



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 AOH-11
March 2007

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

FROM: Tom Dehner, Acting Medicaid Director

TD

RE: *Acute Outpatient Hospital Manual* (Revised Service Codes and Appendix F)

This letter transmits revisions to the service codes in Subchapter 6 of the *Acute Outpatient Hospital Manual* and updates billing information for acute outpatient hospitals (AOHs), including their hospital-licensed health centers and provider-based satellites. An updated Appendix F, which describes revenue codes and billing combinations, is also attached.

Revised Subchapter 6 (Service Codes)

This transmittal letter covers two topics regarding Subchapter 6. First, it updates Subchapter 6 Sections 602 and 603 of the *Acute Outpatient Hospital Manual* for dates of service through December 31, 2006. Second, the transmittal letter provides Centers for Medicare and Medicaid Services (CMS) code deletions and corresponding replacement codes for dates of service on or after January 1, 2007.

For services provided through December 31, 2006, providers should refer to the revised Subchapter 6 Sections 602 and 603 along with the American Medical Association Current Procedural Terminology (CPT) 2006 Health Care Procedure Coding System (HCPCS) level II code books.

For services provided on or after January 1, 2007, providers should refer to Subchapter 6, Sections 604 and 605, for CMS's American Medical Association Current Procedural Terminology (CPT) code deletions and replacements. The codes listed in Section 604 are no longer payable by MassHealth. MassHealth will accept replacement codes listed in Section 605 for the deleted codes.

The revised Subchapter 6 Sections 602, 603, 604, and 605 apply only when billing for services that are reimbursed either according to the Payment Amount Per Episode (PAPE) methodology, or according to the Division of Health Care Finance and Policy (DHCFP) Clinical Laboratory Fee Schedule (114.3 CMR 20.00). MassHealth providers must refer to the official list of CPT and HCPCS codes with descriptions as posted on the CMS Web site at www.cms.gov/medicare/hcpcs when billing for services provided to MassHealth members.

For outpatient hospital services that **are not** reimbursed according to the PAPE methodology or according to the DHCFP Clinical Laboratory Fee Schedule, AOHs must refer to the MassHealth provider manuals listed below to determine which services are payable and which are not payable. These provider manuals are available on the MassHealth Web site at www.mass.gov/masshealth.

Adult Day Health – AOHs billing for adult day health services must refer to Subchapter 6 of the *Adult Day Health Manual*.

Adult Foster Care – AOHs billing for adult foster care services must refer to Subchapter 6 of the *Adult Foster Care Manual*.

Ambulance Services – AOHs billing for ambulance services must refer to Subchapter 6 of the *Transportation Manual*.

Dental Services – AOHs billing for dental services must refer to Subchapter 6 of the *Dental Manual* except when the conditions in 130 CMR 420.429(A) or (D) apply. In those instances, AOHs should refer to Subchapter 6 of the *Acute Outpatient Hospital Manual*.

Early Intervention Program – AOHs billing for early intervention program services must refer to Subchapter 6 in the *Early Intervention Program Manual*.

Hearing Aid Dispensing – AOHs billing for the dispensing of hearing aids must refer to Subchapter 6 of the *Hearing Instrument Specialist Manual*.

Home Health Services – AOHs billing for home health services must refer to Subchapter 6 of the *Home Health Agency Manual*.

Physician Services – AOHs billing for hospital-based physician or entity services must refer to Subchapter 6 of the *Physician Manual*.

Psychiatric Day Treatment Program – AOHs billing for psychiatric-day-treatment programs must refer to Subchapter 6 of the *Psychiatric Day Treatment Program Manual*.

Vision Care Materials Dispensing – AOHs billing for the dispensing of ophthalmic materials must refer to Subchapter 6 of the *Vision Care Manual*.

Prior-authorization requests may be submitted to MassHealth for any medically necessary service for a MassHealth Standard or CommonHealth member younger than 21 years of age.

For more information on payment for acute-outpatient-hospital services, refer to the Hospital Rate Year (HRY) 2006 Acute Hospital Request for Application (RFA) for dates of service covering October 1, 2005, through September 30, 2006, and the HRY 2007 RFA for dates of service on or after October 1, 2006. Hospitals can locate the HRY 2006 and 2007 RFAs as well as regulatory and billing information on the MassHealth Web site at: www.mass.gov/masshealth.

