6. Service Codes and Descriptions

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601 Introduction and Explanation of Abbreviations

MassHealth pays for the services represented by the codes listed in Subchapter 6 in effect at the time of service, subject to all conditions and limitations in MassHealth regulations at 130 CMR 455.000: *Urgent Care Clinic Services* and 450.000: *Administrative and Billing Regulations*. An urgent care clinic 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 of age, even if it is not designated as covered or payable in Subchapter 6 of the *Urgent Care Clinic Manual*.

For complete descriptions of the service codes listed in Subchapter 6, MassHealth providers must refer to the American Medical Association's latest *Current Procedural Terminology* (CPT) codebook and to the HCPCS Level II codebook (or the Centers for Medicare & Medicaid Services website at www.cms.gov).

Level II HCPCS Codes

MassHealth pays for services billed using only those Level II HCPCS codes listed in Section 602 of this subchapter that are in effect at the time of service, subject to all conditions and limitations described in MassHealth regulations at 130 CMR 455.000: Urgent Care Clinic Services and 450.000.

MassHealth pays for the services for codes listed in Section 602 in effect at the time of service, subject to all conditions and limitations in MassHealth regulations at 130 CMR 4XX.000 and 450.000. In addition, a provider may request prior authorization (PA) for any medically necessary services or equipment.

The following abbreviation is used in Subchapter 6.

IC indicates that the claim will receive individual consideration to determine payment. A descriptive report must accompany the claim. See 130 CMR 450.271.

Note: Rates paid by MassHealth for covered codes under this Subchapter 6 for drugs, vaccines, and immune globulins administered in a provider'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 for drugs, vaccines, and immune globulins administered in the provider's office 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 provider's office that are listed in 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 Payable Radiology Service Codes

This section lists radiology service codes that are payable under MassHealth.

70030	71111	73010	73551
70100	71120	73020	73552
70140	71130	73030	73560
70150	72020	73040	73562
70160	72040	73050	73564
70200	72050	73060	73565
70210	72052	73070	73590
70220	72070	73080	73592
70250	72072	73090	73600
70260	72074	73100	73610
70328	72080	73110	73620
70330	72082	73120	73630
70360	72083	73130	73650
71045	72100	73140	73660
71046	72110	73501	74018
71047	72170	73502	74019
71048	72190	73503	74021
71100	72200	73521	74022
71101	72220	73522	76010
71110	73000	73523	

603 Payable Laboratory Service Codes

This section lists CPT codes and HCPCS Level II codes that are payable under MassHealth.

80047	82010	85027	86704	87088
80048	82150	86308	86705	87101
80053	82248	86309	86706	87102
80074	82270	86328 IC	86707	87106
80076	82272	86580	86709	87110
80176	82962	86588	86757	87168
80178	82310	86592	86780	87172
80305	82550	86593	86803	87177
80307	82947	86618	86850	87181
81000	82948	86631	86901	87184
81001	83036	86632	87045	87186
81002	84703	86694	87046	87205
81003	85004	86696	87070	87209
81005	85014	86701	87077	87210
81015	85018	86702	87081	87220
81025	85025	86703	87086	87252

603 Payable Laboratory Service Codes (cont.)

87270	87420	87506	87635	87807
87280	87425	87511	87636	87808
87320	87426	87521	87637	87810
87324	87428	87522	87640	87811
87328	87449	87535	87641	87850
87329	87481	87541	87650	87880
87338	87486	87581	87653	87899
87340	87490	87590	87660	87905
87341	87498	87631	87798	
87390	87500	87632	87801	
87400	87502	87634	87804	

604 Payable Vaccine, Visit, and Surgery Service Codes

(A) The following vaccine service codes have special requirements or limitations.

