




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-127
October 2009

TO: Physicians Participating in MassHealth
FROM: Terence G. Dougherty, Interim Medicaid Director 
RE: *Physician Manual (2009 HCPCS)*

This letter transmits revisions to the service codes in the *Physician Manual*. The Centers for Medicare & Medicaid Services (CMS) have revised the Healthcare Common Procedure Coding System (HCPCS) for 2009. The revised Subchapter 6 is effective for dates of service on or after July 1, 2009.

Providers should use the revised Subchapter 6 along with the American Medical Association Current Procedural Terminology (CPT) 2009 code book. Subchapter 6 of the *Physician Manual* contains the following information.

- CPT codes that are not ordinarily payable under MassHealth (All other numeric CPT codes in the CPT 2009 code book are payable, subject to all limitations and conditions of payment in MassHealth regulations at 130 CMR 433.000 and 450.000.);
- CPT codes that have special limitations or requirements, such as prior authorization (PA), 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 (PA), individual consideration, or attachment requirements.

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

If you wish to obtain a fee schedule, you may download the Division of Health Care Finance and Policy regulations at no cost at www.mass.gov/dhcfp. You may also purchase a paper copy of 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). You must contact them first to find out the price of the paper copy of the publication. The regulation titles are 114.3 CMR 16.00: Surgery and Related Anesthesia Care; 114.3 CMR 17.00: Medicine; 114.3 CMR 18.00: Radiology; and 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

Special Reimbursement Rules for Multiple Endoscopic Procedures

CMS uses special reimbursement rules for multiple endoscopic procedures performed for the same patient on the same day during the same session. MassHealth also applies this same payment methodology for the same endoscopic procedures.

Multiple endoscopic claims are processed based on the fact that all endoscopies include a diagnostic endoscopy. Endoscopies are grouped into families of codes, each of which includes a code for a diagnostic endoscopy (referred to as the base code). Since the relative value of each endoscopy code includes the value of the base code, MassHealth will reimburse the value of the diagnostic endoscopy only once. The endoscopic procedure with the highest relative fee schedule amount is reimbursed at 100% of the allowable amount. The allowable amount for the base procedure is then subtracted from the allowable amount of the remaining endoscopic procedures billed.

When two related endoscopies and an unrelated endoscopy are performed, the special endoscopic payment rules will apply to the related endoscopies. Unrelated endoscopic procedures will be treated as a separate surgery and reimbursed using the payment rules for multiple surgery claims.

MassHealth Web Site

This transmittal letter and attached pages are available on the MassHealth Web site at www.mass.gov/masshealth.

Questions

If you have any questions about 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 6-20

OBSOLETE MATERIAL

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

Physician Manual

Pages 6-1 through 6-20 — transmitted by Transmittal Letter PHY-125

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601 Introduction

MassHealth providers must refer to the American Medical Association's *Current Procedural Terminology (CPT) 2009* 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 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 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 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

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.

0016T	0075T	0106T	0151T	0176T
0017T	0076T	0107T	0155T	0177T
0019T	0077T	0108T	0156T	0178T
0030T	0078T	0109T	0157T	0179T
0042T	0079T	0110T	0158T	0180T
0048T	0080T	0111T	0159T	0181T
0050T	0081T	0123T	0160T	0182T
0051T	0084T	0124T	0161T	0183T
0052T	0085T	0126T	0163T	0188T
0053T	0086T	0130T	0164T	0189T
0062T	0087T	0140T	0165T	0190T
0063T	0092T	0141T	0166T	0191T
0064T	0095T	0142T	0167T	0192T
0066T	0098T	0143T	0168T	0193T
0067T	0099T	0144T	0169T	0194T
0068T	0100T	0145T	0170T	0195T
0069T	0101T	0146T	0171T	0196T
0070T	0102T	0147T	0172T	0197T
0071T	0103T	0148T	0173T	0198T
0072T	0104T	0149T	0174T	10040
0073T	0105T	0150T	0175T	11922

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602 Nonpayable CPT Codes (cont.)