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

NEW MATERIAL

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

Acute Outpatient Hospital Manual

Pages 6-1 through 6-6 and F-1 through F-8

OBSOLETE MATERIAL

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

Acute Outpatient Hospital Manual

Pages 6-1 through 6-4 and F-1 through F-8 — transmitted by Transmittal Letter AOH-9

Commonwealth of Massachusetts MassHealth Provider Manual Series Acute Outpatient Hospital Manual	Subchapter Number and Title 6. Service Codes	Page 6-1
	Transmittal Letter AOH-11	Date 01/01/07

601 Introduction

MassHealth providers must refer to the official list of HCPCS codes and descriptions as posted on the Centers for Medicare and Medicaid Services Web site at www.cms.gov/medicare/hcpcs when billing for services provided to MassHealth members.

CPT Codes

MassHealth pays for services billed using all medicine, radiology, laboratory, surgery, and anesthesia CPT codes in effect at the time of service, except for those codes listed in Section 602 of this subchapter, subject to all conditions and limitations described in MassHealth regulations at 130 CMR 410.000 and 450.000, and in the most current Acute Hospital Request for Application.

Level II HCPCS Codes

MassHealth pays for services billed using only those Level II HCPCS codes listed in Section 603 of this subchapter that are in effect at the time of service, subject to all conditions and limitations described in MassHealth regulations at 130 CMR 410.000 and 450.000, and in the most current Acute Hospital Request for Application.

For a list of billable revenue codes and HCPCS billing combinations, please refer to Appendix F of the *Acute Outpatient Hospital Manual*. The list in Appendix F is to be used **only** as a guide.

602 Nonpayable Services - CPT

MassHealth does not pay for services billed under the following codes and code ranges. Prior-authorization requests may be submitted to MassHealth for any medically necessary service for a MassHealth Standard or CommonHealth member younger than 21 years of age, pursuant to MassHealth regulations at 130 CMR 450.144(A).

0001F	0030T	0060T	0080T	0103T
0002F	0031T	0061T	0081T	0104T
0003F	0032T	0062T	0084T	0105T
0004F	0041T	0063T	0085T	0106T
0005F	0042T	0065T	0086T	0107T
0006F	0043T	0066T	0087T	0108T
0007F	0046T	0067T	0088T	0109T
0008F	0047T	0068T	0089T	0110T
0009F	0048T	0069T	0090T	0111T
0010F	0049T	0070T	0091T	0115T
0011F	0050T	0071T	0092T	0116T
0016T	0051T	0072T	0093T	0117T
0017T	0052T	0073T	0095T	0123T
0019T	0053T	0074T	0096T	0124T
0024T	0054T	0075T	0098T	0126T
0026T	0055T	0076T	0099T	0130T
0027T	0056T	0077T	0100T	0133T
0028T	0058T	0078T	0101T	0135T
0029T	0059T	0079T	0102T	0137T

Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title 6. Service Codes	Page 6-2
	Transmittal Letter AOH-11	Date 01/01/07
Acute Outpatient Hospital Manual		

602 Nonpayable Codes - CPT (cont.)

0140T	19324	43845	61635	87900
0141T	19325	44132	61640	87903
0142T	19355	44133	61641	87904
0143T	19396	44135	61642	88000
0144T	20930	44136	62287	88005
0145T	20936	44137	63043	88007
0146T	21120	47133	63044	88012
0147T	21121	47143	65760	88014
0148T	21122	47144	65765	88016
0148T	21123	47145	65767	88020
0149T	21125	44720	65771	88025
0150T	21127	44721	65780	88027
0151T	21245	47135	65781	88028
0152T	21246	47136	65782	88029
0153T	21248	47140	69090	88036
0154T	21249	47141	71552	88037
00100-	22841	47142	72159	88040
01999	32491	47146	72198	88045
10040	32850	47147	73225	88099
11922	32851	48160	76140	88125
11950	32852	48551	76150	88333
11951	32853	48552	76350	88334
11952	32854	48554	76390	89250
11954	32855	48556	76496	89251
15781	32856	50320	76497	89252
15782	33930	50323	76498	89253
15783	33933	50325	77399	89254
15786	33935	50327	78267	89255
15787	33940	50328	78268	89256
15788	33944	50329	78351	89257
15789	33945	50340	80500	89258
15792	34803	50360	80502	89259
15793	36415	50365	82075	89260
15819	36416	50370	82962	89261
15824	36468	50380	84061	89264
15825	36469	58750	84830	89268
15826	36540	58752	86079	89272
15828	36598	58760	86890	89280
15829	37765	58956	86891	89281
15876	37766	58970	86910	89290
15877	41870	58974	86911	89291
15878	41872	58976	86927	89300
15879	43644	59070	86930	89310
17340	43645	59072	86931	89320
17360	43752	59412	86932	89321
17380	43842	59897	86960	89325
19316	43843	61630	86985	89329

Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title 6. Service Codes	Page 6-3
	Transmittal Letter AOH-11	Date 01/01/07
Acute Outpatient Hospital Manual		

602 Nonpayable Codes - CPT (cont.)

89330	90818	92630	97804	99253
89335	90819	92633	97810	99254
89342	90821	93660	97811	99255
89343	90822	93760	97813	99288
89344	90823	93762	97814	99289
89346	90824	93770	98940	99290
89352	90826	93786	98941	99293
89353	90827	94015	98942	99294
89354	90828	95052	98943	99295
89356	90829	95120	98960	99296
90281	90845	95125	98961	99298
90283	90865	95130	98962	99299
90287	90875	95131	99000	99300
90379	90876	95132	99001	99304
90384	90880	95133	99002	99305
90386	90885	95134	99024	99306
90389	90889	95824	99026	99307
90396	90901	95965	99027	99308
90586	90911	95966	99050	99309
90633	90940	95967	99051	99310
90634	90989	96000	99053	99315
90636	90993	96001	99056	99316
90645	90997	96002	99058	99318
90646	90999	96003	99060	99324
90647	91132	96004	99071	99325
90648	91133	96150	99075	99326
90649	92314	96151	99078	99327
90665	92315	96152	99080	99328
90669	92316	96153	99082	99334
90680	92317	96154	99090	99335
90698	92325	96155	99091	99336
90700	92352	96523	99100	99337
90701	92353	96567	99116	99338
90702	92354	96902	99135	99339
90708	92355	97005	99140	99340
90710	92358	97006	99143	99341
90712	92371	97537	99144	99342
90715	92531	97545	99148	99343
90718	92532	97546	99149	99344
90720	92533	97597	99150	99345
90721	92534	97598	99172	99347
90723	92548	97602	99190	99348
90744	92559	97605	99191	99349
90748	92560	97606	99192	99350
90782	92561	97755	99199	99354
90816	92562	97802	99251	99355
90817	92564	97803	99252	99356

Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title 6. Service Codes	Page 6-4
	Transmittal Letter AOH-11	Date 01/01/07
Acute Outpatient Hospital Manual		

602 Nonpayable Codes - CPT (cont.)

99357	99374	99404	99501	99511
99358	99375	99411	99502	99512
99359	99377	99412	99503	99600
99360	99378	99420	99504	99601
99361	99379	99429	99505	99602
99362	99380	99450	99506	
99371	99401	99455	99507	
99372	99402	99456	99509	
99373	99403	99500	99510	

603 Payable Services - Level II HCPCS

The following Level II HCPCS describe services that are covered by MassHealth for AOHs and hospital-licensed health centers (HLHCs).

A4641	J2270	J9035	J9181	J9320
A9500	J2357	J9040	J9182	J9340
A9502	J2430	J9041	J9185	J9350
A9503	J2469	J9045	J9190	J9355
A9505	J2550	J9050	J9200	J9357
A9512	J2770	J9055	J9202	J9360
A9537	J3110	J9060	J9206	J9370
G0105	J3396	J9062	J9208	J9375
G0121	J7340	J9065	J9209	J9380
G0376	J7341	J9070	J9211	J9390
G0376HQ	J7342	J9080	J9213	J9600
G0376TF	J7343	J9090	J9214	J9999
J0128	J7344	J9091	J9215	L8617
J0135	J7501	J9092	J9216	L8618
J0207	J7504	J9093	J9217	L8619
J0475	J7505	J9094	J9218	L8621
J0640	J7525	J9095	J9219	L8622
J0740	J8510	J9096	J9230	L8623
J1094	J8520	J9097	J9245	L8624
J1325	J8521	J9100	J9250	Q0081
J1327	J8530	J9110	J9260	S0023
J1620	J8560	J9120	J9265	S0028
J1626	J8600	J9130	J9266	S0077
J1742	J8610	J9140	J9268	S0162
J1745	J8700	J9150	J9270	S2082
J1825	J9000	J9151	J9280	S2083
J1830	J9001	J9160	J9290	
J1950	J9015	J9165	J9291	
J2175	J9020	J9170	J9293	
J2260	J9031	J9180	J9305	

Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title 6. Service Codes	Page 6-5
	Transmittal Letter AOH-11	Date 01/01/07
Acute Outpatient Hospital Manual		

604 Discontinued HCPCS Service Codes

15000	27315	48180	76070	76370
15001	27320	49085	76071	76393
15831	28030	54152	76075	76778
17304	31700	54820	76076	76986
17305	31708	55859	76077	78704
17306	31710	56720	76078	78715
17307	33200	57820	76082	78760
17310	33201	67350	76083	91060
19140	33245	75998	76086	92573
19160	33246	76003	76088	94656
19162	33253	76005	76090	94657
19180	35381	76006	76091	95078
19182	35507	76012	76092	J7350
19200	35541	76013	76093	
19220	35546	76020	76094	
19240	35641	76040	76095	
21300	44152	76061	76096	
25611	44153	76062	76355	
25620	47716	76065	76360	
26504	48005	76006	76362	

605 Replacement HCPCS Service Codes

15002	25606	35637	77012	77074
15003	25607	35638	77013	77075
15004	25608	47719	77014	77076
15005	25609	48105	77021	77077
15830	27325	48548	77022	77078
15847	27326	49402	77031	77079
17311	28055	54865	77032	77080
17312	33254	55875	77051	77081
17313	33255	56442	77052	77082
17314	33256	57558	77053	77083
17315	35302	67346	77054	77084
19300	35303	72291	77055	94002
19301	35304	72292	77056	94003
19302	35305	76776	77057	
19303	35306	76998	77058	
19304	35537	77001	77059	
19305	35538	77002	77071	
19306	35539	77003	77072	
19307	35540	77011	77073	

Commonwealth of Massachusetts MassHealth Provider Manual Series Acute Outpatient Hospital Manual	Subchapter Number and Title 6. Service Codes	Page 6-6
	Transmittal Letter AOH-11	Date 01/01/07

This page is reserved.

Commonwealth of Massachusetts MassHealth Provider Manual Series Acute Outpatient Hospital Manual	Subchapter Number and Title Appendix F. Revenue Codes and HCPCS Combination Guide	Page F-1
	Transmittal Letter AOH-11	Date 01/01/07

MassHealth Revenue Codes and HCPCS Combination Guide

The following crosswalk should be used as a guide for acute outpatient hospitals (AOHs), hospital-licensed health centers, and provider-based satellites, when billing MassHealth-covered services.

For most revenue codes, ranges of HCPCS are listed. Hospitals should reference Subchapter 6 of the *Acute Outpatient Hospital Manual* to determine if a specific code within a range is covered by MassHealth, since not all codes in the ranges are payable by MassHealth.

Revenue Code	Description	HCPCS Required?	Allowable HCPCS
025X Pharmacy			
0250	General	no	N/A
0251	Generic drugs	no	N/A
0252	Non-generic drugs	no	N/A
0253	Take-home drugs	no	N/A
0254	Drugs incident to other diagnostic services	no	N/A
0255	Drugs incident to radiology	no	N/A
0257	Nonprescription drugs	no	N/A
0258	IV solutions	no	N/A
026X IV Therapy			
0260	General	yes	within 90760 – 90768 range and 96420
027X Medical/Surgical Supplies and Devices – General			
0270	General	no	N/A
0271	Non-sterile supply	no	N/A
0272	Sterile supply	no	N/A
0273	Take-home supplies	no	N/A
0274	Prosthetic/orthotic devices	no	N/A
0275	Pacemaker	no	N/A
0276	Intraocular lens	no	N/A
0278	Other implants	no	N/A
028X Oncology			
0280	General	yes	within 99201 – 99290 range
029X DME			
0290	General	no	N/A
0291	Rental	no	N/A
0292	Purchase of new DME	no	N/A
0293	Purchase of used DME	no	N/A
030X Laboratory			
0300	General	yes	within 80048 – 89356 range
0301	Chemistry	yes	within 80048 – 89356 range
0302	Immunology	yes	within 80048 – 89356 range
0304	Nonroutine dialysis	yes	within 80048 – 89356 range
0305	Hematology	yes	within 80048 – 89356 range
0306	Bacteriology and microbiology	yes	within 80048 – 89356 range
0307	Urology	yes	within 80048 – 89356 range
0309	Other	yes	within 80048 – 89356 range
031X Laboratory Pathological – General			
0310	Laboratory pathological – general	yes	within 80048 – 89356 range
0311	Cytology	yes	within 80048 – 89356 range
0312	Histology	yes	within 80048 – 89356 range
0314	Biopsy	yes	within 80048 – 89356 range
0319	Other	yes	within 80048 – 89356 range

