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601 Introduction

MassHealth providers must refer to the American Medical Association’s Current Procedural Terminology (CPT) 2018 codebook for the service code descriptions when billing for services provided to MassHealth members. MassHealth pays for all medicine, radiology, surgery, and anesthesia CPT codes in effect at the time of service, subject to all conditions and limitations described in MassHealth regulations at 130 CMR 433.000 and 450.000: *Administrative and Billing Regulations*, **except** for those codes listed in Section 602 of this subchapter, CPT Category II codes ending in F, and CPT Category III codes ending in T.

A physician may request prior authorization for any medically necessary service reimbursable under the federal Medicaid Act, in accordance with 130 CMR 450.144, 42 U.S.C. 1396d(a), and 42 U.S.C. 1396d(r)(5) for a MassHealth Standard or CommonHealth member younger than 21 years of age, even if it is not designated as covered or payable in the *Physician Manual*.

- Section 602 lists CPT codes that are **not** payable under MassHealth.
- Section 603 lists CPT codes that have special requirements or limitations. Beside each service code in Section 603 is an explanation of the requirement or limitation.
- Section 604 lists Level II HCPCS codes that are payable under MassHealth.
- Section 605 lists service code modifiers allowed under MassHealth.

Note: Rates paid by MassHealth for covered codes under this Subchapter 6 for drugs, vaccines, and immune globulins administered in a physician’s office are as specified in 101 CMR 317.00: *Medicine*. Subject to any other applicable provision in 101 CMR 317.00, the payment rates for these MassHealth-covered codes are equal to the fees listed in the Quarterly Average Sales Price (ASP) Medicare Part B Drug Pricing File. (See 101 CMR 317.03(1)(c)2 and 317.04(1)(a).) For applicable codes for drugs, vaccines, and immune globulins administered in a physician’s office that are listed in Section 603 or Section 604, below, with “IC”, payment set by IC will apply until such time as the code is listed and a rate set in the Quarterly ASP Medicare Part B Drug Pricing File, consistent with 101 CMR 317.04(1)(a).

602 Nonpayable CPT Codes

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

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

10040	15786	15825	19355	21123
11922	15787	15826	19396	21245
15776	15788	15828	20930	21246
15780	15789	15829	20936	21248
15781	15792	15847	20985	21249
15782	15793	17340	21121	22526
15783	15824	17360	21122	22527

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602 Nonpayable CPT Codes (cont.)

22841	45393	74263	80340	81213
22856	45398	75571	80341	81214
22858	47133	76140	80342	81216
22861	47143	76390	80343	81220
22864	47144	76496	80344	81221
32491	47145	76497	80345	81222
32850	47383	76498	80346	81223
32855	48160	77086	80347	81224
32856	48550	77336	80348	81225
33930	48551	77370	80349	81226
33933	50300	77371	80350	81227
33940	50323	77372	80351	81235
33944	50325	77373	80352	81240
34839	54900	77385	80353	81241
36415	54901	77386	80354	81242
36416	55200	77401	80355	81243
36468	55300	77402	80356	81244
36591	55400	77407	80357	81245
36592	55870	77412	80358	81250
36598	58321	77417	80359	81251
38204	58322	77423	80360	81252
38207	58323	77424	80361	81253
38208	58345	77425	80362	81254
38209	58350	77520	80363	81255
38210	58750	77522	80364	81256
38211	58752	77523	80365	81257
38212	58760	77525	80366	81260
38213	58970	77790	80367	81261
38214	58974	78267	80368	81262
38215	58976	78268	80369	81263
41870	59070	78351	80370	81264
41872	59072	80320	80371	81265
43206	59412	80321	80372	81266
43252	59897	80322	80373	81267
43752	61630	80323	80374	81270
43842	61635	80324	80375	81275
43843	61640	80325	80376	81290
43845	61641	80326	80377	81291
44132	61642	80327	80500	81292
44381	62287	80328	80502	81293
44403	63043	80329	81200	81294
44404	63044	80330	81201	81295
44405	65760	80331	81202	81296
44406	65765	80332	81203	81297
44407	65767	80333	81205	81298
44408	65771	80334	81206	81299
44705	69090	80335	81207	81300
44715	71552	80336	81208	81301
45349	72159	80337	81209	81302
45350	72198	80338	81210	81303
45390	73225	80339		81304

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602 Nonpayable CPT Codes (cont.)

81310	81510	89253	90723	93660
81315	81511	89254	90743	93668
81316	81512	89255	90744	93702
81317	81599	89257	90748	93770
81318	82075	89258	90845	93786
81319	82962	89259	90863	93895
81321	83987	89260	90865	94005
81322	84145	89261	90875	94015
81323	84431	89264	90876	94644
81324	84830	89268	90880	94645
81325	86079	89272	90885	95012
81326	86305	89280	90889	95052
81330	86890	89281	90901	95120
81331	86891	89290	90911	95125
81332	86910	89291	90940	95130
81340	86911	89321	90989	95131
81341	86927	89322	90993	95132
81342	86930	89325	90997	95133
81350	86931	89329	90999	95134
81355	86932	89330	91112	95824
81370	86945	89331	91132	95965
81371	86950	89335	91133	95966
81372	86960	89342	92314	95967
81373	86965	89343	92315	95992
81374	86985	89344	92316	96000
81375	87150	89346	92317	96001
81376	87153	89352	92325	96002
81377	87493	89353	92352	96003
81378	88000	89354	92353	96004
81379	88005	89356	92354	96040
81380	88007	89398	92355	96101
81381	88012	90586	92358	96102
81382	88014	90587	92371	96103
81383	88016	90634	92531	96105
81400	88020	90644	92532	96111
81401	88025	90647	92533	96116
81402	88027	90648	92534	96118
81403	88028	90649	92548	96119
81404	88029	90650	92559	96120
81405	88036	90653	92560	96125
81406	88037	90655	92561	96127
81407	88040	90657	92562	96150
81408	88045	90672	92564	96151
81413	88099	90680	92597	96152
81414	88125	90681	92605	96153
81422	88333	90685	92606	96154
81500	88334	90687	92613	96155
81503	88738	90697	92615	96160
81506	88749	90698	92617	96161
81508	89250	90700	92630	96376
81509	89251	90702	92633	96567

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602 Nonpayable CPT Codes (cont.)

