



Commonwealth of Massachusetts
Executive Office of Health and Human Services
Office of Medicaid
600 Washington Street
Boston, MA 02111
www.mass.gov/masshealth



MASSHEALTH
TRANSMITTAL LETTER PHY-105
June 2005

TO: Physicians Participating in MassHealth
FROM: Beth Waldman, Medicaid Director *BW*
RE: *Physician Manual (2005 HCPCS Codes)*

This letter transmits a revised Subchapter 6 of the *Physician Manual*. Providers should use this revised Subchapter 6 along with the American Medical Association *Current Procedural Terminology (CPT) 2005* code book. Subchapter 6 of the *Physician Manual* contains the following information:

- CPT codes that are not payable under MassHealth (all other CPT codes in the CPT 2005 code book are payable, subject to all limitations and conditions of payment in MassHealth's regulations at 130 CMR 433.000 and 450.000);
- CPT codes that have special limitations or requirements, such as prior authorization, individual consideration, or attachment requirements; and
- Level II HCPCS codes that are payable under MassHealth and have special limitations or requirements, such as prior authorization, individual consideration, or attachment requirements.

In addition, pursuant to 130 CMR 450.144(A), a physician may request prior authorization for any medically necessary service for a member under 21 years of age, even if it is listed as not payable in Subchapter 6 of the *Physician Manual*.

How to Obtain a Physician Fee Schedule

Providers who want to obtain a fee schedule may purchase Division of Health Care Finance and Policy regulations from either the Massachusetts State Bookstore or from the Division of Health Care Finance and Policy (see addresses and telephone numbers below). Providers must contact them first to find out the price of the publication. The Division of Health Care Finance and Policy also has the regulations available on disk. The regulation title for medicine is 114.3 CMR 17.00: Medicine. The regulation title for surgery and anesthesia is 114.3 CMR 16.00: Surgery and Related Anesthesia Care. The regulation title for radiology is 114.3 CMR 18.00: Radiology. The regulation title for laboratory is 114.3 CMR 20.00: Laboratory.

Massachusetts State Bookstore
State House, Room 116
Boston, MA 02133
Telephone: 617-727-2834
www.mass.gov/sec/spr

Division of Health Care Finance and Policy
Two Boylston Street
Boston, MA 02116
Telephone: 617-988-3100
www.mass.gov/dhcfp

Effective Date

The changes to codes listed in Subchapter 6 are effective for dates of service on or after May 15, 2005. Code changes previously identified in Physician Bulletin 82 and effective on or after 1/1/05, have been incorporated within Subchapter 6.

Questions

If you have any questions about the information in this transmittal letter please contact MassHealth Customer Service at 1-800-841-2900, e-mail your inquiry to providersupport@mahealth.net, or fax your inquiry to 617-988-8974.

NEW MATERIAL

(The pages listed here contain new or revised language.)

Physician Manual

Pages 6-1 through 6-16

OBSOLETE MATERIAL

(The pages listed here are no longer in effect.)

Physician Manual

Pages 6-1 through 6-16 — transmitted by Transmittal Letter PHY-102

| | | |
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601 Introduction

MassHealth providers must refer to the American Medical Association's *Current Procedural Terminology (CPT) 2005* code book for the service codes and service 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 the MassHealth regulations at 130 CMR 433.000 and 450.000, *except* for those codes listed in Section 602 of this subchapter. In addition, a physician may request prior authorization for any medically necessary service for a member under 21 years of age.

- Section 602 lists CPT service codes that are **not** payable under MassHealth.
- Section 603 lists service 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 payable under MassHealth.

602 Nonpayable CPT Codes

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

| | | | | |
|-------|-------|-------|-------|-------|
| 0003T | 0039T | 0064T | 0088T | 15826 |
| 0008T | 0040T | 0065T | 10040 | 15828 |
| 0010T | 0041T | 0066T | 11922 | 15829 |
| 0016T | 0042T | 0067T | 11950 | 15876 |
| 0017T | 0043T | 0068T | 11951 | 15877 |
| 0018T | 0044T | 0069T | 11952 | 15878 |
| 0019T | 0045T | 0070T | 11954 | 15879 |
| 0020T | 0046T | 0071T | 15775 | 17340 |
| 0021T | 0047T | 0072T | 15776 | 17360 |
| 0023T | 0048T | 0073T | 15780 | 17380 |
| 0024T | 0049T | 0074T | 15781 | 19316 |
| 0026T | 0050T | 0075T | 15782 | 19324 |
| 0027T | 0051T | 0076T | 15783 | 19325 |
| 0028T | 0052T | 0077T | 15786 | 19355 |
| 0029T | 0053T | 0078T | 15787 | 19370 |
| 0030T | 0054T | 0079T | 15788 | 19371 |
| 0031T | 0055T | 0080T | 15789 | 19396 |
| 0032T | 0056T | 0081T | 15792 | 20930 |
| 0033T | 0058T | 0082T | 15793 | 20936 |
| 0034T | 0059T | 0083T | 15810 | 21120 |
| 0035T | 0060T | 0084T | 15811 | 21121 |
| 0036T | 0061T | 0085T | 15819 | 21122 |
| 0037T | 0062T | 0086T | 15824 | 21123 |
| 0038T | 0063T | 0087T | 15825 | 21125 |

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602 Nonpayable CPT Codes (cont.)