11950	11951	11952	11954	15775
15776	22841	48551	73225	86079
15780	22856	50300	76140	86890
15781	22861	50323	76150	86891
15782	22864	50325	76350	86910
15783	32491	51701	76390	86911
15786	32850	51702	76496	86927
15787	32855	54900	76497	86930
15788	32856	54901	76498	86931
15789	33930	55200	77336	86932
15792	33933	55300	77370	86945
15793	33940	55400	77371	86950
15819	33944	55870	77372	86960
15824	36415	55970	77373	86965
15825	36416	55980	77401	86985
15826	36468	58321	77402	87900
15828	36469	58322	77403	87901
15829	36591	58323	77404	87903
15847	36592	58345	77406	87904
15876	36598	58350	77407	88000
15877	37765	58750	77408	88005
15878	37766	58752	77409	88007
15879	38204	58760	77411	88012
17340	38207	58970	77412	88014
17360	38208	58974	77413	88016
17380	38209	58976	77414	88020
19316	38210	59070	77416	88025
19324	38211	59072	77417	88027
19325	38212	59412	77418	88028
19355	38213	59897	77421	88029
19396	38214	61630	77422	88036
20930	38215	61635	77423	88037
20936	41870	61640	77520	88040
20985	41872	61641	77522	88045
21120	43752	61642	77523	88099
21121	43842	62287	77525	88125
21122	43843	63043	77790	88333
21123	43845	63044	78267	88334
21125	44132	65760	78268	89250
21127	44715	65765	78351	89251
21245	47133	65767	80500	89253
21246	47143	65771	80502	89254
21248	47144	69090	82075	89255
21249	47145	71552	82962	89257
22526	48160	72159	84061	89258
22527	48550	72198	84830	89259

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602 Nonpayable CPT Codes (cont.)

89260	90698	92559	96116	99027
89261	90700	92560	96118	99053
89264	90701	92561	96119	99056
89268	90702	92562	96120	99058
89272	90708	92564	96125	99060
89280	90710	92597	96150	99071
89281	90712	92605	96151	99075
89290	90718	92606	96152	99078
89291	90720	92613	96153	99080
89300	90721	92615	96154	99082
89310	90723	92617	96155	99090
89320	90743	92630	96376	99091
89321	90744	92633	96567	99100
89322	90748	93660	96902	99116
89325	90845	93668	96904	99135
89329	90865	93770	97005	99140
89330	90875	93786	97006	99143
89331	90876	94005	97014	99144
89335	90880	94015	97537	99145
89342	90885	94644	97545	99148
89343	90889	94645	97546	99149
89344	90901	95012	97597	99150
89346	90911	95052	97598	99172
89352	90940	95120	97602	99190
89353	90989	95125	97605	99191
89354	90993	95130	97606	99192
89356	90997	95131	97755	99288
90281	90999	95132	97810	99315
90283	91132	95133	97811	99316
90284	91133	95134	97813	99339
90287	92314	95824	97814	99340
90379	92315	95965	98940	99354
90384	92316	95966	98941	99355
90386	92317	95967	98942	99356
90389	92325	95992	98943	99357
90396	92352	96000	98960	99358
90586	92353	96001	98961	99359
90634	92354	96002	98962	99360
90633	92355	96003	98966	99363
90645	92358	96004	98967	99364
90646	92371	96040	98968	99366
90647	92531	96101	98969	99367
90648	92532	96102	99001	99368
90665	92533	96103	99002	99374
90669	92534	96105	99024	99375
90680	92548	96111	99026	99377

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602 Nonpayable CPT Codes (cont.)