Commonwealth of Massachusetts MassHealth Provider Manual Series Acute Outpatient Hospital Manual	Subchapter Number and Title Appendix F. Revenue Codes and HCPCS Combination Guide	Page F-2
	Transmittal Letter AOH-11	Date 01/01/07

Revenue Code	Description	HCPCS Required?	Allowable HCPCS
032X Radiology – Diagnostic			
0320	General	yes	within 70010 – 79999 range
0321	Angiocardiology	yes	within 70010 – 79999 range
0322	Arthrography	yes	within 70010 – 79999 range
0323	Arteriography	yes	within 70010 – 79999 range
0324	Chest X ray	yes	within 70010 – 79999 range
0329	Other	yes	within 70010 – 79999 range
033X Radiology–Therapeutic and/or Chemotherapy Administration			
0330	General	yes	within 70010 – 79999 range
0331	Chemotherapy administration – injected	yes	within 96400 – 96549 range
0332	Chemotherapy – oral	yes	within 96400 – 96549 range
0333	Radiation therapy	yes	within 70010 – 79999 range
0335	Chemotherapy administration – IV	yes	within 96400 – 96549 range
034X Nuclear Medicine			
0340	General	yes	within 70010 – 79999 range
0341	Diagnostic	yes	within 70010 – 79999 range
0342	Therapeutic	yes	within 70010 – 79999 range
0343	Diagnostic radiopharmaceuticals	yes	within A4641 – A9566 range
0349	Other	yes	within 70010 – 79999 range
035X Computerized Tomographic (CT) Scans			
0350	General	yes	within 70010 – 79999 range
0351	Head scan	yes	within 70010 – 79999 range
0352	Body scan	yes	within 70010 – 79999 range
0359	Other	yes	within 70010 – 79999 range
036X Operating Room Services			
0360	General	yes	within 10021 – 69990, 90772, 90773, 90779, 92018, 92019, 92502 – 92596, 92599, 92620, 92621, 92950 – 92961, 96567, 96570, 96571, 99170, 99185, 99186, 99291, 99292, and 99440, ranges
0361	Minor surgery	yes	within 10021 – 69990, 90772, 90773, 90779, 92018, 92019, 92502 – 92596, 92599, 92620, 92621, 92950 – 92961, 96567, 96570, 96571, 99170, 99185, 99186, 99291, 99292, and 99440, ranges
037X Anesthesia			
0370	General	no	N/A
0371	Anesthesia incident to radiology	no	N/A
0372	Anesthesia incident to other diagnostic services	no	N/A
038X Blood			
0381	Packed red blood cells	no	N/A
0383	Plasma	no	N/A
0384	Platelets	no	N/A
0385	Leukocytes	no	N/A
0386	Other components	no	N/A
0387	Other derivatives	no	N/A
039X Blood Storage and Processing			
0390	General	yes	within 82103 – 88347 range. P9010 – P9012, P9016, P9017, P9019-P9022, P9031 – P9033, P9038 – P9040, P9043-P9044, P9048, P9050,-P9051, P9054, P9056-P9060

Commonwealth of Massachusetts MassHealth Provider Manual Series Acute Outpatient Hospital Manual	Subchapter Number and Title Appendix F. Revenue Codes and HCPCS Combination Guide	Page F-3
	Transmittal Letter AOH-11	Date 01/01/07