| | | | | |
|-------|-------|-------|-------|-------|
| 21127 | 50300 | 76350 | 86930 | 89320 |
| 21245 | 50323 | 76390 | 86931 | 89321 |
| 21246 | 50325 | 76400 | 86932 | 89325 |
| 21248 | 51701 | 76496 | 86945 | 89329 |
| 21249 | 51702 | 76497 | 86950 | 89330 |
| 22841 | 54900 | 76498 | 86965 | 89335 |
| 32491 | 54901 | 77336 | 86985 | 89342 |
| 32850 | 55200 | 77370 | 87901 | 89343 |
| 32855 | 55300 | 77401 | 87903 | 89344 |
| 32856 | 55400 | 77402 | 87904 | 89346 |
| 33930 | 55870 | 77403 | 88000 | 89352 |
| 33933 | 55970 | 77404 | 88005 | 89353 |
| 33944 | 55980 | 77406 | 88007 | 89354 |
| 33940 | 58321 | 77407 | 88012 | 89356 |
| 36415 | 58322 | 77408 | 88014 | 90281 |
| 36416 | 58323 | 77409 | 88016 | 90283 |
| 36468 | 58345 | 77411 | 88020 | 90287 |
| 36469 | 58350 | 77412 | 88025 | 90379 |
| 36540 | 58750 | 77413 | 88027 | 90384 |
| 37765 | 58752 | 77414 | 88028 | 90386 |
| 37766 | 58760 | 77416 | 88029 | 90389 |
| 38204 | 58970 | 77417 | 88036 | 90396 |
| 38207 | 58974 | 77418 | 88037 | 90586 |
| 38208 | 58976 | 77520 | 88040 | 90633 |
| 38209 | 59070 | 77522 | 88045 | 90634 |
| 38210 | 59072 | 77523 | 88099 | 90636 |
| 38211 | 59412 | 77525 | 88125 | 90645 |
| 38212 | 59897 | 77790 | 89250 | 90646 |
| 38213 | 62287 | 78267 | 89251 | 90647 |
| 38214 | 63043 | 78268 | 89253 | 90648 |
| 38215 | 63044 | 78351 | 89254 | 90669 |
| 41870 | 65760 | 78890 | 89255 | 90680 |
| 41872 | 65765 | 78891 | 89257 | 90698 |
| 43752 | 65767 | 80500 | 89258 | 90700 |
| 43842 | 65771 | 80502 | 89259 | 90701 |
| 43843 | 69090 | 82075 | 89260 | 90702 |
| 43845 | 71552 | 82962 | 89261 | 90708 |
| 44132 | 72159 | 84061 | 89264 | 90710 |
| 44715 | 72198 | 84830 | 89268 | 90712 |
| 47133 | 73225 | 86079 | 89272 | 90715 |
| 47143 | 76082 | 86585 | 89280 | 90718 |
| 47144 | 76083 | 86890 | 89281 | 90720 |
| 47145 | 76093 | 86891 | 89290 | 90721 |
| 48160 | 76094 | 86910 | 89291 | 90723 |
| 48550 | 76140 | 86911 | 89300 | 90744 |
| 48551 | 76150 | 86927 | 89310 | 90748 |

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602 Nonpayable CPT Codes (cont.)

| | | | | |
|-------|-------|-------|-------|-------|
| 90845 | 92559 | 96115 | 99078 | 99402 |
| 90865 | 92560 | 96117 | 99080 | 99403 |
| 90875 | 92561 | 96150 | 99082 | 99404 |
| 90876 | 92562 | 96151 | 99090 | 99411 |
| 90880 | 92564 | 96152 | 99091 | 99412 |
| 90885 | 92597 | 96153 | 99100 | 99420 |
| 90889 | 92605 | 96154 | 99116 | 99429 |
| 90901 | 92606 | 96155 | 99135 | 99450 |
| 90911 | 92613 | 96567 | 99140 | 99455 |
| 90939 | 92615 | 96902 | 99141 | 99456 |
| 90940 | 92617 | 97005 | 99142 | 99500 |
| 90989 | 93660 | 97006 | 99172 | 99501 |
| 90993 | 93668 | 97014 | 99190 | 99502 |
| 90997 | 93760 | 97537 | 99191 | 99503 |
| 90999 | 93762 | 97545 | 99192 | 99504 |
| 91132 | 93770 | 97546 | 99271 | 99505 |
| 91133 | 93784 | 97597 | 99272 | 99506 |
| 92314 | 93786 | 97598 | 99273 | 99507 |
| 92315 | 93788 | 97602 | 99274 | 99509 |
| 92316 | 93790 | 97605 | 99275 | 99510 |
| 92317 | 94015 | 97606 | 99288 | 99511 |
| 92325 | 95052 | 97755 | 99315 | 99512 |
| 92330 | 95120 | 97802 | 99316 | 99601 |
| 92335 | 95125 | 97803 | 99354 | 99602 |
| 92352 | 95130 | 97804 | 99355 | |
| 92353 | 95131 | 97810 | 99356 | |
| 92354 | 95132 | 97811 | 99357 | |
| 92355 | 95133 | 97813 | 99358 | |
| 92358 | 95134 | 97814 | 99359 | |
| 92371 | 95824 | 98940 | 99360 | |
| 92390 | 95965 | 98941 | 99361 | |
| 92391 | 95966 | 98942 | 99362 | |
| 92392 | 95967 | 98943 | 99371 | |
| 92393 | 96000 | 99001 | 99372 | |
| 92395 | 96001 | 99002 | 99373 | |
| 92396 | 96002 | 99024 | 99374 | |
| 92510 | 96003 | 99026 | 99375 | |
| 92531 | 96004 | 99027 | 99377 | |
| 92532 | 96100 | 99056 | 99378 | |
| 92533 | 96105 | 99058 | 99379 | |
| 92534 | 96110 | 99071 | 99380 | |
| 92548 | 96111 | 99075 | 99401 | |

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603 Codes That Have Special Requirements or Limitations

The following service codes are payable by MassHealth, subject to all conditions and limitations in MassHealth regulations at 130 CMR 433.000 and 450.000, 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.