99378	99408	99443	99503	99512
99379	99409	99444	99504	99601
99380	99411	99450	99505	99602
99401	99412	99455	99506	99605
99402	99420	99456	99507	99606
99403	99429	99500	99509	99607
99404	99441	99501	99510	
99406	99442	99502	99511	

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, 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

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 members ≥ 12 : This code is payable only for members aged 12 years or older; available free of charge through the Massachusetts Immunization Program for children under 12 years of age.

Covered for members 19 to 26: This code is payable only for members aged 19 to 26 years; available free of charge through the Massachusetts Immunization Program for children under 19 years of age.

Covered for members birth to 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 Behavioral Health Screening Modifiers to indicate whether a behavioral health need was identified.

Covered for members ≥ 19 : This code is payable only for members aged 19 or older; available free of

charge through the Massachusetts Immunization Program for children under 19 years of age.

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.

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

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 and 99051 may be used only for urgent care provided in the office after hours, in addition to the basic service.

Service Code and Req. or Limit

01999 IC
 11920 PA
 11921 PA
 15431 IC
 15820 PA
 15821 PA
 15822 PA
 15823 PA
 15830 PA
 15832 PA
 15833 PA
 15834 PA
 15835 PA
 15836 PA
 15837 PA
 15838 PA
 15839 PA
 15999 IC
 17999 IC
 19300 PA
 19318 PA
 19328 PA
 19350 PA
 19499 IC
 20999 IC
 21076 PA
 21077 PA
 21079 PA
 21080 PA
 21081 PA
 21082 PA
 21083 PA
 21084 PA

Service Code and Req. or Limit

21085 PA
 21086 PA
 21087 PA
 21088 PA; IC
 21089 PA; IC
 21137 PA
 21138 PA
 21139 PA
 21146 PA
 21147 PA
 21150 PA
 21151 PA
 21155 PA
 21159 PA
 21160 PA
 21172 PA
 21175 PA
 21188 PA
 21193 PA
 21194 PA
 21195 PA
 21196 PA
 21198 PA
 21206 PA
 21208 PA
 21209 PA
 21210 PA
 21215 PA
 21230 PA
 21235 PA
 21240 PA
 21242 PA
 21243 PA

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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>	
21244	PA	33945	PA
21247	PA	33999	IC
21255	PA	36299	IC
21256	PA	36470	PA
21260	PA	36471	PA
21299	PA; IC	37501	IC
21499	IC	37799	IC
21742	IC	38129	IC
21743	IC	38230	PA
21899	IC	38240	PA
22857	PA	38241	PA
22862	PA	38242	PA
22865	PA	38589	IC
22899	IC	38999	IC
22999	IC	39499	IC
23929	IC	39599	IC
24940	IC	40799	IC
24999	IC	40840	PA
25999	IC	40842	PA
26989	IC	40843	PA
27299	IC	40844	PA
27599	IC	40845	PA
27899	IC	40899	IC
28890	PA	41599	IC
28899	IC	41820	PA; IC
29799	IC	41821	IC
29800	PA	41850	IC
29804	PA	41899	IC
29999	IC	42280	PA
30400	PA	42281	PA
30410	PA	42299	IC
30420	PA	42699	IC
30430	PA	42999	IC
30435	PA	43289	IC
30450	PA	43499	IC
30999	IC	43644	PA
31299	IC	43645	PA
31599	IC	43647	PA; IC
31899	IC	43648	IC
32851	PA	43659	IC
32852	PA	43770	PA
32853	PA	43771	PA
32854	PA	43772	PA
32999	IC	43773	PA
33935	PA	43774	PA