Revenue Code	Description	HCPCS Required?	Allowable HCPCS
0391	Administration	yes	within 36430 – 36460 range
040X Other Imaging Services			
0400	General	yes	within 70010 – 79999 range
0401	Diagnostic mammography	yes	within 76082 – 76092 range
0402	Ultrasound	yes	within 70010 – 79999 range
0403	Screening mammography	yes	76083 and 76092
0404	Positron emission tomography (PET)	yes	78459, 78491, 78492, 78608, 78609, and within 78811 – 78816 ranges
041X Respiratory Services			
0410	General	yes	within 94640 – 94668 range
0412	Inhalation services	yes	within 94640 – 94668 range
0413	Hyperbaric oxygen therapy	yes	99183
0419	Other	yes	within 94640 – 94668 range
042X Physical Therapy			
0420	General	yes	within 64550, 90901, 92506 – 92526, 92597, 92605 – 92616, 95831 – 95834, 95851, 95852, 95860 – 95870, 95900, 95903, 95904, 95934, 96105 – 96115, 97001 – 97542, 97597 – 97605, and 97703 – 97799 ranges
0421	Visit charge	yes	within 64550, 90901, 92506 – 92526, 92597, 92605 – 92616, 95831 – 95834, 95851, 95852, 95860 – 95870, 95900, 95903, 95904, 95934, 96105 – 96115, 97001 – 97542, 97597 – 97605, and 97703 – 97799 ranges
0423	Group charge	yes	within 64550, 90901, 90903, 92506 – 92526, 92597, 92605 – 92616, 95831 – 95834, 95851, 95852, 95860 – 95870, 95900, 95904, 95934, 96105 – 96115, 97001 – 97542, 97597 – 97605, and 97703 – 97799 ranges
0424	Evaluation or reevaluation	yes	within 64550, 90901, 92506 – 92526, 92597, 92605 – 92616, 95831 – 95834, 95851, 95852, 95860 – 95870, 95900, 95903, 95904, 95934, 96105 – 96115, 97001 – 97542, 97597 – 97605, and 97703 – 97799 ranges
043X Occupational Therapy			
0430	General	yes	within 64550, 90901, 92506 – 92526, 92597, 92605 – 92616, 95831 – 95834, 95851, 95852, 95860 – 95870, 95900, 95903, 95904, 95934, 96105 – 96115, 97001 – 97542, 97597 – 97605, and 97703 – 97799 ranges
0431	Visit charge	yes	within 64550, 90901, 92506 – 92526, 92597, 92605 – 92616, 95831 – 95834, 95851, 95852, 95860 – 95870, 95900, 95903, 95904, 95934, 96105 – 96115, 97001 – 97542, 97597 – 97605, and 97703 – 97799 ranges

Commonwealth of Massachusetts MassHealth Provider Manual Series Acute Outpatient Hospital Manual	Subchapter Number and Title Appendix F. Revenue Codes and HCPCS Combination Guide	Page F-4
	Transmittal Letter AOH-11	Date 01/01/07

