



**Commonwealth of Massachusetts
Executive Office of Health and Human Services
Office of Medicaid**

www.mass.gov/masshealth



MassHealth
Transmittal Letter PHY-157
February 2020

TO: Physicians Participating in MassHealth

FROM: Daniel Tsai, Assistant Secretary for MassHealth

RE: *Physician Manual* (New MassHealth Third Party Administrator for Prior Authorization; New Prior Authorization Requirements)

Summary

This letter transmits updates to Subchapter 6 of the *Physician Manual* regarding new requirements for prior authorization (PA) for the provision of advanced imaging services, non-obstetric ultrasounds, polysomnography, and cardiology services. This PA requirement applies to outpatient services only and does not apply to services rendered in an emergency department or an inpatient setting.

This change will impact only those members enrolled in MassHealth fee-for-service, a Primary Care ACO plan, or the Primary Care Clinician (PCC) plan. Providers serving members enrolled in a MassHealth-contracted accountable care partnership plan (ACPP), managed care organization (MCO), integrated care organization (ICO), senior care organization (SCO), or Program of All-inclusive Care for the Elderly (PACE) should refer to the ACPP's, MCO's, ICO's, SCO's, or PACE's medical policies for covered services.

New MassHealth Third Party Administrator for Prior Authorization

As part of MassHealth's efforts to provide its members with access to high quality, cost-effective care, MassHealth has contracted with eviCore healthcare (eviCore) to provide utilization management programs for advanced imaging services, non-obstetric ultrasounds, polysomnography, and cardiology services. Among other things, eviCore will evaluate all requests for PA for the services identified in this letter.

In the coming weeks, eviCore will be leading training sessions designed to assist provider organizations in fulfilling the new utilization management program requirements, such as the new PA requirements communicated by this letter. eviCore will offer these online training sessions on a variety of dates and times to accommodate provider availability and to encourage participation.

During these sessions, eviCore will provide a detailed overview of the new PA requirements, along with instructions for navigating the eviCore website at www.evicore.com. Providers will also have the opportunity to ask questions and seek additional clarification where needed.

The training session offerings for each program are outlined in the following table.

Web Training Sessions			
Date	Day	Program	Time
2/11/2020	Tuesday	Radiology/Cardiology	2 p.m.–3 p.m.
2/11/2020	Tuesday	Sleep	1 p.m.–2 p.m.
2/13/2020	Thursday	Radiology/Cardiology	11 a.m.–12 p.m.
2/13/2020	Thursday	Sleep	9 a.m.–10 a.m.
2/18/2020	Tuesday	Radiology/Cardiology	11 a.m.–12 p.m.
2/18/2020	Tuesday	Sleep	9 a.m.–10 a.m.
2/19/2020	Wednesday	Radiology/Cardiology	10 a.m.–11 a.m.
2/19/2020	Wednesday	Sleep	12 p.m.–1 p.m.
2/21/2020	Friday	Radiology/Cardiology	2 p.m.–3 p.m.
2/21/2020	Friday	Sleep	3 p.m.–4 p.m.

Forums			
Date	Day	Program	Time
4/2/2020	Thursday	Radiology/Cardiology	9 a.m.–10 a.m.
4/6/2020	Monday	Sleep	1 p.m.–2 p.m.

How to Register

Please read the following instructions to register for and participate in a session:

1. Once you have selected a session, please go to <http://eviCore.webex.com/>
2. Click on the menu bar on the upper left hand side—the three horizontal lines underneath the eviCore healthcare logo. Then choose “Webex Training”
3. Under Live Sessions, click the “Upcoming” tab, then enter the desired topic name exactly as listed in the table and search
4. Click “Register” next to the session(s) with the date and time you wish to attend
5. Complete the registration information

After you have registered for the online training session, you will receive an email containing the toll-free phone number, meeting number, conference password, and a link to access the web portion of the session. **Please keep the registration email with the link to the web conference and the call-in number for the session.** This information will not be sent a second time in advance of the training.

New Prior Authorization Requirements

Effective March 1, 2020, MassHealth will require PA for the services and Current Procedural Terminology (CPT) codes listed below. Between March 1, 2020, and May 31, 2020, MassHealth will implement an informational edit that will not deny claims for services and codes requiring PA, but instead will inform providers of the PA requirement for those services and codes.

Beginning June 1, 2020, MassHealth will deny claims for services and codes requiring PA if the provider has not obtained PA. MassHealth and eviCore will provide technical assistance to providers during the rollout phase.

- **Turnaround Time:** eviCore will render a decision within 2 business days of a timely, complete request for PA.
- **Urgent and Emergent Care:** MassHealth is committed to ensuring patient access to necessary care and is working closely in partnership with eviCore to ensure that PA requests are processed in a timely manner and that there are appropriate processes in place to address urgent service needs. PA will not be required for services rendered in the emergency department, and there will be an option to submit same-day urgent PA requests, which will be processed within a maximum of 4 hours. If urgent requests meet medical necessity criteria and all required documentation is submitted, urgent requests can be approved in real time.
- **Window to Submit PA:** PA can be requested for a service rendered up to 14 days after the date of service.
- **Technical & Professional:** When a code requires a professional and a technical component (TC), PA is required for the technical component only, and the TC modifier must be included on the PA request.
- **Referrals:** If Primary Care Provider (PCP) referrals are required for the service requested, the PA will not override the referral requirement. For such services, MassHealth still requires a referral in addition to the PA.

Prior Authorization Denials and Appeals Process

If a PA request is lacking necessary documentation, eviCore will contact the provider to obtain the missing information. If the provider fails to submit the requested documentation within 10 days of eviCore's request, eviCore will issue an administrative denial of the request for PA. Upon receipt of a timely, complete submission, eviCore will review and approve, deny, or modify the request within 2 business days.