Legend:

*: Available free of charge through the Massachusetts Immunization Program for children under 19 years of age.

Centrifuging required: Service Code 99000 may be used only to pay a physician who centrifuges and mails a specimen to a laboratory for analysis. (See 130 CMR 433.439.)

Covered for adults ≥ 19: This code is payable only for adults aged 19 or older.

CPA-2: A completed Certification of Payable Abortion Form must be completed. See 130 CMR 450.234 through 450.260 and 130 CMR 433.455 for more information.

CS-18: A completed Sterilization Consent Form (for members aged 18 through 20) must be completed. See 130 CMR 450.234 through 450.260 and 130 CMR 433.456 through 433.458 for more information.

CS-21: A completed Sterilization Consent Form (for members aged 21 and older) must be completed. See 130 CMR 450.234 through 450.260 and 130 CMR 433.456 through 433.458 for more information.

HI-1: A completed Hysterectomy Information Form must be completed. See 130 CMR 450.234 through 450.260 and 130 CMR 433.459 for more information.

IC: Claim requires individual consideration. See 130 CMR 433.406 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: Service requires prior authorization. See 130 CMR 433.408 for more information.

Urgent Care Only: Service Codes 99050, 99052, and 99054 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.)

Service Code and Req. or Limit

Service Code and Req. or Limit

| | | | |
|-------|----|-------|--------|
| 01999 | IC | 21086 | PA |
| 11920 | PA | 21087 | PA |
| 11921 | PA | 21088 | IC; PA |
| 15820 | PA | 21089 | IC; PA |
| 15821 | PA | 21137 | PA |
| 15822 | PA | 21138 | PA |
| 15823 | PA | 21139 | PA |
| 15831 | PA | 21141 | PA |
| 15832 | PA | 21142 | PA |
| 15833 | PA | 21143 | PA |
| 15834 | PA | 21145 | PA |
| 15835 | PA | 21146 | PA |
| 15836 | PA | 21147 | PA |
| 15837 | PA | 21150 | PA |
| 15838 | PA | 21151 | PA |
| 15839 | PA | 21154 | PA |
| 15999 | IC | 21155 | PA |
| 17999 | IC | 21159 | PA |
| 19140 | PA | 21160 | PA |
| 19318 | PA | 21172 | PA |
| 19328 | PA | 21175 | PA |
| 19330 | PA | 21179 | PA |
| 19340 | PA | 21180 | PA |
| 19342 | PA | 21181 | PA |
| 19350 | PA | 21182 | PA |
| 19357 | PA | 21183 | PA |
| 19361 | PA | 21184 | PA |
| 19364 | PA | 21188 | PA |
| 19366 | PA | 21193 | PA |
| 19367 | PA | 21194 | PA |
| 19368 | PA | 21195 | PA |
| 19369 | PA | 21196 | PA |
| 19380 | PA | 21198 | PA |
| 19499 | IC | 21206 | PA |
| 20999 | IC | 21208 | PA |
| 21076 | PA | 21209 | PA |
| 21077 | PA | 21210 | PA |
| 21079 | PA | 21215 | PA |
| 21080 | PA | 21230 | PA |
| 21081 | PA | 21235 | PA |
| 21082 | PA | 21240 | PA |
| 21083 | PA | 21242 | PA |
| 21084 | PA | 21243 | PA |
| 21085 | PA | 21244 | PA |

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

Service Code and Req. or Limit

Service Code and Req. or Limit

| | | | |
|-------|--------|-------|--------|
| 21247 | PA | 32851 | PA |
| 21255 | PA | 32852 | PA |
| 21256 | PA | 32853 | PA |
| 21260 | PA | 32854 | PA |
| 21261 | PA | 32999 | IC |
| 21263 | PA | 33935 | PA |
| 21267 | PA | 33945 | PA |
| 21268 | PA | 33999 | IC |
| 21270 | PA | 36299 | IC |
| 21275 | PA | 36470 | PA |
| 21280 | PA | 36471 | PA |
| 21282 | PA | 37501 | IC |
| 21295 | PA | 37799 | IC |
| 21296 | PA | 38129 | IC |
| 21299 | IC; PA | 38205 | PA |
| 21499 | IC | 38230 | PA |
| 21742 | IC | 38240 | PA |
| 21743 | IC | 38241 | PA |
| 21899 | IC | 38242 | PA |
| 22899 | IC | 38589 | IC |
| 22999 | IC | 38999 | IC |
| 23929 | IC | 39499 | IC |
| 24940 | IC | 39599 | IC |
| 24999 | IC | 40799 | IC |
| 25999 | IC | 40840 | PA |
| 26989 | IC | 40842 | PA |
| 27299 | IC | 40843 | PA |
| 27599 | IC | 40844 | PA |
| 27899 | IC | 40845 | PA |
| 28899 | IC | 40899 | IC |
| 29799 | IC | 41599 | IC |
| 29800 | PA | 41820 | IC; PA |
| 29804 | PA | 41821 | IC |
| 29999 | IC | 41850 | IC |
| 30400 | PA | 41899 | IC |
| 30410 | PA | 42140 | PA |
| 30420 | PA | 42280 | PA |
| 30430 | PA | 42281 | PA |
| 30435 | PA | 42299 | IC |
| 30450 | PA | 42699 | IC |
| 30999 | IC | 42999 | IC |
| 31299 | IC | 43289 | IC |
| 31599 | IC | 43499 | IC |
| 31899 | IC | 43644 | PA |

