

# Health Safety Net

## CHC Billable Procedure Codes Guide

Last Updated: March 25, 2016

The HSN Billable Procedure Codes Guide lists all codes billable to the HSN. The list is broken into tabs by services category, as follows:

- 1 Medical Visits and Urgent Care
- 2 Surgery
- 3 Vision
- 4 Cardiology & Pulmonology
- 5 Vaccines, Drugs, and Supplies
- 6 Behavioral Health
- 7 Lab
- 8 Radiology
- 9 Wellness
- 10 Obstetrics
- 11 Physical Therapy
- 12 Dental

The HSN Billable Procedure Codes Guide also describes the payment methodology for each code. Some codes are paid at a Prospective Payment System (PPS) Rate in accordance with 101 CMR 614.00, and others are paid based on other methodologies. Where the PPS rate is referenced, the payment rates, as of January 1, 2016, are as follows:

Type of Visit	Region	
	Metro Boston	Rest of MA
Established Patient	\$ 174.25	\$ 167.02
New Patient/Wellness Visit	\$ 233.78	\$ 224.08

<b>Medical Visit Codes</b>			
The following codes are not payable in addition to a surgery procedure or vision diagnostic service provided on the same day			
Payment = PPS Rate for Established Patient - May be billed a maximum of once per day per patient			
<b>Code</b>	<b>Description</b>	<b>Provider Type</b>	<b>Recent Edits</b>
99211	Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician or other qualified health care professional. Usually, the presenting problem(s) are minimal. Typically, 5 minutes are spent performing or supervising these services.	Physician, Physician's Assistant, Nurse Practitioner, Midwife, Optometrist, Podiatrist, RN, Osteopath, Paraprofessional	
99212	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A problem focused history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Typically, 10 minutes are spent face-to-face with the patient and/or family.	Physician, Physician's Assistant, Nurse Practitioner, Midwife, Optometrist, Podiatrist, RN, Osteopath	
99213	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: An expanded problem focused history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 15 minutes are spent face-to-face with the patient and/or family.	Physician, Physician's Assistant, Nurse Practitioner, Midwife, Optometrist, Podiatrist, RN, Osteopath	
99214	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A detailed history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 25 minutes are spent face-to-face with the patient and/or family.	Physician, Physician's Assistant, Nurse Practitioner, Midwife, Optometrist, Podiatrist, RN, Osteopath	
99215	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 40 minutes are spent face-to-face with the patient and/or family.	Physician, Physician's Assistant, Nurse Practitioner, Midwife, Optometrist, Podiatrist, RN, Osteopath	
99218	Initial observation care, per day, for the evaluation and management of a patient which requires these 3 key components: A detailed or comprehensive history; A detailed or comprehensive examination; and Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission to "observation status" are of low severity. Typically, 30 minutes are spent at the bedside and on the patient's hospital floor or unit.	Physician, Physician's Assistant, Nurse Practitioner, Podiatrist, Osteopath	
99219	Initial observation care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission to "observation status" are of moderate severity. Typically, 50 minutes are spent at the bedside and on the patient's hospital floor or unit.	Physician, Physician's Assistant, Nurse Practitioner, Podiatrist, Osteopath	
99220	Initial observation care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission to "observation status" are of high severity. Typically, 70 minutes are spent at the bedside and on the patient's hospital floor or unit.	Physician, Physician's Assistant, Nurse Practitioner, Osteopath	

99221	Initial hospital care, per day, for the evaluation and management of a patient, which requires these 3 key components: A detailed or comprehensive history; A detailed or comprehensive examination; and Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of low severity. Typically, 30 minutes are spent at the bedside and on the patient's hospital floor or unit.	Physician, Physician's Assistant, Nurse Practitioner, Podiatrist, Osteopath	
99222	Initial hospital care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of moderate severity. Typically, 50 minutes are spent at the bedside and on the patient's hospital floor or unit.	Physician, Physician's Assistant, Nurse Practitioner, Podiatrist, Osteopath	
99223	Initial hospital care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of high severity. Typically, 70 minutes are spent at the bedside and on the patient's hospital floor or unit.	Physician, Physician's Assistant, Nurse Practitioner, Osteopath	
99231	Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A problem focused interval history; A problem focused examination; Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is stable, recovering or improving. Typically, 15 minutes are spent at the bedside and on the patient's hospital floor or unit.	Physician, Physician's Assistant, Nurse Practitioner, Osteopath	
99232	Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: An expanded problem focused interval history; An expanded problem focused examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is responding inadequately to therapy or has developed a minor complication. Typically, 25 minutes are spent at the bedside and on the patient's hospital floor or unit.	Physician, Physician's Assistant, Nurse Practitioner, Osteopath	
99233	Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A detailed interval history; A detailed examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is unstable or has developed a significant complication or a significant new problem. Typically, 35 minutes are spent at the bedside and on the patient's hospital floor or unit.	Physician, Physician's Assistant, Nurse Practitioner, Osteopath	
99238	Hospital discharge day management; 30 minutes or less	Physician, Physician's Assistant, Nurse Practitioner, Podiatrist, Osteopath	
99239	Hospital discharge day management; more than 30 minutes	Physician, Physician's Assistant, Nurse Practitioner, Podiatrist, Osteopath	
99241	Office consultation for a new or established patient, which requires these 3 key components: A problem focused history; A problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Typically, 15 minutes are spent face-to-face with the patient and/or family.	Physician, Physician's Assistant, Nurse Practitioner, Optometrist, Podiatrist, Osteopath	

99242	Office consultation for a new or established patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low severity. Typically, 30 minutes are spent face-to-face with the patient and/or family.	Physician, Physician's Assistant, Nurse Practitioner, Optometrist, Podiatrist, Osteopath	
99243	Office consultation for a new or established patient, which requires these 3 key components: A detailed history; A detailed examination; and Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Typically, 40 minutes are spent face-to-face with the patient and/or family.	Physician, Physician's Assistant, Nurse Practitioner, Optometrist, Podiatrist, Osteopath	
99244	Office consultation for a new or established patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 60 minutes are spent face-to-face with the patient and/or family.	Physician, Physician's Assistant, Nurse Practitioner, Optometrist, Osteopath	
99245	Office consultation for a new or established patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 80 minutes are spent face-to-face with the patient and/or family.	Physician, Physician's Assistant, Nurse Practitioner, Optometrist, Osteopath	
99251	Inpatient consultation for a new or established patient, which requires these 3 key components: A problem focused history; A problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Typically, 20 minutes are spent at the bedside and on the patient's hospital floor or unit.	Physician, Physician's Assistant, Nurse Practitioner, Optometrist, Podiatrist, Osteopath	
99252	Inpatient consultation for a new or established patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low severity. Typically, 40 minutes are spent at the bedside and on the patient's hospital floor or unit.	Physician, Physician's Assistant, Nurse Practitioner, Podiatrist, Osteopath	
99253	Inpatient consultation for a new or established patient, which requires these 3 key components: A detailed history; A detailed examination; and Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Typically, 55 minutes are spent at the bedside and on the patient's hospital floor or unit.	Physician, Physician's Assistant, Nurse Practitioner, Podiatrist, Osteopath	
99254	Inpatient consultation for a new or established patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 80 minutes are spent at the bedside and on the patient's hospital floor or unit.	Physician, Physician's Assistant, Nurse Practitioner, Osteopath	
99255	Inpatient consultation for a new or established patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 110 minutes are spent at the bedside and on the patient's hospital floor or unit.	Physician, Physician's Assistant, Nurse Practitioner, Osteopath	

99460	Initial hospital or birthing center care, per day, for evaluation and management of normal newborn infant	Physician, Physician's Assistant, Nurse Practitioner, Midwife, Osteopath	
99462	Subsequent hospital care, per day, for evaluation and management of normal newborn	Physician, Physician's Assistant, Nurse Practitioner, Midwife, Osteopath	

The following codes are not payable in addition to a surgery procedure or vision diagnostic service provided on the same day			
Payment = PPS Rate for New Patient/Wellness Visit - May be billed a maximum of once per day per patient			
Code	Description	Provider Type	Recent Edits
99201	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A problem focused history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Typically, 10 minutes are spent face-to-face with the patient and/or family.	Physician, Physician's Assistant, Nurse Practitioner, Midwife, Optometrist, RN, Osteopath	
99202	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 20 minutes are spent face-to-face with the patient and/or family.	Physician, Physician's Assistant, Nurse Practitioner, Midwife, Optometrist, Podiatrist, RN, Osteopath	
99203	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A detailed history; A detailed examination; Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Typically, 30 minutes are spent face-to-face with the patient and/or family.	Physician, Physician's Assistant, Nurse Practitioner, Midwife, Optometrist, Podiatrist, RN, Osteopath	
99204	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 45 minutes are spent face-to-face with the patient and/or family.	Physician, Physician's Assistant, Nurse Practitioner, Midwife, Optometrist, RN, Osteopath	
99205	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 60 minutes are spent face-to-face with the patient and/or family.	Physician, Physician's Assistant, Nurse Practitioner, Midwife, Optometrist, RN, Osteopath	
99381	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; infant (age younger than 1 year)	Physician, Physician's Assistant, Nurse Practitioner, RN, Osteopath	
99382	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; early childhood (age 1 through 4 years)	Physician, Physician's Assistant, Nurse Practitioner, RN, Osteopath	
99383	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; late childhood (age 5 through 11 years)	Physician, Physician's Assistant, Nurse Practitioner, RN, Osteopath	

99384	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; adolescent (age 12 through 17 years)	Physician, Physician's Assistant, Nurse Practitioner, RN, Osteopath	
99385	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; 18-39 years	Physician, Physician's Assistant, Nurse Practitioner, RN, Osteopath	
99386	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; 40-64 years	Physician, Physician's Assistant, Nurse Practitioner, RN, Osteopath	
99387	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; 65 years and older	Physician, Physician's Assistant, Nurse Practitioner, RN, Osteopath	
99391	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; infant (age younger than 1 year)	Physician, Physician's Assistant, Nurse Practitioner, RN, Osteopath	
99392	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; early childhood (age 1 through 4 years)	Physician, Physician's Assistant, Nurse Practitioner, RN, Osteopath	
99393	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; late childhood (age 5 through 11 years)	Physician, Physician's Assistant, Nurse Practitioner, RN, Osteopath	
99394	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; adolescent (age 12 through 17 years)	Physician, Physician's Assistant, Nurse Practitioner, RN, Osteopath	
99395	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; 18-39 years	Physician, Physician's Assistant, Nurse Practitioner, RN, Osteopath	
99396	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; 40-64 years	Physician, Physician's Assistant, Nurse Practitioner, RN, Osteopath	
99397	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; 65 years and older	Physician, Physician's Assistant, Nurse Practitioner, RN, Osteopath	

Urgent Care After-Hours Visit Add-On			
Paid at rate for 99050 in 101 CMR 304.00			
Code	Description	Provider Type	Recent Edits
99051	Service(s) provided in the office during regularly scheduled evening, weekend, or holiday office hours, in addition to basic service	Physician, NP, PA, RN	

<b>Surgery</b>			
The following codes are not payable in addition to a medical visit or vision diagnostic service provided on the same day			
Payment = PPS Rate for Established Patient - May be billed a maximum of once per day per patient			
<b>Code</b>	<b>Description</b>	<b>Provider Type</b>	<b>Recent Edits</b>
10040	Acne surgery (eg, marsupialization, opening or removal of multiple milia, comedones, cysts, pustules)	Physician	
10060	Incision and drainage of abscess (eg, carbuncle, suppurative hidradenitis, cutaneous or subcutaneous abscess, cyst, furuncle, or paronychia); simple or single	Physician, Podiatrist	
10061	Incision and drainage of abscess (eg, carbuncle, suppurative hidradenitis, cutaneous or subcutaneous abscess, cyst, furuncle, or paronychia); complicated or multiple	Physician, Podiatrist	
10120	Incision and removal of foreign body, subcutaneous tissues; simple	Physician, Podiatrist	
10121	Incision and removal of foreign body, subcutaneous tissues; complicated	Physician, Podiatrist	
10140	Incision and drainage of hematoma, seroma or fluid collector	Physician, Podiatrist	
10160	Puncture aspiration of abscess, hematoma, bulla, or cyst	Physician, Podiatrist	
10180	Incision and drainage, complex, postoperative wound infection	Physician, Podiatrist	
11042	Debridement, subcutaneous tissue (includes epidermis and dermis, if performed); first 20 sq cm or less	Physician, Podiatrist	
11055	Paring or cutting of benign hyperkeratotic lesion (eg, corn or callus); single lesion	Physician, Podiatrist	
11056	Paring or cutting of benign hyperkeratotic lesion (eg, corn or callus); 2 to 4 lesions	Physician, Podiatrist	
11100	Biopsy of skin, subcutaneous tissue and/or mucous membrane (including simple closure), unless otherwise listed; single lesion	Physician, Podiatrist	
11200	Removal of skin tags, multiple fibrocuteaneous tags, any area; up to and including 15 lesions	Physician, Podiatrist	
11201	Removal of skin tags, multiple fibrocuteaneous tags, any area; each additional 10 lesions, or part thereof (List separately in addition to code for primary procedure)	Physician, Podiatrist	
11300	Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter 0.5 cm or less	Physician	
11301	Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter 0.6 to 1.0 cm	Physician	
11307	Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter 1.1 to 2.0 cm	Physician	
11310	Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.5 cm or less	Physician	
11400	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 0.5 cm or less	Physician	
11401	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 0.6 to 1.0 cm	Physician	
11402	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 1.1 to 2.0 cm	Physician	
11403	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 2.1 to 3.0 cm	Physician	
11404	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 3.1 to 4.0 cm	Physician	
11406	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter over 4.0 cm	Physician	
11420	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 0.5 cm or less	Physician, Podiatrist	
11421	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 0.6 to 1.0 cm	Physician, Podiatrist	
11423	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 2.1 to 3.0 cm	Physician, Podiatrist	
11440	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 0.5 cm or less	Physician	
11450	Excision of skin and subcutaneous tissue for hidradenitis, axillary; with simple or intermediate repair	Physician, Podiatrist	
11600	Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 0.5 cm or less	Physician	
11601	Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 0.6 to 1.0 cm	Physician	
11602	Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 1.1 to 2.0 cm	Physician	
11719	Trimming of nondystrophic nails, any number	Physician, Podiatrist	