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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>	
43846	PA	56800	PA
43847	PA	56805	IC
43848	PA	57335	IC
43881	PA; IC	58150	HI-1
43882	IC	58152	HI-1
43886	PA	58180	HI-1
43887	PA	58200	HI-1
43888	PA	58210	HI-1
43999	IC	58240	HI-1
44133	IC	58260	HI-1
44135	PA; IC	58262	HI-1
44136	PA; IC	58263	HI-1
44238	IC	58267	HI-1
44799	IC	58270	HI-1
44899	IC	58275	HI-1
44979	IC	58280	HI-1
45499	IC	58285	HI-1
45999	IC	58290	HI-1
46999	IC	58291	HI-1
47135	PA	58292	HI-1
47136	PA	58293	HI-1
47379	IC	58294	HI-1
47399	IC	58541	HI-1
47579	IC	58542	HI-1
47999	IC	58543	HI-1
48554	PA	58544	HI-1
48999	IC	58548	HI-1
49329	IC	58550	HI-1
49659	IC	58552	HI-1
49906	IC	58553	HI-1
49999	IC	58554	HI-1
50549	IC	58565	CS-18 or CS-21
50949	IC	58570	HI-1
51925	HI-1	58571	HI-1
51999	IC	58572	HI-1
53899	IC	58573	HI-1
54400	PA	58578	IC
54401	PA	58579	IC
54405	PA	58600	CS-18 or CS-21
54440	IC	58605	CS-18 or CS-21
54699	IC	58611	CS-18 or CS-21
55250	CS-18 or CS-21	58615	CS-18 or CS-21
55450	CS-18 or CS-21	58661	CS-18 or CS-21
55559	IC	58670	CS-18 or CS-21
55899	IC	58671	CS-18 or CS-21

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<u>Service Code and Req. or Limit</u>	<u>Service Code and Req. or Limit</u>
58679	IC
58951	HI-1
58956	HI-1
58999	IC
59135	HI-1
59525	HI-1
59840	CPA-2 (first trimester)
59841	CPA-2 (first trimester)
59850	CPA-2 (second trimester, third trimester in hospital only)
59851	CPA-2 (second trimester, third trimester in hospital only)
59852	CPA-2 (second trimester, third trimester in hospital only)
59855	CPA-2
59856	CPA-2
59857	CPA-2
59898	IC
59899	IC
60659	IC
60699	IC
64650	PA
64653	PA
64999	IC
65757	IC
66999	IC
67299	IC
67399	IC
67599	IC
67900	PA
67901	PA
67902	PA
67903	PA
67904	PA
67906	PA
67908	PA
67999	IC
68399	IC
68899	IC
69300	PA
69399	IC
69710	IC
69799	IC
69930	PA
69949	IC
69979	IC
76499	IC
76999	IC
77058	PA
77059	PA
77299	IC
77399	IC
77499	IC
77799	IC
78099	IC
78199	IC
78299	IC
78399	IC
78499	IC
78599	IC
78699	IC
78799	IC
78999	IC
79999	IC
81099	IC
84999	IC
85999	IC
86849	IC
86999	IC
87999	IC
88199	IC
88299	IC
88384	IC
88399	IC
89240	IC
90288	IC
90291	IC
90296	IC
90378	PA; IC
90393	PA; IC
90399	IC
90476	IC
90477	IC
90581	IC
90632	Covered for adults ≥ 19 ; available free of charge through the Massachusetts Immunization Program for children under 19 years of age.