96570	99002	99190	99374	99486
96571	99024	99191	99375	99487
96573	99026	99192	99377	99489
96574	99027	99241	99378	99490
96902	99053	99242	99379	99495
96904	99056	99243	99380	99496
97014	99058	99244	99401	99497
97169	99060	99245	99402	99498
97170	99071	99251	99403	99500
97171	99075	99252	99404	99501
97172	99078	99253	99406	99502
97537	99080	99254	99408	99503
97545	99082	99255	99409	99504
97546	99090	99288	99411	99505
97755	99091	99315	99412	99506
98940	99100	99316	99429	99507
98941	99116	99339	99441	99509
98942	99135	99340	99442	99510
98943	99140	99354	99443	99511
98960	99151	99355	99444	99512
98961	99152	99356	99446	99601
98962	99153	99357	99447	99602
98966	99155	99358	99448	99605
98967	99156	99359	99449	99606
98968	99157	99360	99450	99607
98969	99172	99366	99455	
99000	99174	99367	99456	
99001	99177	99368	99485	

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603 Codes That Have Special Requirements or Limitations

The service codes in this section are payable by MassHealth, subject to all conditions and limitations in MassHealth regulations at 130 CMR 433.000 and 450.000: *Administrative and Billing Regulations*, but require specific attachments or prior authorization, or have other specific instructions or limitations. Refer to Section 604 for specific requirements or limitations for HCPCS Level II codes.

Legend

- CD: MassHealth-specified clinical documentation must be submitted.
- Covered for members birth to age 21: This code is payable only for members aged birth to 21 years; used to claim for the administration and scoring of a standardized, behavioral health-screening tool from the approved menu of tools found in Appendix W of your provider manual; must be accompanied by modifiers found in Section 605 under Modifiers for Behavioral Health Screening.
- Covered for members ≥ 19 . This code is payable only for members age 19 or older; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age.
- CPA-2: A completed Certification of Payable Abortion Form must be completed for all induced abortions, except medically induced abortions.
- CS-18 or CS-21: A completed Sterilization Consent Form (CS-18 for members aged 18 through 20 years; CS-21 form for members aged 21 and older) must be submitted. See 130 CMR 433.456 through 433.458 for more information.
- CS-18* or CS-21*: A completed Sterilization Consent Form (CS-18 form for members aged 18 through 20; CS-21 for members aged 21 and older) must be submitted, except if the conditions of 130 CMR 433.458(D)(2) and (3) are met. See 130 CMR 433.456 through 433.458 for more information and other submission requirements.
- HI-1: A completed Hysterectomy Information Form must be completed. See 130 CMR 450.235: *Overpayments through 450.260: Monies Owed by Providers* and 130 CMR 433.459 for more information.
- IC: Claim requires individual consideration. See 130 CMR 433.406 for more information.
- PA: Service requires prior authorization. See 130 CMR 433.408 for more information.
- PA for OMT > 20: Prior authorization is required for more than 20 osteopathic manipulative therapy visits in a 12-month period.
- PA for OT > 20: Prior authorization is required for more than 20 occupational therapy visits in a 12-month period.
- PA for PT > 20: Prior authorization is required for more than 20 physical therapy visits, regardless of modality, in a 12-month period.
- PA for ST > 35: Prior authorization is required for more than 35 speech/language therapy visits in a 12-month period.
- PA for Units > 8: Prior authorization is required for claims submitted with greater than 8 units on a given date of service.
- Urgent Care Only: Service Codes 99050 and 99051 may be used only for urgent care provided in the office after hours, in addition to the basic service.

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

<u>Service Code</u>	<u>Req. or Limit</u>	<u>Service Code</u>	<u>Req. or Limit</u>
01999	IC	15878	CD; IC (covered with diagnosis of lipodystrophy associated with or secondary to HIV only)
11920	PA		
11921	PA		
11950	CD (covered with diagnosis of lipodystrophy associated with or secondary to HIV only)	15879	CD; IC (covered with diagnosis of lipodystrophy associated with or secondary to HIV only)
11951	CD (covered with diagnosis of lipodystrophy associated with or secondary to HIV only)	15999	IC
		17380	PA (covered in preparation for gender affirming surgery only)
11952	CD (covered with diagnosis of lipodystrophy associated with or secondary to HIV only)	17999	PA; IC
		19300	PA
11954	CD (covered with diagnosis of lipodystrophy associated with or secondary to HIV only)	19303	PA (for gender dysphoria-related services only)
		19304	PA (for gender dysphoria-related services only)
11970	PA (for gender dysphoria-related services only)	19316	PA
		19318	PA
11971	PA (for gender dysphoria-related services only)	19324	PA
		19325	PA
15820	PA	19328	PA
15821	PA	19340	PA
15822	PA	19350	PA
15823	PA	19499	IC
15830	PA	20999	IC
15832	PA	21088	IC
15833	PA	21089	IC
15834	PA	21137	PA
15835	PA	21138	PA
15836	PA	21139	PA
15837	PA	21146	PA
15838	PA	21147	PA
15839	PA	21150	PA
15876	CD; IC (covered with diagnosis of lipodystrophy associated with or secondary to HIV only)	21151	PA
		21154	PA
		21155	PA
15877	CD; IC (covered with diagnosis of lipodystrophy associated with or secondary to HIV only)	21159	PA
		21160	PA
		21172	PA
		21175	PA
		21188	PA