Once eviCore has rendered a decision, eviCore will notify the provider by fax or eviCore's web portal. If eviCore has denied or modified a PA request, eviCore will also notify the member of this fact by mail. This communication will also explain the member's appeal rights and include an appeal form. The member will have 30 days to appeal that decision to the Board of Hearings (BOH).

If eviCore has denied or modified a request for PA, the provider may request a peer-to-peer consultation with an eviCore clinician to review the clinical aspects of the case. Providers may request such consultations through eviCore's online portal. A provider's request for a peer-to-peer consultation does not alter or enlarge the time in which the member can request a fair hearing related to the denial or modification of the prior authorization request.

If eviCore overturns the denial or modification after the peer-to-peer consultation, the provider will be notified through the web portal and eviCore will work with the member to withdraw any requests for a hearing through the BOH.

Clinical Guidelines to Evaluate PA Requests

eviCore's Clinical Guidelines will be used to determine medical necessity and evaluate requests for PA by service category. Provider requests for authorization of the following services and codes must adhere to eviCore's clinical guidelines, which are available on eviCore's website and can be found at the following URL: <https://www.evicore.com/provider/clinical-guidelines>.

Advanced Imaging CPT Codes

70336	70554	72191	73725	76377
70450	70555	72192	74150	76380
70460	71250	72193	74160	76391
70470	71260	72194	74170	77021
70480	71270	72195	74174	77022
70481	71275	72196	74175	77046
70482	71550	72197	74176	77047
70486	71551	73200	74177	77048
70487	71555	73201	74178	77049
70488	72125	73202	74181	77078
70490	72126	73206	74182	77084
70491	72127	73218	74183	78451
70492	72128	73219	74185	78452
70496	72129	73220	74261	78491
70498	72130	73221	74262	78492
70540	72131	73222	74712	78494
70542	72132	73223	74713	78608
70543	72133	73700	75557	78609
70544	72141	73701	75559	78811
70545	72142	73702	75561	78812
70546	72146	73706	75563	78813
70547	72147	73718	75565	78814
70548	72148	73719	75572	78815
70549	72149	73720	75573	78816
70551	72156	73721	75574	G0297
70552	72157	73722	75635	
70553	72158	73723	76376	

Non-obstetric Ultrasound CPT Codes

78453	78459	78469	78473	78483
78454	78466	78472	78481	78496

Polysomnography (Sleep) Studies CPT Codes

95782	95800	95806	95808	95811
95783	95805	95807	95810	G0399

Cardiac Stress Tests CPT Codes

78451	78453	78491	78459	93351
78452	78454	78492	93350	

Providers must submit clinical documentation with PA requests for these services. Follow the links below for further guidance.

<https://www.evicore.com/insights/how-to-speed-up-prior-authorization>
<https://www.evicore.com/resources/healthplan/masshealth>

To submit a PA request for these services, follow the link below.

<https://www.evicore.com/>

MassHealth reviews requests for PA on the basis of medical necessity. If MassHealth approves the request, payment is still subject to all general conditions of MassHealth, including member eligibility, other insurance, and program restrictions.

MassHealth Website

This transmittal letter and attached pages are available on the MassHealth website at www.mass.gov/masshealth-transmittal-letters.

To sign up to receive email alerts when MassHealth issues new transmittal letters and provider bulletins, send a blank email to join-masshealth-provider-pubs@listserv.state.ma.us. No text in the body or subject line is needed.

Questions or Concerns

If you have any questions or concerns about the information in this transmittal letter, please contact the MassHealth Customer Service Center at (800) 841-2900, email 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 6-26

OBSOLETE MATERIAL

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

Physician Manual

Pages 6-1 through 6-26 — transmitted by Transmittal Letter PHY-156

Commonwealth of Massachusetts MassHealth Provider Manual Series Physician Manual	Subchapter Number and Title 6. Service Codes	Page 6-1
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601 Introduction

MassHealth providers must refer to the American Medical Association's Current Procedural Terminology (CPT) 2019 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 (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*.

- 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 PA 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	15787	15828	20936	21249
11922	15788	15829	20985	22526
15776	15789	15847	21121	22527
15780	15792	17340	21122	22841
15781	15793	17360	21123	22856
15782	15824	19355	21245	22858
15783	15825	19396	21246	22861
15786	15826	20930	21248	22864

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602 Nonpayable CPT Codes (cont.)

32491	44705	65760	80327	80374
32850	44715	65765	80328	80375
32855	45349	65767	80329	80376
32856	45350	65771	80330	80377
33274	45390	69090	80331	80500
33275	45393	71552	80332	80502
33289	45398	72159	80333	81105
33930	47133	72198	80334	81106
33933	47143	73225	80335	81107
33940	47144	74263	80336	81108
33944	47145	75571	80337	81109
34839	47383	76140	80338	81110
36415	48160	76390	80339	81111
36416	48550	76496	80340	81167
36468	48551	76497	80341	81171
36482	50300	76498	80342	81172
36483	50323	77086	80343	81173
36591	50325	77336	80344	81174
36592	54900	77370	80345	81177
36598	54901	77371	80346	81178
37785	55200	77372	80347	81179
38204	55300	77373	80348	81180
38207	55400	77385	80349	81181
38208	55870	77386	80350	81182
38209	58321	77401	80351	81184
38210	58322	77402	80352	81183
38211	58323	77407	80353	81185
38212	58345	77412	80354	81186
38213	58350	77417	80355	81187
38214	58750	77423	80356	81188
38215	58752	77424	80357	81189
41870	58760	77425	80358	81190
41872	58970	77520	80359	81200
43206	58974	77522	80360	81201
43252	58976	77523	80361	81202
43752	59070	77525	80362	81203
43842	59072	77790	80363	81204
43843	59412	78267	80364	81205
43845	59897	78268	80365	81206
44132	61630	78351	80366	81207
44381	61635	80320	80367	81208
44403	61640	80321	80368	81209
44404	61641	80322	80369	81210
44405	61642	80323	80370	81216
44406	62287	80324	80371	81220
44407	63043	80325	80372	81221
44408	63044	80326	80373	81222

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602 Nonpayable CPT Codes (cont.)

