




Commonwealth of Massachusetts
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MASSHEALTH
TRANSMITTAL LETTER AOH-16
December 2007

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

FROM: Tom Dehner, Medicaid Director 

RE: *Acute Outpatient Hospital Manual* (Revised Service Codes and Appendix F—Behavioral-Health Screening Tool, Tobacco-Cessation Services, and HCPCS Changes)

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.

Behavioral-Health Screening Tool

Effective for dates of service on or after December 31, 2007, all primary-care providers serving MassHealth-enrolled members under the age of 21 (except MassHealth Limited) must offer to use a standardized behavioral-health screening tool when performing the behavioral-health screening component of an Early and Periodic Screening, Diagnosis and Treatment (EPSDT) or Pediatric Preventive Health-Care Screening and Diagnosis (PPHSD) visit according to Appendix W of your provider manual. Appendix W contains a menu of screening tools from which to choose. MassHealth will pay for the administration and scoring of the standardized behavioral-health screening tool in addition to and separately from the office visit.

MassHealth provided detailed information about the new requirements surrounding the standardized behavioral-health screening tool in *Transmittal Letter All-155*, which communicated updates to the EPSDT/PPHSD regulations (130 CMR 450.140 through 150, Appendix W, and Appendix Z).

To implement this requirement, Subchapter 6 of the *Acute Outpatient Hospital Manual* has been revised to add a new Section 604 that describes CPT code 96110. Claims for behavioral-health screens conducted as the behavioral-health component of an of EPSDT or PPHSD visit for members under the age of 21 using the tools listed in Appendix W must be submitted using CPT code 96110. Code 96110 can be used only to bill for using one of the approved behavioral-health screening tools during an EPSDT/PPHSD visit. Distinct modifiers are required with the 96110 code. The modifiers are described in Section 604. Effective July 1, 2008, failure to include the modifier will result in denial of the claim. These modifiers indicate whether the screen identified a behavioral-health need or not. Identification of a behavioral-health need includes needs identified in the areas of social-emotional well-being and mental health.

Behavioral Health Screening of Members < 21 Years CPT Code 96110 and Modifier		
Servicing Provider	When No Behavioral-Health Need Identified	When Behavioral-Health Need Identified
Hospital Outpatient Department	96110 U1	96110 U2

If you wish to obtain a fee schedule for CPT Code 96110, you may download the Division of Health Care Finance and Policy (DHCFP) regulations at no cost at www.mass.gov/dhcfp. You may also purchase a paper copy of DHCFP regulations from either the Massachusetts State Bookstore or from DHCFP (see addresses and telephone numbers below). The regulation title is 114.1 CMR 36.00.

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

Revised Subchapter 6 (Service Codes)

This transmittal letter updates the nonpayable CPT codes, payable CPT codes, and payable modifiers. Sections 602 and 603 update the CPT codes while section 604 lists the payable modifiers along with their appropriate CPT codes. The regulations are in effect for services provided on or after January 1, 2008.

The revised Subchapter 6 applies 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.

No changes have been made to the billable codes and nonpayable codes found in Subchapter 6 of the *Acute Outpatient Hospital Manual*. AOHs billing for hospital-based physician or entity services must refer to Subchapter 6 of the *Physician Manual*. The revised Subchapter 6 applies only when billing for services that are reimbursed either according to the Payment Amount Per Episode (PAPE) methodology, or according to the DHCFP Clinical Laboratory Fee Schedule (114.3 CMR 20.00).

Tobacco-Cessation Counseling Services

The MassHealth tobacco-cessation benefit covers both pharmacotherapy and counseling services. Effective January 1, 2008, the code for counseling used in combination with provider-specific modifiers is changing from Service Code G0376 to Service Code 99407. Please note that acute outpatient hospitals and hospital-licensed health centers will use only the 99407 code and the TF and HQ modifiers. To implement this requirement, Subchapter 6 has been revised to add a new Section 605 that describes the codes and modifiers to bill for tobacco-cessation services.

Because Service Code 99407 represents tobacco-cessation services that are distinct from other evaluation and management services, it may be billed in addition to, and on the same date of service, as other evaluation and management service codes, with the exception of code 99420.

	Tobacco-Cessation Counseling Services		
	Individual tobacco-cessation counseling visit, at least 30 minutes	Individual tobacco-cessation intake/assessment counseling visit, at least 45 minutes	Group tobacco-cessation counseling visit, at least 60-90 minutes
Servicing Provider	Service Code + Modifier	Service Code + Modifier	Service Code + Modifier
Physician, Independent Nurse Practitioner, Independent Nurse Midwife	99407 (no required modifier)	99407 TF	99407 HQ

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 November 1, 2005, through September 30, 2008, and the HRY 2008 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 vi, 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

Page vi — transmitted by Transmittal Letter AOH-8

Pages 6-1 through 6-4 and F-1 through F-8 — transmitted by Transmittal Letter AOH-11

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601 Introduction

MassHealth providers must refer to the official list of HCPCS codes and descriptions as posted on the Centers for Medicare & 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. Section 604 contains further information about billing for Service Code 96110. Section 605 contains further information about billing tobacco-cessation services.

