38210
11950	15825	21121	32856	38211
11951	15826	21122	33930	38212
11952	15828	21123	33933	38213
11954	15829	21245	33940	38214
15775	15847	21246	33944	38215
15776	15876	21248	34839	41870
15780	15877	21249	36415	41872
15781	15878	22526	36416	43206
15782	15879	22527	36468	43252
15783	17340	22841	36591	43752
15786	17360	22856	36592	43842
15787	17380	22858	36598	43843
15788	19355	22861	38204	43845
15789	19396	22864	38207	44132
15792	20930	32491	38208	44381

Commonwealth of Massachusetts MassHealth Provider Manual Series Physician Manual	Subchapter Number and Title 6. Service Codes	Page 6-2
	Transmittal Letter PHY-144	Date 01/02/15

602 Nonpayable CPT Codes (cont.)

44403	59897	78267	80356	81225
44404	61630	78268	80357	81226
44405	61635	78351	80358	81227
44406	61640	80300	80359	81228
44407	61641	80301	80360	81229
44408	61642	80302	80361	81235
44705	62287	80303	80362	81240
44715	63043	80304	80363	81241
44799	63044	80320	80364	81242
45349	65760	80321	80365	81243
45350	65765	80322	80366	81244
45390	65767	80323	80367	81245
45393	65771	80324	80368	81250
45398	69090	80325	80369	81251
47133	71552	80326	80370	81252
47143	72159	80327	80371	81253
47144	72198	80328	80372	81254
47145	73225	80329	80373	81255
47383	74263	80330	80374	81256
48160	75571	80331	80375	81257
48550	76140	80332	80376	81260
48551	76390	80333	80377	81261
50300	76496	80334	80500	81262
50323	76497	80335	80502	81263
50325	76498	80336	81200	81264
54900	77086	80337	81201	81265
54901	77336	80338	81202	81266
55200	77370	80339	81203	81267
55300	77371	80340	81205	81270
55400	77372	80341	81206	81275
55870	77373	80342	81207	81280
55970	77385	80343	81208	81281
55980	77386	80344	81209	81282
58321	77401	80345	81210	81290
58322	77402	80346	81211	81291
58323	77407	80347	81212	81292
58345	77412	80348	81213	81293
58350	77417	80349	81214	81294
58750	77422	80350	81215	81295
58752	77423	80351	81216	81296
58760	77424	80352	81217	81297
58970	77425	80353	81220	81298
58974	77520	80354	81221	81299
58976	77522	80355	81222	81300
59070	77523		81223	81301
59072	77525		81224	81302
59412	77790			81303

Commonwealth of Massachusetts MassHealth Provider Manual Series Physician Manual	Subchapter Number and Title 6. Service Codes	Page 6-3
	Transmittal Letter PHY-144	Date 01/02/15

602 Nonpayable CPT Codes (cont.)

81304	81508	88125	90633	92325
81310	81509	88333	90634	92352
81315	81510	88334	90644	92353
81316	81511	88738	90645	92354
81317	81512	88749	90646	92355
81318	81599	89250	90647	92358
81319	82075	89251	90648	92371
81321	82962	89253	90653	92531
81322	83987	89254	90669	92532
81323	84061	89255	90680	92533
81324	84145	89257	90685	92534
81325	84431	89258	90687	92548
81326	84830	89259	90698	92559
81330	86079	89260	90700	92560
81331	86305	89261	90702	92561
81332	86890	89264	90708	92562
81340	86891	89268	90710	92564
81341	86910	89272	90712	92597
81342	86911	89280	90720	92605
81350	86927	89281	90721	92606
81355	86930	89290	90723	92613
81370	86931	89291	90739	92615
81371	86932	89321	90743	92617
81372	86945	89322	90744	92630
81373	86950	89325	90748	92633
81374	86960	89329	90845	93660
81375	86965	89330	90863	93668
81376	86985	89331	90865	93702
81377	87150	89335	90875	93770
81378	87153	89342	90876	93786
81379	87493	89343	90880	93895
81380	88000	89344	90885	94005
81381	88005	89346	90889	94015
81382	88007	89352	90901	94644
81383	88012	89353	90911	94645
81400	88014	89354	90940	95012
81401	88016	89356	90989	95052
81402	88020	89398	90993	95120
81403	88025	90281	90997	95125
81404	88027	90283	90999	95130
81405	88028	90284	91112	95131
81406	88029	90287	91132	95132
81407	88036	90384	91133	95133
81408	88037	90386	92314	95134
81500	88040	90389	92315	95824
81503	88045	90396	92316	95965
81506	88099	90586	92317	95966

Commonwealth of Massachusetts MassHealth Provider Manual Series Physician Manual	Subchapter Number and Title 6. Service Codes	Page 6-4
	Transmittal Letter PHY-144	Date 01/02/15

602 Nonpayable CPT Codes (cont.)

95967	97545	99135	99359	99450
95992	97546	99140	99360	99455
96000	97755	99143	99363	99456
96001	98940	99144	99364	99485
96002	98941	99145	99366	99486
96003	98942	99148	99367	99487
96004	98943	99149	99368	99489
96040	98960	99150	99374	99490
96101	98961	99172	99375	99495
96102	98962	99190	99377	99496
96103	98966	99191	99378	99497
96105	98967	99192	99379	99498
96111	98968	99241	99380	99500
96116	98969	99242	99401	99501
96118	99001	99243	99402	99502
96119	99002	99244	99403	99503
96120	99024	99245	99404	99504
96125	99026	99251	99406	99505
96150	99027	99252	99408	99506
96151	99053	99253	99409	99507
96152	99056	99254	99411	99509
96153	99058	99255	99412	99510
96154	99060	99288	99420	99511
96155	99071	99315	99429	99512
96376	99075	99316	99441	99601
96567	99078	99339	99442	99602
96902	99080	99340	99443	99605
96904	99082	99354	99444	99606
97005	99090	99355	99446	99607
97006	99091	99356	99447	
97014	99100	99357	99448	
97537	99116	99358	99449	

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: *Administrative and Billing Regulations*, 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 codes.

Legend

Centrifuging required: Service Code 99000 may be used only to pay a physician who centrifuges and mails a specimen to a

laboratory for analysis. (See 130 CMR 433.439.)

Commonwealth of Massachusetts MassHealth Provider Manual Series Physician Manual	Subchapter Number and Title 6. Service Codes	Page 6-5
	Transmittal Letter PHY-144	Date 01/02/15

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

Covered for members ≥ 12 . This code is payable only for members aged 12 years or older; available free of charge through the Massachusetts Immunization Program for children younger than 12 years of age.

Covered for members 19 to 26: This code is payable only for members aged 19 to 26 years; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age.

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, 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 under 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 through 433.458 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.

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 for more information.

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 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.

PA: Service requires prior authorization. See 130 CMR 433.408 for more information.