81223	81296	81376	86891	89268
81224	81297	81377	86910	89272
81225	81298	81378	86911	89280
81226	81299	81379	86927	89281
81227	81300	81380	86930	89290
81233	81301	81381	86931	89291
81234	81302	81382	86932	89321
81235	81303	81383	86945	89322
81236	81304	81400	86950	89325
81237	81305	81401	86960	89329
81239	81306	81402	86965	89330
81240	81310	81403	86985	89331
81241	81312	81404	87150	89335
81242	81315	81405	87153	89342
81243	81316	81406	87493	89343
81244	81317	81407	88000	89344
81245	81318	81408	88005	89346
81250	81319	81413	88007	89352
81251	81320	81414	88012	89353
81252	81321	81422	88014	89354
81253	81322	81439	88016	89356
81254	81323	81443	88020	89398
81255	81324	81500	88025	90586
81256	81325	81503	88027	90587
81257	81326	81506	88028	90634
81260	81327	81508	88029	90644
81261	81329	81509	88036	90647
81262	81330	81510	88037	90648
81263	81331	81511	88040	90649
81264	81332	81512	88045	90650
81265	81333	81518	88099	90653
81266	81336	81521	88125	90655
81267	81337	81539	88333	90657
81270	81340	81541	88334	90680
81271	81341	81551	88738	90681
81274	81342	81596	88749	90685
81275	81343	81599	89250	90687
81284	81344	82075	89251	90689
81285	81345	82962	89253	90697
81286	81350	83987	89254	90698
81289	81355	84145	89255	90700
81290	81370	84431	89257	90702
81291	81371	84410	89258	90723
81292	81372	84830	89259	90743
81293	81373	86079	89260	90744
81294	81374	86305	89261	90748
81295	81375	86890	89264	90845

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602 Nonpayable CPT Codes (cont.)

90863	93660	96154	99056	99366
90865	93668	96155	99058	99367
90875	93702	96160	99060	99368
90876	93770	96161	99071	99374
90880	93786	96376	99075	99375
90885	93895	96567	99078	99377
90889	94005	96570	99080	99378
90901	94015	96571	99082	99379
90911	94644	96573	99091	99380
90940	94645	96574	99100	99401
90989	95012	96902	99116	99402
90993	95052	96904	99135	99403
90997	95120	97014	99140	99404
90999	95125	97151	99151	99406
91112	95130	97152	99152	99408
91132	95131	97153	99153	99409
91133	95132	97154	99155	99411
92314	95133	97155	99156	99412
92315	95134	97156	99157	99429
92316	95824	97157	99172	99441
92317	95965	97158	99174	99442
92325	95966	97169	99177	99443
92352	95967	97170	99190	99444
92353	95992	97171	99191	99446
92354	96000	97172	99192	99447
92355	96004	97537	99241	99448
92358	96040	97545	99242	99449
92371	96105	97546	99243	99450
92531	96112	97755	99244	99451
92532	96113	98940	99245	99452
92533	96116	98941	99251	99453
92534	96121	98942	99252	99454
92548	96125	98943	99253	99455
92559	96127	98960	99254	99456
92560	96130	98961	99255	99457
92561	96131	98962	99288	99484
92562	96132	98966	99315	99485
92564	96133	98967	99316	99486
92597	96136	98968	99339	99487
92605	96137	98969	99340	99489
92606	96138	99000	99354	99490
92613	96139	99001	99355	99491
92615	96146	99002	99356	99495
92617	96150	99024	99357	99496
92630	96151	99026	99358	99497
92633	96152	99027	99359	99498
93264	96153	99053	99360	99500

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602 Nonpayable CPT Codes (cont.)

99501	99505	99510	99602
99502	99506	99511	99605
99503	99507	99512	99606
99504	99509	99601	99607

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 PA, or have other specific instructions or limitations. Refer to Section 604 for specific requirements or limitations for HCPCS Level II codes

Legend

Description

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; and 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 <i>Certification of Payable Abortion Form</i> must be completed for all induced abortions, except medically induced abortions.
CS-18 or CS-21	A completed <i>Sterilization Consent Form</i> (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 <i>Sterilization Consent Form</i> (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.