11720	Debridement of nail(s) by any method(s); 1 to 5	Physician, Podiatrist
11721	Debridement of nail(s) by any method(s); 6 or more	Physician, Podiatrist
11730	Avulsion of nail plate, partial or complete, simple; single	Physician, Podiatrist
11750	Excision of nail and nail matrix, partial or complete (eg, ingrown or deformed nail), for permanent removal	Physician, Podiatrist
11765	Wedge excision of skin of nail fold (eg, for ingrown toenail)	Physician
11900	Injection, intralesional; up to and including 7 lesions	Physician
11976	Removal, implantable contraceptive capsules	Physician
11981	Insertion, non-biodegradable drug delivery implant	Physician
11982	Removal, non-biodegradable drug delivery implant	Physician
11983	Removal with reinsertion, non-biodegradable drug delivery implant	Physician
12001	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 2.5 cm or less	Physician, Podiatrist
12002	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 2.6 cm to 7.5 cm	Physician, Podiatrist
16000	Initial treatment, first degree burn, when no more than local treatment is required	Physician
16020	Dressings and/or debridement of partial-thickness burns, initial or subsequent; small (less than 5% total body surface area)	Physician
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)	Physician
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)	Physician
17000	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettage), premalignant lesions (eg, actinic keratoses); first lesion	Physician, Podiatrist
17003	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettage), premalignant lesions (eg, actinic keratoses); second through 14 lesions, each (List separately in addition to code for first lesion)	Physician, Podiatrist
17110	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettage), of benign lesions other than skin tags or cutaneous vascular proliferative lesions; up to 14 lesions	Physician, Podiatrist
17111	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettage), of benign lesions other than skin tags or cutaneous vascular proliferative lesions; 15 or more lesions	Physician
19000	Puncture aspiration of cyst of breast;	Physician
20550	Injection(s); single tendon sheath, or ligament, aponeurosis (eg, plantar "fascia")	Physician, Podiatrist
20551	Injection(s); single tendon origin/insertion	Physician
20552	Injection(s); single or multiple trigger point(s), 1 or 2 muscle(s)	Physician
20600	Arthrocentesis, aspiration and/or injection; small joint or bursa (eg, fingers, toes)	Physician, Podiatrist
20605	Arthrocentesis, aspiration and/or injection; intermediate joint or bursa (eg, temporomandibular, acromioclavicular, wrist, elbow or ankle, olecranon bursa)	Physician, Podiatrist
20610	Arthrocentesis, aspiration and/or injection; major joint or bursa (eg, shoulder, hip, knee joint, subacromial bursa)	Physician
20612	Aspiration and/or injection of ganglion cyst(s) any location	Physician, Podiatrist
21040	Excision of benign tumor or cyst of mandible, by enucleation and/or curettage	Physician
27323	Biopsy, soft tissue of thigh or knee area; superficial	Physician
29125	Application of short arm splint (forearm to hand); static	Physician
29405	Application of short leg cast (below knee to toes);	Physician, Podiatrist
29580	Strapping; Unna boot	Physician, Podiatrist
46083	Incision of thrombosed hemorrhoid, external	Physician
46600	Anoscopy; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)	Physician
46615	Anoscopy; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique	Physician
46916	Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; cryosurgery	Physician
49321	Laparoscopy, surgical; with biopsy (single or multiple)	Physician
52000	Cystourethroscopy (separate procedure)	Physician



54050	Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; chemical	Physician	
54056	Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; cryosurgery	Physician	
54060	Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; surgical excision	Physician	
54065	Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), extensive (eg laser surgery, electrosurgery, cryosurgery, chemosurgery)	Physician	
54150	Circumcision, using clamp or other device with regional dorsal penile or ring block	Physician	
55250	Vasectomy, unilateral or bilateral (separate procedure), including postoperative semen examination(s)	Physician	
56405	Incision and drainage of vulva or perineal abscess	Physician	
56420	Incision and drainage of Bartholin's gland abscess	Physician	
56440	Marsupialization of Bartholin's gland cyst	Physician	
56501	Destruction of lesion(s), vulva; simple (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)	Physician	
56515	Destruction of lesion(s), vulva; extensive (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)	Physician	
56605	Biopsy of vulva or perineum (separate procedure); 1 lesion	Physician	
56606	Biopsy of vulva or perineum (separate procedure); each separate additional lesion (List separately in addition to code for primary procedure)	Physician	
57061	Destruction of vaginal lesion(s); simple (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)	Physician	
57065	Destruction of vaginal lesion(s); extensive (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)	Physician	
57100	Biopsy of vaginal mucosa; simple (separate procedure)	Physician	
57105	Biopsy of vaginal mucosa; extensive, requiring suture (including cysts)	Physician	
57150	Irrigation of vagina and/or application of medicament for treatment of bacterial, parasitic, or fungoid disease	Physician	
57160	Fitting and insertion of pessary or other intravaginal support device	Physician	
57170	Diaphragm or cervical cap fitting with instructions	Physician	
57420	Colposcopy of the entire vagina, with cervix if present;	Physician	
57452	Colposcopy of the cervix including upper/adjacent vagina;	Physician	
57454	Colposcopy of the cervix including upper/adjacent vagina; with biopsy(s) of the cervix and endocervical curettage	Physician	
57455	Colposcopy of the cervix including upper/adjacent vagina; with biopsy(s) of the cervix	Physician	
57456	Colposcopy of the cervix including upper/adjacent vagina; with endocervical curettage	Physician	
57460	Colposcopy of the cervix including upper/adjacent vagina; with loop electrode biopsy(s) of the cervix	Physician	
57500	Biopsy of cervix, single or multiple, or local excision of lesion, with or without fulguration (separate procedure)	Physician	
57505	Endocervical curettage (not done as part of a dilation and curettage)	Physician	
57510	Cautery of cervix; electro or thermal	Physician	
57511	Cautery of cervix; cryocautery, initial or repeat	Physician	
57520	Conization of cervix, with or without fulguration, with or without dilation and curettage, with or without repair; cold knife or laser	Physician	
57522	Conization of cervix, with or without fulguration, with or without dilation and curettage, with or without repair; loop electrode excision	Physician	
57800	Dilation of cervical canal, instrumental (separate procedure)	Physician	
58100	Endometrial sampling (biopsy) with or without endocervical sampling (biopsy), without cervical dilation, any method (separate procedure)	Physician	
58300	Insertion of intrauterine device (IUD)	Physician	
58301	Removal of intrauterine device (IUD)	Physician	
58600	Ligation or transection of fallopian tube(s), abdominal or vaginal approach, unilateral or bilatera	Physician	
59025	Fetal non-stress test	Physician	
59050	Fetal monitoring during labor by consulting physician (ie, non-attending physician) with written report; supervision and interpretation	Physician	
59051	Fetal monitoring during labor by consulting physician (ie, non-attending physician) with written report; interpretation only	Physician	
59200	Insertion of cervical dilator (eg, laminaria, prostaglandin) (separate procedure)	Physician	

59430	Postpartum care only (separate procedure)	Physician	
65205	Removal of foreign body, external eye; conjunctival superficial	Physician	
65220	Removal of foreign body, external eye; corneal, without slit lamp	Physician	
65222	Removal of foreign body, external eye; corneal, with slit lamp	Physician	
66761	Iridotomy/iridectomy by laser surgery (eg, for glaucoma) (per session)	Physician	
66821	Dissection of secondary membranous cataract (opacified posterior lens capsule and/or anterior hyaloid); laser surgery (eg, YAG laser) (1 or more stages)	Physician	
67820	Correction of trichiasis; epilation, by forceps only	Physician	
69200	Removal foreign body from external auditory canal; without general anesthesia	Physician	
69210	Removal impacted cerumen (separate procedure), 1 or both ears	Physician	

Vision Care			
Diagnostic Services - The following codes are not payable in addition to a medical visit or surgery procedure provided on the same day			
Payment = PPS Rate for Established Patient - May be billed a maximum of once per day per patient			
Code	Description	Provider Type	Recent Edits
92012	Ophthalmological services: medical examination and evaluation, with initiation or continuation of diagnostic and treatment program; intermediate, established patient	Physician, Optometrist	
92014	Ophthalmological services: medical examination and evaluation, with initiation or continuation of diagnostic and treatment program; comprehensive, established patient, 1 or more visits	Physician, Optometrist	
92015	Determination of refractive state	Physician, Optometrist	
92020	Gonioscopy (separate procedure)	Physician, Optometrist	
92025	Computerized corneal topography, unilateral or bilateral, with interpretation and report	Physician, Optometrist	
92060	Sensorimotor examination with multiple measurements of ocular deviation (eg, restrictive or paretic muscle with diplopia) with interpretation and report (separate procedure)	Physician, Optometrist	
92065	Orthoptic and/or pleoptic training, with continuing medical direction and evaluation	Physician, Optometrist	
92081	Visual field examination, unilateral or bilateral, with interpretation and report; limited examination (eg, tangent screen, Autoplot, arc perimeter, or single stimulus level automated test, such as Octopus 3 or 7 equivalent)	Physician, Optometrist	
92082	Visual field examination, unilateral or bilateral, with interpretation and report; intermediate examination (eg, at least 2 isopters on Goldmann perimeter, or semiquantitative, automated suprathreshold screening program, Humphrey suprathreshold automatic diagnostic test, Octopus program 33)	Physician, Optometrist	
92083	Visual field examination, unilateral or bilateral, with interpretation and report; extended examination (eg, Goldmann visual fields with at least 3 isopters plotted and static determination within the central 30 degrees or quantitative, automated threshold perimetry, Octopus program G-1, 32 or 42, Humphrey visual field analyzer full threshold programs 30-2, 24-2, or 30/60-2)	Physician, Optometrist	
92100	Serial tonometry (separate procedure) with multiple measurements of intraocular pressure over an extended time period with interpretation and report, same day (eg, diurnal curve or medical treatment of acute elevation of intraocular pressure)	Physician, Optometrist	
92132	Scanning computerized ophthalmic diagnostic imaging, anterior segment, with interpretation and report, unilateral or bilateral	Physician, Optometrist	
92133	Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, unilateral or bilateral; optic nerve	Physician, Optometrist	
92134	Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, unilateral or bilateral; retina	Physician, Optometrist	
92140	Provocative tests for glaucoma, with interpretation and report, without tonography	Physician, Optometrist	
92225	Ophthalmoscopy, extended, with retinal drawing (eg, for retinal detachment, melanoma), with interpretation and report; initial	Physician, Optometrist	
92226	Ophthalmoscopy, extended, with retinal drawing (eg, for retinal detachment, melanoma), with interpretation and report; subsequent	Physician, Optometrist	
92230	Fluorescein angiography with interpretation and report	Physician, Optometrist	
92250	Fundus photography with interpretation and report	Physician, Optometrist	
92260	Ophthalmodynamometry	Physician, Optometrist	
92275	Electroretinography with interpretation and report	Physician, Optometrist	
92285	External ocular photography with interpretation and report for documentation of medical progress (eg, close-up photography, slit lamp photography, goniophotography, stereo-photography)	Physician, Optometrist	
92310	Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation; corneal lens, both eyes, except for aphakia	Physician, Optometrist	

Diagnostic Services - The following codes are not payable in addition to a medical visit or surgery procedure provided on the same day			
Payment = PPS Rate for New Patient - May be billed a maximum of once per day per patient			
Code	Description	Provider Type	Recent Edits
92002	Ophthalmological services: medical examination and evaluation with initiation of diagnostic and treatment program; intermediate, new patient	Physician, Optometrist	
92004	Ophthalmological services: medical examination and evaluation with initiation of diagnostic and treatment program; comprehensive, new patient, 1 or more visits	Physician, Optometrist	