Revenue Code	Description	HCPCS Required?	Allowable HCPCS
0433	Group rate	yes	within 64550, 90901, 92506 – 92526, 92597, 92605 – 92616, 95831 – 95834, 95851, 95852, 95860 – 95870, 95900, 95903, 95904, 95934, 96105 – 96115, 97001 – 97542, 97597 – 97605, and 97703 – 97799 ranges
0434	Evaluation or reevaluation	yes	within 64550, 90901, 92506 – 92526, 92597, 92605 – 92616, 95831 – 95834, 95851, 95852, 95860 – 95870, 95900, 95903, 95904, 95934, 96105 – 96115, 97001 – 97542, 97597 – 97605, and 97703 – 97799 ranges
044X Speech-Language Pathology			
0440	General	yes	within 64550, 90901, 92506 – 92526, 92597, 92605 – 92616, 95831 – 95834, 95851, 95852, 95860 – 95870, 95900, 95903, 95904, 95934, 96105 – 96115, 97001 – 97542, 97597 – 97605, and 97703 – 97799 ranges
0441	Visit charge	yes	within 64550, 90901, 92506 – 92526, 92597, 92605 – 92616, 95831 – 95834, 95851, 95852, 95860 – 95870, 95900, 95903, 95904, 95934, 96105 – 96115, 97001 – 97542, 97597 – 97605, and 97703 – 97799 ranges
0443	Group rate	yes	within 64550, 90901, 92506 – 92526, 92597, 92605 – 92616, 95831 – 95834, 95851, 95852, 95860 – 95870, 95900, 95903, 95904, 95934, 96105 – 96115, 97001 – 97542, 97597 – 97605, and 97703 – 97799 ranges
0444	Evaluation or reevaluation	yes	within 64550, 90901, 92506 – 92526, 92597, 92605 – 92616, 95831 – 95834, 95851, 95852, 95860 – 95870, 95900, 95903, 95904, 95934, 96105 – 96115, 97001 – 97542, 97597 – 97605, and 97703 – 97799 ranges
045X Emergency Room			
0450	General	yes	within 10021 – 69990, 90772, 90773, 90779, 92202 – 92287, 92502 – 92596, 92599, 92620, 92621, 92950 – 92961, 96567, 96570, 96571, 99170, 99173, 99185, 99186, and 99241 – 99499 ranges
0456	Urgent care	yes	within 10021 – 69990, 90772, 90773, 90779, 92202 – 92287, 92502 – 92596, 92599, 92620, 92621, 92950 – 92961, 96567, 96570, 96571, 99170, 99185, 99186, and 99241 – 99499 ranges
0459	Other ER	yes	within 10021 – 69990, 90772, 90773, 90779, 92202 – 92287, 92502 – 92596, 92599, 92620, 92621, 92950 – 92961, 96567, 96570, 96571, 99170, 99173, 99185, 99186, and 99241 – 99499 ranges

Commonwealth of Massachusetts MassHealth Provider Manual Series Acute Outpatient Hospital Manual	Subchapter Number and Title Appendix F. Revenue Codes and HCPCS Combination Guide	Page F-5
	Transmittal Letter AOH-11	Date 01/01/07

Revenue Code	Description	HCPCS Required?	Allowable HCPCS
046X Pulmonary Function			
0460	General	yes	within 94010 – 94621 and 94680 – 94799 ranges
0469	Other	yes	within 94010 – 94621 and 94680 – 94799 ranges
047X Audiology			
0470	General	yes	within 92504 – 92597 and 92601 – 92625 ranges
0471	Diagnostic	yes	within 92504 – 92597 and 92601 – 92625 ranges
0472	Treatment	yes	within 92504 – 92597 and 92601 – 92625 ranges
0479	Other	yes	within 92504 – 92597 and 92601 – 92625 ranges
048X Cardiology			
0480	General	yes	within 92950 – 92998 and 93268 – 93668 ranges
0481	Cardiac catheterization lab	yes	within 92950 – 92998 and 93268 – 93668 ranges
0482	Stress test	yes	within 92950 – 92998, 93015 – 93024 and 93270 – 93668 ranges
0483	Echocardiology	yes	within 92950 – 92998 and 93268 – 93668 ranges
0489	Other	yes	within 92950 – 92998 and 93268 – 93668 ranges
049X Ambulatory Surgical Care			
0490	General	yes	within 10021 – 69990 range
0499	Other	yes	within 10021 – 69990 range
051X Clinic			
0510	General	yes	within 10021 – 69990, 90772, 90773, 90779, 92002 – 92499, 92502 – 92596, 92599, 92620, 92621, 92950 – 92961, 95115 – 95250, 96567, 96570, 96571, 99170, 99173, 99185, 99186, 99201 – 99215, 99241 – 99499, G0375, and G0376 ranges
0515	Pediatric clinic	yes	within 10021 – 69990, 92002 – 92499, 95115 – 95250, 99201 – 99215, and 99381 – 99499 ranges
0519	Other	yes	within 10021 – 69990, 92002 – 92499, 95115 – 95250, 99173, 99201 – 99215 and 99381 – 99499 ranges
053X Osteopathic Services			
0530	General	yes	within 98925 – 98929 range
061X Magnetic Resonance Technology			
0610	General	yes	within 70010 – 79999 range
0611	MRI – brain	yes	within 70010 – 79999 range
0612	MRI – spinal cord	yes	within 70010 – 79999 range
062X Medical/Surgical Supplies			
0621	Supplies incident to radiology	no	N/A
0622	Supplies incident to other diagnostic services	no	N/A
063X Pharmacy			
0634	EPO, less than 10,000 units	no	N/A
0635	EPO, 10,000 or more units	no	N/A
0636	Drugs requiring detail coding	yes	within J0120 – J9999, P9041, P9045 –