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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>
90636 IC	Program for children under 19
90649 IC; Covered for members aged 19 to 26; available free of charge through the Massachusetts Immunization Program for children under 19 years of age.	years of age.
	90719 IC
	90725 IC
	90727 IC
90650 IC; Covered for members aged 19 to 26; available free of charge through the Massachusetts Immunization Program for children under 19 years of age.	90732 IC; Covered for members \geq 19; available free of charge through the Massachusetts Immunization Program for children under 19 years of age.
90660 PA	90734 IC; Covered for members \geq 19; available free of charge through the Massachusetts Immunization Program for children under 19 years of age.
90661 IC	
90662 IC	
90663 IC	
90676 IC	90736 IC; PA is required for members less than age 60
90681 IC; Covered for members \geq 19; available free of charge through the Massachusetts Immunization Program for children under 19 years of age.	90738 IC
	90749 IC
	90899 IC
90690 IC	90935 For hospitalized member only; not for chronic maintenance
90692 IC	90937 For hospitalized member only; not for chronic maintenance
90693 IC	
90696 IC	90945 For hospitalized member only; not for chronic maintenance
90707 Covered for members \geq 19; available free of charge through the Massachusetts Immunization Program for children under 19 years of age.	90947 For hospitalized member only; not for chronic maintenance
	90952 IC
	90953 IC
90713 Covered for members \geq 19; available free of charge through the Massachusetts Immunization Program for children under 19 years of age.	91110 PA
	91111 PA
	91123 IC
	91299 IC
	92065 PA
90715 Covered for members \geq 19; available free of charge through the Massachusetts Immunization Program for children under 19 years of age.	92250 PA
	92310 PA; includes supply of lenses
	92311 PA; includes supply of lenses
	92312 PA; includes supply of lenses
	92313 PA; includes supply of lenses
90716 Covered for members \geq 19; available free of charge through the Massachusetts Immunization	92326 PA
	92499 IC
	92506 PA for ST >35
	92507 PA for ST >35

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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>
92508 PA for ST >35	97016 PA for PT >20
92526 PA for ST >35	97018 PA for PT >20
92610 PA for ST >35	97022 PA for PT >20
92700 IC	97024 PA for PT >20
92992 IC	97026 PA for PT >20
92993 IC	97028 PA for PT >20
93229 IC	97032 PA for PT >20
93299 IC	97033 PA for PT >20
93745 IC	97034 PA for PT >20
93799 IC	97035 PA for PT >20
94772 IC	97036 PA for PT >20
94774 IC	97039 PA for PT >20; IC
94775 IC	97110 PA for PT >20
94776 IC	97112 PA for PT >20
94777 IC	97113 PA for PT >20
94799 IC	97116 PA for PT >20
95199 IC	97124 PA for PT >20
95803 IC	97139 PA for PT >20; IC
95999 IC	97140 PA for PT >20
96379 IC	97150 PA for PT >20
96549 IC	97530 PA for OT >20
96110 Developmental testing; limited (e.g., Developmental Screening Test II, Early Language Milestone Screen), with interpretation and report; Covered for members birth to 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.	97532 PA for OT >20
	97533 PA for OT >20
	97535 PA for OT >20
	97542 PA for OT >20
	97760 PA for OT >20
	97761 PA for OT >20
	97762 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
	99051 Urgent care only
	99070 IC; excluding family planning supplies, such as trays, used in the collection of specimens
96999 IC	
97001 PA for PT >20	99174 PA
97002 PA for PT >20	99195 For hematologic disorders only
97003 PA for OT >20	99199 IC
97004 PA for OT >20	99344 IC
97010 PA for PT >20	
97012 PA for PT >20	

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

Service Code and Req. or Limit

99345 IC
 99350 IC
 99499 IC
 99600 IC

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 Services 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	Radiopharmaceutical, diagnostic, not otherwise classified (IC)
A9500	Technetium Tc-99m sestamibi, diagnostic, per study dose, up to 40 millicuries (IC)
A9502	Technetium Tc-99m tetrofosmin, diagnostic, per study dose, up to 40 millicuries (IC)
A9503	Technetium Tc-99m medronate, diagnostic, per study, up to 30 millicuries (IC)
A9505	Thallium Tl-201 thallos chloride, diagnostic, per millicurie (IC)
A9512	Technetium Tc-99m pertechnetate, diagnostic, per millicurie (IC)
A9537	Technetium Tc-99m mebrofenin, diagnostic, per study dose, up to 15 millicuries (IC)
D1206	Topical fluoride varnish; therapeutic application for moderate to high caries risk patients
G0105	Colorectal cancer screening; colonoscopy on individual at high risk
G0108	Diabetes outpatient self-management training services, individual, per 30 minutes
G0109	Diabetes self-management training services, group session (two or more), per 30 minutes
G0121	Colorectal cancer screening; colonoscopy on individual not meeting criteria for high risk
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
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 (two or more individuals), each 30 minutes
H2011	Crisis intervention service, per 15 minutes
J0129	Injection, abatacept, 10 mg (PA)
J0135	Injection, adalimumab, 20 mg (PA)
J0170	Injection, adrenalin, epinephrine, up to 1 ml ampule
J0215	Injection, alefacept, 0.5 mg (PA)
J0256	Injection, alpha 1-proteinase inhibitor–human, 10 mg