The following codes are paid according to 101 CMR 315.00			
Code	Description	Provider Type	Recent Edits
92326	Replacement of contact lens	Physician, Optometrist	
92340	Fitting of spectacles, except for aphakia; monofocal	Physician, Optometrist	
92340 RB	Fitting of spectacles, except for aphakia; monofocal (replacement and repair) (per lens)	Physician, Optometrist	
92341	Fitting of spectacles, except for aphakia; bifocal	Physician, Optometrist	
92341 RB	Fitting of spectacles, except for aphakia; bi-focal (replacement and repair) (per lens)	Physician, Optometrist	
92342	Fitting of spectacles, except for aphakia; multifocal, other than bifocal	Physician, Optometrist	
92342 RB	Fitting of spectacles, except for aphakia; multi-focal other than bi-focal (replacement and repair) (per lens)	Physician, Optometrist	
92370	Repair and refitting spectacles; except for aphakia	Physician, Optometrist	
92541	Spontaneous nystagmus test, including gaze and fixation nystagmus, with recording	Physician, Optometrist	
92542	Positional nystagmus test, minimum of 4 positions, with recording	Physician, Optometrist	
92544	Optokinetic nystagmus test, bidirectional, foveal or peripheral stimulation, with recording	Physician, Optometrist	
99173	Screening test of visual acuity, quantitative, bilatera	Physician, Optometrist	
V2020	Frames, purchases	Physician, Optometrist	
V2100	Sphere, single vision, plano to plus or minus 4.00, per lens	Physician, Optometrist	
V2101	Sphere, single vision, plus or minus 4.12 to plus or minus 7.00d, per lens	Physician, Optometrist	
V2102	Sphere, single vision, plus or minus 7.12 to plus or minus 20.00d, per lens	Physician, Optometrist	
V2103	Spherocylinder, single vision, plano to plus or minus 4.00d sphere, 0.12 to 2.00d cylinder, per lens	Physician, Optometrist	
V2104	Spherocylinder, single vision, plano to plus or minus 4.00d sphere, 2.12 to 4.00d cylinder, per lens	Physician, Optometrist	
V2105	Spherocylinder, single vision, plano to plus or minus 4.00d sphere, 4.25 to 6.00d cylinder, per lens	Physician, Optometrist	
V2106	Spherocylinder, single vision, plano to plus or minus 4.00d sphere, over 6.00d cylinder, per lens	Physician, Optometrist	
V2107	Spherocylinder, single vision, plus or minus 4.25 to plus or minus 7.00 sphere, 0.12 to 2.00d cylinder, per lens	Physician, Optometrist	
V2108	Spherocylinder, single vision, plus or minus 4.25d to plus or minus 7.00d sphere, 2.12 to 4.00d cylinder, per lens	Physician, Optometrist	
V2109	Spherocylinder, single vision, plus or minus 4.25 to plus or minus 7.00d sphere, 4.25 to 6.00d cylinder, per lens	Physician, Optometrist	
V2110	Spherocylinder, single vision, plus or minus 4.25 to 7.00d sphere, over 6.00d cylinder, per lens	Physician, Optometrist	
V2111	Spherocylinder, single vision, plus or minus 7.25 to plus or minus 12.00d sphere, 0.25 to 2.25d cylinder, per lens	Physician, Optometrist	
V2112	Spherocylinder, single vision, plus or minus 7.25 to plus or minus 12.00d sphere, 2.25d to 4.00d cylinder, per lens	Physician, Optometrist	
V2113	Spherocylinder, single vision, plus or minus 7.25 to plus or minus 12.00d sphere, 4.25 to 6.00d cylinder, per lens	Physician, Optometrist	

V2114	Spherocylinder, single vision, sphere over plus or minus 12.00d, per lens	Physician, Optometrist
V2115	Lenticular (myodisc), per lens, single vision	Physician, Optometrist
V2118	Aniseikonic lens, single vision	Physician, Optometrist
V2121	Lenticular lens, per lens, single	Physician, Optometrist
V2200	Sphere, bifocal, plano to plus or minus 4.00d, per lens	Physician, Optometrist
V2201	Sphere, bifocal, plus or minus 4.12 to plus or minus 7.00d, per lens	Physician, Optometrist
V2202	Sphere, bifocal, plus or minus 7.12 to plus or minus 20.00d, per lens	Physician, Optometrist
V2203	Spherocylinder, bifocal, plano to plus or minus 4.00d sphere, 0.12 to 2.00d cylinder, per lens	Physician, Optometrist
V2204	Spherocylinder, bifocal, plano to plus or minus 4.00d sphere, 2.12 to 4.00d cylinder, per lens	Physician, Optometrist
V2205	Spherocylinder, bifocal, plano to plus or minus 4.00d sphere, 4.12 to 6.00d cylinder, per lens	Physician, Optometrist
V2206	Spherocylinder, bifocal, plano to plus or minus 4.00d sphere, over 6.00d cylinder, per lens	Physician, Optometrist
V2207	Spherocylinder, bifocal, plus or minus 4.25 to plus or minus 7.00d sphere, 0.12 to 2.00d cylinder, per lens	Physician, Optometrist
V2208	Spherocylinder, bifocal, plus or minus 4.25 to plus or minus 7.00d sphere, 2.12 to 4.00d cylinder, per lens	Physician, Optometrist
V2209	Spherocylinder, bifocal, plus or minus 4.25 to plus or minus 7.00d sphere, 4.25 to 6.00d cylinder, per lens	Physician, Optometrist
V2210	Spherocylinder, bifocal, plus or minus 4.25 to plus or minus 7.00d sphere, over 6.00d cylinder, per lens	Physician, Optometrist
V2211	Spherocylinder, bifocal, plus or minus 7.25 to plus or minus 12.00d sphere, 0.25 to 2.25d cylinder, per lens	Physician, Optometrist
V2212	Spherocylinder, bifocal, plus or minus 7.25 to plus or minus 12.00d sphere, 2.25 to 4.00d cylinder, per lens	Physician, Optometrist
V2213	Spherocylinder, bifocal, plus or minus 7.25 to plus or minus 12.00d sphere, 4.25 to 6.00d cylinder, per lens	Physician, Optometrist
V2214	Spherocylinder, bifocal, sphere over plus or minus 12.00d, per lens	Physician, Optometrist
V2215	Lenticular (myodisc), per lens, bifocal	Physician, Optometrist
V2218	Aniseikonic, per lens, bifocal	Physician, Optometrist
V2219	Bifocal seg width over 28mm	Physician, Optometrist
V2220	Bifocal add over 3.25d	Physician, Optometrist
V2221	Lenticular lens, per lens, bifocal	Physician, Optometrist
V2300	Sphere, trifocal, plano to plus or minus 4.00d, per lens	Physician, Optometrist
V2301	Sphere, trifocal, plus or minus 4.12 to plus or minus 7.00d per lens	Physician, Optometrist
V2302	Sphere, trifocal, plus or minus 7.12 to plus or minus 20.00, per lens	Physician, Optometrist
V2303	Spherocylinder, trifocal, plano to plus or minus 4.00d sphere, 0.12 to 2.00d cylinder, per lens	Physician, Optometrist
V2304	Spherocylinder, trifocal, plano to plus or minus 4.00d sphere, 2.25 to 4.00d cylinder, per lens	Physician, Optometrist
V2305	Spherocylinder, trifocal, plano to plus or minus 4.00d sphere, 4.25 to 6.00 cylinder, per lens	Physician, Optometrist
V2306	Spherocylinder, trifocal, plano to plus or minus 4.00d sphere, over 6.00d cylinder, per lens	Physician, Optometrist
V2307	Spherocylinder, trifocal, plus or minus 4.25 to plus or minus 7.00d sphere, 0.12 to 2.00d cylinder, per lens	Physician, Optometrist
V2308	Spherocylinder, trifocal, plus or minus 4.25 to plus or minus 7.00d sphere, 2.12 to 4.00d cylinder, per lens	Physician, Optometrist
V2309	Spherocylinder, trifocal, plus or minus 4.25 to plus or minus 7.00d sphere, 4.25 to 6.00d cylinder, per lens	Physician, Optometrist
V2310	Spherocylinder, trifocal, plus or minus 4.25 to plus or minus 7.00d sphere, over 6.00d cylinder per lens	Physician, Optometrist
V2311	Spherocylinder, trifocal, plus or minus 7.25 to plus or minus 12.00d sphere, 0.25 to 2.25d cylinder, per lens	Physician, Optometrist
V2312	Spherocylinder, trifocal, plus or minus 7.25 to plus or minus 12.00d sphere, 2.25 to 4.00d cylinder, per lens	Physician, Optometrist
V2313	Spherocylinder, trifocal, plus or minus 7.25 to plus or minus 12.00d sphere, 4.25 to 6.00d cylinder, per lens	Physician, Optometrist
V2314	Spherocylinder, trifocal, sphere over plus or minus 12.00d, per lens	Physician, Optometrist
V2315	Lenticular, (myodisc), per lens, trifocal	Physician, Optometrist

V2318	Aniseikonic lens, trifocal	Physician, Optometrist	
V2319	Trifocal seg width over 28 mm	Physician, Optometrist	
V2320	Trifocal add over 3.25d	Physician, Optometrist	
V2321	Lenticular lens, per lens, trifocal	Physician, Optometrist	
V2410	Variable asphericity lens, single vision, full field, glass or plastic, per lens	Physician, Optometrist	
V2430	Variable asphericity lens, bifocal, full field, glass or plastic, per lens	Physician, Optometrist	
V2500	Contact lens, PMMA, spherical, per lens	Physician, Optometrist	
V2501	Contact lens, PMMA, toric or prism ballast, per lens	Physician, Optometrist	
V2502	Contact lens PMMA, bifocal, per lens	Physician, Optometrist	
V2503	Contact lens PMMA, color vision deficiency, per lens	Physician, Optometrist	
V2510	Contact lens, gas permeable, spherical, per lens	Physician, Optometrist	
V2511	Contact lens, gas permeable, toric, prism ballast, per lens	Physician, Optometrist	
V2512	Contact lens, gas permeable, bifocal, per lens	Physician, Optometrist	
V2513	Contact lens, gas permeable, extended wear, per lens	Physician, Optometrist	
V2520	Contact lens hydrophilic, spherical, per lens	Physician, Optometrist	
V2521	Contact lens hydrophilic, toric, or prism ballast, per lens	Physician, Optometrist	
V2522	Contact lens hydrophilic, bifocal, per lens	Physician, Optometrist	
V2523	Contact lens hydrophilic, extended wear, per lens	Physician, Optometrist	
V2530	Contact lens, scleral, gas impermeable, per lens (for contact lens modification, see CPT Level I code 92325)	Physician, Optometrist	
V2700	Balance lens, per lens	Physician, Optometrist	
V2710	Slab off prism, glass or plastic, per lens	Physician, Optometrist	
V2715	Prism, per lens	Physician, Optometrist	
V2718	Press-on lens, fresnell prism, per lens	Physician, Optometrist	
V2730	Press-on lens, fresnell prism, per lens	Physician, Optometrist	
V2744	Tint, photochromatic, per lens	Physician, Optometrist	
V2745	Addition to lens, tint, any color, solid, gradient or equal, excludes photochromatic, any lens material, per lens	Physician, Optometrist	
V2750	Anti-reflective coating, per lens	Physician, Optometrist	
V2755	U-V lens, per lens	Physician, Optometrist	
V2760	Scratch resistant coating, per lens	Physician, Optometrist	
V2770	Occluder lens, per lens	Physician, Optometrist	
V2780	Oversize lens, per lens	Physician, Optometrist	

<b>Cardiology</b>			
The following codes are paid according to 101 CMR 317.00			
<b>Code</b>	<b>Description</b>	<b>Provider Type</b>	<b>Recent Edits</b>
93005	Electrocardiogram, routine ECG with at least 12 leads; tracing only, without interpretation and report	Physician, NP, PA, RN	
93965	Noninvasive physiologic studies of extremity veins, complete bilateral study (eg, Doppler waveform analysis with responses to compression and other maneuvers, phleborheography, impedance plethysmography)	Physician, NP, PA, RN	

<b>Pulmonology</b>			
The following codes are paid according to 101 CMR 317.00			
If service performed on the same day as a medical visit, surgery procedure, or vision diagnostic service, the rate will be included in the PPS Rate			
<b>Code</b>	<b>Description</b>	<b>Provider Type</b>	<b>Recent Edits</b>
94010	Spirometry, including graphic record, total and timed vital capacity, expiratory flow rate measurement(s), with or without maximal voluntary ventilation	Physician, NP, PA, RN	
94060	Bronchodilation responsiveness, spirometry as in 94010, pre- and post-bronchodilator administration	Physician, NP, PA, RN	
94150	Vital capacity, total (separate procedure)	Physician, NP, PA, RN	
94200	Maximum breathing capacity, maximal voluntary ventilation	Physician, NP, PA, RN	
94620	Pulmonary stress testing; simple (eg, 6-minute walk test, prolonged exercise test for bronchospasm with pre- and post-spirometry and oximetry)	Physician, NP, PA, RN	
94640	Pressurized or nonpressurized inhalation treatment for acute airway obstruction or for sputum induction for diagnostic purposes (eg, with an aerosol generator, nebulizer, metered dose inhaler or intermittent positive pressure breathing [IPPB] device)	Physician, NP, PA, RN	
94642	Aerosol inhalation of pentamidine for pneumocystis carinii pneumonia treatment or prophylaxis	Physician, NP, PA, RN	
94664	Demonstration and/or evaluation of patient utilization of an aerosol generator, nebulizer, metered dose inhaler or IPPB device	Physician, NP, PA, RN	
94760	Noninvasive ear or pulse oximetry for oxygen saturation; single determination	Physician, NP, PA, RN	
94761	Noninvasive ear or pulse oximetry for oxygen saturation; multiple determinations (eg, during exercise)	Physician, NP, PA, RN	

### Vaccines, Drugs, and Supplies

The following codes are paid according to 101 CMR 317.00

Code	Description	Provider Type	Recent Edits
90649	Human Papilloma virus (HPV) vaccine, types 6, 11, 16, 18 (quadrivalent), three-dose schedule, for intramuscular use	Physician, NP, PA, RN	
90657	Influenza virus vaccine, trivalent, split virus, when administered to children 6-35 months of age, for intramuscular use	Physician, NP, PA, RN	
90658	Influenza virus vaccine, trivalent, split virus, when administered to individuals 3 years of age and older, for intramuscular use	Physician, NP, PA, RN	
90714	Tetanus and diphtheria toxoids (Td) adsorbed, preservative free, when administered to individuals 7 years or older, for intramuscular use	Physician, NP, PA, RN	
90715	Tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap), when administered to individuals 7 years or older, for intramuscular use	Physician, NP, PA, RN	
90732	Pneumococcal polysaccharide vaccine, 23-valent, adult or immunosuppressed patient dosage, when administered to 2 years or older, for subcutaneous or intramuscular use	Physician, NP, PA, RN	
90743	Hepatitis B vaccine, adolescent (2 dose schedule), for intramuscular use	Physician, NP, PA, RN	
90744	Hepatitis B vaccine, pediatric/adolescent dosage (3 dose schedule), for intramuscular use	Physician, NP, PA, RN	
90746	Hepatitis B vaccine, adult dosage, for intramuscular use	Physician, NP, PA, RN	
99000	Handling and/or conveyance of specimen for transfer from the office to a laboratory	Physician, NP, PA, RN	

The following codes are paid according to 101 CMR 317.00

If service performed on the same day as a medical visit, surgery procedure, or vision diagnostic service, the rate will be included in the PPS Rate unless the vaccine administration is a medically necessary, separately identifiable service.