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

Service Code and Req. or Limit

Service Code and Req. or Limit

| | | | |
|-------|--------|-------|----------------|
| 43645 | PA | 54401 | PA |
| 43659 | IC | 54405 | PA |
| 43846 | PA | 54440 | IC |
| 43847 | PA | 54699 | IC |
| 43848 | PA | 55250 | CS-18 or CS-21 |
| 43999 | IC | 55450 | CS-18 or CS-21 |
| 44133 | IC; PA | 55559 | IC |
| 44135 | IC; PA | 55899 | IC |
| 44136 | IC; PA | 56800 | PA |
| 44137 | IC | 56805 | IC; PA |
| 44238 | IC | 57335 | IC; PA |
| 44239 | IC | 58150 | HI-1 |
| 44799 | IC | 58152 | HI-1 |
| 44899 | IC | 58180 | HI-1 |
| 44979 | IC | 58200 | HI-1 |
| 45999 | IC | 58210 | HI-1 |
| 46999 | IC | 58240 | HI-1 |
| 47135 | PA | 58260 | HI-1 |
| 47136 | PA | 58262 | HI-1 |
| 47140 | PA | 58263 | HI-1 |
| 47141 | PA | 58267 | HI-1 |
| 47142 | PA | 58270 | HI-1 |
| 47379 | IC | 58275 | HI-1 |
| 47399 | IC | 58280 | HI-1 |
| 47579 | IC | 58285 | HI-1 |
| 47999 | IC | 58290 | HI-1 |
| 48554 | PA | 58291 | HI-1 |
| 48556 | PA | 58292 | HI-1 |
| 48999 | IC | 58293 | HI-1 |
| 49329 | IC | 58294 | HI-1 |
| 49659 | IC | 58550 | HI-1 |
| 49906 | IC | 58552 | HI-1 |
| 49999 | IC | 58553 | HI-1 |
| 50549 | IC | 58554 | HI-1 |
| 50949 | IC | 58565 | CS-18 or CS-21 |
| 51597 | HI-1 | 58578 | IC |
| 51715 | PA | 58579 | IC |
| 51925 | HI-1 | 58600 | CS-18 or CS-21 |
| 53850 | PA | 58605 | CS-18 or CS-21 |
| 53852 | PA | 58611 | CS-18 or CS-21 |
| 53899 | IC | 58615 | CS-18 or CS-21 |
| 54240 | PA | 58661 | CS-18 or CS-21 |
| 54250 | PA | 58670 | CS-18 or CS-21 |
| 54400 | PA | 58671 | CS-18 or CS-21 |

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

| <u>Service Code and Req. or Limit</u> | <u>Service Code and Req. or Limit</u> |
|--|---------------------------------------|
| 58679 IC | 67975 PA |
| 58951 HI-1 | 67999 IC |
| 58956 HI-1 | 68399 IC |
| 58999 IC | 68899 IC |
| 59135 HI-1 | 69300 PA |
| 59525 HI-1 | 69399 IC |
| 59840 CPA-2 (first trimester) | 69710 IC |
| 59841 CPA-2 (first trimester) | 69799 IC |
| 59850 CPA-2 (second trimester, third trimester in hospital only) | 69930 PA |
| 59851 CPA-2 (second trimester, third trimester in hospital only) | 69949 IC |
| 59852 CPA-2 (second trimester, third trimester in hospital only) | 69979 IC |
| 59855 CPA-2 | 70336 PA |
| 59856 CPA-2 | 75556 IC |
| 59857 CPA-2 | 76499 IC |
| 59898 IC | 76999 IC |
| 59899 IC | 77299 IC |
| 60659 IC | 77399 IC |
| 60699 IC | 77499 IC |
| 64999 IC | 77799 IC |
| 66999 IC | 78099 IC |
| 67299 IC | 78199 IC |
| 67399 IC | 78299 IC |
| 67599 IC | 78399 IC |
| 67900 PA | 78499 IC |
| 67901 PA | 78599 IC |
| 67902 PA | 78608 IC |
| 67903 PA | 78609 IC |
| 67904 PA | 78699 IC |
| 67906 PA | 78799 IC |
| 67908 PA | 78999 IC |
| 67909 PA | 79999 IC |
| 67911 PA | 81099 IC |
| 67916 PA | 82045 IC |
| 67917 PA | 82656 IC |
| 67923 PA | 83009 IC |
| 67924 PA | 83630 IC |
| 67961 PA | 84163 IC |
| 67966 PA | 84999 IC |
| 67971 PA | 85999 IC |
| 67973 PA | 86064 IC |
| 67974 PA | 86379 IC |
| | 86587 IC |
| | 86849 IC |
| | 86999 IC |