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604 HCPCS Level II Service Codes (cont.)

Service
Code

Service Description

J0290	Injection, ampicillin sodium, 500 mg
J0295	Injection, ampicillin sodium/sulbactam sodium, per 1.5 g
J0348	Injection, anidulafungin, 1 mg
J0456	Injection, azithromycin, 500 mg
J0460	Injection, atropine sulfate, up to 0.3 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)
J0592	Injection, buprenorphine HCL, 0.1 mg
J0640	Injection, leucovorin calcium, per 50 mg
J0690	Injection, cefazolin sodium, 500 mg
J0694	Injection, ceftioxin 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
J0835	Injection, cosyntropin, per 0.25 mg
J0881	Injection, darbepoetin alfa, 1 mcg (non-ESRD use) (PA)
J0882	Injection, darbepoetin alfa, 1 mcg (for ESRD on dialysis) (PA)
J0885	Injection, epoetin alfa, (for non-ESRD use), 1000 units (PA)
J0886	Injection, epoetin alfa, 1000 units (for ESRD on dialysis) (PA)
J0900	Injection, testosterone enanthate and estradiol valerate, up to 1 cc (IC)
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

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604 HCPCS Level II Service Codes (cont.)

Service
Code

Service Description

J1320	Injection, amitriptyline HCl, up to 20 mg (IC)
J1438	Injection, etanercept, 25 mg (PA)
J1440	Injection, filgrastim (G-CSF), 300 mcg
J1441	Injection, filgrastim (G-CSF), 480 mcg
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
J1561	Injection, immune globulin, (Gamunex), intravenous, nonlyophilized (e.g., liquid) 500mg
J1562	Injection, immune globulin, subcutaneous, 100 mg (PA)
J1566	Injection, immune globulin, intravenous, lyophilized (e.g., powder), 500 mg (PA)
J1569	Injection, immune globulin, (Gammagard liquid), intravenous, nonlyophilized (e.g., liquid) 500 mg
J1571	Injection, hepatitis B immune globulin (Hepagam B), intramuscular, 0.5 ml
J1580	Injection, garamycin, gentamicin, up to 80 mg
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 (IC)
J1720	Injection, hydrocortisone sodium succinate, up to 100 mg
J1740	Injection, ibandronate sodium, 1 mg (PA)
J1745	Injection, infliximab, 10 mg (PA)
J1750	Injection, iron dextran, 50 mg
J1790	Injection, droperidol, up to 5 mg
J1800	Injection, propranolol HCl, up to 1 mg
J1885	Injection, ketorolac, tromethamine, per 15 mg
J1890	Injection, cephalothin sodium, up to 1 g (IC)
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
J2248	Injection, micafungin sodium, 1 mg
J2250	Injection, midazolam HCl, per 1 mg
J2270	Injection, morphine sulfate, up to 10 mg

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604 HCPCS Level II Service Codes (cont.)