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

Commonwealth of Massachusetts MassHealth Provider Manual Series Physician Manual	Subchapter Number and Title 6. Service Codes	Page 6-6
	Transmittal Letter PHY-144	Date 01/02/15

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

<u>Service Code and Req. or Limit</u>		<u>Service Code and Req. or Limit</u>	
01999	IC	21150	PA
11920	PA	21151	PA
11921	PA	21154	PA
11970	PA (for Gender Dysphoria- Related Services Only)	21155	PA
11971	PA (for Gender Dysphoria- Related Services Only)	21159	PA
		21160	PA
15820	PA	21172	PA
15821	PA	21175	PA
15822	PA	21188	PA
15823	PA	21193	PA
15830	PA	21194	PA
15832	PA	21195	PA
15833	PA	21196	PA
15834	PA	21198	PA
15835	PA	21206	PA
15836	PA	21208	PA
15837	PA	21209	PA
15838	PA	21210	PA
15839	PA	21215	PA
15999	IC	21230	PA
17999	IC	21235	PA
19300	PA	21240	PA
19303	PA (for Gender Dysphoria- Related Services Only)	21242	PA
19304	PA (for Gender Dysphoria- Related Services Only)	21243	PA
		21244	PA
19316	PA	21247	PA
19318	PA	21255	PA
19324	PA	21256	PA
19325	PA	21299	PA; IC
19328	PA	21499	IC
19350	PA	21742	IC
19499	IC	21743	IC
20999	IC	21899	IC
21088	IC	22857	PA
21089	IC	22862	PA
21137	PA	22865	PA
21138	PA	22899	IC
21139	PA	22999	IC
21146	PA	23929	IC
21147	PA	24940	IC
		24999	IC
		25999	IC

Commonwealth of Massachusetts MassHealth Provider Manual Series Physician Manual	Subchapter Number and Title 6. Service Codes	Page 6-7
	Transmittal Letter PHY-144	Date 01/02/15

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

<u>Service Code and Req. or Limit</u>		<u>Service Code and Req. or Limit</u>	
26989	IC	38129	IC
27299	IC	38230	PA
27599	IC	38240	PA
27899	IC	38241	PA
28890	PA	38242	PA
28899	IC	38589	IC
29799	IC	38999	IC
29800	PA	39499	IC
29804	PA	39599	IC
29999	IC	40799	IC
30400	PA	40840	PA
30410	PA	40842	PA
30420	PA	40843	PA
30430	PA	40844	PA
30435	PA	40845	PA
30450	PA	40899	IC
30999	IC	41599	IC
31299	IC	41820	PA; IC
31599	IC	41821	IC
31899	IC	41850	IC
32851	PA	41899	IC
32852	PA	42280	PA
32853	PA	42281	PA
32854	PA	42299	IC
32999	IC	42699	IC
33935	PA	42999	IC
33945	PA	43289	IC
33981	IC	43499	IC
33982	IC	43644	PA
33983	IC	43645	PA
33999	IC	43647	PA; IC
34841	IC	43648	IC
34842	IC	43659	IC
34843	IC	43770	PA
34844	IC	43771	PA
34845	IC	43772	PA
34846	IC	43773	PA
34847	IC	43774	PA
34848	IC	43775	PA
36299	IC	43846	PA
36470	PA	43847	PA
36471	PA	43848	PA
37501	IC	43881	PA; IC
37799	IC	43882	IC

Commonwealth of Massachusetts MassHealth Provider Manual Series Physician Manual	Subchapter Number and Title 6. Service Codes	Page 6-8
	Transmittal Letter PHY-144	Date 01/02/15

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

<u>Service Code and Req. or Limit</u>		<u>Service Code and Req. or Limit</u>	
43886	PA		Related Services Only)
43887	PA	54699	IC
43888	PA	55175	PA (for Gender Dysphoria- Related Services Only)
43999	IC	55180	PA (for Gender Dysphoria- Related Services Only)
44133	IC	55250	CS-18 or CS-21
44135	PA; IC	55450	CS-18 or CS-21
44136	PA; IC	55559	IC
44238	IC	55899	IC; PA (for Gender Dysphoria- Related Services Only)
44799	IC	56620	PA (for Gender Dysphoria- Related Services Only)
44899	IC	56625	PA (for Gender Dysphoria- Related Services Only)
44979	IC	56800	PA
45499	IC	56805	IC
45999	IC	57110	PA (for Gender Dysphoria- Related Services Only)
46999	IC	57291	PA (for Gender Dysphoria- Related Services Only)
47135	PA	57292	PA (for Gender Dysphoria- Related Services Only)
47136	PA	57335	IC
47379	IC	58150	HI-1; PA (for Gender Dysphoria- Related Services Only)
47399	IC	58152	HI-1
47579	IC	58180	HI-1; PA (for Gender Dysphoria-Related Services Only)
47999	IC	58200	HI-1
48554	PA	58210	HI-1
48999	IC	58240	HI-1
49329	IC	58260	HI-1; PA (for Gender Dysphoria-Related Services Only)
49659	IC	58262	HI-1; PA (for Gender Dysphoria-Related Services Only)
49906	IC	58263	HI-1
49999	IC	58267	HI-1
50549	IC	58270	HI-1
50949	IC	58275	HI-1
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-		

Commonwealth of Massachusetts MassHealth Provider Manual Series Physician Manual	Subchapter Number and Title 6. Service Codes	Page 6-9
	Transmittal Letter PHY-144	Date 01/02/15

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

<u>Service Code and Req. or Limit</u>		<u>Service Code and Req. or Limit</u>	
58280	HI-1		Dysphoria-Related Services
58285	HI-1		Only)
58290	HI-1; PA (for Gender Dysphoria-Related Services Only)	58573	HI-1; PA (for Gender Dysphoria-Related Services Only)
58291	HI-1; PA (for Gender Dysphoria-Related Services Only)	58578	IC
		58579	IC
58292	HI-1	58600	CS-18 or CS-21
58293	HI-1	58605	CS-18 or CS-21
58294	HI-1	58611	CS-18 or CS-21
58541	HI-1; PA (for Gender Dysphoria-Related Services Only)	58615	CS-18 or CS-21
		58661	CS-18* or CS-21*; PA (for Gender Dysphoria-Related Services Only)
58542	HI-1; PA (for Gender Dysphoria-Related Services Only)	58670	CS-18 or CS-21
		58671	CS-18 or CS-21
58543	HI-1; PA (for Gender Dysphoria-Related Services Only)	58679	IC
		58720	CS-18* or CS-21*; PA (for Gender Dysphoria-Related Services Only)
58544	HI-1; PA (for Gender Dysphoria-Related Services Only)	58951	HI-1
		58956	HI-1
58548	HI-1	58999	IC; PA (for Gender Dysphoria-Related Services Only)
58550	HI-1; PA (for Gender Dysphoria-Related Services Only)	59135	HI-1
		59525	HI-1
58552	HI-1; PA (for Gender Dysphoria-Related Services Only)	59840	CPA-2 (first trimester)
		59841	CPA-2 (first trimester)
58553	HI-1; PA (for Gender Dysphoria-Related Services Only)	59850	CPA-2 (second trimester, third trimester in hospital only)
		59851	CPA-2 (second trimester, third trimester in hospital only)
58554	HI-1; PA (for Gender Dysphoria-Related Services Only)	59852	CPA-2 (second trimester, third trimester in hospital only)
		59855	CPA-2
58565	CS-18 or CS-21	59856	CPA-2
58570	HI-1; PA (for Gender Dysphoria-Related Services Only)	59857	CPA-2
		59898	IC
58571	HI-1; PA (for Gender Dysphoria-Related Services Only)	59899	IC
		60659	IC
		60699	IC
58572	HI-1; PA (for Gender	64650	PA
		64653	PA
		64999	IC