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 ordinarily pay for services billed under the following codes and code ranges. An acute outpatient hospital (AOH) provider 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 *Acute Outpatient Hospital Manual*.

0001F	0030T	0055T	0072T	0089T
0005F	0031T	0056T	0073T	0090T
0012F	0032T	0058T	0074T	0092T
4002F	0041T	0059T	0075T	0093T
4006F	0042T	0060T	0076T	0095T
4009F	0043T	0061T	0077T	0096T
4011F	0046T	0062T	0078T	0098T
0016T	0047T	0063T	0079T	0099T
0017T	0048T	0065T	0080T	0100T
0019T	0049T	0066T	0081T	0101T
0024T	0050T	0067T	0084T	0102T
0026T	0051T	0068T	0085T	0103T
0027T	0052T	0069T	0086T	0104T
0028T	0053T	0070T	0087T	0105T
0029T	0054T	0071T	0088T	0106T

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602 Nonpayable Codes - CPT (cont.)

0107T	0171T	21122	47133	62287
0108T	0172T	21123	47143	63043
0109T	0173T	21125	47144	63044
0110T	0174T	21127	47145	65760
0111T	0175T	21245	44720	65765
0115T	0176T	21246	44721	65767
0116T	0177T	21248	47135	65771
0117T	00100-	21249	47136	65780
0123T	01999	22526	47140	65781
0124T	10040	22527	47141	65782
0126T	11922	22841	47142	69090
0130T	11950	32491	47146	71552
0133T	11951	32850	47147	72159
0135T	11952	32851	48160	72198
0137T	11954	32852	48551	73225
0140T	15781	32853	48552	76140
0141T	15782	32854	48554	76150
0142T	15783	32855	48556	76350
0143T	15786	32856	50320	76390
0144T	15787	33930	50323	76496
0145T	15788	33933	50325	76497
0146T	15789	33935	50327	76498
0147T	15792	33940	50328	77399
0148T	15793	33944	50329	78267
0148T	15819	33945	50340	78268
0149T	15824	34803	50360	78351
0150T	15825	36415	50365	80500
0151T	15826	36416	50370	80502
0152T	15828	36468	50380	82075
0153T	15829	36469	51701	82962
0154T	15847	36540	51702	84061
0155T	15876	36598	58750	84830
0156T	15877	37765	58752	86079
0157T	15878	37766	58760	86890
0158T	15879	41870	58956	86891
0159T	17340	41872	58970	86910
0160T	17360	43644	58974	86911
0161T	17380	43645	58976	86927
0162T	19316	43752	59070	86930
0163T	19324	43842	59072	86931
0164T	19325	43843	59412	86932
0165T	19355	43845	59897	86960
0166T	19396	44132	61630	86985
0167T	20930	44133	61635	87900
0168T	20936	44135	61640	87903
0169T	21120	44136	61641	87904
0170T	21121	44137	61642	88000

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602 Nonpayable Codes - CPT (cont.)

88005	89346	90828	93770	97811
88007	89352	90829	93786	97813
88012	89353	90845	94005	97814
88014	89354	90865	94015	98940
88016	89356	90875	94774	98941
88020	90281	90876	94775	98942
88025	90283	90880	94776	98943
88027	90287	90885	94777	98960
88028	90379	90889	95052	98961
88029	90384	90901	95120	98962
88036	90386	90911	95125	99000
88037	90389	90940	95130	99001
88040	90396	90989	95131	99002
88045	90586	90993	95132	99024
88099	90633	90997	95133	99026
88125	90634	90999	95134	99027
88325	90636	91111	95824	99050
88333	90645	91132	95965	99051
88334	90646	91133	95966	99053
89250	90647	92025	95967	99056
89251	90648	92314	96000	99058
89253	90669	92315	96001	99060
89254	90680	92316	96002	99071
89255	90698	92317	96003	99075
89257	90700	92325	96004	99078
89258	90701	92352	96150	99080
89259	90702	92353	96151	99082
89260	90708	92354	96152	99090
89261	90710	92355	96153	99091
89264	90712	92358	96154	99100
89268	90715	92371	96155	99116
89272	90718	92531	96523	99135
89280	90720	92532	96567	99140
89281	90721	92533	96902	99143
89290	90723	92534	96904	99144
89291	90744	92548	97005	99148
89300	90748	92559	97006	99149
89310	90816	92560	97537	99150
89320	90817	92561	97545	99172
89321	90818	92562	97546	99190
89325	90819	92564	97597	99191
89329	90821	92630	97598	99192
89330	90822	92633	97602	99199
89335	90823	92640	97605	99251
89342	90824	93660	97606	99252
89343	90826	93760	97755	99253
89344	90827	93762	97810	99254

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602 Nonpayable Codes - CPT (cont.)