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

<u>Legend</u>	<u>Description</u>
HI-1	A completed <i>Hysterectomy Information Form</i> must be completed. See 130 CMR 450.235: <i>Overpayments</i> through 450.260: <i>Monies Owed by Providers</i> 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.
Service Code	<u>Requirement or Limitation</u>
01999	IC
11920	PA
11921	PA
11950	CD (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)
11952	CD (covered with diagnosis of lipodystrophy associated with, or secondary to, HIV only)
11954	CD (covered with diagnosis of lipodystrophy associated with, or secondary to, HIV only)
11970	PA (for gender dysphoria-related services only)
11971	PA (for gender dysphoria-related services only)
15820	PA
15821	PA
15822	PA
15823	PA

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

Service

Code Requirement or Limitation

15830	PA
15832	PA
15833	PA
15834	PA
15835	PA
15836	PA
15837	PA
15838	PA
15839	PA
15876	CD; IC (covered with diagnosis of lipodystrophy associated with, or secondary to, HIV only)
15877	CD; IC (covered with diagnosis of lipodystrophy associated with, or secondary to, HIV only)
15878	CD; IC (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)
15999	IC
17380	PA (covered in preparation for gender affirming surgery only)
17999	PA; IC
19300	PA
19303	PA (for gender dysphoria-related services only)
19304	PA (for gender dysphoria-related services only)

Service

Code Req. or Limit

19316	PA
19318	PA
19324	PA
19325	PA
19328	PA
19340	PA
19350	PA
19499	IC
20999	IC
21088	IC
21089	IC
21137	PA
21138	PA
21139	PA
21146	PA
21147	PA

Service

Code Req. or Limit

21150	PA
21151	PA
21154	PA
21155	PA
21159	PA
21160	PA
21172	PA
21175	PA
21188	PA
21193	PA
21194	PA
21195	PA
21196	PA
21198	PA
21199	PA
21206	PA

Service

Code Req. or Limit

21208	PA
21209	PA
21210	PA
21215	PA
21230	PA
21235	PA
21240	PA
21242	PA
21243	PA
21244	PA
21247	PA
21255	PA
21256	PA
21299	PA; IC
21499	IC
21742	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>	<u>Service Code</u>	<u>Req. or Limit</u>
21743	IC	29889	PA	36479	PA
21899	IC	29999	IC	37195	IC
22857	PA	30400	PA	37216	IC
22862	PA	29888	PA	37501	IC
22865	PA	30410	PA	37700	PA
22899	IC	30420	PA	37718	PA
22999	IC	30430	PA	37722	PA
23929	IC	30435	PA	37735	PA
24940	IC	30450	PA	37760	PA
24999	IC	30999	IC	37761	PA
25999	IC	31299	IC	37765	PA
26989	IC	31599	IC	37766	PA
27299	IC	31899	IC	37780	PA
27445	PA	32851	PA	37799	PA; IC
27446	PA	32852	PA	38129	IC
27447	PA	32853	PA	38230	PA
27486	PA	32854	PA	38240	PA
27487	PA	32999	IC	38241	PA
27488	PA	33935	PA	38242	PA
27599	IC	33945	PA	38589	IC
27899	IC	33981	IC	38999	IC
28890	PA	33982	IC	39499	IC
28899	IC	33983	IC	39599	IC
29799	IC	33999	IC	40799	IC
29800	PA	34841	IC	40840	PA
29804	PA	34842	IC	40842	PA
29870	PA	34843	IC	40843	PA
29873	PA	34844	IC	40844	PA
29874	PA	34845	IC	40845	PA
29875	PA	34846	IC	40899	IC
29876	PA	34847	IC	41599	IC
29877	PA	34848	IC	41820	PA; IC
29879	PA	36299	IC	41821	IC
29880	PA	36465	PA	41850	IC
29881	PA	36466	PA	41899	IC
29882	PA	36470	PA	42280	PA
29883	PA	36471	PA	42281	PA
29884	PA	36473	PA	42299	IC
29885	PA	36474	PA	42699	IC
29886	PA	36475	PA	42999	IC
29887	PA	36476	PA	43289	IC
29888	PA	36478	PA	43496	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>	<u>Service Code</u>	<u>Req. or Limit</u>
43499	IC	43882	IC	47135	PA
43644	PA	43886	PA	47379	IC
43645	PA	43887	PA	47399	IC
43647	PA; IC	43888	PA	47579	IC
43648	IC	43999	IC	47999	IC
43659	IC	44135	PA; IC	48554	PA
43770	PA	44136	PA; IC	48999	IC
43771	PA	44137	PA; IC	49329	IC
43772	PA	44238	IC	49659	IC
43773	PA	44799	IC	49906	IC
43774	PA	44899	IC	49999	IC
43775	PA	44979	IC	50549	IC
43846	PA	45399	IC	50949	IC
43847	PA	45499	IC	51925	HI-1
43848	PA	45999	IC	51999	IC
43881	PA; IC	46999	IC		

Code Requirement or Limitation

53430	PA (for gender dysphoria-related services only)
53899	IC
54125	PA (for gender dysphoria-related services only)
54400	PA
54401	PA
54405	PA
54440	IC
54520	PA (for gender dysphoria-related services only)
54660	PA (for gender dysphoria-related services only)
54690	PA (for gender dysphoria-related services only)
54699	IC
55175	PA (for gender dysphoria-related services only)
55180	PA (for gender dysphoria-related services only)
55250	CS-18 or CS-21
55559	IC
55899	PA; IC (for gender dysphoria-related services only)
55970	PA; IC
55980	PA; IC
56620	PA (for gender dysphoria- related services only)
56625	PA (for gender dysphoria-related services only)
56800	PA
56805	IC
57110	PA (for gender dysphoria-related services only)