Commonwealth of Massachusetts MassHealth Provider Manual Series Physician Manual	Subchapter Number and Title 6. Service Codes	Page 6-10
	Transmittal Letter PHY-144	Date 01/02/15

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

Service Code and Req. or Limit

65757 IC
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
74261 PA
74262 PA
76499 IC
76999 IC
77058 PA
77059 PA
77061 IC
77062 IC
77299 IC
77387 IC
77399 IC
77499 IC
77799 IC
78099 IC
78199 IC
78299 IC
78399 IC
78499 IC
78599 IC
78699 IC
78799 IC
78999 IC

Service Code and Req. or Limit

79999 IC
81099 IC
81211 PA
81212 PA
81215 PA
81217 PA
81420 PA
81479 IC
81507 PA
81519 PA
84999 IC
85999 IC
86849 IC
86999 IC
87999 PA; IC
88199 IC
88299 IC
88399 IC
89240 IC
90288 IC
90291 IC
90296 IC
90378 PA; IC
90393 PA; IC
90399 IC
90476 IC
90477 IC
90581 IC
90630 IC; Covered for members ≥ 19 ;
available free of charge through
the Massachusetts Immunization
Program for children younger
than 19 years of age
90632 Covered for adults ≥ 19 ;
available free of charge through
the Massachusetts Immunization
Program for children younger
than 19 years of age
90636 Covered for members ≥ 19 ;
available free of charge through
the Massachusetts Immunization
Program for children younger
than 19 years of age
90649 Covered for members aged 19 to

Commonwealth of Massachusetts MassHealth Provider Manual Series Physician Manual	Subchapter Number and Title 6. Service Codes	Page 6-11
	Transmittal Letter PHY-144	Date 01/02/15

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

<u>Service Code and Req. or Limit</u>		<u>Service Code and Req. or Limit</u>	
	26; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age	90676	than 19 years of age IC
90650	Covered for female members aged 19 to 26; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age	90681	IC; 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 female members aged 19 to 26; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age	90686	IC; Covered for members ≥ 19 ; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age
90654	IC; Covered for members ≥ 19 ; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age	90688	IC; Covered for members ≥ 19 ; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age
90661	IC	90690	IC
90662	IC	90692	IC
90664	IC	90693	IC
90666	IC	90696	IC
90667	IC	90707	Covered for members ≥ 19 ; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age.
90668	IC		
90670	IC; Covered for members ≥ 19 ; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age.	90713	Covered for members ≥ 19 ; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age.
90672	IC; Covered for members $> 19 < 49$; 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.
90673	IC; Covered for members Covered for members ≥ 19 ; available free of charge through the Massachusetts Immunization Program for children younger	90716	Covered for members ≥ 19 ; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age
		90719	IC
		90725	IC
		90727	IC

Commonwealth of Massachusetts MassHealth Provider Manual Series Physician Manual	Subchapter Number and Title 6. Service Codes	Page 6-12
	Transmittal Letter PHY-144	Date 01/02/15

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

<u>Service Code and Req. or Limit</u>		<u>Service Code and Req. or Limit</u>	
90732	Covered for members ≥ 19 ; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age.	92526	PA for ST >35
		92588	IC
		92610	PA for ST >35
		92700	IC
		92992	IC
90734	IC; Covered for members ≥ 19 ; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age.	92993	IC
		93229	IC
		93299	IC
		93745	IC
		93799	IC
90736	IC; PA is required for members less than age 50	93998	IC
		94669	PA
90738	IC	94772	IC
90749	IC	94774	IC
90867	IC	94775	IC
90868	IC	94776	IC
90899	IC	94777	IC
90935	For hospitalized member only; not for chronic maintenance	94799	IC
		95199	IC
90937	For hospitalized member only; not for chronic maintenance	95803	IC
		95999	IC
90945	For hospitalized member only; not for chronic maintenance	96110	Developmental screening, with interpretation and report, per standardized instrument form. Covered for members birth to age 21 for the administration and scoring of a standardized behavioral health screening tool from the approved menu of tools found in Appendix W of your MassHealth provider manual; must be accompanied by modifiers found in Section 605 under Behavioral Health Screening Modifiers to indicate whether a behavioral health need was identified.
90947	For hospitalized member only; not for chronic maintenance		
90952	IC		
90953	IC		
91110	PA		
91111	PA		
91299	IC		
92065	PA		
92250	PA		
92310	PA; includes supply of lenses		
92311	PA; includes supply of lenses		
92312	PA; includes supply of lenses		
92313	PA; includes supply of lenses		
92326	PA		
92499	IPC	96379	IC
92507	PA for ST >35	96549	IC
92508	PA for ST >35	96999	IC
92521	PA for ST >35	97001	PA for PT >20
92522	PA for ST >35	97002	PA for PT >20
92523	PA for ST >35	97003	PA for OT >20
92524	PA for ST >35	97004	PA for OT >20

Commonwealth of Massachusetts MassHealth Provider Manual Series Physician Manual	Subchapter Number and Title 6. Service Codes	Page 6-13
	Transmittal Letter PHY-144	Date 01/02/15

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

<u>Service Code and Req. or Limit</u>		<u>Service Code and Req. or Limit</u>	
97010	PA for PT >20	97542	PA for OT >20
97012	PA for PT >20	97607	IC
97016	PA for PT >20	97608	IC
97018	PA for PT >20	97610	IC
97022	PA for PT >20	97760	PA for OT >20
97024	PA for PT >20	97761	PA for OT >20
97026	PA for PT >20	97762	PA for OT >20
97028	PA for PT >20	97799	IC
97032	PA for PT >20	98925	PA for OMT >20
97033	PA for PT >20	98926	PA for OMT >20
97034	PA for PT >20	98927	PA for OMT >20
97035	PA for PT >20	98928	PA for OMT >20
97036	PA for PT >20	98929	PA for OMT >20
97039	PA for PT >20; IC	99000	Centrifuging required
97110	PA for PT >20	99050	Urgent care only
97112	PA for PT >20	99051	Urgent care only
97113	PA for PT >20	99070	IC; excluding family planning supplies, such as trays, used in the collection of specimens
97116	PA for PT >20		
97124	PA for PT >20		
97139	PA for PT >20; IC	99174	PA
97140	PA for PT >20	99188	Once per three month period
97150	PA for PT >20	99195	For hematologic disorders only
97530	PA for OT >20	99199	IC
97532	PA for OT >20	99499	IC
97533	PA for OT >20	99600	IC
97535	PA for OT >20		

604 Payable HCPCS Level II Service Codes

This section lists Level II HCPCS codes that are payable under MassHealth. Refer to the Centers for Medicare & Medicaid Services website at <http://www.cms.gov/Medicare/Coding/HCPCSReleaseCodeSets/Alpha-Numeric-HCPCS.html> for more detailed descriptions when billing for Level II HCPCS codes provided to MassHealth members.