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

| <u>Service Code and Req. or Limit</u> | <u>Service Code and Req. or Limit</u> |
|--|--|
| 87807 IC | 90945 For hospitalized member only; not for chronic maintenance |
| 87999 IC; PA | 90947 For hospitalized member only; not for chronic maintenance |
| 88199 IC | 91110 PA |
| 88299 IC | 91123 IC |
| 88380 IC | 91299 IC |
| 88399 IC | 92065 PA |
| 89230 IC | 92250 PA |
| 89240 IC | 92310 PA |
| 90288 IC | 92311 PA; includes supply of lenses |
| 90291 IC | 92312 PA; includes supply of lenses |
| 90296 IC | 92313 PA; includes supply of lenses |
| 90371 Covered for adults ≥ 17 | 92326 PA |
| 90378 IC; PA | 92499 IC |
| 90393 IC, PA | 92506 PA for ST >35 |
| 90399 IC | 92507 PA for ST >35 |
| 90467 IC | 92508 PA for ST >35 |
| 90468 IC | 92526 PA for ST >35 |
| 90473 IC | 92610 PA for ST >35 |
| 90474 IC | 92700 IC |
| 90476 IC | 92992 IC |
| 90477 IC | 92993 IC |
| 90581 IC | 93745 IC |
| 90632 Covered for adults ≥ 17 | 93799 IC |
| 90660 IC; PA | 94642 IC |
| 90665 IC | 94772 IC |
| 90690 IC | 94799 IC |
| 90692 IC | 95199 IC |
| 90693 IC | 95999 IC |
| 90707 Covered for adults ≥ 17 | 96545 IC |
| 90713 Covered for adults ≥ 17 | 96549 IC |
| 90716 Covered for adults ≥ 17 | 96999 IC |
| 90719 IC | 97001 PA for PT >20 |
| 90725 IC | 97002 PA for PT >20 |
| 90727 IC | 97003 PA for OT >20 |
| 90734 IC | 97004 PA for OT >20 |
| 90749 IC | 97010 PA for PT >20 |
| 90799 IC | 97012 PA for PT >20 |
| 90899 IC | 97016 PA for PT >20 |
| 90935 For hospitalized member only; not for chronic maintenance | 97018 PA for PT >20 |
| 90937 For hospitalized member only; not for chronic maintenance | 97020 PA for PT >20 |
| | 97022 PA for PT >20 |
| | 97024 PA for PT >20 |

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

Service Code and Req. or Limit

97026 PA for PT >20
 97028 PA for PT >20
 97032 PA for PT >20
 97033 PA for PT >20
 97034 PA for PT >20
 97035 PA for PT >20
 97036 PA for PT >20
 97039 PA for PT >20
 97110 PA for PT >20
 97112 PA for PT >20
 97113 PA for PT >20
 97116 PA for PT >20
 97124 PA for PT >20
 97139 PA for PT >20
 97140 PA for PT >20
 97150 PA for PT >20
 97504 PA for OT >20
 97520 PA for OT >20
 97530 PA for OT >20
 97532 PA for OT >20
 97533 PA for OT >20
 97535 PA for OT >20
 97542 PA for OT >20
 97799 IC
 98925 PA for OMT >20
 98926 PA for OMT >20
 98927 PA for OMT >20
 98928 PA for OMT >20;
 98929 PA for OMT >20;
 99000 Centrifuging required
 99050 Urgent care only
 99052 Urgent care only
 99054 Urgent care only
 99070 IC; excluding family planning
 supplies, such as trays, used in the
 collection of specimens
 99195 For hematologic disorders only
 99199 IC
 99296 IC
 99344 IC
 99345 IC
 99350 IC
 99499 IC
 99600 IC

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604 HCPCS Level II Service Codes

This section lists Level II HCPCS codes that are payable under MassHealth. Refer to the Centers for Medicare and Medicaid Web site at www.cms.gov/medicare/hcpcs for more detailed descriptions when billing for Level II HCPCS codes provided to MassHealth members.