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

<u>Code</u>	<u>Requirement or Limitation</u>
57291	PA (for gender dysphoria-related services only)
57292	PA (for gender dysphoria-related services only)
57335	IC
58150	HI-1; PA (for gender dysphoria-related services only)
58152	HI-1
58180	HI-1; PA (for gender dysphoria-related services only)
58200	HI-1
58210	HI-1
58240	HI-1
58260	HI-1; PA (for gender dysphoria-related services only)
58262	HI-1; PA (for gender dysphoria-related services only)
58263	HI-1
58267	HI-1
58270	HI-1
58275	HI-1
58280	HI-1
58285	HI-1
58290	HI-1; PA (for gender dysphoria-related services only)
58291	HI-1; PA (for gender dysphoria-related services only)
58292	HI-1
58293	HI-1
58294	HI-1
58541	HI-1; PA (for gender dysphoria-related services only)
58542	HI-1; PA (for gender dysphoria-related services only)
58543	HI-1; PA (for gender dysphoria-related services only)
58544	HI-1; PA (for gender dysphoria-related services only)
58548	HI-1
58550	HI-1; PA (for gender dysphoria-related services only)
58552	HI-1; PA (for gender dysphoria-related services only)
58553	HI-1; PA (for gender dysphoria-related services only)
58554	HI-1; PA (for gender dysphoria-related services only)
58565	CS-18 or CS-21
58570	HI-1; PA (for gender dysphoria-related services only)
58571	HI-1; PA (for gender dysphoria-related services only)
58572	HI-1; PA (for gender dysphoria-related services only)
58573	HI-1; PA (for gender dysphoria-related services only)
58575	HI-1; PA (for gender dysphoria-related services only)
58578	IC
58579	IC
58600	CS-18 or CS-21
58605	CS-18 or CS-21
58611	CS-18 or CS-21
58615	CS-18 or CS-21

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

Code Requirement or Limitation

58661 CS-18* or CS-21*; PA (for gender dysphoria-related services only)
58670 CS-18 or CS-21
58671 CS-18 or CS-21
58679 IC
58720 CS-18* or CS-21*; PA (for gender dysphoria-related services only)
58951 HI-1
58956 HI-1
58999 IC; PA (for gender dysphoria-related services only)

<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>
59525	HI-1	67908	PA	70545	PA ¹
59135	HI-1	67999	IC	70546	PA ¹
59840	CPA-2	68399	IC	70547	PA ¹
59841	CPA-2	68899	IC	70548	PA ¹
59850	CPA-2	69300	PA	70549	PA ¹
59851	CPA-2	69399	IC	70551	PA ¹
59852	CPA-2	69710	IC	70552	PA ¹
59855	CPA-2	69799	IC	70553	PA ¹
59856	CPA-2	69930	PA	70554	PA ¹
59857	CPA-2	69949	IC	70555	PA ¹
59898	IC	69979	IC	71250	PA ¹
59899	IC	70336	PA ¹	71260	PA ¹
60659	IC	70450	PA ¹	71270	PA ¹
60699	IC	70460	PA ¹	71275	PA ¹
62380	IC	70470	PA ¹	71550	PA ¹
64650	PA	70480	PA ¹	71551	PA ¹
64653	PA	70481	PA ¹	71555	PA ¹
64999	IC	70482	PA ¹	72125	PA ¹
65757	IC	70486	PA ¹	72126	PA ¹
65785	PA	70487	PA ¹	72127	PA ¹
66999	IC	70488	PA ¹	72128	PA ¹
67299	IC	70490	PA ¹	72129	PA ¹
67399	IC	70491	PA ¹	72130	PA ¹
67599	IC	70492	PA ¹	72131	PA ¹
67900	PA	70496	PA ¹	72132	PA ¹
67901	PA	70498	PA ¹	72133	PA ¹
67902	PA	70540	PA ¹	72141	PA ¹
67903	PA	70542	PA ¹	72142	PA ¹
67904	PA	70543	PA ¹	72146	PA ¹
67906	PA	70544	PA ¹	72147	PA ¹

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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>
72148	PA ¹	74178	PA ¹	78199	IC
72149	PA ¹	74181	PA ¹	78299	IC
72156	PA ¹	74182	PA ¹	78399	IC
72157	PA ¹	74183	PA ¹	78451	PA ¹
72158	PA ¹	74185	PA ¹	78452	PA ¹
72191	PA ¹	74261	PA ¹	78453	PA ¹
72192	PA ¹	74262	PA ¹	78454	PA ¹
72193	PA ¹	74712	PA ¹	78459	PA ¹
72194	PA ¹	74713	PA ¹	78466	PA ¹
72195	PA ¹	75557	PA ¹	78469	PA ¹
72196	PA ¹	75559	PA ¹	78472	PA ¹
72197	PA ¹	75561	PA ¹	78473	PA ¹
73200	PA ¹	75563	PA ¹	78481	PA ¹
73201	PA ¹	75565	PA ¹	78483	PA ¹
73202	PA ¹	75572	PA ¹	78491	PA ¹
73206	PA ¹	75573	PA ¹	78492	PA ¹
73218	PA ¹	75574	PA ¹	78494	PA ¹
73219	PA ¹	75635	PA ¹	78496	PA ¹
73220	PA ¹	76376	PA ¹	78499	IC
73221	PA ¹	76377	PA ¹	78599	IC
73222	PA ¹	76380	PA ¹	78608	PA ¹
73223	PA ¹	76391	PA ¹	78609	PA ¹
73700	PA ¹	76499	IC	78699	IC
73701	PA ¹	76999	IC	78799	IC
73702	PA ¹	77021	PA ¹	78811	PA ¹
73706	PA ¹	77022	PA ¹	78812	PA ¹
73718	PA ¹	77046	PA ¹	78813	PA ¹
73719	PA ¹	77047	PA ¹	78814	PA ¹
73720	PA ¹	77048	PA ¹	78815	PA ¹
73721	PA ¹	77049	PA ¹	78816	PA ¹
73722	PA ¹	77061	IC	78999	IC
73723	PA ¹	77062	IC	79999	IC
73725	PA ¹	77078	PA ¹	81099	IC
74150	PA ¹	77084	PA ¹	81162	PA
74160	PA ¹	77299	IC	81163	PA
74170	PA ¹	77387	IC	81164	PA
74174	PA ¹	77399	IC	81212	PA
74175	PA ¹	77499	IC	81215	PA
74176	PA ¹	77799	IC	81217	PA
74177	PA ¹	78099	IC	81220	IC