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<u>Service Code</u>	<u>Req. or Limit</u>	<u>Service Code</u>	<u>Req. or Limit</u>
21193	PA	28899	IC
21194	PA	29799	IC
21195	PA	29800	PA
21196	PA	29804	PA
21198	PA	29870	PA ¹
21199	PA	29873	PA ¹
21206	PA	29874	PA ¹
21208	PA	29875	PA ¹
21209	PA	29876	PA ¹
21210	PA	29877	PA ¹
21215	PA	29879	PA ¹
21230	PA	29880	PA ¹
21235	PA	29881	PA ¹
21240	PA	29882	PA ¹
21242	PA	29883	PA ¹
21243	PA	29884	PA ¹
21244	PA	29885	PA ¹
21247	PA	29886	PA ¹
21255	PA	29887	PA ¹
21256	PA	29888	PA ¹
21299	PA; IC	29889	PA ¹
21499	IC	29999	IC
21742	IC	30400	PA
21743	IC	30410	PA
21899	IC	30420	PA
22857	PA	30430	PA
22862	PA	30435	PA
22865	PA	30450	PA
22899	IC	30999	IC
22999	IC	31299	IC
23929	IC	31599	IC
24940	IC	31899	IC
24999	IC	32851	PA
25999	IC	32852	PA
26989	IC	32853	PA
27299	IC	32854	PA
27445	PA ¹	32999	IC
27446	PA ¹	33935	PA
27447	PA ¹	33945	PA
27486	PA ¹	33981	IC
27487	PA ¹	33982	IC
27488	PA ¹	33983	IC
27599	IC	33999	IC
27899	IC	34841	IC
28890	PA	34842	IC

¹ Effective date for this prior-authorization requirement is 06/01/18.

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<u>Service Code</u>	<u>Req. or Limit</u>	<u>Service Code</u>	<u>Req. or Limit</u>
34843	IC	43648	IC
34844	IC	43659	IC
34845	IC	43770	PA
34846	IC	43771	PA
34847	IC	43772	PA
34848	IC	43773	PA
36299	IC	43774	PA
36470	PA	43775	PA
36471	PA	43846	PA
37195	IC	43847	PA
37216	IC	43848	PA
37501	IC	43881	PA; IC
37799	IC	43882	IC
38129	IC	43886	PA
38230	PA	43887	PA
38240	PA	43888	PA
38241	PA	43999	IC
38242	PA	44135	PA; IC
38589	IC	44136	PA; IC
38999	IC	44137	PA; IC
39499	IC	44238	IC
39599	IC	44799	IC
40799	IC	44899	IC
40840	PA	44979	IC
40842	PA	45399	IC
40843	PA	45499	IC
40844	PA	45999	IC
40845	PA	46999	IC
40899	IC	47135	PA
41599	IC	47379	IC
41820	PA; IC	47399	IC
41821	IC	47579	IC
41850	IC	47999	IC
41899	IC	48554	PA
42280	PA	48999	IC
42281	PA	49329	IC
42299	IC	49659	IC
42699	IC	49906	IC
42999	IC	49999	IC
43289	IC	50549	IC
43496	IC	50949	IC
43499	IC	51925	HI-1
43644	PA	51999	IC
43645	PA	53430	PA (for gender dysphoria-related services only)
43647	PA; IC		

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

<u>Service Code</u>	<u>Req. or Limit</u>	<u>Service Code</u>	<u>Req. or Limit</u>
53899	IC	58200	HI-1
54125	PA (for gender dysphoria-related services only)	58210	HI-1
54400	PA	58240	HI-1
54401	PA	58260	HI-1; PA (for gender dysphoria-related services only)
54405	PA		
54440	IC	58262	HI-1; PA (for gender dysphoria-related services only)
54520	PA (for gender dysphoria-related services only)		
54660	PA (for gender dysphoria-related services only)	58263	HI-1
54690	PA (for gender dysphoria-related services only)	58267	HI-1
54699	IC	58270	HI-1
55175	PA (for gender dysphoria-related services only)	58275	HI-1
55180	PA (for gender dysphoria-related services only)	58280	HI-1
55250	CS-18 or CS-21	58285	HI-1
55559	IC	58290	HI-1; PA (for gender dysphoria-related services only)
55899	IC; PA (for gender dysphoria-related services only)	58291	HI-1; PA (for gender dysphoria-related services only)
55970	PA, IC	58292	HI-1
55980	PA, IC	58293	HI-1
56620	PA (for gender dysphoria-related services only)	58294	HI-1
56625	PA (for gender dysphoria-related services only)	58541	HI-1; PA (for gender dysphoria-related services only)
56800	PA		
56805	IC	58542	HI-1; PA (for gender dysphoria-related services only)
57110	PA (for gender dysphoria-related services only)	58543	HI-1; PA (for gender dysphoria-related services only)
57291	PA (for gender dysphoria-related services only)		
57292	PA (for gender dysphoria-related services only)	58544	HI-1; PA (for gender dysphoria-related services only)
57335	IC	58548	HI-1
58150	HI-1; PA (for gender dysphoria-related services only)	58550	HI-1; PA (for gender dysphoria-related services only)
58152	HI-1		
58180	HI-1; PA (for gender dysphoria-related services only)	58552	HI-1; PA (for gender dysphoria-related services only)