Service Code	Special Requirement or Limitation
U0002	Any technique, multiple types or subtypes (including all targets)
U0003	Infectious agent detection by nucleic acid (DNA or MA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19])
U0004	2019-ncov coronavirus, SARS-CoV-2/2019-ncov (COVID-19)
0001A	Immunization administration for Vaccines/Toxoids
0002A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS CoV-2) (Coronavirus disease [COVID-19]) vaccine.
0003A	Immunization administration for third dose of Pfizer-BioNTech vaccine
0004A	Immunization administration for the booster dose of the Pfizer and Moderna vaccine products
0011A	Immunization administration by intramuscular injection of Severe acute respiratory syndrome coronavirus 2 (SARS CoV-2) (Coronavirus disease [COVID-19]) vaccine
0012A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS CoV-2) (Coronavirus disease [COVID-19]) vaccine
0013A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS CoV-2) (Coronavirus disease [COVID-19]) vaccine
0031A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS CoV-2) (Coronavirus disease [COVID-19]) vaccine
0034A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS CoV-2) (Coronavirus disease [COVID-19]) vaccine
0064A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS CoV-2) (Coronavirus disease [COVID-19]) vaccine
0071A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS CoV-2) (Coronavirus disease [COVID-19]) vaccine
0072A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS CoV-2) (Coronavirus disease [COVID-19]) vaccine

604 Payable Vaccine, Visit, and Surgery Service Codes (cont.)

(B) The following visit service codes have special requirements or limitations.

Service Code	Special Requirement or Limitation
90471	For the administration of a single vaccine or toxoid via injection, covering percutaneous, intradermal, subcutaneous, or intramuscular routes
91300	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) vaccine
93000	EKG tracing with interpretation & report documented on same day as the EKG was taken
93005	EKG tracing only / no interpretation
93010	EKG tracing with interpretation & report documented on a different day as the EKG was taken
93040	Rhythm ECG One to three leads; with interpretation and report
94640	Treatment of acute airway obstruction
94760	Non-invasive pulse oximetry, used for the administration of the first or only component of a vaccine or toxoid to patients 18 years and under.
96360	Intravenous (IV) infusions for hydration purposes for first 31 minutes to an hour
96361	Intravenous infusion, hydration
96365	Intravenous infusion, for therapy, prophylaxis, or diagnosis
96372	Therapeutic, prophylactic, or diagnostic injection
99051	Service(s) provided in the office during regularly scheduled evening, weekend, or holiday office hours, in addition to basic service
99202	Office or other outpatient visit for the evaluation and management of a new patient
99203	Office or other outpatient visit for the evaluation and management of a new patient
99204	Office or other outpatient visit for the evaluation and management of a new patient
99205	Office or other outpatient visit for the evaluation and management of a new patient
99211	Office or outpatient visit with an established patient in an office or outpatient setting
99212	Office or outpatient visit with an established patient in an office or outpatient setting
99213	Office or outpatient visit with an established patient in an office or outpatient setting
99214	Office or outpatient visit with an established patient in an office or outpatient setting
99215	Office or outpatient visit with an established patient in an office or outpatient setting
90632	Covered for members >19; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age (IC)
90636	Covered for members >19; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age (IC)
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 (IC)
90686	Covered for members >19; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age (IC)
90688	Covered for members >19; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age (IC)

604 Payable Vaccine, Visit, and Surgery Service Codes (cont.)

Service Code	Special Requirement or Limitation
90715	Covered for members >19; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age (IC)
90756	Covered for members >19; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age (IC) (C) The following surgical service codes have special requirements or limitations.
10060	Incision and Drainage Procedures on the Skin, Subcutaneous and Accessory Structures for a single cyst
10061	Incision and Drainage Procedures on the Skin, Subcutaneous and Accessory Structures for complex or multiple cysts
10080	Incision and drainage of a pilonidal cyst
10081	Incision and drainage for a “complicated” incision and drainage of a pilonidal cyst
10120	Simple Incision and Drainage Procedures on the Skin, Subcutaneous and Accessory Structures
10121	Complex Incision and Drainage Procedures on the Skin, Subcutaneous and Accessory Structures
10140	Incision and drainage of hematoma, seroma or fluid collection
10160	Puncture aspiration of abscess, hematoma, bulla or cyst
11042	Under Debridement Procedures on the Skin
11200	Removal of Benign and Malignant Skin Lesions
11730	Indicates partial or complete avulsion of the nail (double check the medicine/physician regs for accuracy then list them under the modifies section)
11740	Evacuation of a subungual hematoma
11750	Excision of the nail and the nail matrix
11760	Emergency nail bed repair
11765	Wedge excision of the nail fold hypertrophic granulation tissue with removal of the offending portion of the nail
12001	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet)
12002	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet)
12004	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet)
12005	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet)
12006	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet)
12011	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes
12013	Repair of wound (2.6 to 5.0 centimeters) of the face, ears, eyelids, nose, lips, and/or mucous membranes
12014	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 5.1 cm to 7.5 cm
12015	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 7.6 cm to 12.5 cm
12016	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 12.6 cm to 20.0 cm