<u>Service Code</u>	<u>Service Description</u>
A4261	Cervical cap for contraceptive use (IC)
A4266	Diaphragm for contraceptive use
A4267	Contraceptive supply, condom, male, each
A4268	Contraceptive supply, condom, female, each
A4269	Contraceptive supply, spermicide (e.g., foam, gel), each
A4641	Radiopharmaceutical, diagnostic, not otherwise classified (IC)
A4648	Tissue marker, implantable, any type, each (IC)
A9500	Technetium Tc-99m sestamibi, diagnostic, per study dose (IC)

Commonwealth of Massachusetts MassHealth Provider Manual Series Physician Manual	Subchapter Number and Title 6. Service Codes	Page 6-14
	Transmittal Letter PHY-144	Date 01/02/15

604 Payable HCPCS Level II Service Codes (cont.)

Service
Code

Service Description

A9502	Technetium Tc-99m tetrofosmin, diagnostic, per study dose (IC)
A9503	Technetium Tc-99m medronate, diagnostic, per study, up to 30 millicuries (IC)
A9505	Thallium Tl-201 thallous chloride, diagnostic, per millicurie (IC)
A9512	Technetium Tc-99m pertechnetate, diagnostic, per millicurie (IC)
A9537	Technetium Tc-99m mebrofenin, diagnostic, per study dose, up to 15 millicuries (IC)
G0027	Semen analysis; presence and/or mobility of sperm excluding Huhner
G0105	Colorectal cancer screening; colonoscopy on individual at high risk
G0108	Diabetes outpatient self-management training services, individual, per 30 minutes
G0109	Diabetes outpatient self-management training services, group session (two or more), per 30 minutes
G0121	Colorectal cancer screening; colonoscopy on individual not meeting criteria for high risk
G0202	Screening mammography, producing direct digital image, bilateral, all views
G0204	Diagnostic mammography, producing direct 2D digital image, bilateral, all views
G0206	Diagnostic mammography, producing direct 2D digital image, unilateral, all views
G0270	Medical nutrition therapy; reassessment and subsequent intervention(s) following second referral in same year for change in diagnosis, medical condition, or treatment regimen (including additional hours needed for renal disease), individual, face-to-face with the patient, each 15 minutes
G0271	Medical nutrition therapy; reassessment and subsequent intervention(s) following second referral in same year for change in diagnosis, medical condition, or treatment regimen (including additional hours needed for renal disease), group (two or more individuals), each 30 minutes
G0279	Diagnostic digital breast tomosynthesis, unilateral or bilateral (List separately in addition to G0204 or G0206)
G0431	Drug screen, qualitative; multiple drug classes by high complexity test method (e.g., immunoassay, enzyme assay), per patient encounter
G0434	Drug screen, other than chromatographic; any number of drug classes, by CLIA waived test or moderate complexity test, per patient encounter
G6018	Ileoscopy, through stoma; with transendoscopic stent placement (includes predilation)
G6019	Colonoscopy through stoma; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique
G6020	Colonoscopy through stoma; with transendoscopic stent placement (includes predilation)
G6021	Unlisted procedure intestine
G6022	Sigmoidoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique
G6023	Sigmoidoscopy, flexible; with transendoscopic stent placement (includes predilation)
G6024	Colonoscopy, flexible, proximal to splenic flexure; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique
G6025	Colonoscopy, flexible, proximal to splenic flexure; with transendoscopic stent placement (includes predilation)
G6030	Assay of amitriptyline
G6031	Assay of benzodiazepines

Commonwealth of Massachusetts MassHealth Provider Manual Series Physician Manual	Subchapter Number and Title 6. Service Codes	Page 6-15
	Transmittal Letter PHY-144	Date 01/02/15

604 Payable HCPCS Level II Service Codes (cont.)

Service

<u>Code</u>	<u>Service Description</u>
G6032	Assay of desipramine
G6034	Assay of doxepin
G6035	Assay of gold
G6036	Assay of imipramine
G6037	Assay of nortriptyline
G6038	Assay of salicylate
G6039	Assay of acetaminophen
G6040	Assay of alcohol (ethanol); any specimen except breath
G6041	Alkaloids, urine, quantitative
G6042	Assay of amphetamine or methamphetamine
G6043	Assay of barbiturates, not elsewhere specified
G6044	Assay of cocaine or metabolite
G6045	Assay of dihydrocodeinone
G6046	Assay of dihydromorphine
G6047	Assay of dihydrotestosterone
G6048	Assay of dimethadione
G6049	Assay of epiandrosterone
G6050	Assay of etchlorvynol
G6051	Assay of flurazepam
G6052	Assay of meprobamate
G6053	Assay of methadone
G6054	Assay of methsuximide
G6055	Assay of nicotine
G6056	Opiate(s), drug and metabolites, each procedure
G6057	Assay of phenothiazine
G6058	Drug confirmation, each procedure
J0129	Injection, abatacept, 10 mg (PA)
J0131	Injection, acetaminophen, 10 mg (IC)
J0135	Injection, adalimumab, 20 mg (PA)
J0153	Injection, adenosine, 1 mg (not to be used to report any adenosine phosphate compounds)
J0171	Injection, Adrenalin, epinephrine, 0.1 mg (IC)
J0178	Injection, aflibercept, 1 mg
J0215	Injection, alefacept, 0.5 mg (PA)
J0221	Injection, alglucosidase alfa (Lumizyme), 10 mg (PA) (IC)
J0256	Injection, alpha 1-proteinase inhibitor (human), not otherwise specified, 10 mg
J0257	Injection, alpha 1 proteinase inhibitor (human) (GLASSIA), 10 mg (IC)
J0290	Injection, ampicillin sodium, 500 mg
J0295	Injection, ampicillin sodium/sulbactam sodium, per 1.5 g
J0348	Injection, anidulafungin, 1 mg
J0401	Injection, aripiprazole, extended release, 1 mg (IC)
J0456	Injection, azithromycin, 500 mg
J0461	Injection, atropine sulfate, 0.01 mg
J0475	Injection, baclofen, 10 mg

Commonwealth of Massachusetts MassHealth Provider Manual Series Physician Manual	Subchapter Number and Title 6. Service Codes	Page 6-16
	Transmittal Letter PHY-144	Date 01/02/15