Service

| <u>Code</u> | <u>Service Description</u> |
|-------------|---|
| A4261 | Cervical cap for contraceptive use (IC) |
| A4266 | Diaphragm for contraceptive use |
| A4267 | Contraceptive supply, condom, male, each |
| A4268 | Contraceptive supply, condom, female, each |
| A4269 | Contraceptive supply, spermicide (e.g., foam, gel), each |
| A4641 | Supply of radiopharmaceutical diagnostic imaging agent, not otherwise classified (IC) |
| A9500 | Supply of radiopharmaceutical diagnostic imaging agent, technetiumTc 99m sestamibi, per dose (IC) |
| A9502 | Supply of radiopharmaceutical diagnostic imaging agent technetiumTc 99m tetrofosmin, per unit dose (IC) |
| A9503 | Supply of radiopharmaceutical diagnostic imaging agent technetiumTc 99m medronate, up to 30 millicurie (IC) |
| A9505 | Supply of radiopharmaceutical diagnostic imaging agent thallous chloride Tl-201, per millicurie (IC) |
| H2011 | Crisis intervention service, per 15 minutes |
| J0128 | Injection, abarelix, 10 mg (PA) |
| J0135 | Injection, adalimumab, 20 mg (PA) |
| J0215 | Injection, alefacept, 0.5 mg (PA) |
| J0256 | Injection, alpha 1-proteinase inhibitor-human, 10 mg |
| J0295 | Injection, ampicillin sodium / sulbactam sodium, per 1.5 g |
| J0456 | Injection, azithromycin, 500 mg |
| J0475 | Injection, baclofen, 10 mg |
| J0476 | Injection, baclofen, 50 mcg for intrathecal trial |
| J0530 | Injection, penicillin G benzathine and penicillin G procaine, up to 600,000 units |
| J0540 | Injection, penicillin G benzathine and penicillin G procaine, up to 1,200,000 units |
| J0550 | Injection, penicillin G benzathine and penicillin G procaine, up to 2,400,000 units |
| J0560 | Injection, penicillin G benzathine, up to 600,000 units |
| J0570 | Injection, penicillin G benzathine, up to 1,200,000 units |
| J0580 | Injection, penicillin G benzathine, up to 2,400,000 units |
| J0585 | Botulinum toxin type A, per unit (PA) |
| J0587 | Botulinum toxin type B, per 100 units (PA) |
| J0640 | Injection, leucovorin calcium, per 50 mg |
| J0694 | Injection, cefoxitin sodium, 1 g |
| J0696 | Injection, ceftriaxone sodium, per 250 mg |
| J0697 | Injection, sterile cefuroxime sodium, per 750 mg |
| J0702 | Injection, betamethasone acetate and betamethasone sodium phosphate, per 3 mg |
| J0704 | Injection, betamethasone sodium phosphate, per 4 mg |
| J0780 | Injection, prochlorperazine, up to 10 mg |
| J0880 | Injection, darbepoetin alfa, 5 mcg (PA) |

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604 HCPCS Level II Service Codes (cont.)

Service
Code

Description

| | |
|-------|--|
| J0900 | Injection, testosterone enanthate and estradiol valerate, up to 1 cc |
| J1020 | Injection, methylprednisolone acetate, 20 mg |
| J1030 | Injection, methylprednisolone acetate, 40 mg |
| J1040 | Injection, methylprednisolone acetate, 80 mg |
| J1055 | Injection, medroxyprogesterone acetate for contraceptive use, 150 mg (150 mg Depo-Provera) (IC) |
| J1056 | Injection, medroxyprogesterone acetate/estradiol cypionate, 5 mg/25 mg (5 mg/25 mg Lunelle) (IC) |
| J1060 | Injection, testosterone cypionate and estradiol cypionate, up to 1 ml |
| J1070 | Injection, testosterone cypionate, up to 100 mg |
| J1080 | Injection, testosterone cypionate, 1 cc, 200 mg |
| J1094 | Injection, dexamethasone, acetate, 1 mg |
| J1100 | Injection, dexamethasone sodium phosphate, 1 mg |
| J1160 | Injection, digoxin, up to 0.5 mg |
| J1170 | Injection, hydromorphone, up to 4 mg |
| J1200 | Injection, diphenhydramine HCl, up to 50 mg |
| J1260 | Injection, dolasetron mesylate, 10 mg |
| J1320 | Injection, amitriptyline HCl, up to 20 mg |
| J1438 | Injection, etanercept, 25 mg (PA) |
| J1440 | Injection, filgrastim (G-CSF), 300 mcg (PA) |
| J1441 | Injection, filgrastim (G-CSF), 480 mcg (PA) |
| J1460 | Injection, gamma globulin, intramuscular, 1 cc |
| J1470 | Injection, gamma globulin, intramuscular, 2 cc |
| J1480 | Injection, gamma globulin, intramuscular, 3 cc |
| J1490 | Injection, gamma globulin, intramuscular, 4 cc |
| J1500 | Injection, gamma globulin, intramuscular, 5 cc |
| J1510 | Injection, gamma globulin, intramuscular, 6 cc |
| J1520 | Injection, gamma globulin, intramuscular, 7 cc |
| J1530 | Injection, gamma globulin, intramuscular, 8 cc |
| J1540 | Injection, gamma globulin, intramuscular, 9 cc |
| J1550 | Injection, gamma globulin, intramuscular, 10 cc |
| J1563 | Injection, immune globulin, intravenous, 1 g (PA) |
| J1564 | Injection, immune globulin, 10 mg (PA) |
| J1626 | Injection, granisetron HCl, 100 mcg |
| J1630 | Injection, haloperidol, up to 5 mg |
| J1650 | Injection, enoxaparin sodium, 10 mg |
| J1655 | Injection, tinzaparin sodium, 1000 IU |
| J1670 | Injection, tetanus immune globulin, human, up to 250 units |
| J1710 | Injection, hydrocortisone sodium phosphate, up to 50 mg |
| J1720 | Injection, hydrocortisone sodium succinate, up to 100 mg |
| J1745 | Injection, infliximab, 10 mg (PA) |
| J1750 | Injection, iron dextran, 50 mg |
| J1790 | Injection, droperidol, up to 5 mg |

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604 HCPCS Level II Service Codes (cont.)