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<u>Service Code</u>	<u>Req. or Limit</u>	<u>Service Code</u>	<u>Req. or Limit</u>
58553	HI-1; PA (for gender dysphoria-related services only)	59841	CPA-2
		59850	CPA-2
		59851	CPA-2
58554	HI-1; PA (for gender dysphoria-related services only)	59852	CPA-2
		59855	CPA-2
		59856	CPA-2
58565	CS-18 or CS-21	59857	CPA-2
58570	HI-1; PA (for gender dysphoria-related services only)	59898	IC
		59899	IC
		60659	IC
58571	HI-1; PA (for gender dysphoria-related services only)	60699	IC
		64650	PA
		62380	IC
58572	HI-1; PA (for gender dysphoria-related services only)	64653	PA
		64999	IC
		65757	IC
58573	HI-1; PA (for gender dysphoria-related services only)	65785	PA
		66999	IC
		67299	IC
58575	HI-1; PA (for gender dysphoria-related services only)	67399	IC
		67599	IC
		67900	PA
58578	IC	67901	PA
58579	IC	67902	PA
58600	CS-18 or CS-21	67903	PA
58605	CS-18 or CS-21	67904	PA
58611	CS-18 or CS-21	67906	PA
58615	CS-18 or CS-21	67908	PA
58661	CS-18* or CS-21*; PA (for gender dysphoria-related services only)	67999	IC
		68399	IC
		68899	IC
58670	CS-18 or CS-21	69300	PA
58671	CS-18 or CS-21	69399	IC
58679	IC	69710	IC
58720	CS-18* or CS-21*; PA (for gender dysphoria-related services only)	69799	IC
		69930	PA
		69949	IC
58951	HI-1	69979	IC
58956	HI-1	74261	PA
58999	IC; PA (for gender dysphoria-related services only)	74262	PA
		76499	IC
59525	HI-1	76999	IC
59135	HI-1	77058	PA
59840	CPA-2	77059	PA

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Service <u>Code</u>	<u>Req. or Limit</u>	Service <u>Code</u>	<u>Req. or Limit</u>
77061	IC	90378	PA; IC
77062	IC	90384	IC
77299	IC	90385	IC
77387	IC	90386	IC
77399	IC	90389	IC
77499	IC	90393	PA; IC
77799	IC	90396	IC
78099	IC	90399	IC
78199	IC	90476	IC
78299	IC	90477	IC
78399	IC	90581	IC
78499	IC	90620	IC
78599	IC	90621	IC
78699	IC	90625	IC
78799	IC	90630	Covered for members \geq 19; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age
78999	IC		
79999	IC		
81099	IC		
81162	PA		
81211	PA		
81212	PA	90632	Covered for adults \geq 19; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age
81215	PA		
81217	PA		
81228	PA; IC		
81229	PA; IC		
81420	PA; IC		
81479	IC	90633	IC; Covered for members \geq 19; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age
81507	PA; IC		
81519	PA; IC		
84999	IC		
88199	IC		
85999	IC		
86849	IC	90636	Covered for members \geq 19; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age
86999	IC		
87999	PA; IC		
88299	IC		
88399	IC		
89240	IC		
90281	IC	90651	IC; Covered for female members aged 19 to 26 years; available free of charge through the Massachusetts Immunization Program for children younger than 19
90283	IC		
90284	IC		
90287	IC		
90288	IC		
90296	IC		

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<u>Service Code</u>	<u>Req. or Limit</u>	<u>Service Code</u>	<u>Req. or Limit</u>
90654	years of age IC; Covered for members \geq 19; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age	90676	IC Immunization Program for children younger than 19 years of age
90658	IC; Covered for members \geq 19; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age	90682	Covered for members \geq 19; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age
90660	IC; Covered for members \geq 19; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age	90686	Covered for members \geq 19; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age
90661	IC; Covered for members \geq 19; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age	90688	Covered for members \geq 19; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age
90664	IC	90690	IC
90666	IC	90696	IC
90667	IC	90707	IC; Covered for members \geq 19; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age
90668	IC		
90670	Covered for members \geq 19; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age	90710	IC; Covered for members \geq 19; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age
90672	Covered for members $> 19 <$ 49; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age	90713	IC; Covered for members \geq 19; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age
90673	Covered for members \geq 19; available free of charge through the Massachusetts	90715	Covered for members \geq 19; available free of charge through the Massachusetts Immunization Program for