604 Payable HCPCS Level II Service Codes (cont.)

Service

<u>Code</u>	<u>Service Description</u>
J0476	Injection, baclofen, 50 mcg for intrathecal trial
J0485	Injection, belatacept, 1 mg (PA)
J0490	Injection, belimumab, 10 mg (PA) (IC)
J0558	Injection, penicillin G benzathine and penicillin G procaine, 100,000 units (IC)
J0561	Injection, penicillin G benzathine, 100,000 units (IC)
J0571	Buprenorphine, oral, 1 mg (IC) (PA)
J0572	Buprenorphine/naloxone, oral, less than or equal to 3 mg (IC)
J0573	Buprenorphine/naloxone, oral, greater than 3 mg, but less than or equal to 6 mg (IC)
J0574	Buprenorphine/naloxone, oral, greater than 6 mg, but less than or equal to 10 mg (IC)
J0575	Buprenorphine/naloxone, oral, greater than 10 mg (IC)
J0585	Injection onabotulinumtoxinA, 1 unit (PA)
J0586	Injection, abobotulinumtoxinA, 5 units (PA)
J0587	Injection rimabotulinumtoxinB, 100 units (PA)
J0588	Injection, incobotulinumtoxinA, 1 unit (PA) (IC)
J0592	Injection, buprenorphine HCl, 0.1 mg
J0597	Injection, C-1 esterase inhibitor (human), Berinert, 10 units (IC)
J0598	Injection, C-1 esterase inhibitor (human), Cinryze, 10 units (PA)
J0638	Injection, canakinumab, 1 mg (PA) (IC)
J0640	Injection, leucovorin calcium, per 50 mg
J0690	Injection, cefazolin sodium, 500 mg
J0694	Injection, cefoxitin sodium, 1 g
J0696	Injection, ceftriaxone sodium, per 250 mg
J0697	Injection, sterile cefuroxime sodium, per 750 mg
J0702	Injection, betamethasone acetate 3 mg and betamethasone sodium phosphate 3 mg
J0715	Injection, ceftizoxime sodium, per 500 mg (PA) (IC)
J0716	Injection, Centrurides immune f(ab)2, up to 120 mg (IC)
J0717	Injection, certolizumab pegol 1mg (PA)
J0775	Injection, collagenase, clostridium histolyticum, 0.01 mg (PA) (IC)
J0780	Injection, prochlorperazine, up to 10 mg
J0833	Injection, cosyntropin, not otherwise specified, 0.25 mg
J0834	Injection, cosyntropin (Cortrosyn), 0.25 mg
J0840	Injection, crotalidae polyvalent immune fab (ovine), up to 1 g (IC)
J0881	Injection, darbepoetin alfa, 1 mcg (non-ESRD use) (PA)
J0882	Injection, darbepoetin alfa, 1 mcg (for ESRD on dialysis) (PA)
J0885	Injection, epoetin alfa (for non-ESRD use), 1000 units (PA)
J0886	Injection, epoetin alfa, 1000 units (for ESRD on dialysis) (PA)
J0887	Injection, epoetin beta, 1 microgram, (for ESRD on dialysis) (PA) (IC)
J0888	Injection, epoetin beta, 1 microgram, (for non-ESRD use) (PA) (IC)
J0890	Injection, peginesatide, 0.1 mg (for ESRD on dialysis) (PA)
J0897	Injection, denosumab, 1 mg (PA) (IC)
J1020	Injection, methylprednisolone acetate, 20 mg
J1030	Injection, methylprednisolone acetate, 40 mg
J1040	Injection, methylprednisolone acetate, 80 mg

Commonwealth of Massachusetts MassHealth Provider Manual Series Physician Manual	Subchapter Number and Title 6. Service Codes	Page 6-17
	Transmittal Letter PHY-144	Date 01/02/15

604 Payable HCPCS Level II Service Codes (cont.)

Service

<u>Code</u>	<u>Service Description</u>
J1050	Injection, medroxyprogesterone acetate, 1 mg
J1071	Injection, testosterone cypionate, 1mg (PA)
J1094	Injection, dexamethasone acetate, 1 mg
J1100	Injection, dexamethosone sodium phosphate, 1 mg
J1160	Injection, digoxin, up to 0.5 mg
J1170	Injection, hydromorphone, up to 4 mg
J1200	Injection, diphenhydramine HCl, up to 50 mg
J1260	Injection, dolasetron mesylate, 10 mg
J1290	Injection, ecallantide, 1 mg (IC)
J1300	Injection, eculizumab, 10 mg (IC)
J1320	Injection, amitriptyline HCl, up to 20 mg (IC)
J1322	Injection, elosulfase alfa, 1mg (PA) (IC)
J1438	Injection, etanercept, 25 mg (PA)
J1439	Injection, ferric carboxymaltose, 1mg (PA)
J1442	Injection, filgrastim (G-CSF) 1microgram (PA)
J1446	Injection, tbo-filgrastim, 5 micrograms (IC)
J1460	Injection, gamma globulin, intramuscular, 1 cc
J1556	Injection, immune globulin (bivigam), 500mg
J1557	Injection, immune globulin, (Gammaplex), intravenous, nonlyophilized (e.g., liquid), 500 mg (PA) (IC)
J1559	Injection, immune globulin (Hizentra), 100 mg (PA) (IC)
J1561	Injection, immune globulin, (Gamunex), intravenous, nonlyophilized (e.g., liquid), 500 mg (PA)
J1562	Injection, immune globulin, (Vivaglobin), 100 mg (PA)
J1566	Injection, immune globulin, intravenous, lyophilized (e.g., powder), not otherwise specified, 500 mg (PA)
J1569	Injection, immune globulin (Gammagard liquid), nonlyophilized (e.g., liquid), 500 mg (PA)
J1571	Injection, hepatitis B immune globulin (Hepagam B), intramuscular, 0.5 ml
J1580	Injection, garamycin, gentamicin, up to 80 mg
J1599	Injection, immune globulin, intravenous, nonlyophilized (e.g., liquid), not otherwise specified, 500 mg (PA) (IC)
J1602	Injection, golimumab, 1 mg, for intravenous use (PA) (IC)
J1626	Injection, granisetron HCl, 100 mcg
J1630	Injection, haloperidol, up to 5 mg
J1650	Injection, enoxaparin sodium, 10 mg
J1655	Injection, tinzaparin sodium, 1000 IU
J1670	Injection, tetanus immune globulin, human, up to 250 units
J1710	Injection, hydrocortisone sodium phosphate, up to 50 mg (IC)
J1720	Injection, hydrocortisone sodium succinate, up to 100 mg
J1725	Injection, hydroxyprogesterone caproate, 1 mg (PA) (IC)
J1740	Injection, ibandronate sodium, 1 mg (PA)
J1743	Injection, idursulfase, 1 mg (IC)

Commonwealth of Massachusetts MassHealth Provider Manual Series Physician Manual	Subchapter Number and Title 6. Service Codes	Page 6-18
	Transmittal Letter PHY-144	Date 01/02/15