Service

Code

Service Description

| | |
|-------|---|
| J1800 | Injection, propranolol HCl, up to 1 mg |
| J1885 | Injection, ketorolac, tromethamine, per 15 mg |
| J1890 | Injection, cephalothin sodium, up to 1 g |
| J1950 | Injection, leuprolide acetate (for depot suspension), per 3.75 mg (PA) |
| J1956 | Injection, levofloxacin, 250 mg |
| J1990 | Injection, chlordiazepoxide HCl, up to 100 mg |
| J2060 | Injection, lorazepam, 2 mg |
| J2150 | Injection, mannitol, 25% in 50 ml |
| J2175 | Injection, meperidine HCL, per 100 mg |
| J2250 | Injection, midazolam HCl, per 1 mg |
| J2270 | Injection, morphine sulfate, up to 10 mg |
| J2271 | Injection, morphine sulfate, 100 mg |
| J2275 | Injection, morphine sulfate (preservative-free sterile solution), per 10 mg |
| J2300 | Injection, nalbuphine HCl, per 10 mg |
| J2310 | Injection, naloxone HCl, per 1 mg |
| J2357 | Injection, omalizumab, 5 mg (PA) |
| J2405 | Injection, ondansetron HCl, per 1 mg |
| J2430 | Injection, pamidronate disodium, per 30 mg |
| J2440 | Injection, papaverine HCl, up to 60 mg |
| J2469 | Injection, palonosetron, HCL, 25 mcg |
| J2505 | Injection, prefilgrastim, 6 mg (PA) |
| J2510 | Injection, penicillin G procaine, aqueous, up to 600,000 units |
| J2515 | Injection, pentobarbital sodium, per 50 mg |
| J2550 | Injection, promethazine HCL, up to 50 mg |
| J2560 | Injection, phenobarbital sodium, up to 120 mg |
| J2675 | Injection, progesterone, per 50 mg |
| J2760 | Injection, phentolamine mesylate, up to 5 mg |
| J2765 | Injection, metoclopramide HCl, up to 10 mg |
| J2780 | Injection, ranitidine HCl, 25 mg |
| J2788 | Injection, Rho d immune globulin, human, minidose, 50 mcg |
| J2790 | Injection, Rho d immune globulin, human, full dose, 300 mcg |
| J2792 | Injection, Rho d immune globulin, intravenous, human, solvent detergent, 100 IU |
| J2820 | Injection, sargramostim (GM-CSF), 50 mcg (PA) |
| J2910 | Injection, aurothioglucose, up to 50 mg |
| J2916 | Injection, sodium ferric gluconate complex in sucrose injection, 12.5 mg |
| J2920 | Injection, methylprednisolone sodium succinate, up to 40 mg |
| J2930 | Injection, methylprednisolone sodium succinate, up to 125 mg |
| J2940 | Injection, somatrem, 1 mg (PA) |
| J2941 | Injection, somatropin, 1 mg (PA) |
| J3030 | Injection, sumatriptan succinate, 6 mg |
| J3110 | Injection, teriparatide, 10 mcg (PA) |
| J3120 | Injection, testosterone enanthate, up to 100 mg |
| J3130 | Injection, testosterone enanthate, up to 200 mg |

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604 HCPCS Level II Service Codes (cont.)

Service

Code

Service Description

| | |
|----------|--|
| J3230 | Injection, chlorpromazine HCl, up to 50 mg |
| J3250 | Injection, trimethobenzamide HCl, up to 200 mg |
| J3301 | Injection, triamcinolone acetonide, per 10 mg |
| J3302 | Injection, triamcinolone diacetate, per 5 mg |
| J3303 | Injection, triamcinolone hexacetonide, per 5 mg |
| J3396 | Injection, verteporfin, 0.1 mg |
| J3410 | Injection, hydroxyzine HCl, up to 25 mg |
| J3487 | Injection, zoledronic acid, 1 mg |
| J3490 | Unclassified drugs (IC) |
| J3490-FP | Unclassified drugs (service provided as part of Medicaid family planning program) (Use for medications and injectibles related to family planning services, with the exception of Rh ₀ (D) human immune globulin, and contraceptive injectibles such as Depo-Provera, items for which MassHealth will pay the provider's costs.) (IC) |
| J3590 | Unclassified biologics (IC) |
| J7030 | Infusion, normal saline solution, 1,000 cc |
| J7070 | Infusion, D-5-W, 1,000 cc |
| J7304 | Contraceptive supply, hormone containing patch, each (IC) |
| J7317 | Sodium hyaluronate, per 20 to 25 mg dose for intra-articular injection (PA) |
| J7320 | Hylan G-F 20, 16 mg, for intra-articular injection (PA) |
| J7599 | Immunosuppressive drug, NOC (IC) |
| J9000 | Doxorubicin HCl, 10 mg |
| J9001 | Doxorubicin HCl, all lipid formulations, 10 mg |
| J9031 | BCG live (intravesical), per instillation |
| J9035 | Injection, bevacizumab, 10 mg |
| J9040 | Bleomycin sulfate, 15 units |
| J9041 | Injection, bortezomib, 0.1 mg |
| J9045 | Carboplatin, 50 mg |
| J9055 | Injection, cetuximab, 10 mg |
| J9060 | Cisplatin, powder or solution, per 10 mg |
| J9062 | Cisplatin, 50 mg |
| J9070 | Cyclophosphamide, 100 mg |
| J9080 | Cyclophosphamide, 200 mg |
| J9090 | Cyclophosphamide, 500 mg |
| J9091 | Cyclophosphamide, 1 g |
| J9092 | Cyclophosphamide, 2 g |
| J9093 | Cyclophosphamide, lyophilized, 100 mg |
| J9094 | Cyclophosphamide, lyophilized, 200 mg |
| J9095 | Cyclophosphamide, lyophilized, 500 mg |
| J9096 | Cyclophosphamide, lyophilized, 1 g |
| J9097 | Cyclophosphamide, lyophilized, 2 g |
| J9130 | Dacarbazine, 100 mg |
| J9140 | Dacarbazine, 200 mg |
| J9170 | Docetaxel, 20 mg |

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604 HCPCS Level II Service Codes (cont.)