Code	Description	Provider Type	Recent Edits
90460	Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; first vaccine/toxoid component	Physician, NP, PA, RN	
90471	Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); one vaccine (single or combination vaccine/toxoid)	Physician, NP, PA, RN	
90472	Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); each additional vaccine (single or combination vaccine/toxoid) (List separately in addition to code for primary procedure)	Physician, NP, PA, RN	
90473	Immunization administration by intranasal or oral route; one vaccine (single or combination vaccine/ toxoid	Physician, NP, PA, RN	
90474	Immunization administration by intranasal or oral route, each additional vaccine	Physician, NP, PA, RN	
95115	Professional services for allergen immunotherapy not including provision of allergenic extracts; single injector	Physician, NP, PA, RN	
95117	Professional services for allergen immunotherapy not including provision of allergenic extracts; 2 or more injections	Physician, NP, PA, RN	

The following codes are paid according to 101 CMR 312.00

Code	Description	Provider Type	Recent Edits
A4266	Diaphragm for contraceptive use (includes applicator and contraceptive cream or jelly)	Physician, NP, PA, RN	
A4267	Contraceptive Supply, condom, male, each	Physician, NP, PA, RN	
A4268	Contraceptive Supply, condom, female, each	Physician, NP, PA, RN	
A4269	Contraceptive Supply, spermicide (e.g., foam, gel), each (per tube or package) (includes contraceptive sponges)	Physician, NP, PA, RN	
S4993	Oral contraceptives (birth control pills) per cycle	Physician, NP, PA, RN	



## The following codes are paid according to the rates listed below

Code	Description	Provider Type	Recent Edits	Rate
90672	Influenza virus vaccine, quadrivalent, live, for intranasal use	Physician, NP, PA, RN		\$ 25.74
90673	Influenza virus vaccine, trivalent, derived from recombinant DNA (RIV3), for intramuscular use	Physician, NP, PA, RN		\$ 37.19
90685	Influenza virus vaccine, quadrivalent, admin. to children 6-35 months of age, for intramuscular use	Physician, NP, PA, RN		\$ 23.90
90686	Influenza virus vaccine, quadrivalent, admin. to individuals 3 years of age and older, for intramuscular use	Physician, NP, PA, RN		\$ 17.98
90687	Influenza virus vaccine, quadrivalent, admin. to children 6-35 months of age, for intramuscular use	Physician, NP, PA, RN		\$ 9.13
90688	Influenza virus vaccine, quadrivalent, admin. to individuals 3 years of age and older, for intramuscular use	Physician, NP, PA, RN		\$ 16.84
90670	Pneumococcal vaccine, 13 val im	Physician, NP, PA, RN		\$153.96
J0151	Inj, Adenosine Diag, 1mg	Physician, NP, PA, RN		\$ 3.31
J0401	Inj, Aripiprazole, extended release, 1 mg	Physician, NP, PA, RN		\$ 3.87
J0717	Inj, Certolizumab Pegol, 1mg	Physician, NP, PA, RN		\$ 5.13
J1050	Injection, medroxyprogesterone acetate, 1 mc	Physician, NP, PA, RN		\$ 0.20
J1442	Inj, Filgrastim G-CSF, 1 mcg	Physician, NP, PA, RN		\$ 0.99
J1556	Inj, Imm Glob Bivigam, 500 mg	Physician, NP, PA, RN		\$ 38.64
J1602	Inj, Golimumab, 1 mg	Physician, NP, PA, RN		\$ 24.16
J3060	Inj, Taliglucerase Alfa, 10 u	Physician, NP, PA, RN		\$ 30.90
J3489	Zoledronic Acid, 1 mg	Physician, NP, PA, RN		\$ 105.42
J3490	Unclassified Drugs. NOTE: This code may ONLY be used for emergency contraceptive pills.	Physician, NP, PA, RN		\$ 11.12
J7300	Intrauterine Copper Contraceptive	Physician, NP, PA, RN		\$ 78.90
J7303	Contraceptive supply, hormone containing vaginal ring, each	Physician, NP, PA, RN		\$ 15.31
J7304	Contraceptive supply, hormone containing patch, each	Physician, NP, PA, RN		\$ 13.11
J7307	Etonogestrel (contraceptive) implant system, including implant and supplies	Physician, NP, PA, RN		\$ 442.13
J7316	Inj, Ocriplasmin, 0.125 mg	Physician, NP, PA, RN		\$ 1,046.75
J7508	Tacrolimus Ex Rel oral, 0.1 mg	Physician, NP, PA, RN		\$ 0.42
J9047	Inj, Carfilzomib, 1 mg	Physician, NP, PA, RN		\$ 29.29
J9306	Inj, Pertuzumab, 1 mg	Physician, NP, PA, RN		\$ 10.21
J9354	Inj, Ado-trastuzumab Emt, 1 mg	Physician, NP, PA, RN		\$ 29.17
J9400	Inj, ziv-aflibercept, 1 mg	Physician, NP, PA, RN		\$ 9.37
S4989	Contraceptive intrauterine device (e.g., Progestacert IUD), including implants and supplies	Physician, NP, PA, RN		\$ 489.96

## Non-Covered Codes

Code	Description	COMMENTS
90669	Pneumococcal conjugate vaccine, 7 valent, for intramuscular use	Deleted this code as MassHealth no longer covers this code
J1446	Injection, tbo-filgrastim, 5 micrograms	Deleted this code as MassHealth no longer covers this code - it has been replaced with 73501
J7302	Levonorgestrel-Rlse Intrauterine Contraceptive 52 Mg	Deleted this code as MassHealth no longer covers this code

<b>Behavioral Health</b>		
Codes may be billed in addition to a medical visit, surgery procedure, or vision diagnostic service if services occur on the same day		
Payment - PPS Rate for Established Patient - May be billed a maximum of once per day per patient		
Exception - G0469, paid \$59.52 at Metro Boston sites, and \$57.06 at sites in the Rest of Massachusetts		
<b>Code</b>	<b>Description</b>	<b>Recent Edits</b>
90791	Psychiatric Diagnostic Evaluation	
90832	Psychotherapy, 30 minutes with patient and/or family member	
90833	Psychotherapy, 30 minutes with patient and/or family member when performed with an evaluation and management service (List separately in addition to the code for primary procedure)	
90834	Psychotherapy, 45 minutes with patient and/or family member	
90836	Psychotherapy, 45 minutes with patient and/or family member when performed with an evaluation and management service (List separately in addition to the code for primary procedure)	
90847	Family psychotherapy (conjoint psychotherapy) (with patient present)(per 1/2 hour	
90882	Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers, or institutions	
90887	Interpretation or explanation of results of psychiatric, other medical examinations and procedures, or other accumulated data to family or other responsible persons, or advising them how to assist patient	
G0469	Add-on code for new patient visit, must be billed with one of the codes above	

The following codes are paid according to 101 CMR 306.00		
<b>Code</b>	<b>Description</b>	<b>Recent Edits</b>
90849	Multiple-family group psychotherapy	
90853	Group psychotherapy (other than of a multiple-family group)	
S9485	Crisis intervention mental health services, per diem	

The following codes are paid according to 114.3 CMR 29.00		
<b>Code</b>	<b>Description</b>	<b>Recent Edits</b>
96101	Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, eg, MMPI, Rorschach, WAIS), per hour of the psychologist's or physician's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report	
96118	Neuropsychological testing (eg, Halstead-Reitan Neuropsychological Battery, Wechsler Memory Scales and Wisconsin Card Sorting Test), per hour of the psychologist's or physician's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report	

The following codes are paid according to 101 CMR 346.00		
<b>Code</b>	<b>Description</b>	<b>Recent Edits</b>
H0020	Alcohol and/or drug services; methadone administration and/or service (provision of the drug by a licensed program); (dose only visit)	

**Eligible providers must meet the licensing/certification/supervision provisions of the following regulations**

Psychiatrist 130 CMR 429.424(A)

Psychologists: 251 CMR 3.00

Licensed Independent Certified Social Worker: 258 CMR 9.03

Licensed Certified Social Worker: 258 CMR 9.04

Licensed Social Worker: 258 CMR 9.05

Licensed Social Work Associate: 258 CMR 9.06

Licensed Mental Health Counselor: 262 CMR 2.00

Psychiatric Nurse Mental Health Clinical Specialist: 244 CMR 4.00

Counselor: 130 CMR 429.424(E)

Licensed Alcohol and Drug Abuse Counselor I: 105 CMR 168.000

Licensed Alcohol and Drug Abuse Counselor II: 105 CMR 168.000

<b>Lab</b>		
The following codes are paid according to 101 CMR 320.00		
Code	Description	Recent Edits
80048	Basic metabolic panel (Calcium, total) This panel must include the following: Calcium, total (82310) Carbon dioxide (bicarbonate) (82374) Chloride (82435) Creatinine (82565) Glucose (82947) Potassium (84132) Sodium (84295) Urea nitrogen (BUN) (84520)	
80051	Electrolyte panel This panel must include the following: Carbon dioxide (bicarbonate) (82374) Chloride (82435) Potassium (84132) Sodium (84295)	
80053	Comprehensive metabolic panel This panel must include the following: Albumin (82040) Bilirubin, total (82247) Calcium, total (82310) Carbon dioxide (bicarbonate) (82374) Chloride (82435) Creatinine (82565) Glucose (82947) Phosphatase, alkaline (84075) Potassium (84132) Protein, total (84155) Sodium (84295) Transferase, alanine amino (ALT) (SGPT) (84460) Transferase, aspartate amino (AST) (SGOT) (84450) Urea nitrogen (BUN) (84520)	
80055	Obstetric panel This panel must include the following: Blood count, complete (CBC), automated and automated differential WBC count (85025 or 85027 and 85004) OR Blood count, complete (CBC), automated (85027) and appropriate manual differential WBC count (85007 or 85009) Hepatitis B surface antigen (HBsAg) (87340) Antibody, rubella (86762) Syphilis test, non-treponemal antibody; qualitative (eg, VDRL, RPR, ART) (86592) Antibody screen, RBC, each serum technique (86850) Blood typing, ABO (86900) AND Blood typing, Rh (D) (86901)	
80061	Lipid panel This panel must include the following: Cholesterol, serum, total (82465) Lipoprotein, direct measurement, high density cholesterol (HDL cholesterol) (83718) Triglycerides (84478)	
80069	Renal function panel This panel must include the following: Albumin (82040) Calcium, total (82310) Carbon dioxide (bicarbonate) (82374) Chloride (82435) Creatinine (82565) Glucose (82947) Phosphorus inorganic (phosphate) (84100) Potassium (84132) Sodium (84295) Urea nitrogen (BUN) (84520)	
80074	Acute hepatitis panel This panel must include the following: Hepatitis A antibody (HAAb), IgM antibody (86709) Hepatitis B core antibody (HBcAb), IgM antibody (86705) Hepatitis B surface antigen (HBsAg) (87340) Hepatitis C antibody (86803)	
80076	Hepatic function panel This panel must include the following: Albumin (82040) Bilirubin, total (82247) Bilirubin, direct (82248) Phosphatase, alkaline (84075) Protein, total (84155) Transferase, alanine amino (ALT) (SGPT) (84460) Transferase, aspartate amino (AST) (SGOT) (84450)	
80156	Carbamazepine; total	
80185	Phenytoin; total	
81000	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; non-automated, with microscopy	
81001	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; automated, with microscopy	
81002	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; non-automated, without microscopy	
81003	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; automated, without microscopy	
81005	Urinalysis; qualitative or semiquantitative, except immunoassays	
81007	Urinalysis; bacteriuria screen, except by culture or dipstick	
81015	Urinalysis; microscopic only	
81025	Urine pregnancy test, by visual color comparison methods	
82009	Ketone body(s) (eg, acetone, acetoacetic acid, beta-hydroxybutyrate); qualitative	
82040	Albumin; serum, plasma or whole blood	
82043	Albumin; urine, microalbumin, quantitative	
82044	Albumin; urine, microalbumin, semiquantitative (eg, reagent strip assay)	
82085	Aldolase	
82105	Alpha-fetoprotein (AFP); serum	
82120	Amines, vaginal fluid, qualitative	
82150	Amylase	
82247	Bilirubin; total	
82248	Bilirubin; direct	
82270	Blood, occult, by peroxidase activity (eg, guaiac), qualitative; feces, consecutive collected specimens with single determination, for colorectal neoplasm screening (ie, patient was provided 3 cards or single triple card for consecutive collection)	

