|  |  |  |
| --- | --- | --- |
| **Commonwealth of Massachusetts MassHealth**  **Provider Manual Series** | **Subchapter Number and Title**  Table of Contents | **Page**  vi |
| Sterilization Clinic Manual | **Transmittal Letter**  STR-17 | **Date**  07/01/12 |

6. Service Codes

Payable Surgery Services............................................................................................................. 6-1

Service Codes and Descriptions .................................................................................................. 6-1

Modifiers for Provider Preventable Conditions That Are National Coverage Determinations ... 6-1

Appendix A. Directory .................................................................................................................. A-1

Appendix B. Enrollment Centers ................................................................................................... B-1

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

Appendix D. (Reserved)

Appendix E. Utilization Management Program ........................................................................... E-1

Appendix U. DPH-Designated Serious Reportable Events That Are Not Provider Preventable Conditions ............................................................................................................... U-1

Appendix V. MassHealth Billing Instructions for Provider Preventable Conditions ................... V-1 Appendix W. EPSDT Services: Medical and Dental Protocols and Periodicity Schedules .......... W-1 Appendix X. Family Assistance Copayments and Deductibles .................................................... X-1 Appendix Y. EVS Codes/Messages .............................................................................................. Y-1 Appendix Z. EPSDT/PPHSD Screening Services Codes ............................................................. Z-1