Service

Code

Service Description

| | |
|-------|---|
| J9181 | Etoposide, 10 mg |
| J9182 | Etoposide, 100 mg |
| J9190 | Fluorouracil, 500 mg |
| J9201 | Gemcitabine HCl, 200 mg |
| J9202 | Goserelin acetate implant, per 3.6 mg (PA) |
| J9206 | Irinotecan, 20 mg |
| J9212 | Injection, interferon Alfacon-1, recombinant, 1 mcg |
| J9213 | Interferon alfa-2A, recombinant, 3 million units |
| J9214 | Interferon alfa-2B, recombinant, 1 million units |
| J9215 | Interferon alfa-N3 (human leukocyte derived), 250,000 IU |
| J9216 | Interferon gamma-1B, 3 million units |
| J9217 | Leuprolide acetate (for depot suspension), 7.5 mg (PA) |
| J9218 | Leuprolide acetate, per 1 mg (PA) |
| J9219 | Leuprolide acetate implant, 65 mg (PA) |
| J9250 | Methotrexate sodium, 5 mg |
| J9260 | Methotrexate sodium, 50 mg |
| J9263 | Injection, oxaliplatin, 0.5 mg |
| J9265 | Paclitaxel, 30 mg |
| J9293 | Injection, mitoxantrone HCL, per 5mg |
| J9300 | Gemtuzumab ozogamicin, 5 mg |
| J9305 | Injection, pemetrexed, 10 mg |
| J9310 | Rituximab, 100 mg |
| J9355 | Trastuzumab, 10 mg |
| J9360 | Vinblastine sulfate, 1 mg |
| J9370 | Vincristine sulfate, 1 mg |
| J9375 | Vincristine sulfate, 2 mg |
| J9380 | Vincristine sulfate, 5 mg |
| J9390 | Vinorelbine tartrate, per 10 mg |
| J9395 | Injection, fulvestrant, 25 mg (PA) |
| J9999 | NOC, antineoplastic drug (IC) |
| Q0136 | Injection, epoetin alpha (for non ESRD use), per 1,000 units (PA) |
| R0070 | Transportation of portable X-ray equipment and personnel to home or nursing home, per trip to facility or location, one patient seen |
| S0020 | Injection, bupivacaine HCl, 30 ml |
| S0021 | Injection, ceftoperazone sodium, 1 gram (IC) |
| S0023 | Injection, cimetidine HCl, 300 mg (IC) |
| S0028 | Injection, famotidine, 20 mg (IC) |
| S0077 | Injection, clindamycin phosphate, 300 mg (IC) |
| S0162 | Injection, efalizumab, 125 mg (IC), (PA) |
| S0302 | Completed early periodic screening diagnosis and treatment (EPSDT) service (List in addition to code for appropriate evaluation and management services.) |
| S2260 | Induced abortion, 17 to 24 weeks, any surgical method (CPA-2) (second trimester, third trimester in hospital only) |

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604 HCPCS Level II Service Codes (cont.)

Service

Code Service Description

- S4989 Contraceptive intrauterine device (e.g., Progestacert IUD), including implants and supplies (IC)
 S4993 Contraceptive pills for birth control
 T1023 Screening to determine the appropriateness of consideration of an individual for participation in a specified program, project or treatment protocol, per encounter

605 Modifiers

The following service code modifiers are allowed for billing under MassHealth. See Subchapter 5 of the *Physician Manual* for billing instructions related to the use of modifiers.

- 26 Professional component
- 50 Bilateral procedure
- 51 Multiple procedures
- 54 Surgical care only
- 62 Two surgeons
- 66 Surgical team
- 80 Assistant surgeon
- 82 Assistant surgeon (when qualified resident surgeon not available)
- 99 Multiple modifiers
- FP Services provided as part of Medicaid Family Planning Program
- HN Bachelor's degree level (Use to indicate physician assistant.) (This modifier is to be applied to service codes billed by a physician that were performed by a physician assistant employed by the physician or group practice.)
- RP Replacement and repair (This modifier should only be used with 92340, 92341, and 92342 to bill for the displacement of replacement lenses.)
- SA Nurse practitioner rendering service in collaboration with a physician (This modifier is to be applied to service codes billed by a physician which were performed by a non-independent nurse practitioner employed by the physician or group practice.) (An independent nurse practitioner billing under his/her own individual provider number should not use this modifier.)
- SB Nurse midwife (This modifier is to be applied to service codes billed by a physician which were performed by a non-independent nurse midwife employed by the physician or group practice.) (An independent nurse midwife billing under his/her own individual provider number should not use this modifier.)
- SL State supplied vaccine (This modifier should only be applied to Service codes 90465, 90467, 90471 and 90473 to identify vaccines administered under the Vaccine for Children Program (VFC) for individuals age 18 and under.)
- TC Technical component (The component of a service or procedure representing the cost of rent, equipment, utilities, supplies, administrative and technical salaries and benefits, and other overhead expenses of the service or procedures, excluding the physician's professional component. When the technical component is reported separately the addition of modifier '-TC' to the service code will let the technical component allowable fee contained in 114.3 CMR 17.04 be paid.)