82272	Blood, occult, by peroxidase activity (eg, guaiac), qualitative, feces, 1-3 simultaneous determinations, performed for other than colorectal neoplasm screening	
82274	Blood, occult, by fecal hemoglobin determination by immunoassay, qualitative, feces, 1-3 simultaneous determination:	
82306	Vitamin D; 25 hydroxy, includes fraction(s), if performed	
82310	Calcium; total	
82365	Calculus; infrared spectroscopy	
82374	Carbon dioxide (bicarbonate)	
82435	Chloride; blood	
82465	Cholesterol, serum or whole blood, total	
82540	Creatine	
82550	Creatine kinase (CK), (CPK); total	
82553	Creatine kinase (CK), (CPK); MB fraction only	
82565	Creatinine; blood	
82570	Creatinine; other source	
82607	Cyanocobalamin (Vitamin B-12);	
82627	Dehydroepiandrosterone-sulfate (DHEA-S)	
82670	Estradiol	
82671	Estrogens; fractionated	
82672	Estrogens; total	
82677	Estriol	
82679	Estrone	
82705	Fat or lipids, feces; qualitative	
82728	Ferritin	
82746	Folic acid; serum	
82777	Galectin-3	
82946	Glucagon tolerance test	
82947	Glucose; quantitative, blood (except reagent strip)	
82948	Glucose; blood, reagent strip	
82950	Glucose; post glucose dose (includes glucose)	
82951	Glucose; tolerance test (GTT), 3 specimens (includes glucose)	
82952	Glucose; tolerance test, each additional beyond 3 specimens (List separately in addition to code for primary procedure)	
82955	Glucose-6-phosphate dehydrogenase (G6PD); quantitative	
82960	Glucose-6-phosphate dehydrogenase (G6PD); screen	
82977	Glutamyltransferase, gamma (GGT)	
83001	Gonadotropin; follicle stimulating hormone (FSH)	
83002	Gonadotropin; luteinizing hormone (LH)	
83003	Growth hormone, human (HGH) (somatotropin)	
83021	Hemoglobin fractionation and quantitation; chromatography (eg, A2, S, C, and/or F)	
83036	Hemoglobin; glycosylated (A1C)	
83051	Hemoglobin; plasma	
83491	Hydroxycorticosteroids, 17- (17-OHCS)	
83498	Hydroxyprogesterone, 17-d	
83516	Immunoassay for analyte other than infectious agent antibody or infectious agent antigen; qualitative or semiquantitative, multiple step method	
83540	Iron	
83550	Iron binding capacity	
83586	Ketosteroids, 17- (17-KS); total	
83593	Ketosteroids, 17- (17-KS); fractionation	
83615	Lactate dehydrogenase (LD), (LDH);	
83625	Lactate dehydrogenase (LD), (LDH); isoenzymes, separation and quantitation	
83655	Lead	
83690	Lipase	
83718	Lipoprotein, direct measurement; high density cholesterol (HDL cholesterol)	
83721	Lipoprotein, direct measurement; LDL cholesterol	

83735	Magnesium	
83840	Methadone	
83872	Mucin, synovial fluid (Ropes test)	
83874	Myoglobin	
84060	Phosphatase, acid; total	
84066	Phosphatase, acid; prostatic	
84075	Phosphatase, alkaline;	
84078	Phosphatase, alkaline; heat stable (total not included)	
84080	Phosphatase, alkaline; isoenzymes	
84132	Potassium; serum, plasma or whole blood	
84144	Progesterone	
84146	Prolactin	
84152	Prostate specific antigen (PSA); complexed (direct measurement)	
84153	Prostate specific antigen (PSA); total	
84155	Protein, total, except by refractometry; serum, plasma or whole blood	
84156	Protein, total, except by refractometry; urine	
84157	Protein, total, except by refractometry; other source (e.g., synovial fluid, cerebrospinal fluid)	
84160	Protein, total by refractometry, any source	
84163	Pregnancy-associated plasma protein-A (PAPP-A)	
84165	Protein; electrophoretic fractionation and quantitation	
84166	Electrophoretic fractionation and quantitation, other fluids with concentration (e.g., urine, CSF)	
84202	Protoporphyrin, RBC; quantitative	
84295	Sodium; serum, plasma or whole blood	
84300	Sodium; urine	
84402	Testosterone; free	
84403	Testosterone; total	
84436	Thyroxine; total	
84437	Thyroxine; requiring elution (e.g., neonatal)	
84439	Thyroxine; free	
84443	Thyroid stimulating hormone (TSH)	
84450	Transferase; aspartate amino (AST) (SGOT)	
84460	Transferase; alanine amino (ALT) (SGPT)	
84478	Triglycerides	
84479	Thyroid hormone (T3 or T4) uptake or thyroid hormone binding ratio (THBR)	
84480	Triiodothyronine T3; total (TT-3)	
84481	Triiodothyronine T3; free	
84484	Troponin, quantitative	
84520	Urea nitrogen; quantitative	
84550	Uric acid; blood	
84590	Vitamin A	
84702	Gonadotropin, chorionic (hCG); quantitative	
84703	Gonadotropin, chorionic (hCG); qualitative	
85007	Blood count; blood smear, microscopic examination with manual differential WBC count	
85008	Blood count; blood smear, microscopic examination without manual differential WBC count	
85009	Blood count; manual differential WBC count, buffy coat	
85013	Blood count; spun microhematocrit	
85014	Blood count; hematocrit (Hct)	
85018	Blood count; hemoglobin (Hgb)	
85025	Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count	
85027	Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count)	
85041	Blood count; red blood cell (RBC), automated	
85044	Blood count; reticulocyte, manual	
85048	Blood count; leukocyte (WBC), automated	
85049	Blood count; platelet, automated	

85379	Fibrin degradation products, D-dimer; quantitative
85610	Prothrombin time;
85651	Sedimentation rate, erythrocyte; non-automatec
85652	Sedimentation rate, erythrocyte; automatec
85660	Sickling of RBC, reduction
85730	Thromboplastin time, partial (PTT); plasma or whole blood
86038	Antinuclear antibodies (ANA);
86060	Antistreptolysin O; titer
86140	C-reactive protein;
86160	Complement; antigen, each component
86171	Complement fixation tests, each antigen
86225	Deoxyribonucleic acid (DNA) antibody; native or double strandec
86235	Extractable nuclear antigen, antibody to, any method (eg, nRNP, SS-A, SS-B, Sm, RNP, Sc170, J01), each antibod
86280	Hemagglutination inhibition test (HAI)
86308	Heterophile antibodies; screening
86309	Heterophile antibodies; titer
86310	Heterophile antibodies; titers after absorption with beef cells and guinea pig kidney
86317	Immunoassay for infectious agent antibody, quantitative, not otherwise specific
86318	Immunoassay for infectious agent antibody, qualitative or semiquantitative, single step method (eg, reagent strip
86376	Microsomal antibodies (eg, thyroid or liver-kidney), each
86403	Particle agglutination; screen, each antibody
86430	Rheumatoid factor; qualitative
86431	Rheumatoid factor; quantitative
86592	Syphilis test, non-treponemal antibody; qualitative (eg, VDRL, RPR, ART)
86593	Syphilis test, non-treponemal antibody; quantitative
86618	Antibody; Borrelia burgdorferi (Lyme disease)
86628	Antibody; Candida
86631	Antibody; Chlamydia
86632	Antibody; Chlamydia, IgM
86677	Antibody; Helicobacter pylori
86687	Antibody; HTLV-I
86688	Antibody; HTLV-II
86689	Antibody; HTLV or HIV antibody, confirmatory test (eg, Western Blot)
86692	Antibody; hepatitis, delta agent
86694	Antibody; herpes simplex, non-specific type test
86695	Antibody; herpes simplex, type 1
86696	Antibody; herpes simplex, type 2
86701	Antibody; HIV-1
86702	Antibody; HIV-2
86703	Antibody; HIV-1 and HIV-2, single result
86704	Hepatitis B core antibody (HBcAb); total
86705	Hepatitis B core antibody (HbcAb); IgM antibody
86706	Hepatitis B surface antibody (HBsAb)
86707	Hepatitis Be antibody (HBeAb)
86708	Hepatitis A antibody (HAAb); total
86709	Hepatitis A antibody (HAAb); IgM antibody
86711	Antibody; JC (John Cunningham) virus
86727	Antibody; lymphocytic choriomeningitis
86735	Antibody; mumps
86762	Antibody; rubella
86765	Antibody; rubeola
86780	Antibody; Treponema pallidum
86787	Antibody; varicella-zoster
86803	Hepatitis C antibody;

86804	Hepatitis C antibody; confirmatory test (e.g., immunoblot)	
86828	Antibody to human leukocyte antigens (HLA), solid phase assays (eg, microspheres or beads, ELISA, flow cytometry); qualitative assessment of the presence or absence of antibody(ies) to HLA Class I and Class II HLA antigens	
86829	Antibody to human leukocyte antigens (HLA), solid phase assays (eg, microspheres or beads, ELISA, Flow cytometry); qualitative assessment of the presence or absence of antibody(ies) to HLA Class I or Class II HLA antigens	
86830	Antibody to human leukocyte antigens (HLA), solid phase assays (eg, microspheres or beads, ELISA, Flow cytometry); antibody identification by qualitative panel using complete HLA phenotypes, HLA Class	
86831	Antibody to human leukocyte antigens (HLA), solid phase assays (eg, microspheres or beads, ELISA, Flow cytometry); antibody identification by qualitative panel using complete HLA phenotypes, HLA Class I	
86832	Antibody to human leukocyte antigens (HLA), solid phase assays (eg, microspheres or beads, ELISA, Flow cytometry); high definition qualitative panel for identification of antibody specificities (eg, individual antigen per bead methodology), HLA Class	
86833	Antibody to human leukocyte antigens (HLA), solid phase assays (eg, microspheres or beads, ELISA, Flow cytometry); high definition qualitative panel for identification of antibody specificities (eg, individual antigen per bead methodology), HLA Class I	
86834	Antibody to human leukocyte antigens (HLA), solid phase assays (eg, microspheres or beads, ELISA, Flow cytometry); semi-quantitative panel (eg titer), HLA Class I	
86835	Antibody to human leukocyte antigens (HLA), solid phase assays (eg, microspheres or beads, ELISA, Flow cytometry); semi-quantitative panel (eg titer), HLA Class II	
86885	Antihuman globulin test (Coombs test); indirect, qualitative, each reagent red cel	
86900	Blood typing; ABO	
86901	Blood typing; Rh (D)	
86906	Blood typing; Rh phenotyping, complete	
87040	Culture, bacterial; blood, aerobic, with isolation and presumptive identification of isolates (includes anaerobic culture, if appropriate)	
87045	Culture, bacterial; stool, aerobic, with isolation and preliminary examination (eg, KIA, LIA), Salmonella and Shigella specie:	
87046	Culture, bacterial; stool, aerobic, additional pathogens, isolation and presumptive identification of isolates, each plat	
87070	Culture, bacterial; any other source except urine, blood or stool, aerobic, with isolation and presumptive identification of isolate:	
87075	Culture, bacterial; any source, except blood, anaerobic with isolation and presumptive identification of isolate:	
87077	Culture, bacterial; aerobic isolate, additional methods required for definitive identification, each isolate	
87081	Culture, presumptive, pathogenic organisms, screening only:	
87084	Culture, presumptive, pathogenic organisms, screening only; with colony estimation from density char	
87086	Culture, bacterial; quantitative colony count, urine	
87088	Culture, bacterial; with isolation and presumptive identification of each isolate, urine	
87101	Culture, fungi (mold or yeast) isolation, with presumptive identification of isolates; skin, hair, or nai	
87102	Culture, fungi (mold or yeast) isolation, with presumptive identification of isolates; other source (except blood	
87103	Culture, fungi, (mold or yeast) isolation with presumptive identification of isolates blood	
87110	Culture, chlamydia, any source	
87140	Culture, typing; fluorescent method, each antiserum	
87164	Dark field examination, any source (e.g., penile, vaginal, oral, skin); includes specimen collector	
87176	Homogenization, tissue, for culture	
87177	Ova and parasites, direct smears, concentration and identification	
87181	Susceptibility studies, antimicrobial agent; agar dilution method, per agent (e.g., antibiotic gradient strip	
87184	Susceptibility studies, antimicrobial agent; disk method, per plate (12 or fewer agents	
87186	Susceptibility studies, antimicrobial agent; microdilution or agar dilution (minimum inhibitory concentration [MIC] or breakpoint), each multi-antimicrobial, per plate	
87188	Susceptibility studies, antimicrobial agent; macrobroth dilution method, each agen	
87205	Smear, primary source with interpretation; Gram or Giemsa stain for bacteria, fungi, or cell types	
87206	Smear, primary source, with interpretation; fluorescent and/or acid fast stain for bacteria, fungi, parasites, viruses or cell types	
87207	Smear, primary source, with interpretation; special stain for inclusion bodies or parasites (e.g., malaria, coccidia, microsporidia, trypanosomes, herpes viruses)	
87210	Smear, primary source with interpretation; wet mount for infectious agents (eg, saline, India ink, KOH preps	
87220	Tissue examination by KOH slide of samples from skin, hair, or nails for fungi or ectoparasite ova or mites (eg, scabies)	
87250	Virus isolation; inoculation of embryonated eggs, or small animal, includes observation and dissection	
87252	Virus isolation; tissue culture inoculation, observation, and presumptive identification by cytopathic effec	
87253	Virus isolation; tissue culture, additional studies or definitive identification (e.g., hemabsorption, neutralization, immunofluorescence stain), each isolate	