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

<u>Service Code</u>	<u>Req. or Limit</u>	<u>Service Code</u>	<u>Req. or Limit</u>
	children younger than 19 years of age		years of age
90716	IC; Covered for members \geq 19; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age	90867	IC
		90868	PA for >30 sessions per course treatment ¹ ; IC
		90869	IC
		90899	IC
		90935	For hospitalized members only; not for chronic maintenance
90717	IC; Covered for members \geq 19; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age	90937	For hospitalized members only; not for chronic maintenance
		90945	For hospitalized members only; not for chronic maintenance
90732	Covered for members \geq 19; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age	90947	For hospitalized members only; not for chronic maintenance
		90952	IC
		90953	IC
90733	IC; Covered for members \geq 19; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age	91110	PA
		91111	PA
		91299	IC
		92065	PA
		92310	PA; includes supply of lenses
90734	IC; Covered for members \geq 19; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age	92311	PA; includes supply of lenses
		92312	PA; includes supply of lenses
		92313	PA; includes supply of lenses
		92326	PA
		92499	IC
		92507	PA for ST >35
		92508	PA for ST >35
90736	IC; PA is required for members younger than age 50	92521	PA for ST >35
		92522	PA for ST >35
90738	IC	92523	PA for ST >35
90739	IC; Covered for members \geq 19	92524	PA for ST >35
90749	IC	92526	PA for ST >35
90750	IC; PA required for members younger than age 50	92558	IC
		92610	PA for ST >35
90756	Covered for members \geq 19; available free of charge through the Massachusetts Immunization Program for children younger than 19	92700	IC
		92921	IC
		92925	IC
		92929	IC
		92934	IC

¹ Effective date for this prior-authorization requirement is 06/01/18.

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

<u>Service Code</u>	<u>Req. or Limit</u>	<u>Service Code</u>	<u>Req. or Limit</u>
92938	IC	96935	IC
92944	IC	96936	IC
92992	IC	96999	IC
92993	IC	97010	PA for PT >20
93229	IC	97012	PA for PT >20
93299	IC	97016	PA for PT >20
93745	IC	97018	PA for PT >20
93799	IC	97022	PA for PT >20
93998	IC	97024	PA for PT >20
94669	PA	97026	PA for PT >20
94772	IC	97028	PA for PT >20
94774	IC	97032	PA for PT >20
94775	IC	97033	PA for PT >20
94776	IC	97034	PA for PT >20
94777	IC	97035	PA for PT >20
94799	IC	97036	PA for PT >20
95199	IC	97039	PA for PT >20; IC
95941	IC	97110	PA for PT >20
95943	IC	97112	PA for PT >20
95999	IC	97113	PA for PT >20
96110	Developmental screening, with interpretation and report, per standardized instrument form. Covered for members birth to age 21 for the administration and scoring of a standardized behavioral health-screening tool from the approved menu of tools found in Appendix W of your MassHealth provider manual; must be accompanied by modifiers found in Section 605 under Behavioral Health Screening Modifiers to indicate whether a behavioral health need was identified.	97116	PA for PT >20
		97124	PA for PT >20
		97127	PA for PT >20
		97139	PA for PT >20; IC
		97161	PA for PT >20
		97162	PA for PT >20
		97164	PA for PT >20
		97165	PA for PT >20
		97166	PA for PT >20
		97167	PA for PT >20
		97168	PA for PT >20
		97533	PA for OT >20
		97530	PA for OT >20
		97535	PA for OT >20
		97542	PA for OT >20
		97602	IC
		97607	IC
		97608	IC
		97760	PA for OT >20
96377	IC	97761	PA for OT >20
96379	IC	97763	PA for OT >20
96549	IC	97799	IC
96931	IC	98925	PA for OMT >20
96932	IC	98926	PA for OMT >20
96933	IC	98927	PA for OMT >20
96934	IC	98928	PA for OMT >20

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

Service

<u>Code</u>	<u>Req. or Limit</u>	<u>Code</u>	<u>Req. or Limit</u>
98929	PA for OMT >20	99188	specimens
99050	Urgent care only	99195	Once per three-month period
99051	Urgent care only		For hematologic disorders
99070	IC; excluding family planning	99199	only
	supplies, such as trays used in	99499	IC
	used in the collection of	99600	IC

604 Payable HCPCS Level II Service Codes

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

<u>Service Code</u>	<u>Req. or Limit</u>	<u>Service Code</u>	<u>Req. or Limit</u>	<u>Service Code</u>	<u>Req. or Limit</u>
A4261	IC	G0270		J0364	IC
A4266		G0271		J0400	IC
A4267		G0279		J0401	
A4268		G0297		J0456	
A4269		G0455	IC	J0461	
A4641	IC	G0480		J0470	
A4648	IC	G0481		J0475	
A9500	IC	G0482		J0476	
A9502	IC	G0483		J0485	PA
A9503	IC	J0129	PA	J0490	PA
A9505	IC	J0131	IC	J0558	
A9512	IC	J0135	PA; IC	J0561	
A9537	IC	J0153		J0565	PA; IC
A9575		J0171		J0570	PA
A9576		J0178		J0571	PA; IC
A9577		J0202	PA	J0572	IC
A9578		J0215	PA; IC	J0573	IC
A9579		J0221	PA	J0574	IC
A9581		J0256		J0575	IC
A9585		J0257		J0585	PA
A9606	PA	J0285		J0586	PA
G0027		J0287		J0587	PA
G0105		J0289		J0588	PA
G0108		J0290		J0592	
G0109		J0295		J0594	
G0121		J0348		J0596	PA

