



Commonwealth of Massachusetts
Executive Office of Health and Human Services
Division of Medical Assistance
600 Washington Street
Boston, MA 02111

MassHealth
Acute Outpatient Hospital Bulletin 1
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TO: Acute Outpatient Hospitals and Hospital-Licensed Health Centers Participating in MassHealth

FROM: Mark E. Reynolds, Acting Commissioner

RE: Billing for Chemotherapy Services and Drugs

Implementation of APGs On July 1, 1999, the Division of Medical Assistance began using ambulatory patient groups (APGs) to process claims for all services that are provided by hospital outpatient departments and hospital-licensed health centers, and are billed on a UB-92. For detailed payment rules under the APG system, please refer to the current Acute Hospital Request for Applications and the contract.

As part of APG implementation, the Division is in the process of updating the list of allowable HCPCS codes (CPT-4, Level II, and local codes) contained in Subchapter 6 of the *Acute Outpatient Hospital Manual*. Until otherwise notified, hospital outpatient departments and hospital-licensed health centers may bill using only the HCPCS codes contained in the current Subchapter 6 and those listed in this bulletin.

The Division expects to mail the revised Subchapter 6 soon, and will provide advance notice to hospitals and hospital-licensed health centers before the revisions not addressed in his bulletin take effect.

Chemotherapy Services Before July 1, 1999, when billing for chemotherapy administration or chemotherapy drugs, hospitals did not need to specify a HCPCS code in Item 44 on the UB-92. For any claim for chemotherapy services provided in a hospital outpatient department or hospital-licensed health center on or after July 1, 1999, hospitals must specify a HCPCS code in Item 44 on the UB-92 to receive correct reimbursement.

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Chemotherapy Services
(cont.)

When billing for *chemotherapy administration* for dates of service on or after July 1, 1999, you must use the following revenue codes and one of the corresponding HCPCS codes.

Revenue code	HCPCS codes
331 Chemotherapy–injected	Q0083, 51720, 96400, 96408, 96410, 96420, 96422, 96520, 96530, 96549
332 Chemotherapy–oral	Q0083, 96549
335 Chemotherapy–IV	Q0084, Q0085, 96412, 96414, 96423, 96425, 96440, 96445, 96450, 96542

When billing for *chemotherapy drugs* for dates of service on or after July 1, 1999, you must use revenue code 636 (drugs requiring detailed coding) with one of the following Level-II HCPCS codes.

J0640, J1830, J1950, J2260, J2430, J7504, J7505, J8530, J8560, J8600, J8610, J9000, J9015, J9020, J9031, J9040, J9045, J9050, J9060, J9062, J9065, J9070, J9080, J9090, J9091 through J9097, J9100, J9110, J9120, J9130, J9140, J9150, J9151, J9165, J9181, J9182, J9185, J9190, J9200, J9202, J9208, J9209, J9211, J9213 through J9218, J9230, J9245, J9250, J9260, J9265, J9266, J9268, J9270, J9280, J9290, J9291, J9293, J9320, J9340, J9360, J9370, J9375, J9380, J9390, J9999.

Reimbursement

The Division will pay for medically necessary chemotherapy administration and chemotherapy drugs according to the APG methodology described in the Rate Year 99/00 Acute Hospital Request for Applications.

Hospitals that have submitted claims for chemotherapy services for dates of service on or after July 1, 1999, should adjust these claims using the appropriate revenue codes and HCPCS codes.

Questions

If you have any questions about the information in this bulletin, please contact the Unisys Provider Services Department at (617) 628-4141 or 1-800-325-5231.