99255	99310	99343	99372	99455
99288	99315	99344	99373	99456
99289	99316	99345	99374	99500
99290	99318	99347	99375	99501
99293	99324	99348	99377	99502
99294	99325	99349	99378	99503
99295	99326	99350	99379	99504
99296	99327	99354	99380	99505
99298	99328	99355	99401	99506
99299	99334	99356	99402	99507
99300	99335	99357	99403	99509
99304	99336	99358	99404	99510
99305	99337	99359	99411	99511
99306	99339	99360	99412	99512
99307	99340	99361	99420	99600
99308	99341	99362	99429	99601
99309	99342	99371	99450	99602

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	J1562	J7342	J9041	J9160
A9500	J1620	J7343	J9045	J9165
A9502	J1626	J7344	J9050	J9170
A9503	J1740	J7345	J9055	J9181
A9505	J1742	J7346	J9060	J9182
A9512	J1745	J7501	J9062	J9185
A9537	J1825	J7504	J9065	J9190
G0105	J1830	J7505	J9070	J9200
G0108	J1950	J7525	J9080	J9202
G0109	J2175	J8510	J9090	J9206
G0121	J2260	J8520	J9091	J9208
G0270	J2270	J8521	J9092	J9209
G0271	J2357	J8530	J9093	J9211
J0128	J2430	J8560	J9094	J9213
J0129	J2469	J8600	J9095	J9214
J0135	J2550	J8610	J9096	J9215
J0207	J2770	J8700	J9097	J9216
J0348	J3110	J9000	J9100	J9217
J0475	J3243	J9001	J9110	J9218
J0640	J3396	J9015	J9120	J9219
J0740	J3490	J9020	J9130	J9230
J1094	J7319	J9031	J9140	J9245
J1325	J7340	J9035	J9150	J9250
J1327	J7341	J9040	J9151	J9261

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603 Payable Services – Level II HCPCS (cont.)

J9265	J9305	J9375	L8617	Q4085
J9266	J9320	J9380	L8618	Q4086
J9268	J9340	J9390	L8619	S0023
J9270	J9350	J9600	L8690	S0028
J9280	J9355	J9999	L8691	S0077
J9290	J9357	L8614	Q4079	S0162
J9291	J9360	L8615	Q4083	S2083
J9293	J9370	L8616	Q4084	

604 Modifiers

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 includes needs in the area of behavioral health, social-emotional wellbeing, or mental health.

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 behavioral-health need identified.

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
- TF Intermediate level of care, at least 45 minutes

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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 for 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

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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
0391	Administration	yes	within 36430 – 36460 range

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Revenue Code	Description	HCPCS Required?	Allowable HCPCS
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	77052 and 77057
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
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

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Revenue Code	Description	HCPCS Required?	Allowable HCPCS
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, 92640, 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, 92640, 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, 92640, 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, 92640, 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
046X Pulmonary Function			
0460	General	yes	within 94010 – 94621 and 94680 – 94799 ranges
0469	Other	yes	within 94010 – 94621 and 94680 – 94799 ranges

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Revenue Code	Description	HCPCS Required?	Allowable HCPCS
047X Audiology			
0470	General	yes	within 92504 – 92597 and 92601 – 92625 ranges
0471	Diagnostic	yes	within 92504 – 92597, 92601 – 92625 ranges and 92640
0472	Treatment	yes	within 92504 – 92597 and 92601 – 92625 ranges
0479	Other	yes	within 92504 – 92597, 92601 – 92625 ranges and 92640
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 ranges, G0375, and G0376
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, Q4079, Q4083 – Q4086, 90281 – 90399, and 90476 – 90749 ranges
070X Cast Room			
0700	General	yes	within 10021 – 69999 range

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Revenue Code	Description	HCPCS Required?	Allowable HCPCS
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	within 99217 – 99220 and 99234 – 99236 ranges
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, 92220, and 96150 – 96155 ranges
0918	Testing	yes	96020 and within 96100 – 96120 range
092X Other Diagnostic Services			
0920	General	yes	within 51736 – 59025, 91110 – 91122, 92002 – 96004 ranges, 99170, and 99173
0921	Peripheral vascular lab	yes	within 54240 and 93668 – 93990 range

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Revenue Code	Description	HCPCS Required?	Allowable HCPCS
0922	Electromyelogram	yes	within 95860 – 96004 range
0924	Allergy testing	yes	within 95004 – 96004 range
0929	Other diagnostic service	Yes	within 91010 – 95999 range
094X Other Therapeutic Services			
0940	General	yes	within 36516, 90760 – 90799, 95990 – 95991, 96567 – 96999, 99175, and 99185-99195 ranges
0942	Education/training	yes	within 97802 – 97804 range, 99407 G0108, G0109, G0270, and G0271
0943	Cardiac rehabilitation	yes	93797 and 93798
0944	Drug rehabilitation	yes	within 90801 – 90899 range
0945	Alcohol rehabilitation	yes	within 90801 – 90899 range

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