604 Payable Vaccine, Visit, and Surgery Service Codes (cont.)

Service Code	Special Requirement or Limitation
12020	Treatment of superficial wound dehiscence; simple closure
12021	Treatment of superficial wound dehiscence; with packing
12031	Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 2.5 cm or less
12032	Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 2.6 cm to 7.5 cm
12034	Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 7.6 cm to 12.5 cm
12041	Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 2.5 cm or less
12051	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.5 cm or less
12052	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.6 cm to 5.0 cm
13100	Repair, complex, trunk; 1.1 cm to 2.5 cm
13101	Repair, complex, trunk; 2.6 cm to 7.5 cm
13102	Repair, complex, trunk; each additional 5 cm or less (List separately in addition to code for primary procedure)
13120	Repair, complex, scalp, arms, and/or legs; 1.1 cm to 2.5 cm
13121	Repair, complex, scalp, arms, and/or legs; 2.6 cm to 7.5 cm
13122	Repair, complex, scalp, arms, and/or legs; each additional 5 cm or less (List separately in addition to code for primary procedure)
13131	Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; 1.1 cm to 2.5 cm
16000	Initial treatment, first degree burn, when no more than local treatment is required
16020	Dressings and/or debridement of partial-thickness burns, initial or subsequent; small (less than 5% total body surface area)
16025	Dressings and/or debridement of partial-thickness burns, initial or subsequent; medium (eg, whole face or whole extremity, or 5% to 10% total body surface area)
16030	Dressings and/or debridement of partial-thickness burns, initial or subsequent; large (eg, more than 1 extremity, or greater than 10% total body surface area)
17110	Used for the destruction of 1 to 14 benign skin lesions using methods such as cryosurgery, electrosurgery, laser, or chemical destruction.
20551	Injection(s); single tendon origin/insertion
20552	Injection(s); single or multiple trigger point(s), 1 or 2 muscle(s)
20610	Arthrocentesis, aspiration and/or injection, major joint or bursa (eg, shoulder, hip, knee, subacromial bursa); without ultrasound guidance
23650	Closed treatment of shoulder dislocation, with manipulation; without anesthesia
24640	Closed treatment of radial head subluxation in child, nursemaid elbow, with manipulation
26010	Drainage of finger abscess; simple
26011	Drainage of finger abscess; complicated (eg, felon)
26720	Closed treatment of phalangeal shaft fracture, proximal or middle phalanx, finger or thumb; without manipulation
26750	Closed treatment of distal phalangeal fracture, finger or thumb; without manipulation
27808	Closed treatment of bimalleolar ankle fracture (eg, lateral and medial malleoli, or lateral and posterior malleoli or medial and posterior malleoli); without manipulation