Commonwealth of Massachusetts MassHealth Provider Manual Series Acute Outpatient Hospital Manual	Subchapter Number and Title Appendix F. Revenue Codes and HCPCS Combination Guide	Page F-6
	Transmittal Letter AOH-11	Date 01/01/07

Revenue Code	Description	HCPCS Required?	Allowable HCPCS
			P9047, 90281 – 90399, and 90476 – 90749 ranges
070X Cast Room			
0700	General	yes	within 10021 – 69999 range
071X Recovery Room			
0710	General	no	N/A
072X Labor Room/Delivery			
0720	General	yes	within 10021 – 69999 range
0721	Labor	yes	within 10021 – 69999 range
0722	Delivery	yes	within 10021 – 69999 range
073X EKG/ECG			
0730	General	yes	within 93000 – 93014 and 93024 – 93278 ranges
0731	Holter monitor	yes	within 93000 – 93014 and 93024 – 93278 ranges
0732	Telemetry	yes	within 93000 – 93014 and 93024 – 93278 ranges
074X EEG			
0740	General	yes	within 93000 – 96004 range
075X Gastroenterology			
0750	General	yes	within 43200 – 43272, 44360 – 44397, 45300 – 45387, 49320 – 49329 and 91000 – 91299 ranges
760X Treatment/Observation Room			
0761	Treatment room	yes	within 10021 – 69990, 90202 – 92287, 99201 – 99215, and 99381 – 99499 ranges
0762	Observation room	yes	99217 – 99220 range, 99234-99236 range
077X Preventive Services			
0771	Vaccine administration	yes	Within 90471 – 90474 range
082X Hemodialysis			
0820	General	yes	within 90918 – 90999 range and 93990
0821	Hemodialysis composite/other rate	yes	within 90918 – 90999 range and 93990
083X Peritoneal Dialysis			
0830	General	yes	within 90918 – 90999 range
0831	Peritoneal composite/other rate	yes	within 90918 – 90999 range
084X CAPD			
0840	General	yes	within 90918 – 90999 range
0841	CAPD composite/other rate	yes	within 90918 – 90999 range
085X CCPD			
0850	General	yes	within 90918 – 90999 range
0851	CCPD composite/other rate	yes	within 90918 – 90999 range
090X Behavioral Health Treatments/Services			
0900	General	yes	within 90801 – 90911 range
0901	Electroshock therapy	yes	within 90801 – 90911 range
091X Behavioral Health Treatments/Service			
0914	Individual therapy	yes	within 90801 – 90899 and 96150 – 96155 ranges
0918	Testing	yes	within 96100 – 96120 range
092X Other Diagnostic Services			
0920	General	yes	within 51736 – 59025, 92002 – 96004 ranges 99170 and 99173

Commonwealth of Massachusetts MassHealth Provider Manual Series Acute Outpatient Hospital Manual	Subchapter Number and Title Appendix F. Revenue Codes and HCPCS Combination Guide	Page F-7
	Transmittal Letter AOH-11	Date 01/01/07

Revenue Code	Description	HCPCS Required?	Allowable HCPCS
0921	Peripheral vascular lab	yes	within 54240 and 93668 – 93990 range
0922	Electromyelogram	yes	within 95860 – 96004 range
0924	Allergy testing	yes	within 95004 – 96004 range
094X Other Therapeutic Services			
0940	General	yes	within 36516, 90760 – 90799, 95990 – 95991, 96567 – 96999, and 99175, 99185-99195 ranges
0942	Education/training	yes	G0375 and G0376
0943	Cardiac rehabilitation	yes	93797 and 93798
0944	Drug rehabilitation	yes	within 90801 – 90899 range
0945	Alcohol rehabilitation	yes	within 90801 – 90899 range

<p align="center">Commonwealth of Massachusetts MassHealth Provider Manual Series</p>	<p align="center">Subchapter Number and Title Appendix F. Revenue Codes and HCPCS Combination Guide</p>	<p align="center">Page F-8</p>
<p align="center">Acute Outpatient Hospital Manual</p>	<p align="center">Transmittal Letter AOH-11</p>	<p align="center">Date 01/01/07</p>

This page is reserved.