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

Service Code	Req. or Limit	Service Code	Req. or Limit	Service Code	Req. or Limit
81228	PA; IC	81265	PA	81420	PA; IC
81229	PA; IC	81266	PA	81479	IC
81507	PA; IC	88299	IC	90389	IC
81508	IC	88399	IC	90393	PA; IC
81509	IC	89240	IC	90396	IC
81510	IC	90281	IC	90399	IC
81511	IC	90283	IC	90476	IC
81512	IC	90288	IC	90477	IC
81519	PA; IC	90296	IC	90581	IC
84999	IC	90378	PA; IC	90620	IC
85999	IC	90284	IC	90621	IC
86849	IC	90287	IC	90625	IC
86999	IC	90384	IC		
87999	PA; IC	90385	IC		
88199	IC	90386	IC		

Service Code	Requirement or Limitation
90630	Covered for members ≥ 19 ; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age
90632	Covered for adults ≥ 19 ; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age
90633	IC; Covered for members ≥ 19 ; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age
90636	Covered for members ≥ 19 ; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age
90651	IC; Covered for members aged 19 to 45 years; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age
90654	IC; Covered for members ≥ 19 ; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age
90658	IC; Covered for members ≥ 19 ; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age
90660	IC; Covered for members ≥ 19 ; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age
90661	IC; Covered for members ≥ 19 ; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age
90664	IC
90666	IC
90667	IC

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<u>Service Code</u>	<u>Requirement or Limitation</u>
90668	IC
90670	Covered for members ≥ 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
90673	Covered for members ≥ 19 ; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age
90676	IC
90682	Covered for members ≥ 19 ; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age
90686	Covered for members ≥ 19 ; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age
90688	Covered for members ≥ 19 ; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age
90690	IC
90696	IC
90707	IC; Covered for members ≥ 19 ; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age
90710	IC; Covered for members ≥ 19 ; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age
90713	IC; Covered for members ≥ 19 ; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age
90715	Covered for members ≥ 19 ; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age
90716	IC; Covered for members ≥ 19 ; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age
90717	IC; Covered for members ≥ 19 ; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age
90732	Covered for members ≥ 19 ; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age
90733	IC; Covered for members ≥ 19 ; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age
90734	IC; Covered for members ≥ 19 ; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age
90736	IC; PA is required for members younger than age 50
90738	IC
90739	Covered for members ≥ 19
90749	IC
90750	IC; PA required for members younger than age 50
90756	Covered for members ≥ 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 of treatment; IC

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

Service

<u>Code</u>	<u>Requirement or Limitation</u>
90869	IC
90899	IC
90935	For hospitalized members only; not for chronic maintenance
90937	For hospitalized members only; not for chronic maintenance
90945	For hospitalized members only; not for chronic maintenance
90947	For hospitalized members only; not for chronic maintenance
90952	IC
90953	IC
91110	PA
91111	PA
91299	IC
92065	PA
92310	PA; includes supply of lenses
92311	PA; includes supply of lenses
92312	PA; includes supply of lenses

Service

<u>Code</u>	<u>Requirement or Limitation</u>
92313	PA; includes supply of lenses
92326	PA
92499	IC
92507	PA for ST >35
92508	PA for ST >35
92521	PA for ST >35
92522	PA for ST >35
92523	PA for ST >35
92524	PA for ST >35
92526	PA for ST >35
92558	IC
92610	PA for ST >35
92700	IC
92925	IC
92934	IC
92938	IC
92944	IC
92992	IC
92993	IC
93229	IC
93299	IC
93350	PA ¹
93351	PA ¹
93745	IC

Service

<u>Code</u>	<u>Requirement or Limitation</u>
93799	IC
93998	IC
94669	PA
94772	IC
94774	IC
94775	IC
94776	IC
94777	IC
94799	IC
95199	IC
95782	PA ¹
95783	PA ¹
95800	PA ¹
95805	PA ¹
95806	PA ¹
95807	PA ¹
95808	PA ¹
95810	PA ¹
95811	PA ¹
95941	IC
95943	IC
95999	IC

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

<u>Service Code</u>	<u>Requirement or Limitation</u>	<u>Service Code</u>	<u>Requirement or Limitation</u>
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
96377	IC	97124	PA for PT >20
96379	IC	97127	PA for PT >20
96549	IC	97139	PA for PT >20; IC
96931	IC	97161	PA for PT >20
96932	IC	97162	PA for PT >20
96933	IC	97164	PA for PT >20
96934	IC	97165	PA for PT >20
96935	IC	97166	PA for PT >20
96936	IC	97167	PA for PT >20
96999	IC	97168	PA for PT >20
97010	PA for PT >20	97530	PA for OT >20
97012	PA for PT >20	97533	PA for OT >20
97016	PA for PT >20	97535	PA for OT >20
97018	PA for PT >20	97542	PA for OT >20
97022	PA for PT >20	97602	IC
97024	PA for PT >20	97607	IC
97026	PA for PT >20	97608	IC
97028	PA for PT >20	97760	PA for OT >20
97032	PA for PT >20	97761	PA for OT >20
97033	PA for PT >20	97763	PA for OT >20
97034	PA for PT >20	97799	IC
97035	PA for PT >20	97810	PA >20
97036	PA for PT >20	97811	PA >20
97039	PA for PT >20; IC	97813	PA >20
97110	PA for PT >20	97814	PA >20
97112	PA for PT >20	98925	PA for OMT >20
97113	PA for PT >20	98926	PA for OMT >20
		98927	PA for OMT >20
		98928	PA for OMT >20
		98929	PA for OMT >20
		99050	Urgent care only
		99051	Urgent care only
		99070	IC; excluding family planning supplies, such as trays used in used in the collection of specimens
		99188	Once per three-month period
		99195	For hematologic disorders only
		99199	IC
		99499	IC
		99600	IC

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604 Payable HCPCS Level II and Category III Service Codes

This section lists Level II HCPCS and Category III 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.