604 Payable HCPCS Level II Service Codes (cont.)

Service

<u>Code</u>	<u>Service Description</u>
J1744	Injection, icatibant, 1 mg (PA) (IC)
J1745	Injection, infliximab, 10 mg (PA)
J1750	Injection, iron dextran, 50 mg
J1786	Injection, imiglucerase, 10 units (PA) (IC)
J1790	Injection, droperidol, up to 5 mg
J1800	Injection, propranolol HCl, up to 1 mg
J1826	Injection, interferon beta-1a, 30 mcg (IC)
J1885	Injection, ketorolac, tromethamine, per 15 mg
J1890	Injection, cephalothin sodium, up to 1 g (IC)
J1950	Injection, leuprolide acetate (for depot suspension), per 3.75 mg (PA)
J1956	Injection, levofloxacin, 250 mg
J1990	Injection, chlordiazepoxide HCl, up to 100 mg
J2060	Injection, lorazepam, 2 mg
J2150	Injection, mannitol, 25% in 50 ml
J2175	Injection, meperidine HCl, per 100 mg
J2212	Injection, methylnaltrexone, 0. 1 mg (IC) (PA)
J2248	Injection, micafungin sodium, 1 mg
J2250	Injection, midazolam HCl, per 1 mg
J2265	Injection, minocycline HCl, 1 mg (IC)
J2270	Injection, morphine sulfate, up to 10 mg
J2274	Injection, morphine sulfate, preservative-free for epidural or intrathecal use, 10mg
J2300	Injection, nalbuphine HCl, per 10 mg
J2310	Injection, naloxone HCl, per 1 mg
J2315	Injection, naltrexone, depot form, 1 mg (PA)
J2323	Injection, natalizumab, 1 mg
J2355	Injection, oprelvekin, 5 mg (PA)
J2357	Injection, omalizumab, 5 mg (PA)
J2358	Injection, olanzapine, long-acting, 1 mg (PA) (IC)
J2405	Injection, ondansetron HCl, per 1 mg
J2426	Injection, paliperidone palmitate extended release, 1 mg (PA) (IC)
J2430	Injection, pamidronate disodium, per 30 mg
J2440	Injection, papaverine HCl, up to 60 mg
J2469	Injection, palonosetron HCl, 25 mcg
J2503	Injection, pegaptanib sodium, 0.3 mg
J2505	Injection, pegfilgrastim, 6 mg
J2507	Injection, pegloticase, 1 mg (PA) (IC)
J2510	Injection, penicillin G procaine, aqueous, up to 600,000 units
J2515	Injection, pentobarbital sodium, per 50 mg
J2550	Injection, promethazine HCl, up to 50 mg
J2560	Injection, phenobarbital sodium, up to 120 mg
J2562	Injection, plerixafor, 1 mg
J2675	Injection, progesterone, per 50 mg
J2680	Injection, fluphenazine decanoate, up to 25 mg

Commonwealth of Massachusetts MassHealth Provider Manual Series Physician Manual	Subchapter Number and Title 6. Service Codes	Page 6-19
	Transmittal Letter PHY-144	Date 01/02/15

604 Payable HCPCS Level II Service Codes (cont.)

Service

<u>Code</u>	<u>Service Description</u>
J2704	Injection, propofol, 10 mg
J2760	Injection, phentolamine mesylate, up to 5 mg
J2778	Injection, ranibizumab, 0.1 mg
J2785	Injection, regadenoson, 0.1 mg
J2788	Injection, Rho D immune globulin, human, minidose, 50 mcg (250 i.u.)
J2790	Injection, Rho D immune globulin, human, full dose, 300 mcg (1500 i.u.)
J2792	Injection, Rho D immune globulin, intravenous, human, solvent detergent, 100 IU
J2793	Injection, rilonacept, 1 mg (PA)
J2794	Injection, risperidone, long acting, 0.5 mg
J2796	Injection, romiplostim, 10 mcg (PA)
J2820	Injection, sargramostim (GM-CSF), 50 mcg
J2910	Injection, aurothioglucose, up to 50 mg (IC)
J2916	Injection, sodium ferric gluconate complex in sucrose injection, 12.5 mg
J2920	Injection, methylprednisolone sodium succinate, up to 40 mg
J2930	Injection, methylprednisolone sodium succinate, up to 125 mg
J2940	Injection, somatrem, 1 mg (PA) (IC)
J2941	Injection, somatropin, 1 mg (PA)
J3010	Injection, fentanyl citrate, 0.1 mg
J3030	Injection, sumatriptan succinate, 6 mg
J3060	Injection, taliglucerase alfa 10 units (PA)
J3095	Injection, telavancin, 10 mg (PA) (IC)
J3110	Injection, teriparatide, 10 mcg (PA) (IC)
J3121	Injection, testosterone enanthate, 1mg (PA)
J3145	Injection, testosterone undecanoate, 1 mg (PA) (IC)
J3230	Injection, chlorpromazine HCl, up to 50 mg
J3240	Injection, thyrotropin alpha, 0.9 mg. provided in 1.1 mg vial
J3243	Injection, tigecycline, 1 mg
J3250	Injection, trimethobenzamide HCl, up to 200 mg
J3262	Injection, tocilizumab, 1 mg (PA) (IC)
J3301	Injection, triamcinolone acetonide, not otherwise specified, 10 mg
J3302	Injection, triamcinolone diacetate, per 5 mg
J3303	Injection, triamcinolone hexacetonide, per 5 mg
J3357	Injection, ustekinumab, 1 mg (PA) (IC)
J3360	Injection, diazepam, up to 5 mg
J3385	Injection, velaglucerase alfa, 100 units (PA) (IC)
J3396	Injection, verteporfin, 0.1 mg
J3410	Injection, hydroxyzine HCl, up to 25 mg
J3411	Injection, thiamine HCl, 100 mg
J3430	Injection, phytonadione (vitamin K), per 1 mg
J3489	Injection, zoledronic acid, 1mg (PA)
J3490	Unclassified drugs (IC)
J3490-FP	Unclassified drugs (service provided as part of Medicaid family planning program) (Use for medications and injectables related to family planning services, with the exception

Commonwealth of Massachusetts MassHealth Provider Manual Series Physician Manual	Subchapter Number and Title 6. Service Codes	Page 6-20
	Transmittal Letter PHY-144	Date 01/02/15

604 Payable HCPCS Level II Service Codes (cont.)

Service

<u>Code</u>	<u>Service Description</u>
	of Rho (D) human immune globulin, and contraceptive injectables such as Depo-Provera, items for which MassHealth will pay the provider's costs.) (IC)
J3590	Unclassified biologics (IC)
J7030	Infusion, normal saline solution, 1,000 cc
J7060	5% dextrose/water (500 ml = 1 unit)
J7070	Infusion, D-5-W, 1,000 cc
J7131	Hypertonic saline solution, 1 ml (IC)
J7178	Injection, human fibrinogen concentrate, 1 mg (IC)
J7181	Injection, factor XIII A-subunit, (recombinant), per IU (IC)
J7182	Injection, factor VIII, (antihemophilic factor, recombinant), (NovoEight), per IU (IC)
J7200	Injection, factor IX, (antihemophilic factor, recombinant), Rixubis, per IU
J7201	Injection, factor IX, FC fusion protein (recombinant), per IU
J7301	Levonorgestrel-releasing intrauterine contraceptive system (skyla), 13.5 mg (IC)
J7302	Levonorgestrel-releasing intrauterine contraceptive system, 52 mg (IC)
J7303	Contraceptive supply, hormone containing vaginal ring, each (IC)
J7304	Contraceptive supply, hormone containing patch, each (IC)
J7307	Etonogestrel (contraceptive) implant system, including implant and supplies (IC)
J7309	Methyl aminolevulinate (MAL) for topical administration, 16.8%, 1 g (IC)
J7312	Injection, dexamethasone, intravitreal implant, 0.1 mg (IC)
J7316	Injection, ocriplasmin, 0.125 mg
J7321	Hyaluronan or derivative, Hyalgan or Supartz, for intra-articular injection, per dose (PA)
J7323	Hyaluronan or derivative, Euflexxa, for intra-articular injection, per dose (PA)
J7324	Hyaluronan or derivative, Orthovisc, for intra-articular injection, per dose (PA)
J7325	Hyaluronan or derivative, Synvisc or Synvisc-One for intra-articular injection, 1 mg (PA)
J7326	Hyaluronan or derivative, Gel-One, for intra-articular injection, per dose (PA) (IC)
J7327	Hyaluronan or derivative, Monovisc, for intra-articular injection, per dose (PA) (IC)
J7336	Capsaicin 8% patch, per sq cm (PA)
J7508	Tacrolimus extended release, oral, 0.1mg
J7527	Everolimus, oral, 0.25 mg
J7599	Immunosuppressive drug, not otherwise specified (IC)
J7608	Acetylcysteine, inhalation solution, FDA-approved final product, noncompounded, administered through DME, unit-dose form, per g
J7614	Levalbuterol, inhalation solution, FDA-approved final product, noncompounded, administered through DME, unit dose, 0.5 mg (PA)
J7620	Albuterol, up to 2.5 mg and ipratropium bromide, up to 0.5 mg, FDA-approved final product, noncompounded, administered through DME
J7626	Budesonide, inhalation solution, FDA-approved final product, noncompounded, administered through DME, unit dose form, up to 0.5 mg
J7633	Budesonide, inhalation solution, FDA-approved final product, noncompounded, administered through DME, concentrated form, per 0.25 mg (IC)
J7639	Dornase alpha, inhalation solution, FDA-approved final product, noncompounded, administered through DME, unit dose form, per mg