87270	Infectious agent antigen detection by immunofluorescent technique; Chlamydia trachomatis	
87273	Infectious agent antigen detection by immunofluorescent technique; Herpes simplex virus type 2	
87274	Infectious agent antigen detection by immunofluorescent technique; Herpes simplex virus type 1	
87285	Infectious agent antigen detection by immunofluorescent technique; Treponema pallidum	
87320	Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple-step method; Chlamydia trachomatis	
87324	Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple-step method; Clostridium difficile toxin(s)	
87338	Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple-step method; Helicobacter pylori, stool	
87340	Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple-step method; hepatitis B surface antigen (HBsAg)	
87350	Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple-step method; hepatitis Be antigen (HBeAg)	
87380	Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple step method; hepatitis, delta agent	
87390	Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple step method; HIV-	
87391	Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple step method; HIV-	
87400	Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple-step method; Influenza, A or B, each	
87430	Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple-step method; Streptococcus, group A	
87449	Infectious agent antigen detection by enzyme immunoassay technique qualitative or semiquantitative; multiple step method, not otherwise specified, each organism	
87480	Infectious agent detection by nucleic acid (DNA or RNA); Candida species, direct probe technique	
87481	Infectious agent detection by nucleic acid (DNA or RNA); Candida species, amplified probe technique	
87482	Infectious agent detection by nucleic acid (DNA or RNA); Candida species, quantificator	
87490	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, direct probe technique	
87491	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, amplified probe technique	
87492	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, quantificator	
87510	Infectious agent detection by nucleic acid (DNA or RNA); Gardnerella vaginalis, direct probe technique	
87511	Infectious agent detection by nucleic acid (DNA or RNA); Gardnerella vaginalis, amplified probe technique	
87512	Infectious agent detection by nucleic acid (DNA or RNA); Gardnerella vaginalis, quantificator	
87515	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis B virus, direct probe technique	
87516	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis B virus, amplified probe technique	
87517	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis B virus, quantificator	
87520	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis C, direct probe technique	
87521	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis C, amplified probe technique	
87522	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis C, quantificator	
87528	Infectious agent detection by nucleic acid (DNA or RNA); Herpes simplex virus, direct probe technique	
87529	Infectious agent detection by nucleic acid (DNA or RNA); Herpes simplex virus, amplified probe technique	
87530	Infectious agent detection by nucleic acid (DNA or RNA); Herpes simplex virus, quantificator	
87534	Infectious agent detection by nucleic acid (DNA or RNA); HIV-1, direct probe technique	
87535	Infectious agent detection by nucleic acid (DNA or RNA); HIV-1, amplified probe technique	
87536	Infectious agent detection by nucleic acid (DNA or RNA); HIV-1, reverse transcription and quantificator	
87537	Infectious agent detection by nucleic acid (DNA or RNA); HIV-2, direct probe technique	
87538	Infectious agent detection by nucleic acid (DNA or RNA); HIV-2, amplified probe technique	
87539	Infectious agent detection by nucleic acid (DNA or RNA); HIV-2, quantificator	
87590	Infectious agent detection by nucleic acid (DNA or RNA); Neisseria gonorrhoeae, direct probe technique	
87591	Infectious agent detection by nucleic acid (DNA or RNA); Neisseria gonorrhoeae, amplified probe technique	
87592	Infectious agent detection by nucleic acid (DNA or RNA); Neisseria gonorrhoeae, quantificator	
87620	Infectious agent detection by nucleic acid (DNA or RNA); papillomavirus, human, direct probe technique	
87621	Infectious agent detection by nucleic acid (DNA or RNA); papillomavirus, human, amplified probe technique	
87622	Infectious agent detection by nucleic acid (DNA or RNA); papillomavirus, human, quantificator	

87631	Infectious agent detection by nucleic acid (DNA or RNA); respiratory virus (eg, adenovirus, influenza virus, coronavirus, metapneumovirus, parainfluenza virus, respiratory syncytial virus, rhinovirus), multiplex reverse transcription and amplified probe technique, multiple types or subtypes, 3-5 targets	
87632	Infectious agent detection by nucleic acid (DNA or RNA); respiratory virus (eg, adenovirus, influenza virus, coronavirus, metapneumovirus, parainfluenza virus, respiratory syncytial virus, rhinovirus), multiplex reverse transcription and amplified probe technique, multiple types or subtypes, 6-11 targets	
87633	Infectious agent detection by nucleic acid (DNA or RNA); respiratory virus (eg, adenovirus, influenza virus, coronavirus, metapneumovirus, parainfluenza virus, respiratory syncytial virus, rhinovirus), multiplex reverse transcription and amplified probe technique, multiple types or subtypes, 12-25 targets	
87650	Infectious agent detection by nucleic acid (DNA or RNA); Streptococcus, group A, direct probe technique	
87797	Infectious agent detection by nucleic acid (DNA or RNA), not otherwise specified; direct probe technique, each organism	
87804	Infectious agent antigen detection by immunoassay with direct optical observation; Influenza	
87810	Infectious agent detection by immunoassay with direct optical observation; Chlamydia trachomatis	
87850	Infectious agent detection by immunoassay with direct optical observation; Neisseria gonorrhoeae	
87880	Infectious agent antigen detection by immunoassay with direct optical observation; Streptococcus, group A	
87910	Infectious agent genotype analysis by nucleic acid (DNA or RNA); cytomegalovirus	
87912	Infectious agent genotype analysis by nucleic acid (DNA or RNA); Hepatitis B virus	
88130	Sex chromatin identification; Barr bodies	
88142	Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; manual screening under physician supervision	
88143	Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; with manual screening and rescreening under physician supervision	
88147	Cytopathology smears, cervical or vaginal; screening by automated system under physician supervisor	
88148	Cytopathology smears, cervical or vaginal; screening by automated system with manual rescreening under physician supervisor	
88150	Cytopathology, slides, cervical or vaginal; manual screening under physician supervisor	
88152	Cytopathology, slides, cervical or vaginal; with manual screening and computer-assisted rescreening under physician supervisor	
88153	Cytopathology, slides, cervical or vaginal; with manual screening and rescreening under physician supervisor	
88154	Cytopathology, slides, cervical or vaginal; with manual screening and computer-assisted rescreening using cell selection and review under physician supervision	
88164	Cytopathology, slides, cervical or vaginal (the Bethesda System); manual screening under physician supervisor	
88165	Cytopathology, slides, cervical or vaginal (the Bethesda System); with manual screening and rescreening under physician supervisor	
88166	Cytopathology, slides, cervical or vaginal (the Bethesda System); with manual screening and computer-assisted rescreening under physician supervision	
88261	Chromosome analysis; count 5 cells, 1 karyotype, with banding	
88262	Chromosome analysis; count 15-20 cells, 2 karyotypes, with banding	
88267	Chromosome analysis, amniotic fluid or chorionic villus, count 15 cells, 1 karyotype, with banding	
88280	Chromosome analysis; additional karyotypes, each study	
88285	Chromosome analysis; additional cells counted, each study	
89050	Cell count, miscellaneous body fluids (e.g., cerebrospinal fluid, joint fluid), except blood	
89051	Cell count, miscellaneous body fluids (eg, cerebrospinal fluid, joint fluid), except blood; with differential count	
89060	Crystal identification by light microscopy with or without polarizing lens analysis, tissue or any body fluid (except urine)	
89300	Semen analysis; presence and/or motility of sperm including Huhner test (post coital)	
89310	Semen analysis; motility and count (not including Huhner test)	
89320	Semen analysis; complete (volume, count, motility, and differential)	
G0027	Semen analysis; presence and/or motility of sperm excluding Huhner	
G0431	Drug screen, qualitative; multiple drug classes by high complexity test method (eg, 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	

The following codes are paid according to 114.3 CMR 16.00

Code	Description	Recent Edits
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85060	Blood smear, peripheral, interpretation by physician with written report	
88104	Cytopathology, fluids, washings or brushings, except cervical or vaginal; smears with interpretation	
88106	Cytopathology, fluids, washings or brushings, except cervical or vaginal; simple filter method with interpretation	
88108	Cytopathology, concentration technique, smears and interpretation (eg, Saccomanno technique)	
88112	Cytopathology, selective cellular enhancement technique with interpretation (eg, liquid based slide preparation method), except cervical or vaginal	
88141	Cytopathology, cervical or vaginal (any reporting system), requiring interpretation by physician	
88160	Cytopathology, smears, any other source; screening and interpretation	
88161	Cytopathology, smears, any other source; preparation, screening and interpretation	
88162	Cytopathology, smears, any other source; extended study involving over 5 slides and/or multiple stain:	
88177	Cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy for diagnosis, each separate additional evaluation episode, same site (List separately in addition to code for primary procedure)	
88300	Level I - Surgical pathology, gross examination only	
88302	Level II - Surgical pathology, gross and microscopic examination Appendix, incidental, Fallopian tube, sterilization, Fingers/toes, amputation, traumatic, Foreskin, newborn, Hernia sac, any location, Hydrocele sac, Nerve, Skin, plastic repair, Sympathetic ganglion, Testis, castration, Vagina mucosa, incidental, Vas deferens, sterilization	
88304	Level III - Surgical pathology, gross and microscopic examination Abortion, induced, Abscess, Aneurysm - arterial/ventricular, Anus, ag, Appendix, other than incidental, Artery, atheromatous plaque, Bartholin's gland cyst, Bone fragment(s), other than pathologic fracture, Bursa/synovial cyst, Carpal tunnel tissue, Cartilage, shavings, Cholesteatoma, Colon, colostomy stoma, Conjunctiva - iopsy/pterygium, Cornea, Diverticulum - esophagus/small intestine, Dupuytren's contracture tissue, Femoral head, other than fracture, Fissure/fistula, Foreskin, other than newborn, Gallbladder, Ganglion cyst, Hematoma, Hemorrhoids, Hydatid of Morgagni, Intervertebral disc, Joint, loose body, Meniscus, Mucocele, salivary, Neuroma - Morton's/traumatic, Pilonidal cyst/sinus, Polyps, inflammatory - nasal/sinusoidal, Skin - cyst/tag/debridement, Soft tissue, debridement, Soft tissue, lipoma, Spermatocele, tendon/tendon sheath, Testicular appendage, Thrombus or embolus, Tonsil and/or adenoids, Varicocele, Vas deferens, other than sterilization, Vein, varicosity	
88305	Level IV - Surgical pathology, gross and microscopic examination Abortion - spontaneous/missed, Artery, biopsy, Bone marrow, biopsy, Bone exostosis, Brain/meninges, other than for tumor resection, Breast, biopsy, not requiring microscopic evaluation of surgical margins, Breast, reduction mammoplasty, Bronchus, biopsy, Cell block, any source, Cervix, biopsy, Colon, biopsy, Duodenum, biopsy, Endocervix, curettings/biopsy, endometrium, curettings/biopsy, Esophagus, biopsy, Extremity, amputation, traumatic, Fallopian tube, biopsy, Fallopian tube, ectopic pregnancy, Femoral head, fracture, Fingers/toes, amputation, nontraumatic, Gingiva/oral mucosa, biopsy, Heart valve, Joint, resection, Kidney, biopsy, Larynx, biopsy, Leiomyoma(s), uterine myomectomy - without uterus, Lip, biopsy/wedge resection, Lung, transbronchial biopsy, Lymph node, biopsy, Muscle, biopsy, Nasal mucosa, biopsy, Nasopharynx/oropharynx, biopsy, Nerve, biopsy, Odontogenic/dental cyst, Omentum, biopsy, Ovary with or without tube, non-neoplastic, Ovary, biopsy/wedge resection, Parathyroid gland, Peritoneum, biopsy, Pituitary tumor, Placenta, other than third trimester, Pleura/pericardium - biopsy/tissue, Polyp, cervical/endometrial, Polyp, colorectal, Polyp, stomach/small intestine, Prostate, needle biopsy, Prostate, TUR, Salivary gland, biopsy, Sinus, paranasal biopsy, Skin, other than cyst/tag/debridement/plastic repair, Small intestine, biopsy, Soft tissue, other than tumor/mass/lipoma/debridement, Spleen, Stomach, biopsy, Synovium, Testis, other than tumor/biopsy/castration, Thyroglossal duct/brachial cleft cyst, Tongue, biopsy, Tonsil, biopsy, Trachea, biopsy, Ureter, biopsy, Urethra, biopsy, Urinary bladder, biopsy, Uterus, with or without tub	
88307	Level V - Surgical pathology, gross and microscopic examination Adrenal, resection, Bone - biopsy/curettings, Bone fragment(s), pathologic fracture, Brain, biopsy, Brain/meninges, tumor resection, Breast, excision of lesion, requiring microscopic evaluation of surgical margins, Breast, mastectomy - partial/simple, Cervix, conization, Colon, segmental resection, other than for tumor, Extremity, amputation, nontraumatic, Eye, enucleation, Kidney, partial/total nephrectomy, Larynx, partial/total resection, Liver, biopsy - needle/wedge, Liver, partial resection, Lung, wedge biopsy, Lymph nodes, regional resection, Mediastinum, mass, Myocardium, biopsy, Odontogenic tumor, Ovary with or without tube, neoplastic, Pancreas, biopsy, Placenta, third trimester, Prostate, except radical resection, Salivary gland, Sentinel lymph node, Small intestine, resection, other than for tumor, Soft tissue mass (except lipoma) - biopsy/simple excision, Stomach - subtotal/total resection, other than for tumor, Testis, biopsy, Thymus, tumor, Thyroid, total/lobe, Ureter, resection, Urinary bladder, TUR, Uterus, with or without tubes and ovaries, other than neoplastic/prolapse	