Service Code	Req. or Limit	Service Code	Req. or Limit	Service Code	Req. or Limit
A4261	IC	J0129	PA	J0574	PA >3.2 units; IC
A4266		J0131	IC	J0575	PA >4 units; IC
A4267		J0135	PA; IC	J0584	PA; IC
A4268		J0153		J0585	PA
A4269		J0171		J0586	PA
A4641	IC	J0178		J0587	PA
A4648	IC	J0185		J0588	PA
A9500	IC	J0202	PA	J0592	PA
A9502	IC	J0215	PA; IC	J0594	
A9503	IC	J0221	PA	J0596	PA
A9505	IC	J0256		J0598	PA
A9512	IC	J0257		J0599	PA; IC
A9537	IC	J0285		J0604	IC
A9575		J0287		J0636	
A9576		J0289		J0637	
A9577		J0290		J0638	PA
A9578		J0295		J0640	PA
A9579		J0348		J0641	PA
A9581		J0364	IC	J0670	
A9585		J0400	IC	J0690	
A9606	PA; IC	J0401		J0692	
G0027		J0456		J0694	
G0105		J0461		J0696	
G0108		J0470		J0697	
G0109		J0475		J0702	
G0121		J0476		J0712	PA
G0270		J0485	PA	J0713	
G0271		J0490	PA	J0715	IC
G0279		J0517	PA	J0716	IC
G0297	PA ¹	J0558		J0717	PA
G0399	PA ¹	J0561		J0720	
G0480		J0565	PA	J0740	
G0455	IC	J0570	PA	J0743	
G0481		J0571	PA; IC	J0770	
G0482		J0572	PA >10.7 units; IC	J0775	PA
G0483		J0573	PA >5.4 units; IC	J0780	