Commonwealth of Massachusetts MassHealth Provider Manual Series Physician Manual	Subchapter Number and Title 6. Service Codes	Page 6-21
	Transmittal Letter PHY-144	Date 01/02/15

604 Payable HCPCS Level II Service Codes (cont.)

Service

<u>Code</u>	<u>Service Description</u>
J7644	Ipratropium bromide, inhalation solution, FDA-approved final product, noncompounded, administered through DME, unit dose form, per mg
J7665	Mannitol, administered through an inhaler, 5 mg (IC)
J7669	Metaproterenol sulfate, inhalation solution, FDA-approved final product, noncompounded, administered through DME, unit dose form, per 10 mg
J7676	Pentamidine isethionate, inhalation solution, compounded product, administered through DME, unit dose form, per 300 mg (IC)
J7682	Tobramycin, inhalation solution, FDA-approved final product, noncompounded, unit dose form, administered through DME, per 300 mg
J7686	Treprostinil, inhalation solution, FDA-approved final product, noncompounded, administered through DME, unit dose form, 1.74 mg (PA) (IC)
J7699	NOC drugs, inhalation solution administered through DME (IC)
J7799	NOC drugs, other than inhalation drugs, administered through DME (IC)
J8562	Fludarabine phosphate, oral, 10 mg (IC)
J9000	Injection, doxorubicin HCl, 10 mg
J9019	Injection, asparaginase (Erwinaze), 1,000 IU (PA)
J9025	Injection, azacitidine, 1 mg
J9031	BCG (intravesical) per instillation
J9035	Injection, bevacizumab, 10 mg
J9040	Injection bleomycin sulfate, 15 units
J9041	Injection, bortezomib, 0.1 mg
J9042	Injection, brentuximab vedotin, 1 mg (PA)
J9043	Injection, cabazitaxel, 1 mg (PA) (IC)
J9045	Injection, carboplatin, 50 mg
J9047	Injection, carfilzomib, 1 mg (PA)
J9055	Injection, cetuximab, 10 mg
J9060	Injection, cisplatin, powder or solution, 10 mg
J9070	Cyclophosphamide, 100 mg
J9130	Dacarbazine, 100 mg
J9155	Injection, degarelix, 1 mg (PA)
J9171	Injection, docetaxel, 1 mg
J9178	Injection, epirubicin HCl, 2 mg
J9179	Injection, eribulin mesylate, 0.1 mg (PA) (IC)
J9181	Injection, etoposide, 10 mg
J9190	Injection, fluorouracil, 500 mg
J9201	Injection, gemcitabine HCl, 200 mg
J9202	Goserelin acetate implant, per 3.6 mg (PA)
J9206	Injection, irinotecan, 20 mg
J9212	Injection, interferon alfacon-1, recombinant, 1 mcg
J9213	Injection, interferon, alfa-2a, recombinant, 3 million units
J9214	Injection, interferon, alfa-2b, recombinant, 1 million units
J9215	Injection, interferon alfa-N3 (human leukocyte derived), 250,000 IU (IC)
J9216	Injection, interferon gamma-1-b, 3 million units

Commonwealth of Massachusetts MassHealth Provider Manual Series Physician Manual	Subchapter Number and Title 6. Service Codes	Page 6-22
	Transmittal Letter PHY-144	Date 01/02/15

604 Payable HCPCS Level II Service Codes (cont.)

Service

<u>Code</u>	<u>Service Description</u>
J9217	Leuprolide acetate (for depot suspension), 7.5 mg (PA)
J9218	Leuprolide acetate, per 1 mg (PA)
J9219	Leuprolide acetate implant, 65 mg (PA)
J9228	Injection, ipilimumab, 1 mg (IC)
J9250	Methotrexate sodium, 5 mg
J9260	Methotrexate sodium, 50 mg
J9261	Injection, nelarabine, 50 mg (PA)
J9262	Injection, omacetaxine mepesuccinate, 0.01 mg (PA) (IC)
J9263	Injection, oxaliplatin, 0.5 mg
J9264	Injection, paclitaxel protein-bound particles, 1 mg
J9267	Injection, paclitaxel, 1 mg
J9293	Injection, mitoxantrone HCl, per 5 mg
J9300	Injection, gemtuzumab ozogamicin, 5 mg
J9301	Injection, obinutuzumab, 10 mg (PA)
J9302	Injection, ofatumumab, 10 mg (PA) (IC)
J9305	Injection, pemetrexed, 10 mg
J9306	Injection, pertuzumab, 1 mg (PA)
J9307	Injection, pralatrexate, 1 mg (IC)
J9310	Injection, rituximab, 100 mg (PA)
J9315	Injection, romidepsin, 1 mg (PA) (IC)
J9340	Injection, thiotepa, 15 mg
J9351	Injection, topotecan, 0.1 mg (IC)
J9354	Injection, ado-trastuzumab emtastine 1mg (PA)
J9355	Injection, trastuzumab, 10 mg
J9360	Injection, vinblastine sulfate, 1 mg
J9370	Vincristine sulfate, 1 mg
J9371	Injection, vincristine sulfate liposome, 1 mg (PA) (IC)
J9390	Injection vinorelbine tartrate, 10 mg
J9395	Injection, fulvestrant, 25 mg (PA)
J9400	Injection, ziv-aflibercept, 1mg (PA)
J9999	Not otherwise classified, antineoplastic drugs (IC)
Q4101	Apligraf, per sq cm
Q4102	Oasis wound matrix, per sq cm
Q4103	Oasis burn matrix, per sq cm
Q4104	Integra bilayer matrix wound dressing (BMWD), per sq cm
Q4106	Dermagraft, per sq cm
Q4107	GRAFTJACKET, per sq cm
Q4108	Integra matrix, per sq cm
Q4110	PriMatrix, per sq cm
S0020	Injection, bupivacaine HCl, 30 ml
S0021	Injection, cefoperazone sodium, 1 g (IC) S0023 Injection, cimetidine HCl, 300 mg
S0077	Injection, clindamycin phosphate, 300 mg
S0190 I.C.	Mifepristone, oral, 200 mg

