




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-17
July 2008

TO: Acute Outpatient Hospitals Participating in MassHealth

FROM: Tom Dehner, Medicaid Director 

RE: Acute Outpatient Hospital Manual (Revised Subchapter 6 and Appendix F for 2008 HCPCS)

This letter transmits revisions to the service codes in Subchapter 6 of the *Acute Outpatient Hospital Manual*, as well as a revised Appendix F. Revisions are effective for all claims with dates of service on or after July 1, 2008. This letter also updates billing information for acute outpatient hospitals (AOHs), including their hospital-licensed health centers and other provider-based satellites.

Revised Subchapter 6 (Service Codes)

Providers should use the revised Subchapter 6 along with the American Medical Association Current Procedural Terminology (CPT) 2008 Healthcare Common Procedure Coding System (HCPCS) Level II code book. Subchapter 6 of the *Acute Outpatient Hospital Manual* contains the following information.

- CPT codes that **are not** billable under the MassHealth acute outpatient hospital program (all other CPT codes in the CPT 2008 code book are billable, subject to all limitations and conditions of payment in MassHealth regulations at 130 CMR 410.000 and 450.000); and
- Level II HCPCS that **are** billable under the MassHealth acute outpatient hospital program.

An AOH provider 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 *Acute Outpatient Hospital Manual* or other provider manuals referred to in this transmittal letter.

The revised Subchapter 6 applies only when billing for services that are paid 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 Centers for Medicare & Medicaid Services Web site at www.cms.gov/medicare/hcpcs when billing for services provided to MassHealth members.

Reminder to Use a Modifier When Billing for Behavioral Health Screening Tools

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 in Section 604 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, identifies a child with a potential behavioral health services need. In the future, failure to include a modifier when billing Service Code 96110 will result in denial of the claim.

Revised Subchapter 6

For services provided by acute outpatient hospitals that **are not** paid 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 420.430(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*.

For more information on the reimbursement for AOH services, providers should refer to the Hospital Rate Year (HRY) 2008 Acute Hospital Request for Application (RFA). Hospitals can locate the HRY 2008 RFA as well as regulatory and billing information on the MassHealth Web site at www.mass.gov/masshealth.

Questions

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

Pages vi, 6-1 through 6-6, and F-1 through F-8 — transmitted by Transmittal Letter AOH-16

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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 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.

EPSDT

An acute outpatient hospital 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 Subchapter 6 of the *Acute Outpatient Hospital Manual*.

602 Nonpayable Services - CPT

MassHealth does not ordinarily pay for services billed under the following codes and code ranges.

0001F	0031T	0060T	0078T	0098T
0005F	0032T	0061T	0079T	0099T
0012F	0041T	0062T	0080T	0100T
4002F	0042T	0063T	0081T	0101T
4006F	0043T	0066T	0084T	0102T
4009F	0046T	0067T	0085T	0103T
4011F	0047T	0068T	0086T	0104T
0016T	0048T	0069T	0087T	0105T
0017T	0049T	0070T	0088T	0106T
0019T	0050T	0071T	0089T	0107T
0026T	0051T	0072T	0090T	0108T
0027T	0052T	0073T	0092T	0109T
0028T	0053T	0075T	0093T	0110T
0029T	0058T	0076T	0095T	0111T
0030T	0059T	0077T	0096T	0123T

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602 Nonpayable Services - CPT (cont.)

0124T	10040	21248	47140	65767
0126T	11922	21249	47141	65771
0130T	11950	22526	47142	65780
0137T	11951	22527	47143	65781
0140T	11952	22841	47144	65782
0141T	11954	32491	47145	69090
0142T	15781	32850	47146	71552
0143T	15782	32851	47147	72159
0144T	15783	32852	48160	72198
0145T	15786	32853	48551	73225
0146T	15787	32854	48552	76140
0147T	15788	32855	48554	76150
0148T	15789	32856	48556	76350
0149T	15792	33930	50320	76496
0150T	15793	33933	50323	76497
0151T	15819	33935	50325	76498
0155T	15824	33940	50327	77399
0156T	15825	33944	50328	78267
0157T	15826	33945	50329	78268
0158T	15828	34803	50340	78351
0159T	15829	36415	50360	80502
0160T	15847	36416	50365	82075
0161T	15876	36468	50370	82962
0162T	15877	36469	50380	86079
0163T	15878	36591	51701	86890
0164T	15879	36592	51702	86891
0165T	17340	36598	58750	86910
0166T	17360	37765	58752	86911
0167T	17380	37766	58760	86927
0168T	19316	41870	58956	86930
0169T	19324	41872	58970	86931
0170T	19325	43644	58974	86932
0171T	19355	43645	58976	86960
0172T	19396	43752	59070	86985
0173T	20930	43842	59072	87903
0174T	20936	43843	59412	87904
0175T	20985	43845	59897	88000
0176T	20986	44132	61630	88005
0177T	20987	44133	61635	88007
0178T	21120	44135	61640	88012
0179T	21121	44136	61641	88014
0180T	21122	44137	61642	88016
0181T	21123	44720	62287	88020
0182T	21125	44721	63043	88025
0183T	21127	47133	63044	88027
00100	21245	47135	65760	88028
01999	21246	47136	65765	88029

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602 Nonpayable Services - CPT (cont.)