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<u>Service Code</u>	<u>Req. or Limit</u>	<u>Service Code</u>	<u>Req. or Limit</u>	<u>Service Code</u>	<u>Req. or Limit</u>
J0598	PA	J1000		J1575	
J0604	IC	J1020		J1580	
J0636		J1030		J1599	PA; IC
J0637		J1040		J1602	PA
J0638	PA	J1050		J1626	
J0640		J1071	PA	J1627	PA; IC (PA=>2 units/28 days)
J0641		J1094	IC		
J0670		J1100		J1630	
J0690		J1130	PA; IC	J1642	
J0692		J1160		J1644	
J0694		J1170		J1645	
J0696		J1190		J1650	
J0697		J1200		J1652	
J0702		J1212		J1655	IC
J0712		J1240		J1670	
J0713		J1260	IC	J1700	IC
J0715	PA; IC	J1290		J1710	IC
J0716	IC	J1300	PA	J1720	
J0717	PA	J1320	IC	J1726	PA; IC
J0720		J1322	PA; IC	J1729	PA; IC
J0740		J1428	PA; IC	J1740	PA
J0743		J1438	PA; IC	J1743	
J0770		J1439	PA	J1744	PA; IC
J0775	PA	J1442	PA	J1745	PA
J0780		J1447		J1750	
J0833	IC	J1453		J1756	PA
J0834		J1455	IC	J1786	PA
J0840		J1458		J1790	IC
J0850		J1459		J1800	
J0875	PA	J1460		J1815	
J0878		J1555	PA	J1826	IC
J0881	PA	J1556		J1830	IC
J0882	PA	J1557	PA	J1840	IC
J0883	IC	J1559	PA	J1850	IC
J0884	IC	J1561	PA	J1885	
J0885	PA	J1562	PA; IC	J1890	IC
J0887	PA	J1566	PA	J1930	
J0888	PA	J1568	PA	J1931	
J0890	PA; IC	J1569	PA	J1942	PA
J0894		J1571		J1950	PA
J0895		J1572		J1956	
J0897	PA	J1573	IC	J1990	IC

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<u>Service Code</u>	<u>Req. or Limit</u>	<u>Service Code</u>	<u>Req. or Limit</u>	<u>Service Code</u>	<u>Req. or Limit</u>
J2060		J2560		J3300	
J2150		J2562		J3301	
J2170	IC	J2675		J3302	IC
J2175		J2680		J3303	
J2182	PA; IC	J2700		J3315	
J2212	IC; PA	J2704		J3357	PA
J2248		J2760	IC	J3360	
J2250		J2778		J3370	
J2265	IC	J2785		J3380	PA
J2270		J2786	PA; IC	J3385	PA
J2274		J2788		J3396	
J2278		J2790		J3410	
J2300		J2791		J3411	
J2310		J2792		J3430	
J2315		J2793	PA; IC	J3465	
J2323		J2794		J3471	
J2326	PA; IC	J2795		J3472	IC
J2350	PA; IC	J2796	PA	J3473	
J2353		J2820		J3475	
J2354		J2840	PA; IC	J3486	
J2355	PA	J2910	IC	J3489	PA
J2357	PA	J2916		J3490	IC
J2358	PA	J2920		J3490-FP	IC
J2400		J2930		J3590	IC
J2405		J2940	PA; IC	J7030	
J2407	PA	J2941	PA; IC	J7040	
J2426	PA	J2997		J7050	
J2430		J3000		J7060	
J2440	IC	J3010		J7070	
J2460	IC	J3030	IC	J7120	
J2469		J3060	PA	J7131	IC
J2502	PA; IC	J3090	PA	J7205	
J2503		J3095	PA	J7296	IC
J2504		J3110	PA; IC	J7297	IC
J2505		J3121	PA	J7298	IC
J2507	PA	J3145	PA; IC	J7301	IC
J2510		J3230		J7303	IC
J2515		J3240		J7304	IC
J2540		J3243		J7307	IC
J2543		J3250		J7309	IC
J2545		J3262	PA	J7310	IC
J2550		J3285		J7311	IC

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604 Payable HCPCS Level II Service Codes

<u>Service Code</u>	<u>Req. or Limit</u>	<u>Service Code</u>	<u>Req. or Limit</u>	<u>Service Code</u>	<u>Req. or Limit</u>
J7312		J7676	IC	J9176	PA
J7313		J7682		J9178	
J7315	IC	J7686	PA	J9179	PA
J7316		J7699	IC	J9181	
J7320	PA	J7799	IC	J9185	
J7321	PA	J7999	IC	J9190	
J7322	PA; IC	J8562	IC	J9200	
J7323	PA	J8655		J9201	
J7324	PA	J8670	PA; IC	J9202	PA
J7325	PA	J9000		J9205	PA
J7326	PA	J9015	IC	J9206	
J7327	PA	J9017		J9207	
J7328	PA; IC	J9019	PA	J9208	
J7336	PA	J9020	IC	J9209	
J7340	IC	J9022	PA; IC	J9211	
J7342	IC	J9023	PA; IC	J9212	IC
J7345	IC	J9025		J9213	IC
J7500		J9031		J9214	
J7502		J9032		J9215	IC
J7503		J9033		J9216	IC
J7504		J9034		J9217	PA
J7507		J9035		J9218	PA
J7508		J9039	PA	J9219	PA; IC
J7509		J9040		J9225	
J7510		J9041		J9226	
J7511		J9042	PA	J9228	
J7512		J9043	PA	J9230	
J7515		J9045		J9250	
J7517		J9047	PA	J9260	
J7518		J9050		J9261	PA
J7520		J9055		J9262	PA; IC
J7527		J9060		J9263	
J7599	IC	J9065		J9264	
J7608		J9070		J9266	
J7614	PA	J9098		J9267	
J7620		J9100		J9268	
J7626		J9120		J9271	PA
J7633	IC	J9130		J9280	
J7639		J9145	PA	J9293	
J7644		J9155	PA	J9295	PA
J7665	IC	J9160	IC	J9299	PA
J7669	IC	J9171		J9301	PA