88309	Level VI - Surgical pathology, gross and microscopic examination Bone resection, Breast, mastectomy - with regional lymph nodes, Colon, segmental resection for tumor, Colon, total resection, Esophagus, partial/total resection, Extremity, disarticulation, Fetus, with dissection, Larynx, partial/total resection - with regional lymph nodes, Lung - total/lobe/segment resection, Pancreas, total/subtotal resection, Prostate, radical resection, Small intestine, resection for tumor, Soft tissue tumor, extensive resection, Stomach - subtotal/total resection for tumor, Testis, tumor, Tongue/tonsil -resection for tumor, Urinary bladder, partial/total resection, Uterus, with or without tubes and ovaries, neoplastic, Vulva, total/subtotal resection	
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<b>Radiology</b>		
The following codes are paid according to 114.3 CMR 18.00		
Code	Description	Recent Edits
70110	Radiologic examination, mandible; complete, minimum of 4 views	
70150	Radiologic examination, facial bones; complete, minimum of 3 views	
70160	Radiologic examination, nasal bones, complete, minimum of 3 views	
70220	Radiologic examination, sinuses, paranasal, complete, minimum of 3 views	
70260	Radiologic examination, skull; complete, minimum of 4 views	
70360	Radiologic examination; neck, soft tissue	
71010	Radiologic examination, chest; single view, frontal	
71020	Radiologic examination, chest, 2 views, frontal and lateral	
71030	Radiologic examination, chest, complete, minimum of 4 views	
71100	Radiologic examination, ribs, unilateral; 2 views	
71101	Radiologic examination, ribs, unilateral; including posteroanterior chest, minimum of 3 views	
71110	Radiologic examination, ribs, bilateral; 3 views	
71111	Radiologic examination, ribs, bilateral; including posteroanterior chest, minimum of 4 views	
72040	Radiologic examination, spine, cervical; 3 views or less	
72050	Radiologic examination, spine, cervical; 4 or 5 views	
72052	Radiologic examination, spine, cervical; 6 or more views	
72070	Radiologic examination, spine; thoracic, 2 views	
72100	Radiologic examination, spine, lumbosacral; 2 or 3 views	
72110	Radiologic examination, spine, lumbosacral; minimum of 4 views	
72170	Radiologic examination, pelvis; 1 or 2 views	
72220	Radiologic examination, sacrum and coccyx, minimum of 2 views	
73000	Radiologic examination; clavicle, complete	
73010	Radiologic examination; scapula, complete	
73030	Radiologic examination, shoulder; complete, minimum of 2 views	
73050	Radiologic examination; acromioclavicular joints, bilateral, with or without weighted distractor	
73060	Radiologic examination; humerus, minimum of 2 views	
73080	Radiologic examination, elbow; complete, minimum of 3 views	
73090	Radiologic examination; forearm, 2 views	
73110	Radiologic examination, wrist; complete, minimum of 3 views	
73130	Radiologic examination, hand; minimum of 3 views	
73140	Radiologic examination, finger(s), minimum of 2 views	
73501	Radiologic examination, hip, unilateral, with pelvis when performed; 1 view	Replaced 73500
73560	Radiologic examination, knee; 1 or 2 views	
73562	Radiologic examination, knee; 3 views	
73564	Radiologic examination, knee; complete, 4 or more views	
73590	Radiologic examination; tibia and fibula, 2 views	
73610	Radiologic examination, ankle; complete, minimum of 3 views	
73630	Radiologic examination, foot; complete, minimum of 3 views	
73650	Radiologic examination; calcaneus, minimum of 2 views	
73660	Radiologic examination; toe(s), minimum of 2 views	
74000	Radiologic examination, abdomen; single anteroposterior view	
74020	Radiologic examination, abdomen; complete, including decubitus and/or erect views	
76512	Ophthalmic ultrasound, diagnostic; B-scan (with or without superimposed non-quantitative A-scan)	
76513	Ophthalmic ultrasound, diagnostic; anterior segment ultrasound, immersion (water bath) B-scan or high resolution biomicroscopy	
76514	Ophthalmic ultrasound, diagnostic; corneal pachymetry, unilateral or bilateral (determination of corneal thickness)	
76519	Ophthalmic biometry by ultrasound echography, A-scan; with intraocular lens power calculator	
76536	Ultrasound, soft tissues of head and neck (eg, thyroid, parathyroid, parotid), real time with image documentation	
76645	Ultrasound, breast(s) (unilateral or bilateral), real time with image documentation	
76700	Ultrasound, abdominal, real time with image documentation; complete	

76805	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, after first trimester (> or = 14 weeks 0 days), transabdominal approach; single or first gestation	
76810	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, after first trimester (> or = 14 weeks 0 days), transabdominal approach; each additional gestation (List separately in addition to code for primary procedure)	
76815	Ultrasound, pregnant uterus, real time with image documentation, limited (eg, fetal heart beat, placental location, fetal position and/or qualitative amniotic fluid volume), 1 or more fetuses	
76816	Ultrasound, pregnant uterus, real time with image documentation, follow-up (eg, re-evaluation of fetal size by measuring standard growth parameters and amniotic fluid volume, re-evaluation of organ system(s) suspected or confirmed to be abnormal on a previous scan), transabdominal approach, per fetus	
76830	Ultrasound, transvaginal	
76856	Ultrasound, pelvic (nonobstetric), real time with image documentation; complete	
76857	Ultrasound, pelvic (nonobstetric), real time with image documentation; limited or follow-up (eg, for follicles)	
76870	Ultrasound, scrotum and contents	
76881	Ultrasound, extremity, nonvascular, real-time with image documentation; complete	
77051	Computer-aided detection (computer algorithm analysis of digital image data for lesion detection) with further review for interpretation, with or without digitization of film radiographic images; diagnostic mammography (List separately in addition to code for primary procedure)	
77052	Computer-aided detection (computer algorithm analysis of digital image data for lesion detection) with further review for interpretation, with or without digitization of film radiographic images; screening mammography (List separately in addition to code for primary procedure)	
77055	Mammography; unilateral	
77056	Mammography; bilateral	
77057	Screening mammography, bilateral (2-view film study of each breast)	
77080	Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine)	
78012	Thyroid uptake, single or multiple quantitative measurement(s) (including stimulation, suppression, or discharge, when performed)	
78013	Thyroid imaging (including vascular flow, when performed):	
78014	Thyroid imaging (including vascular flow, when performed); with single or multiple uptake(s) quantitative measurement(s) (including stimulation, suppression, or discharge, when performed)	
78071	Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT)	
78072	Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT), and concurrently acquired computed tomography (CT) for anatomical localization	
78305	Bone and/or joint imaging; multiple areas	
G0202	Screening mammography, producing direct digital image, bilateral, all views	

Non-Covered Codes		
Code	Description	COMMENTS
72069	Radiologic examination, spine, thoracolumbar, standing (scoliosis)	Deleted this code as MassHealth no longer covers this code
73500	Radiologic examination, hip, unilateral; 1 view	Deleted this code as MassHealth no longer covers this code - it has been replaced with 73501
73510	Radiologic examination, hip, unilateral; complete, minimum of 2 views	Deleted this code as MassHealth no longer covers this code
73540	Radiologic examination, pelvis and hips, infant or child, minimum of 2 views	Deleted this code as MassHealth no longer covers this code
73550	Radiologic examination, femur, 2 views	Deleted this code as MassHealth replaced it.

<b>Wellness</b>			
The following codes are not payable in addition to a medical visit, surgery procedure, or vision diagnostic service provided on the same day			
Payment = PPS Rate for Established Patient - May be billed a maximum of once per day per patient			
<b>Code</b>	<b>Description</b>	<b>Provider Type</b>	<b>Recent Edits</b>
97802	Medical nutrition therapy; initial assessment and intervention, individual, face-to-face with the patient, each 15 minutes	Physician, NP, PA, RN, Registered Dietician	
97803	Medical nutrition therapy; re-assessment and intervention, individual, face-to-face with the patient, each 15 minutes	Physician, NP, PA, RN, Registered Dietician	
97804	Medical nutrition therapy; group (2 or more individual(s)), each 30 minutes	Physician, NP, PA, RN, Registered Dietician	
99407	Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes	Physician, NP, PA, RN, Tobacco Cessation Counselor	
G0108	Diabetes outpatient self-management training services, individual, per 30 minutes	Physician, NP, PA, RN, Registered Dietician	
G0109	Diabetes self-management training services, group session (2 or more), per 30 minutes	Physician, NP, PA, RN, Registered Dietician	
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	Physician, NP, PA, RN, Registered Dietician	
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 (2 or more individuals), each 30 minutes	Physician, NP, PA, RN, Registered Dietician	

The following codes are paid according to 114.3 CMR 12.00			
<b>Code</b>	<b>Description</b>	<b>Provider Type</b>	<b>Recent Edits</b>
99402	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 30 minutes	Physician, NP, PA, RN, Paraprofessional	

The following codes are paid according to 101 CMR 317.00			
<b>Code</b>	<b>Description</b>	<b>Provider Type</b>	<b>Recent Edits</b>
95782	Polysomnography; Younger than 6 years, sleep staging with 4 or more additional parameters of sleep, attended by a technologist	Physician, NP, PA, RN	
96110	Developmental testing; limited, with interpretation and report (U Modifier required, see Bulletin 211		
96365	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hou	Physician, NP, PA, RN	
96372	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscula	Physician, NP, PA, RN	
98925	Osteopathic manipulative treatment (OMT); 1-2 body regions involvec	Physician, NP, PA, RN	
98926	Osteopathic manipulative treatment (OMT); 3-4 body regions involvec	Physician, NP, PA, RN	
98927	Osteopathic manipulative treatment (OMT); 5-6 body regions involvec	Physician, NP, PA, RN	
S0302	Completed early periodic screening diagnosis and treatment (EPSDT) service (list in addition to code for appropriate preventive medicine service)	Physician, NP, PA, RN	

**Eligible providers must meet the licensing/certification/supervision provisions of the following regulations**

Tobacco Cessation Counselor: 130 CMR 405.472

Registered Dietician: MassHealth Community Health Center Bulletin 60 - July 2007

<b>Obstetrics and Gynecology</b>			
The following codes are paid according to 114.3 CMR 16.00			
<b>Code</b>	<b>Description</b>	<b>Provider Type</b>	<b>Recent Edits</b>
51800	Cystoplasty or cystourethroplasty, plastic operation on bladder and/or vesical neck (anterior Y-plasty, vesical fundus resection), any procedure, with or without wedge resection of posterior vesical neck	Physician	
51840	Anterior vesicourethropexy, or urethropexy (eg, Marshall-Marchetti-Krantz, Burch); simple	Physician	
51841	Anterior vesicourethropexy, or urethropexy (eg, Marshall-Marchetti-Krantz, Burch); complicated (eg, secondary repair)	Physician	
51860	Cystorrhaphy, suture of bladder wound, injury or rupture; simple	Physician	
53500	Urethrolisis, transvaginal, secondary, open, including cystourethroscopy (eg, postsurgical obstruction, scarring)	Physician	
57240	Anterior colporrhaphy, repair of cystocele with or without repair of urethrocele	Physician	
57250	Posterior colporrhaphy, repair of rectocele with or without perineorrhaphy	Physician	
57265	Combined anteroposterior colporrhaphy; with enterocele repair	Physician	
57267	Insertion of mesh or other prosthesis for repair of pelvic floor defect, each site (anterior, posterior compartment), vaginal approach (List separately in addition to code for primary procedure)	Physician	
57268	Repair of enterocele, vaginal approach (separate procedure)	Physician	
57282	Colpopexy, vaginal; extra-peritoneal approach (sacrospinous, iliococcygeus)	Physician	
57288	Sling operation for stress incontinence (eg, fascia or synthetic)	Physician	
57415	Removal of impacted vaginal foreign body (separate procedure) under anesthesia (other than local)	Physician	
57530	Trachelectomy (cervicectomy), amputation of cervix (separate procedure)	Physician	
58120	Dilation and curettage, diagnostic and/or therapeutic (nonobstetrical)	Physician	
58150	Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s);	Physician	
58152	Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s); with colpo-urethrocystopexy (eg, Marshall-Marchetti-Krantz, Burch)	Physician	
58180	Supracervical abdominal hysterectomy (subtotal hysterectomy), with or without removal of tube(s), with or without removal of ovary(s)	Physician	
58260	Vaginal hysterectomy, for uterus 250 g or less;	Physician	
58262	Vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s), and/or ovary(s)	Physician	
58263	Vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s), and/or ovary(s), with repair of enterocele	Physician	
58270	Vaginal hysterectomy, for uterus 250 g or less; with repair of enterocele	Physician	
58290	Vaginal hysterectomy, for uterus greater than 250 g;	Physician	
58353	Endometrial ablation, thermal, without hysteroscopic guidance	Physician	
58555	Hysteroscopy, diagnostic (separate procedure)	Physician	
58561	Hysteroscopy, surgical; with removal of leiomyomata	Physician	
58563	Hysteroscopy, surgical; with endometrial ablation (eg, endometrial resection, electrosurgical ablation, thermoablation)	Physician	
58565	Hysteroscopy, surgical; with bilateral fallopian tube cannulation to induce occlusion by placement of permanent implants	Physician	
58605	Ligation or transection of fallopian tube(s), abdominal or vaginal approach, postpartum, unilateral or bilateral, during same hospitalization (separate procedure)	Physician	
58611	Ligation or transection of fallopian tube(s) when done at the time of cesarean delivery or intra-abdominal surgery (not a separate procedure) (List separately in addition to code for primary procedure)	Physician	
58615	Occlusion of fallopian tube(s) by device (eg, band, clip, Falope ring) vaginal or suprapubic approach	Physician	
58660	Laparoscopy, surgical; with lysis of adhesions (salpingolysis, ovariolysis) (separate procedure)	Physician	
58661	Laparoscopy, surgical; with removal of adnexal structures (partial or total oophorectomy and/or salpingectomy)	Physician	
58662	Laparoscopy, surgical; with fulguration or excision of lesions of the ovary, pelvic viscera, or peritoneal surface by any method	Physician	
58670	Laparoscopy, surgical; with fulguration of oviducts (with or without transection)	Physician	
58673	Laparoscopy, surgical; with salpingostomy (salpingoneostomy)	Physician	