Service
Code

Service Description

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
J2315	Injection, naltrexone, depot form, 1 mg (PA)
J2323	Injection, natalizumab, 1 mg
J2355	Injection, oprelvekin, 5 mg (PA)
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
J2503	Injection, pegaptanib sodium, 0.3 mg
J2505	Injection, pegfilgrastim, 6 mg
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
J2680	Injection, fluphenazine decanoate, up to 25 mg
J2760	Injection, phentolamine mesylate, up to 5 mg
J2778	Injection, ranibizumab, 0.1 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
J2794	Injection, risperidone, long acting, 0.5 mg
J2820	Injection, sargramostim (GM-CSF), 50 mcg
J2910	Injection, aurothioglucose, up to 50 mg (IC)
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, IC)
J2941	Injection, somatropin, 1 mg (PA)
J3010	Injection, fentanyl citrate, 0.1 mg
J3030	Injection, sumatriptan succinate, 6 mg
J3110	Injection, teriparatide, 10 mcg (PA, IC)
J3120	Injection, testosterone enanthate, up to 100 mg
J3130	Injection, testosterone enanthate, up to 200 mg
J3230	Injection, chlorpromazine HCl, up to 50 mg
J3243	Injection, tigecycline, 1 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

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604 HCPCS Level II Service Codes (cont.)

Service
Code

Service Description

J3360	Injection, diazepam, up to 5 mg
J3396	Injection, verteporfin, 0.1 mg
J3410	Injection, hydroxyzine HCl, up to 25 mg
J3411	Injection, thiamine HCl, 100 mg
J3430	Injection, phytonadione, (vitamin K), per 1 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 injectables related to family planning services, with the exception of Rho (D) human immune globulin, and contraceptive injectables 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
J7060	5% dextrose/water (500 ml = 1 unit)
J7070	Infusion, D-5-W, 1,000 cc
J7303	Contraceptive supply, hormone containing vaginal ring, each (IC)
J7304	Contraceptive supply, hormone containing patch, each (IC)
J7307	Etonogestrel (contraceptive) implant system, including implant and supplies (IC)
J7321	Hyaluronan or derivative, Hyalgan or Supartz, for intra-articular injection, per dose (PA)
J7322	Hyaluronan or derivative, Synvisc, for intra-articular injection, per dose (PA)
J7323	Hyaluronan or derivative, Euflexxa, for intra-articular injection, per dose (PA)
J7324	Hyaluronan or derivative, Orthovisc, for intra-articular injection, per dose (PA)
J7599	Immunosuppressive drug, NOC (IC)
J7608	Acetylcysteine, inhalation solution administered through DME, unit-dose form, per g
J7614	Albuterol, all formulations including separated isomers, inhalation solution, FDA-approved final product, noncompounded, administered through DME, unit dose, per 1 mg (Albuterol) or per 0.5 mg Levalbuterol) (PA)
J7620	Albuterol, up to 2.5 mg and ipratropium bromide, up to 0.5 mg, FDA-approved final product, noncompounded, administered through DME
J7626	Budesonide, inhalation solution, FDA-approved final product, noncompounded, administered through DME, unit-dose form, up to 0.5 mg
J7633	Budesonide, inhalation solution, FDA-approved final product, noncompounded, administered through DME, concentrated form, per 0.25 mg (IC)
J7639	Dornase alpha, inhalation solution administered through DME, unit-dose form, per mg
J7644	Ipratropium bromide, inhalation solution, FDA-approved final product, noncompounded, administered through DME, unit-dose form, per mg
J7669	Metaproterenol sulfate, inhalation solution, FDA-approved final product, noncompounded, administered through DME, unit-dose form, per 10 mg
J7676	Pentamidine isethionate, inhalation solution, compounded product, administered through DME, unit dose form, per 300 mg (IC)
J7682	Tobramycin, inhalation solution, FDA-approved final product, noncompounded, unit-dose form, administered through DME, per 300 mg
J7699	NOC drugs, inhalation solution administered through DME (IC)
J7799	NOC drugs, other than inhalation drugs, administered through DME (IC)

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604 HCPCS Level II Service Codes (cont.)