Commonwealth of Massachusetts MassHealth Provider Manual Series Physician Manual	Subchapter Number and Title 6. Service Codes	Page 6-23
	Transmittal Letter PHY-144	Date 01/02/15

604 Payable HCPCS Level II Service Codes (cont.)

Service

<u>Code</u>	<u>Service Description</u>
S0191 I.C.	Misoprostol, oral, 200 mcg
S0199	Medically induced abortion by oral ingestion of medication including all associated services and supplies (e.g., patient counseling, office visits, confirmation of pregnancy by HCG, ultrasound to confirm duration of pregnancy, ultrasound to confirm completion of abortion) except drugs
S0302	Completed early periodic screening diagnosis and treatment (EPSDT) service (or preventative pediatric healthcare screening and diagnosis (PPHSD) service) (list in addition to code for appropriate evaluation and management service.)
S2260	Induced abortion, 17 to 24 weeks, (CPA-2) (second trimester, third trimester in hospital only)
S4989	Contraceptive intrauterine device (e.g., Progestacert IUD), including implants and supplies (IC)
S4993	Contraceptive pills for birth control
T1023	Screening to determine the appropriateness of consideration of an individual for participation in a specified program, project or treatment protocol, per encounter
V2600	Hand held low vision aids and other nonspectacle mounted aids (PA) (IC)
V2610	Single lens spectacle mounted low vision aids (PA) (IC)
V2615	Telescopic and other compound lens system, including distance vision telescopic, near-vision telescopes and compound microscopic lens system (PA) (IC)
V2799	Vision service, miscellaneous (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 related to 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
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

Commonwealth of Massachusetts MassHealth Provider Manual Series Physician Manual	Subchapter Number and Title 6. Service Codes	Page 6-24
	Transmittal Letter PHY-144	Date 01/02/15

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
99	Multiple modifiers
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
HN	Bachelor's degree level (Use to indicate physician assistant.) (This modifier is to be applied to codes for services billed by a physician that were performed by a physician assistant employed by the physician or group practice.)
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.)
RB	Replacement 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 codes for services billed by a physician that were performed by a non-independent nurse practitioner employed by the physician or group practice.) (An independent nurse practitioner billing under his/her own individual provider number should not use this modifier.)

Commonwealth of Massachusetts MassHealth Provider Manual Series Physician Manual	Subchapter Number and Title 6. Service Codes	Page 6-25
	Transmittal Letter PHY-144	Date 01/02/15

SB	Nurse midwife (This modifier is to be applied to codes for services billed by a physician that were performed by a non-independent nurse midwife employed by the physician or group practice.) (An independent nurse midwife billing under his/her own individual provider number should not use this modifier.)
SL	State-supplied vaccine (This modifier should only be applied to codes 90460, 90461, 90471, 90472, 90473, and 90474 to identify administration of vaccines provided at no cost by the Massachusetts Department of Public Health for individuals aged 18 years and under, 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 (The component of a service or procedure representing the cost of rent, equipment, utilities, supplies, administrative and technical salaries and benefits, and other overhead expenses of the service or procedures, excluding the physician's professional component. When the technical component is reported separately the addition of modifier TC to the service code will let the technical component allowable fee contained in 101 CMR 317.04 be paid.)
XE	Separate Encounter: a service that is distinct because it occurred during a separate encounter
XS	Separate Structure: a service that is distinct because it was performed on a separate organ/structure
XP	Separate Practitioner: a service that is distinct because it was performed by a different practitioner
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 visit of at least 30 minutes.

HQ	Group counseling, at least 60–90 minutes in duration, provided by a physician
TD	Individual counseling provided by a registered nurse (RN)
TF	Individual counseling, intermediate level of care (intake/assessment counseling, at least 45 minutes in duration) provided by a physician

Commonwealth of Massachusetts MassHealth Provider Manual Series Physician Manual	Subchapter Number and Title 6. Service Codes	Page 6-26
	Transmittal Letter PHY-144	Date 01/02/15

- U1 Individual counseling services provided by a tobacco-cessation counselor
- U2 Individual intake/assessment counseling, at least 45 minutes in duration, provided by a nurse practitioner, nurse midwife, physician assistant, 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 nurse practitioner, nurse midwife, physician assistant, registered nurse, or a tobacco-cessation counselor, under the supervision of a physician

Modifiers for Behavioral Health Screening

The administration and scoring of standardized behavioral health screening tools selected from the approved menu of tools found in Appendix W of your provider manual is covered for members (except MassHealth Limited) from birth to 21 years of age. Service Code 96110 must be accompanied by one of the modifiers listed below to indicate whether a behavioral health need was identified. “Behavioral health need identified” means the provider administering the screening tool, in his or her professional judgment, identified a child with a potential behavioral health services need.

- U1 Completed behavioral health screening using a standardized behavioral health screening tool selected from the approved menu of tools found in Appendix W of your provider manual with no behavioral health need identified when administered by a physician, independent nurse midwife or independent nurse practitioner.
- U2 Completed behavioral health screening using a standardized behavioral health screening tool selected from the approved menu of tools found in Appendix W of your provider manual and a behavioral health need was identified when administered by a physician, independent nurse midwife or independent nurse practitioner.
- U3 Completed behavioral health screening using a standardized behavioral health screening tool selected from the approved menu of tools found in Appendix W of your provider manual with no behavioral health need identified when administered by a nurse midwife employed by a physician.
- U4 Completed behavioral health screening using a standardized behavioral health screening tool selected from the approved menu of tools found in Appendix W of your provider manual and a behavioral health need was identified when administered by a nurse midwife employed by a physician.
- U5 Completed behavioral health screening using a standardized behavioral health screening tool selected from the approved menu of tools found in Appendix W of your provider manual with no behavioral health need identified when administered by a nurse practitioner employed by a physician.
- U6 Completed behavioral health screening using a standardized behavioral health screening tool selected from the approved menu of tools found in Appendix W of your provider manual and a behavioral health need was identified when administered by a nurse practitioner employed by a physician.
- U7 Completed behavioral health screening using a standardized behavioral health screening tool selected from the approved menu of tools found in Appendix W of your provider

Commonwealth of Massachusetts MassHealth Provider Manual Series Physician Manual	Subchapter Number and Title 6. Service Codes	Page 6-27
	Transmittal Letter PHY-144	Date 01/02/15

U8 manual with no behavioral health need identified when administered by a physician assistant employed by a physician.
Completed a behavioral health screening using a standardized behavioral health screening tool selected from the approved menu of tools found in Appendix W of your provider manual and a behavioral health need was identified when administered by a physician assistant employed by a physician.

Modifier for Child and Adolescent Needs and Strengths (CANS)

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.

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

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 are defined in the *Current Procedural Terminology* (CPT) code book.

Commonwealth of Massachusetts MassHealth Provider Manual Series Physician Manual	Subchapter Number and Title 6. Service Codes	Page 6-28
	Transmittal Letter PHY-144	Date 01/02/15

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