604 Payable Vaccine, Visit, and Surgery Service Codes (cont.)

Service Code	Special Requirement or Limitation
27816	Closed treatment of trimalleolar ankle fracture; without manipulation
28190	Removal of foreign body, foot; subcutaneous
28192	Removal of foreign body, foot; deep
28193	Removal of foreign body, foot; complicated
28400	Closed treatment of calcaneal fracture; without manipulation
28430	Closed treatment of talus fracture; without manipulation
28450	Treatment of tarsal bone fracture (except talus and calcaneus); without manipulation, each
28510	Closed treatment of fracture, phalanx or phalanges, other than great toe; without manipulation, each
28660	Closed treatment of interphalangeal joint dislocation; without anesthesia
29105	Application of Risser jacket, localizer, body; including head
29125	Application of short arm splint (forearm to hand); static
29126	Application of short arm splint (forearm to hand); dynamic
29130	Application of finger splint; static
29131	Application of finger splint; dynamic
29240	Strapping; shoulder (eg, Velpeau)
29260	Strapping; elbow or wrist
29280	Strapping; hand or finger
29505	Application of long leg splint (thigh to ankle or toes)
29515	Application of short leg splint (calf to foot)
29530	Strapping; knee
29540	Strapping; ankle and/or foot
29550	Strapping; toes
29580	Strapping; Unna boot
29705	Removal or bivalving; full arm or full leg cast
30300	Removal foreign body, intranasal; office type procedure
30901	Control nasal hemorrhage, anterior, simple (limited cautery and/or packing) any method
30905	Control nasal hemorrhage, posterior, with posterior nasal packs and/or cautery, any method; initial
36415	Routine venipuncture, which involves drawing blood from a vein for diagnostic testing or other medical purposes.
40830	Closure of laceration, vestibule of mouth; 2.5 cm or less
46083	Incision of thrombosed hemorrhoid, external
51701	Insertion of non-indwelling bladder catheter (eg, straight catheterization for residual urine)
51702	Insertion of temporary indwelling bladder catheter; simple (eg, Foley)
64450	Injection(s), anesthetic agent(s) and/or steroid; other peripheral nerve or branch
65205	Removal of foreign body, external eye; conjunctival superficial
69000	Drainage external ear, abscess or hematoma; simple
69200	Removal foreign body from external auditory canal; without general anesthesia
69209	Removal impacted cerumen using irrigation/lavage, unilateral
69210	Removal impacted cerumen requiring instrumentation, unilateral

604 Payable Vaccine, Visit, and Surgery Service Codes (cont.)

(C) The following other codes have special requirements or limitations.

Service Code	Special Requirement or Limitation
A6448	Light compression bandage, elastic, knitted/woven
A6449	Light compression bandage, elastic, knitted/woven
E0100	Cane adjust/fixed used in durable medical equipment
E0105	Cane, quad or three prongs, used in Used durable medical equipment
E0110	Crutches, forearm, includes crutches used in used durable medical equipment
E0114	Crutches, forearm, includes crutches used in used durable medical equipment
E0117	Underarm spring assist crutch used in used durable medical equipment
J0171	Adrenalin epinephrine inject
J0295	Injection, ampicillin sodium/sulbactam sodium
J0561	Injection, penicillin g benzathine
J0696	Injection, ceftriaxone sodium
J0780	Injection, prochlorperazine
J1030	Injection, methylprednisolone acetate
J1040	Injection, methylprednisolone acetate
J1100	Injection, dexamethasone sodium phosphate
J1200	Injection, diphenhydramine hcl
J1815	Insulin injection
J1885	Injection, ketorolac tromethamine
J2405	Injection, ondansetron hydrochloride
J2550	Injection, promethazine hcl
J2920	Methylprednisolone injection
J2930	Methylprednisolone injection
J3030	Injection, sumatriptan succinate, 6 mg
J3301	Injection, triamcinolone acetonide
J7030	Infusion, normal saline solution
J7040	Infusion, normal saline solution
J7510	Prednisolone oral per 5 mg
J7512	Prednisone, immediate release or delayed release
L0120	Cervical, flexible, non-adjustable, prefabricated, off-the-shelf
L1810	Knee orthosis, elastic with joints
L1812	Knee orthosis, elastic with joints, prefabricated
L1830	Knee orthosis, elastic with joints, prefabricated
L1832	Knee orthosis, immobilizer, canvas longitudinal, prefabricated
L1833	Knee orthosis, adjustable knee joints
L3260	Surgical boot/shoe
L3807	Wrist hand finger orthosis
L3809	Wrist hand finger orthosis, without joint(s)
L3908	Wrist hand orthosis, wrist extension control cock-up
L3925	Finger orthosis, proximal interphalangeal (pip)/distal interphalangeal (dip)
L3984	Upper extremity fracture orthosis, wrist
L4350	Ankle control orthosis, stirrup style, rigid, includes any type interface
L4360	Walking boot, pneumatic and/or vacuum, with or without joints

604 Payable Vaccine, Visit, and Surgery Service Codes (cont.)

Service Code	Special Requirement or Limitation
L4361	Walking boot, pneumatic and/or vacuum, with or without joints, with or without interface material
Q0162	Ondansetron 1 mg, oral, FDA approved prescription anti-emetic

605 Modifiers

The following service code modifiers are allowed for billing under MassHealth.

Modifier	Description
26	Professional component
TC	Technical component

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