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604 Payable HCPCS Level II Service Codes

<u>Service Code</u>	<u>Req. or Limit</u>	<u>Service Code</u>	<u>Req. or Limit</u>	<u>Service Code</u>	<u>Req. or Limit</u>
J9302	PA	Q2009	IC	Q4133	
J9303		Q2017	IC	Q4161	IC
J9305		Q2028	IC; CD (covered	Q4162	IC
J9306	PA		with diagnosis of	Q4163	IC
J9307			lipodystrophy	Q4164	IC
J9308	PA		associated with	Q4165	IC
J9310	PA		or secondary to	Q5101	
J9315	PA		HIV only)	Q9950	
J9320		Q2035		Q9980	PA; IC
J9325	PA	Q2036	IC	S0020	IC
J9328		Q2037		S0021	IC
J9330		Q2038	IC	S0023	IC
J9340	IC	Q2043	PA	S0077	IC
J9351		Q2049	IC	S0190	IC
J9352		Q2050		S0191	IC
J9354	PA	Q4074		S0199	
J9355		Q4081		S0302	
J9357		Q4101		S2260 (CPA-2); IC	
J9360		Q4102		S3005	
J9370		Q4103	IC	S4989	IC
J9371	PA	Q4104	IC	S4993	
J9390		Q4106		T1023	
J9395	PA	Q4107		V2600	PA; IC
J9400	PA	Q4108	IC	V2610	PA; IC
J9999	IC	Q4110	IC	V2615	PA; IC
Q0138		Q4121		V2799	PA; IC
Q0139		Q4131			
Q0162		Q4132			

Q4107

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605 Modifiers

The following service code modifiers are allowed for billing under MassHealth. See the *MassHealth Billing Guide for Paper Claim Submitters* for billing instructions on the use of modifiers.

<u>Modifier</u>	<u>Modifier Description</u>
22	Increased Procedural Services
24	Unrelated evaluation and management service by the same physician or other qualified health care professional during a postoperative period
25	Significant, separately identifiable evaluation and management service by the same physician or other qualified health care professional on the same day of the procedure or other service
26	Professional component
50	Bilateral procedure
51	Multiple procedures
52	Reduced services
53	Discontinued service
54	Surgical care only
57	Decision for surgery
58	Staged or related procedure or service by the same physician or other qualified health care professional during the postoperative period
59	Distinct procedural service
62	Two surgeons
66	Surgical team
78	Unplanned return to the operating/procedure room by the same physician or other qualified health care professional following initial procedure for a related procedure during the postoperative period
79	Unrelated procedure or service by the same physician or other qualified health care professional during the postoperative period
80	Assistant surgeon
82	Assistant surgeon (when qualified resident surgeon not available)
91	Repeat clinical diagnostic laboratory test
99	Multiple modifiers
AA	Anesthesia services performed personally by an anesthesiologist. (This allows payment of 100% of the Total Anesthesia Fee for the anesthesiologist's services.)
AS	Physician assistant, nurse practitioner, or clinical nurse specialist services for assistant at surgery.
E1	Upper left, eyelid
E2	Lower left, eyelid
E3	Upper right, eyelid
E4	Lower right eyelid
F1	Left hand, second digit
F2	Left hand, third digit
F3	Left hand, fourth digit
F4	Left hand, fifth digit

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605 Modifiers (cont.)

<u>Modifier</u>	<u>Modifier Description</u>
F5	Right hand, thumb
F6	Right hand, second digit
F7	Right hand, third digit
F8	Right hand, fourth digit
F9	Right hand, fifth digit
FA	Left hand, thumb
FP	Service provided as part of family planning program
LC	Left circumflex coronary artery
LD	Left anterior descending coronary artery
LT	Left side (used to identify procedures performed on the left side of the body)
LM	Left main coronary artery
QK	Medical direction by a physician of two, three or four concurrent anesthesia procedures. (Use to indicate physician medical direction of multiple CRNAs. This allows payment of 50% of the Total Anesthesia Fee for the physician's services.)
QY	Medical direction of one CRNA by a physician. (Use to indicate physician medical direction of one CRNA. This allows payment of 50% of the Total Anesthesia Fee for the physician's services.)
QX	CRNA anesthesia services with medical direction by a physician. (Use to indicate CRNA anesthesia services with medical direction by a physician. This allows payment of 50% of the Total Anesthesia Fee for the CRNA's services. Not for use if CRNA is employed by the facility in which the anesthesia services were performed.)
QZ	CRNA anesthesia services without medical direction by a physician. (This allows payment of 100% of the Total Anesthesia Fee for the CRNA's services. Not for use if CRNA is employed by the facility in which the anesthesia services were performed.)
RB	Replacement of a DME, orthotic, or prosthetic item furnished as part of a repair (This modifier should only be used with 92340, 92341, and 92342 to bill for the dispensing of replacement lenses.)
RC	Right coronary artery
RI	Ramus intermedius coronary artery
RT	Right side (used to identify procedures performed on the right side of the body)
SA	Nurse practitioner rendering service in collaboration with a physician. (This modifier is to be applied to service codes billed by a physician that were performed by a certified nurse practitioner employed by the physician (the physician employer must be practicing as an individual and not practicing as a professional corporation or as a member of a group practice). A certified nurse practitioner billing under his/her own individual provider number, or a group practice, should not use this modifier.)
SL	State supplied vaccine (This modifier should only be applied to codes 90460, 90461, 90471, 90472, 90473, and 90474 to identify administration of vaccines provided at no cost by the Massachusetts Department of Public Health for individuals aged 18 years and younger, including those administered under the Vaccine for Children

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605 Modifiers (cont.)