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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>
J0834		J1454	PA >2 units	J1746	PA; IC
J0840		J1455	IC	J1750	PA
J0850		J1458	PA	J1786	PA
J0875	PA	J1459	PA	J1756	PA
J0878	PA	J1460	PA	J1790	IC
J0881	PA	J1555	PA	J1800	
J0882	PA	J1556	PA	J1815	
J0883	IC	J1557	PA	J1826	IC
J0884	IC	J1559	PA	J1830	PA; IC
J0885	PA	J1560	PA	J1840	IC
J0890	PA; IC	J1561	PA	J1850	IC
J0894		J1562	PA; IC	J1885	PA>4 units
J0895		J1566	PA	J1890	IC
J0897	PA	J1568	PA	J1930	
J1000		J1569	PA	J1931	PA
J1020		J1571		J1942	PA >1064 units
J1030		J1572		J1950	PA
J1040		J1573	IC	J1956	
J1050		J1575		J1990	IC
J1071	PA	J1580		J2060	
J1094	IC	J1599	PA; IC	J2150	
J1100		J1602	PA	J2170	PA; IC
J1130	PA; IC	J1626		J2175	PA
J1160		J1627	PA >10 units; IC	J2182	PA
J1170	PA >8 units	J1628	PA; IC	J2212	PA; IC
J1190		J1630		J2248	
J1200		J1642		J2250	
J1212		J1644		J2265	IC
J1240		J1645		J2270	PA >12 units
J1260	IC	J1650		J2274	PA >12 units
J1290		J1652		J2278	PA
J1300	PA	J1655	IC	J2300	
J1301	PA; IC	J1670		J2310	
J1320	IC	J1700	IC	J2315	
J1322	PA; IC	J1710	IC	J2323	
J1428	PA; IC	J1720		J2326	PA; IC
J1438	PA; IC	J1726	PA; IC	J2350	PA
J1439	PA	J1729	PA; IC	J2353	
J1442	PA	J1740	PA	J2354	
J1447		J1743	PA	J2355	IC
J1453		J1744	PA; IC	J2357	PA
		J1745	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>
J2358	PA >1 unit	J2910	IC	J3473	
J2400		J2916	PA	J3475	
J2405		J2920		J3486	
J2407	PA	J2930		J3489	PA
J2426	PA >819 units	J2940	PA; IC	J3490	IC
J2430		J2941	PA; IC	J3490	FP; IC
J2440	IC	J2997		J3590	IC
J2460	IC	J3000		J3591	PA; IC
J2469	PA >250 units	J3010		J7030	
J2502	PA; IC	J3030	PA; IC	J7040	
J2503		J3060	PA	J7050	
J2504	PA	J3090	PA	J7060	
J2505		J3095	PA	J7070	
J2507	PA	J3110	PA; IC	J7120	
J2510		J3121	PA	J7131	IC
J2515		J3145	PA	J7170	
J2540		J3230		J7177	IC
J2543		J3240		J7203	IC
J2545		J3243	PA	J7205	
J2550		J3250		J7296	IC
J2560		J3262	PA	J7297	IC
J2562		J3285	PA	J7298	IC
J2675		J3300		J7300	IC
J2680		J3301		J7301	IC
J2700		J3302	IC	J7303	IC
J2704		J3303	IC	J7304	IC
J2760	IC	J3304	PA	J7307	IC
J2778		J3315	PA	J7309	IC
J2785		J3357	PA	J7310	IC
J2786	PA	J3360		J7311	IC
J2788		J3370		J7312	
J2790		J3380	PA	J7313	
J2791		J3385	PA	J7315	IC
J2792		J3396		J7316	PA
J2793	PA; IC	J3397	PA; IC	J7318	PA; IC
J2794	PA >100 units	J3410		J7320	PA; IC
J2795		J3411		J7321	PA
J2796	PA	J3430		J7322	PA; IC
J2797	PA >166.5 units; IC	J3465		J7323	PA
J2820		J3471		J7324	PA
J2840	PA; IC	J3472	IC	J7325	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>
J7326	PA; IC	J8670	PA >180 units	J9181	
J7327	PA	J9000		J9185	
J7328	PA; IC	J9015	IC	J9190	
J7329	PA; IC	J9017		J9200	
J7336	PA	J9019	PA	J9201	
J7340	PA; IC	J9020	PA; IC	J9202	PA
J7342	IC	J9022	PA	J9205	PA
J7345	IC	J9023	PA	J9206	
J7500		J9025		J9207	
J7502		J9031		J9208	
J7503		J9032	PA	J9209	
J7504		J9033		J9211	
J7507		J9034		J9212	IC
J7508		J9035	PA	J9213	IC
J7509		J9039	PA	J9214	
J7510		J9040		J9215	PA; IC
J7511		J9041		J9216	IC
J7512		J9042	PA	J9217	PA
J7515		J9043	PA	J9215	PA
J7517		J9044		J9218	PA
J7518	PA	J9045		J9219	PA; IC
J7520		J9047	PA	J9225	PA
J7527	PA	J9050		J9226	PA
J7599	PA	J9055		J9228	
J7608		J9057	PA; IC	J9229	PA; IC
J7614	PA	J9060		J9230	
J7620		J9065		J9250	
J7626		J9070		J9260	
J7633	IC	J9098		J9261	PA
J7639		J9100		J9262	PA; IC
J7644		J9120		J9263	
J7665	IC	J9130		J9264	
J7669	IC	J9145	PA	J9266	
J7676	IC	J9153	PA	J9267	
J7682	PA	J9155	PA	J9268	
J7686	PA	J9160	IC	J9271	PA
J7699	PA; IC	J9171		J9280	
J7799	PA; IC	J9173	PA; IC	J9293	
J7999	PA	J9176	PA	J9295	PA
J8562	IC	J9178		J9299	PA
J8655	PA >1 unit	J9179	PA	J9301	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>
J9302	PA	Q2028	IC; CD (covered	Q4186	
J9303			with diagnosis of	Q4187	IC
J9305			lipodystrophy	Q5101	PA
J9306	PA		associated with,	Q5103	PA
J9307			or secondary to,	Q5104	PA
J9308	PA		HIV only)	Q5105	PA
J9311	PA	Q2035		Q5106	PA
J9312	PA	Q2036	IC	Q5108	PA
J9315	PA	Q2037	IC	Q5110	PA
J9320		Q2038	IC	Q9950	
J9325	PA	Q2043	PA	Q9991	PA
J9328		Q2049	IC	Q9992	PA
J9330		Q2050		S0020	IC
J9340	IC	Q4074		S0021	IC
J9351		Q4081		S0077	IC
J9352		Q4101		S0190	IC
J9354	PA	Q4102		S0023	IC
J9355		Q4103	IC	S0199	
J9357		Q4104	IC	S0191	IC
J9360		Q4106		S0302	
J9370		Q4107		S2260	CPA-2; IC
J9371	PA	Q4108	IC	S3005	
J9390	PA	Q4110	IC	S4989	IC
J9395	PA	Q4121		S4993	
J9400	PA	Q4132		T1023	
J9999	IC	Q4133		V2600	PA; IC
Q0138		Q4161	IC	V2610	PA; IC
Q0139		Q4162	IC	V2615	PA; IC
Q0162		Q4163	IC	V2799	PA; IC
Q2009	IC	Q4164	IC		
Q2017	IC	Q4165	IC		

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.

Modifier Modifier Description

22 Increased Procedural Services

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605 Modifiers (cont.)

<u>Modifier</u>	<u>Modifier Description</u>
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 procedure
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
F5	Right hand, thumb
F6	Right hand, second digit
F7	Right hand, third digit
F8	Right hand, fourth digit

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605 Modifiers (cont.)

Modifier Modifier Description

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
LM	Left main coronary artery
LT	Left side (used to identify procedures performed on the left side of the body)
QK	Medical direction by a physician of two, three, or four concurrent anesthesia procedures. (Use to indicate physician medical direction of multiple CRNAs (Certified Registered Nurse Anesthetists). 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 part 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 Program (VFC).)
T1	Left foot, second digit
T2	Left foot, third digit
T3	Left foot, fourth digit
T4	Left foot, fifth digit

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605 Modifiers (cont.)

Modifier Modifier Description

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.

Modifier Modifier Description

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.
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

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605 Modifiers (cont.)

Modifier Modifier Description

- 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.

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” 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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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.

Modifier Modifier Description

- | | |
|----|---|
| 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/service-details/about-postpartum-depression-ppd

Modifier for Child and Adolescent Needs and Strengths (CANS)

Modifier Modifier Description

- | | |
|----|--|
| 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

Modifier Modifier Description

- | | |
|----|---|
| 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 codes are defined in the *Current Procedural Terminology (CPT) Professional* codebook.