58956	Bilateral salpingo-oophorectomy with total omentectomy, total abdominal hysterectomy for malignanc	Physician	
59000	Amniocentesis; diagnostic	Physician	
59300	Episiotomy or vaginal repair, by other than attending	Physician, Midwife	
59400	Routine obstetric care including antepartum care, vaginal delivery (with or without episiotomy, and/or forceps) and postpartum care	Physician, Midwife	
59409	Vaginal delivery only (with or without episiotomy and/or forceps)	Physician, Midwife	
59410	Vaginal delivery only (with or without episiotomy and/or forceps); including postpartum care	Physician, Midwife	
59414	Delivery of placenta (separate procedure)	Physician, Midwife	
59425	Antepartum care only; 4-6 visits	Physician, Midwife	
59426	Antepartum care only; 7 or more visits	Physician, Midwife	
59510	Routine obstetric care including antepartum care, cesarean delivery, and postpartum care	Physician, Midwife	
59514	Cesarean delivery only;	Physician	
59515	Cesarean delivery only; including postpartum care	Physician	
59610	Routine obstetric care including antepartum care, vaginal delivery (with or without episiotomy, and/or forceps) and postpartum care, after previous cesarean delivery	Physician, Midwife	
59612	Vaginal delivery only, after previous cesarean delivery (with or without episiotomy and/or forceps)	Physician, Midwife	
59614	Vaginal delivery only, after previous cesarean delivery (with or without episiotomy and/or forceps); including postpartum care	Physician, Physician's Assistant, Nurse Practitioner, Midwife	
59618	Routine obstetric care including antepartum care, cesarean delivery, and postpartum care, following attempted vaginal delivery after previous cesarean delivery	Physician	
59620	Cesarean delivery only, following attempted vaginal delivery after previous cesarean delivery	Physician	
59622	Cesarean delivery only, following attempted vaginal delivery after previous cesarean delivery; including postpartum care	Physician	
59812	Treatment of incomplete abortion, any trimester, completed surgically	Physician	
59820	Treatment of missed abortion, completed surgically; first trimester	Physician	
59821	Treatment of missed abortion, completed surgically; second trimester	Physician	
64435	Injection, anesthetic agent; paracervical (uterine) nerve	Physician	

<b>Physical Therapy</b>			
The following codes are paid according to 101 CMR 317.00			
<b>Code</b>	<b>Description</b>	<b>Provider Type</b>	<b>Recent Edits</b>
97001	Physical therapy evaluation	Physical Therapist	
97010	Application of a modality to 1 or more areas; hot or cold packs	Physical Therapist	
97012	Application of a modality to 1 or more areas; traction, mechanical	Physical Therapist	
97032	Application of a modality to 1 or more areas; electrical stimulation (manual), each 15 minutes	Physical Therapist	
97033	Application of a modality to 1 or more areas; iontophoresis, each 15 minutes	Physical Therapist	
97035	Application of a modality to 1 or more areas; ultrasound, each 15 minutes	Physical Therapist	
97110	Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility	Physical Therapist	
97112	Therapeutic procedure, 1 or more areas, each 15 minutes; neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities	Physical Therapist	
97116	Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Physical Therapist	
97140	Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15 minutes	Physical Therapist	

<b>Dental</b>			
The following codes are paid according to 114.3 CMR 14.00			
All restrictions in the MassHealth Dental Manual 130 CMR 420.00 should be followed for HSN services			
<b>Code</b>	<b>Description</b>	<b>Age Restriction</b>	<b>Recent Edits</b>
D0120	Periodic oral examination		
D0140	Limited oral evaluation - problem focused (twice per calendar year)		
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver	Under 3	
D0150	Comprehensive oral evaluation – new or established patient		
D0160	Detailed and extensive oral evaluation - problem focused (by report), by report (only for members undergoing radiation treatment, chemotherapy, or organ transplant)		
D0210	Intraoral – complete series (including bitewings)		
D0220	Intraoral – periapical, first film		
D0230	Intraoral – periapical, each additional film		
D0270	Bitewing - single film		
D0272	Bitewings - two films		
D0273	Bitewings - three films		
D0274	Bitewings - four films		
D0330	Panoramic film		
D0340	Cephalometric film		
D1110	Prophylaxis - adult	Over 14	
D1120	Prophylaxis - child	Under 14	
D1206	Topical fluoride varnish; therapeutic application for moderate to high caries risk patients		
D1208	Topical application of fluoride (prophylaxis not included)		
D1351	Sealant - per tooth	Under 21	
D1510	Space maintainer - fixed-unilateral	Under 21	
D1515	Space maintainer - fixed-bilateral	Under 21	
D1520	Space maintainer - removable-unilateral	Under 21	
D1525	Space maintainer - removable-bilateral	Under 21	
D1550	Recementation of space maintainer	Under 21	
D2140	Amalgam - one surface, primary or permanent		
D2150	Amalgam - two surfaces, primary or permanent		
D2160	Amalgam - three surfaces, primary or permanent		
D2161	Amalgam - four or more surfaces, primary or permanent		
D2330	Resin-based composite - one surface, anterior		
D2331	Resin-based composite - two surfaces, anterior		
D2332	Resin-based composite - three surfaces, anterior		
D2335	Resin-based composite - 4 + surfaces/ involve incisal angle (anterior)		
D2390	Resin-based composite crown, anterior	Under 21	
D2391	Resin-based composite – one surface, posterior		
D2392	Resin-based composite – two surfaces, posterior		
D2393	Resin-based composite – three surfaces, posterior		
D2394	Resin-based composite – 4+ surfaces, posterior		
D2710	Crown – resin- based composite (indirect)	Under 21	
D2740	Crown - porcelain / ceramic substrate	Under 21	
D2750	Crown - porcelain fused to high noble metal	Under 21	
D2751*	Crown - porcelain fused to predominantly base metal		
D2752	Crown - porcelain fused to noble metal	Under 21	
D2790	Crown - full cast high noble metal	Under 21	
D2910*	Recement inlay, onlay, or partial coverage restorator		
D2920*	Recement crown		
D2930	Prefabricated stainless steel crown - primary tooth	Under 21	
D2931	Prefabricated stainless steel crown - permanent tooth	Under 21	
D2932	Prefabricated resin crown	Under 21	

D2934	Prefabricated esthetic coated stainless steel crown-primary tooth	Under 21	
D2951*	Pin retention - per tooth, in addition to restorator		
D2954*	Prefabricated post and core in addition to crown		
D2980*	Crown repair, by report		
D3220	Therapeutic pulpotomy (excluding final restoration)	Under 21	
D3310*	Anterior (excluding final restoration)		
D3320	Bicuspid (excluding final restoration)	Under 21	
D3330	Molar (excluding final restoration)	Under 21	
D3346*	Retreatment of previous root canal therapy - anterior		
D3347	Retreatment of previous root canal therapy - bicuspid	Under 21	
D3348	Retreatment of previous root canal therapy - molar	Under 21	
D3410*	Apicoectomy/periradicular surgery - anterior		
D3421*	Apicoectomy/periradicular surgery - bicuspid (first root)		
D3425*	Apicoectomy/periradicular surgery - molar (first root)		
D3426*	Apicoectomy/periradicular surgery (each additional root)		
D4210*	Gingivectomy or gingivoplasty – 4+ contiguous teeth or bounded teeth spaces, per quadran		
D4211*	Gingivectomy or gingivoplasty – 1-3 contiguous teeth or bounded teeth spaces, per quadran		
D4341*	Periodontal scaling and root planing, 4+ teeth, per quadran		
D4342*	Periodontal scaling and root planing, 1-3 teeth, per quadran		
D5110	Complete denture - maxillary		
D5120	Complete denture - mandibular		
D5130	Immediate denture - maxillary	Under 21	
D5140	Immediate denture - mandibular	Under 21	
D5211	Maxillary partial denture - resin base (including any conventional clasps, rests and teeth		
D5212	Mandibular partial denture - resin base (including any conventional clasps, rests and teeth		
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	Under 21	
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	Under 21	
D5225	Maxillary partial denture - flexible base (including any clasps, rests and teeth	Under 21	
D5226	Mandibular partial denture - flexible base (including any clasps, rests and teeth)	Under 21	
D5510	Repair broken complete denture base		
D5520	Replace missing or broken teeth - complete denture (each tooth)		
D5610	Repair resin denture base		
D5620	Repair cast framework		
D5630	Repair or replace broken clasp		
D5640	Replace broken teeth - per tooth		
D5650	Add tooth to existing partial denture		
D5660	Add clasp to existing partial denture		
D5710	Rebase complete maxillary denture		
D5711	Rebase complete mandibular denture		
D5720	Rebase maxillary partial denture (cast partial denture only)	Under 21	
D5721	Rebase mandibular partial denture (cast partial denture only)	Under 21	
D5730	Reline complete maxillary denture (chair side)		
D5731	Reline lower complete mandibular denture (chair side)		
D5740	Reline maxillary partial denture (chair side)	Under 21	
D5741	Reline mandibular partial denture (chair side)	Under 21	
D5750	Reline complete maxillary denture (laboratory)		
D5751	Reline complete mandibular denture (laboratory)		
D5760	Reline maxillary partial denture (laboratory)	Under 21	
D5761	Reline mandibular partial denture (laboratory)	Under 21	
D6241	Pontic - porcelain fused to predominantly base meta	Under 21	
D6751	Crown - porcelain fused to predominantly base meta	Under 21	
D6930	Recement fixed partial denture	Under 21	

D6980	Fixed partial denture repair, by report	Under 21	
D7111	Extraction, coronal remnants – deciduous tooth		
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)		
D7210	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap & removal of bone and/or section of tooth		
D7220	Removal of impacted tooth - soft tissue		
D7230	Removal of impacted tooth - partially bony		
D7240	Removal of impacted tooth - completely bony		
D7250	Surgical removal of residual tooth roots (cutting procedure)		
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth		
D7280	Surgical access of an unerupted tooth	Under 21	
D7283	Placement of device to facilitate eruption of impacted tooth	Under 21	
D7310	Alveoloplasty in conjunction with extractions - per quadrant		Removed as Adult Dental Service
D7311	Alveoloplasty in conjunction with extractions – one to three teeth or tooth spaces, per quadrant		Removed as Adult Dental Service
D7320	Alveoloplasty not in conjunction with extractions - per quadrant		Removed as Adult Dental Service
D7321	Alveoloplasty not in conjunction with extractions – 1-3 teeth or tooth spaces, per quadrant		Removed as Adult Dental Service
D7340*	Vestibuloplasty - ridge extension (second epithelialization)		
D7350*	Vestibuloplasty - ridge extension (including soft-tissue grafts, muscle reattachments, revision of soft-tissue attachment, and management of hypertrophied and hyperplastic tissue)		
D7410*	Excision of benign lesion up to 1.25 cm		
D7411*	Excision of benign lesion, greater than 1.25cm		
D7450*	Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm		
D7451*	Removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm		
D7460*	Removal of benign nonodontogenic cyst or tumor - lesion diameter up to 1.25 cm		
D7461*	Removal of benign nonodontogenic cyst or tumor - lesion diameter greater than 1.25 cm		
D7471*	Removal of lateral exostosis (maxilla or mandible)		
D7960*	Frenulectomy (frenectomy or frenotomy) - separate procedure		
D7963*	Frenuloplasty		
D7970*	Excision of hyperplastic tissue - per arch		
D8050	Interceptive orthodontic treatment of the primary dentition	Under 21	
D8060	Interceptive orthodontic treatment of the transitional dentition	Under 21	
D8070	Comprehensive orthodontic treatment of the transitional dentition (once per lifetime)	Under 21	Added as new code
D8080	Comprehensive orthodontic treatment of the adolescent dentition (once per lifetime)	Under 21	
D8660	Pre-orthodontic treatment visit (consultation) (once per six months)	Under 21	
D8670	Periodic orthodontic treatment visit (as part of contract) (once per six months)		
D8680	Orthodontic retention (removal of appliances)		
D8690	Orthodontic treatment (alternative billing to a contract fee)	Under 21	
D8692	Replacement of lost or broken retainer		
D9110	Palliative (emergency) treatment of dental pain - minor procedure		
D9223	Deep sedation/general anesthesia – each 15 minute increment		Added as new code
D9230	Analgesia, anxiolysis, inhalation of nitrous oxide		
D9243	Intravenous moderate (conscious) sedation/analgesia – each 15 minute increment		Added as new code
D9248	Nonintravenous conscious sedation		
D9450**	Case presentation, detailed and extensive treatment planning		
D9920	Behavior management, by report (once per member per day)		
D9930	Treatment of complications (postsurgical) - unusual circumstances, by report		
D9940	Occlusal guard, by report	Under 21	
D9941	Fabrication of athletic mouthguard	Under 21	

\* These codes are billable for certain patients covered by MassHealth Standard, MassHealth CarePlus, and MassHealth CommonHealth as Adult Dental Services

\*\* D9450 is also billable for certain patients covered by MassHealth Standard, MassHealth CommonHealth, and MassHealth CarePlus when no dental codes payable by the primary payer

<b>Non-Covered Codes</b>			
<b>Code</b>	<b>Description</b>	<b>Age Restriction</b>	<b>COMMENTS</b>
D0350	Oral/facial images		Deleted this code as MassHealth no longer covers this code for any patient population
D0470	Diagnostic casts		Deleted this code as MassHealth no longer covers this code for any patient population
D9220	General anesthesia - first 30 minutes		Deleted this code as MassHealth replaced it with code D9223
D9221	General anesthesia - each additional 15 minutes		Deleted this code as MassHealth replaced it with code D9223
D9241	Intravenous conscious sedation/analgesia - first 30 minutes		Deleted this code as MassHealth replaced it with code D9243
D9242	Intravenous conscious sedation/analgesia - each additional 15 minutes (from 30-90 minutes)		Deleted this code as MassHealth replaced it with code D9243