Service
Code

Service Description

J9000	Doxorubicin HCl, 10 mg
J9001	Doxorubicin HCl, all lipid formulations, 10 mg
J9025	Injection, azacitidine, 1 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
J9178	Injection, epirubicin HCL, 2mg
J9181	Etoposide, 10 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 (IC)
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
J9261	Injection, nelarabine, 50 mg (PA)
J9263	Injection, oxaliplatin, 0.5 mg
J9264	Injection, paclitaxel protein-bound particles, 1 mg

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604 HCPCS Level II Service Codes (cont.)

Service
Code

Service Description

J9265	Paclitaxel, 30 mg
J9293	Injection, mitoxantrone HCL, per 5 mg
J9300	Gemtuzumab ozogamicin, 5 mg
J9305	Injection, pemetrexed, 10 mg
J9310	Rituximab, 100 mg (PA)
J9340	Thiotepa, 15 mg
J9350	Topotecan, 4 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)
Q4101	Skin substitute, apligraf, per square centimeter
Q4102	Skin substitute, oasis wound matrix, per square centimeter
Q4103	Skin substitute, oasis burn matrix, per square centimeter
Q4104	Skin substitute, integra bilayer matrix wound dressing (bmwd), per square centimeter
Q4106	Skin substitute, dermagraft, per square centimeter
Q4107	Skin substitute, graftjacket, per square centimeter
Q4108	Skin substitute, integra matrix, per square centimeter
Q4109	Skin substitute, tissuemend, per square centimeter
Q4110	Skin substitute, primatrix, per square centimeter
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
S0077	Injection, clindamycin phosphate, 300 mg
S0162	Injection, efalizumab, 125 mg (IC), (PA)
S0302	Completed early periodic screening diagnosis and treatment (EPSDT) service or preventative pediatric healthcare screening and diagnosis (PPHSD) service (List in addition to code for appropriate evaluation and management services.)
S2260	Induced abortion, 17 to 24 weeks, (CPA-2) (second trimester, third trimester in hospital only)
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
V2600	Hand-held low-vision aids and other nonspectacle-mounted aids (PA) (IC)
V2610	Single-lens spectacle-mounted low-vision aids (PA) (IC)
V2615	Telescopic and other compound lens system, including distance vision telescopic, near vision telescopes, and compound microscopic lens system (PA) (IC)

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604 HCPCS Level II Service Codes (cont.)

Service

Code Service Description

V2799 Vision service, miscellaneous (PA) (IC)

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 codes for services billed by a physician that were performed by a physician assistant employed by the physician or group practice.)
- RB Replacement and repair (This modifier should only be used with 92340, 92341, and 92342 to bill for the dispensing of replacement lenses.)
- SA Nurse practitioner rendering service in collaboration with a physician (This modifier is to be applied to codes for services billed by a physician that 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 codes for services billed by a physician that 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 codes 90465, 90467, 90471 and 90473 to identify administration of vaccines provided at no cost by the Massachusetts Department of Public Health for individuals ages 18 years and under, including those administered under the Vaccine for Children Program (VFC).
- 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.)

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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.

Modifier Modifier Description

- HQ Group counseling, at least 60-90 minutes in duration, provided by a physician
- TD Individual counseling provided by a registered nurse (RN)
- TF Individual counseling, intermediate level of care (intake/assessment counseling, at least 45 minutes in duration) provided by a physician
- U1 Individual counseling services provided by a tobacco-cessation counselor
- U2 Individual intake/assessment counseling, at least 45 minutes in duration, provided by a nurse practitioner, nurse midwife, physician assistant, 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 nurse practitioner, nurse midwife, physician assistant, 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.

Modifier Modifier Description

- 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
- 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
- U3 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
- U4 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

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605 Modifiers (cont.)

- 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
- 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
- U7 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
- U8 Completed a 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

Modifier for Child and Adolescent Needs and Strengths (CANS)

- HA Service code 90801 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 only be billed by psychiatrists.