<u>Modifier</u>	<u>Modifier Description</u>
	Program (VFC.)
T1	Left foot, second digit
T2	Left foot, third digit
T3	Left foot, fourth digit
T4	Left foot, fifth digit
T5	Right foot, great toe
T6	Right foot, second digit
T7	Right foot, third digit
T8	Right foot, fourth digit
T9	Right foot, fifth digit
TA	Left foot, great toe
TC	Technical component. Under certain circumstances, a charge may be made for the technical component alone. Under those circumstances the technical component charge is identified by adding modifier 'TC' to the usual procedure number. Technical component charges are institutional charges and not billed separately by physicians. However, portable x-ray suppliers only bill for technical component and should utilize modifier TC. The charge data from portable x-ray suppliers will then be used to build customary and prevailing profiles.
XE	Separate encounter, a service that is distinct because it occurred during a separate encounter
XP	Separate practitioner, a service that is distinct because it was performed by a different practitioner
XS	Separate structure, a service that is distinct because it was performed on a separate organ/structure
XU	Unusual non-overlapping service, the use of a service that is distinct because it does not overlap usual components of the main service

Modifiers for Tobacco-Cessation Services

The following modifiers are used in combination with **Service Code 99407** to report tobacco-cessation counseling. Service Code 99407 (smoking and tobacco-use cessation counseling visit; intensive, greater than 10 minutes) may also be billed without a modifier to report an individual smoking and tobacco-use cessation counseling visit of at least 30 minutes.

<u>Modifier</u>	<u>Modifier Description</u>
HQ	Group counseling, at least 60-90 minutes in duration, provided by a physician, physician assistant, certified nurse practitioner, clinical nurse specialist, psychiatric clinical nurse specialist or certified nurse midwife.
TD	Individual counseling provided by a registered nurse (RN) under the supervision of a physician.

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605 Modifiers (cont.)

<u>Modifier</u>	<u>Modifier Description</u>
TF	Individual counseling, intensive (intake/assessment counseling, at least 45 minutes in duration) provided by a physician, physician assistant, certified nurse practitioner, clinical nurse specialist, psychiatric clinical nurse specialist or certified nurse midwife
U1	Individual counseling services provided by a tobacco-cessation counselor under the supervision of a physician
U2	Individual counseling; intensive (intake/assessment counseling, at least 45 minutes in duration), provided by a registered nurse or a tobacco-cessation counselor, under the supervision of a physician
U3	Group counseling, at least 60-90 minutes in duration, provided by a registered nurse, or a tobacco-cessation counselor, under the supervision of a physician

Modifiers for Behavioral Health Screening

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

<u>Modifier</u>	<u>Modifier Description</u>
U1	Completed behavioral health screening using a standardized behavioral health-screening tool selected from the approved menu of tools found in Appendix W of your provider manual with “no behavioral health need identified” when administered by a physician, certified nurse midwife, certified nurse practitioner or physician assistant.
U2	Completed behavioral health screening using a standardized behavioral health-screening tool selected from the approved menu of tools found in Appendix W of your provider manual and a behavioral health need was identified when administered by a physician, certified nurse midwife, certified nurse practitioner or physician assistant.
U5	Completed behavioral health screening using a standardized behavioral health-screening tool selected from the approved menu of tools found in Appendix W of your provider manual with “no behavioral health need identified” when administered by a certified nurse practitioner employed by a physician.
U6	Completed behavioral health screening using a standardized behavioral health-screening tool selected from the approved menu of tools found in Appendix W of your provider manual and a behavioral health need was identified when administered by a certified nurse practitioner employed by a physician.
UD	Covered for members birth to 6 months for the administration and scoring of the Edinburgh Postnatal Depression Scale. UD must be used together with one of the above modifiers, U1, U2, U5, or U6.

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605 Modifiers (cont.)

Modifiers for Administration of MassHealth-Approved Screening Tools

Service Code S3005, used for the performance measurement and evaluation of patient self-assessment and depression, must be accompanied by one of the modifiers below to indicate whether a behavioral health need was identified.

<u>Modifier</u>	<u>Modifier Description</u>
U1	Perinatal Care Provider – Positive Screen: completed prenatal or postpartum depression screening and behavioral health need identified.
U2	Perinatal Care Provider – Negative Screen: completed prenatal or postpartum depression screening with no behavioral health need identified.

Please refer to the Massachusetts Department of Public Health’s (DPH) postpartum depression (PPD) screening-tool grid for any revisions to the list of MassHealth-approved screening tools at www.mass.gov/eohhs/gov/departments/dph/programs/family-health/postpartum-depression/postpartum-depression-tools.html.

Modifier for Child and Adolescent Needs and Strengths (CANS)

<u>Modifier</u>	<u>Modifier Description</u>
HA	Service Code 90791 must be accompanied by this modifier to indicate that the Child and Adolescent Needs and Strengths (CANS) is included in the psychiatric diagnostic interview examination. This modifier may be billed only by psychiatrists or psychiatric clinical nurse specialists.

**Modifiers for Provider Preventable Conditions
That Are National Coverage Determinations**

<u>Modifier</u>	<u>Modifier Description</u>
PA	Surgical or other invasive procedure on wrong body part
PB	Surgical or other invasive procedure on wrong patient
PC	Wrong surgery or other invasive procedure on patient

For more information on the use of these modifiers, see Appendix V of your provider manual.

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