|  |  |  |
| --- | --- | --- |
| **Commonwealth of Massachusetts****MassHealth****Provider Manual Series** | **Subchapter Number and Title**6. Service Codes and Descriptions | **Page**vi |
| Urgent Care Clinic Manual | **Transmittal Letter**UCC-1  | **Date**01/21/22 |

6. Service Codes and Descriptions

Introduction and Explanation of Abbreviations . 6-1

Payable Radiology Service Codes 6-2

Payable Laboratory Service Codes 6-2

Payable Vaccine, Visit, and Surgery Service Codes 6-3

Modifiers ……………………………………………………………………………………….. 6-5

Appendix A. Directory A-1

Appendix C. Third-Party-Liability Codes C-1

Appendix D. Supplemental Instructions for TPL Exceptions D-1

Appendix E. Utilization Management Program E-1

Appendix F. Admission Guidelines F-1

Appendix T. CMSP Covered Codes T-1

Appendix U. DPH-Designated Serious Reportable Events That Are Not Provider

 Preventable Conditions U-1

Appendix V. MassHealth Billing Instructions for Provider Preventable Conditions V-1

Appendix W. EPSDT Services Medical and Dental Protocols and Periodicity Schedules W-1

Appendix X. Family Assistance Copayments and Deductibles X-1

Appendix Y. EVS Codes/Messages Y-1

Appendix Z. EPSDT/PPHSD Screening Services Codes Z-1

|  |  |  |
| --- | --- | --- |
| **Commonwealth of Massachusetts****MassHealth****Provider Manual Series** | **Subchapter Number and Title**6. Service Codes | **Page**6-1 |
| Urgent Care Clinic Manual | **Transmittal Letter**UCC-1 | **Date**01/21/22 |

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](http://www.cms.gov)).

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

70100

70140

70150

70160

70200

70210

70220

70250

70260

70328

70330

70360

71045

71046

71047

71048

71100

71101

71110

71111

71120

71130

72020

72040

72050

72052

72070

72072

72074

72080

72082

72083

72100

72110

72170

72190

72200

72220

73000

73010

73020

73030

73040

73050

73060

73070

73080

73090

73100

73110

73120

73130

73140

73501

73502

73503

73521

73522

73523

73551

73552

73560

73562

73564

73565

73590

73592

73600

73610

73620

73630

73650

73660

74018

74019

74021

74022

76010

603 Payable Laboratory Service Codes

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

80047

80048

80053

80074

80076

80176

80178

80305

80307

81000

81001

81002

81003

81005

81015

81025

82010

82150

82248

82270

82272

82310

82550

82947

82948

83036

85004

85014

85018

85025

85027

86308

86309

86328 IC

86580

86588

86592

86593

86618

86631

86632

86694

86696

86701

86702

86703

86704

86705

86706

86707

86709

86757

86780

86803

86850

86901

87045

87046

87070

87077

87081

87086

87088

87101

87102

87106

87110

87168

87172

87177

87181

87184

87186

87205

87209

87210

87220

87252

87270

87280

87320

87324

87328

87329

87338

87340

87341

87390

87420

87425

87426

87449

87490

87491

87502

87521

87522

87529

87535

87590

87591

87634

87635

87636

87637

87650

87651

87660

87661

87804

87807

87808

87810

87850

87880

87899

87905

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 rna); 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

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

Service

Code Special Requirement or Limitation

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

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

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)

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.

Service

Code Special Requirement or Limitation

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

12020 Treatment of superficial wound dehiscence; simple closure

12021 Treatment of superficial wound dehiscence; with packing

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

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)

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

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

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

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

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

(D) 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

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

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

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

This publication contains codes that are copyrighted by the American Medical Association. Certain terms used in the service descriptions for HCPCS codes are defined in the *Current Procedural Terminology (CPT) Professional* codebook.

This page is reserved