88036	90384	90865	94777	98962
88037	90386	90875	95052	98966
88040	90389	90876	95120	98967
88045	90396	90880	95125	98968
88099	90586	90885	95130	98969
88125	90633	90889	95131	99000
88333	90634	90901	95132	99001
88334	90636	90911	95133	99002
89250	90645	90940	95134	99024
89251	90646	90989	95824	99026
89253	90647	90993	95965	99027
89254	90648	90997	95966	99050
89255	90665	90999	95967	99051
89257	90669	91132	96000	99053
89258	90680	91133	96001	99056
89259	90698	92314	96002	99058
89260	90700	92315	96003	99060
89261	90701	92316	96004	99071
89264	90702	92317	96150	99075
89268	90708	92325	96151	99078
89272	90710	92352	96152	99080
89280	90712	92353	96153	99082
89281	90715	92354	96154	99090
89290	90716	92355	96155	99091
89291	90718	92358	96567	99100
89300	90720	92371	96902	99116
89310	90721	92531	96904	99135
89320	90723	92532	97005	99140
89321	90732	92533	97006	99143
89322	90744	92534	97537	99144
89325	90748	92548	97545	99148
89329	90769	92559	97546	99149
89330	90770	92560	97597	99150
89331	90771	92561	97598	99172
89335	90776	92562	97602	99190
89342	90816	92564	97605	99191
89343	90817	92630	97606	99192
89344	90818	92633	97755	99199
89346	90819	93660	97810	99251
89352	90821	93760	97811	99252
89353	90822	93762	97813	99253
89354	90823	93770	97814	99254
89356	90824	93786	98940	99255
90281	90826	94005	98941	99288
90283	90827	94015	98942	99289
90284	90828	94774	98943	99290
90287	90829	94775	98960	99293
90379	90845	94776	98961	99294

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99295	99326	99350	99404	99502
99296	99327	99354	99406	99503
99298	99328	99355	99408	99504
99299	99334	99356	99409	99505
99300	99335	99357	99411	99506
99304	99336	99358	99412	99507
99305	99337	99359	99420	99509
99306	99339	99360	99429	99510
99307	99340	99374	99441	99511
99308	99341	99375	99442	99512
99309	99342	99377	99443	99600
99310	99343	99378	99444	99601
99315	99344	99379	99450	99602
99316	99345	99380	99455	99605
99318	99347	99401	99456	99606
99324	99348	99402	99500	99607
99325	99349	99403	99501	

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	J7321	J9000	J9110
A9500	J1566	J7322	J9001	J9120
A9502	J1569	J7323	J9015	J9130
A9503	J1571	J7324	J9020	J9140
A9505	J1620	J7340	J9031	J9150
A9512	J1626	J7341	J9035	J9151
A9537	J1740	J7342	J9040	J9160
G0105	J1742	J7343	J9041	J9165
G0108	J1745	J7344	J9045	J9170
G0109	J1825	J7346	J9050	J9181
G0121	J1830	J7347	J9055	J9182
G0270	J1950	J7348	J9060	J9185
G0271	J2175	J7349	J9062	J9190
J0128	J2260	J7501	J9065	J9200
J0129	J2270	J7504	J9070	J9202
J0135	J2323	J7505	J9080	J9206
J0207	J2357	J7525	J9090	J9208
J0348	J2430	J8510	J9091	J9209
J0475	J2469	J8520	J9092	J9211
J0640	J2550	J8521	J9093	J9213
J0740	J2770	J8530	J9094	J9214
J1094	J2778	J8560	J9095	J9215
J1325	J3110	J8600	J9096	J9216
J1327	J3243	J8610	J9097	J9217
J1561	J3396	J8700	J9100	J9218

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603 Payable Services - Level II HCPCS (cont.)

J9219	J9270	J9350	J9600	L8690
J9230	J9280	J9355	J9999	L8691
J9245	J9290	J9357	L8614	S0023
J9250	J9291	J9360	L8615	S0028
J9261	J9293	J9370	L8616	S0077
J9265	J9305	J9375	L8617	S0162
J9266	J9320	J9380	L8618	S2083
J9268	J9340	J9390	L8619	

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" means the provider administering the screening tool, in her or his professional judgement, identified a child with a potential behavioral health services need.

Modifier Modifier Description

- U1 Completed behavioral-health screening using a standardized behavioral-health screening tool selected from the approved menu of tools found in Appendix W of your provider manual with **no** behavioral health need identified.
- U2 Completed behavioral-health screening using a standardized behavioral-health screening tool selected from the approved menu of tools found in Appendix W of your provider manual and 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 other 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, 90769-90776 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
040X Other Imaging Services			
0400	General	yes	within 70010 – 79999 range
0401	Diagnostic mammography	yes	within 76082 – 76092 range

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Revenue Code	Description	HCPCS Required?	Allowable HCPCS
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, 95903, 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, 98966-98969, 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, 98966-98969, 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, 98966-98969, 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, , 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, 49440-49465 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/Services			
0914	Individual therapy	yes	within 90801 – 90899, 92220, and 96150 – 96155 ranges
0918	Testing	yes	96020 and within 96100 – 96120 range and 96125
092X Other Diagnostic Services			
0920	General	yes	within 51736 – 59025, 91110 – 91122, 92002 – 96004 ranges, 99170, 99173, and 99174

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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
0929	Other diagnostic service	Yes	within 91010 – 95999 range and 99174
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, 99406, 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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