




Commonwealth of Massachusetts
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MassHealth
Transmittal Letter AOH-20
January 2009

TO: Acute Outpatient Hospitals Participating in MassHealth

FROM: Tom Dehner, Medicaid Director 

RE: *Acute Outpatient Hospital Manual* (Revised Subchapter 6 for 2009 HCPCS)

This letter transmits revisions to the service codes in Subchapter 6 of the *Acute Outpatient Hospital Manual*. Revisions are effective for all claims with dates of service on or after January 1, 2009. 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) 2009 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 2009 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.

Vaccines Provided in an AOH Setting

Vaccines supplied by the Massachusetts Department of Public Health (DPH) free of charge are not reimburseable by MassHealth. Information about the availability of DPH-supplied vaccines can be found at the following DPH Web sites:

<http://www.mass.gov/dph>

http://www.mass.gov/Eeohhs2/docs/dph/cdc/immunization/vaccine_availability_adult.pdf

http://www.mass.gov/Eeohhs2/docs/dph/cdc/immunization/vaccine_availability_childhood.pdf

MassHealth reimburses AOH providers for vaccines not supplied by DPH and not listed in Subchapter 6 of the *Acute Outpatient Hospital Manual*.

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 MassHealth 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.

Reminder to Submit Professional Claims for Drugs with NDC Codes

All professional claims are required to have NDC codes, as well as units and descriptors effective January 1, 2009.

Revised Subchapter 6

For services provided by acute outpatient hospitals that are **not** paid according to the PAPE methodology or according to the DHCNP 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 find 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 6-1 through 6-6

OBSOLETE MATERIAL

(The pages listed here are no longer in effect.)

Acute Outpatient Hospital Manual

Pages 6-1 through 6-6 — transmitted by Transmittal Letter AOH-19

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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 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	0050T	0076T	0101T
0005F	0051T	0077T	0102T
0012F	0052T	0078T	0103T
0014F	0053T	0079T	0104T
0015F	0062T	0080T	0105T
4002F	0063T	0081T	0106T
4006F	0066T	0084T	0107T
4009F	0067T	0085T	0108T
4011F	0068T	0086T	0109T
0016T	0069T	0087T	0110T
0017T	0070T	0092T	0111T
0019T	0071T	0095T	0123T
0030T	0072T	0098T	0124T
0042T	0073T	0099T	0126T
0048T	0075T	0100T	0130T

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0140T	0191T	20985	43843	59412
0141T	0192T	21120	43845	59897
0142T	0193T	21121	44132	61630
0143T	0194T	21122	44133	61635
0144T	0195T	21123	44135	61640
0145T	0196T	21125	44136	61641
0146T	0197T	21127	44137	61642
0147T	0198T	21245	44720	62287
0148T	00100	21246	44721	63043
0149T	through	21248	47133	63044
0150T	01999	21249	47135	65760
0151T	10040	22526	47136	65765
0155T	11922	22527	47140	65767
0156T	11950	22841	47141	65771
0157T	11951	22856	47142	65780
0158T	11952	22861	47143	65781
0159T	11954	22864	47144	65782
0160T	15781	32491	47145	69090
0161T	15782	32850	47146	71552
0163T	15783	32851	47147	72159
0164T	15786	32852	48160	72198
0165T	15787	32853	48551	73225
0166T	15788	32854	48552	76140
0167T	15789	32855	48554	76150
0168T	15792	32856	48556	76350
0169T	15793	33930	50320	76496
0170T	15819	33933	50323	76497
0171T	15824	33935	50325	76498
0172T	15825	33940	50327	77399
0173T	15826	33944	50328	78267
0174T	15828	33945	50329	78268
0175T	15829	34803	50340	78351
0176T	15847	36415	50360	80502
0177T	15876	36416	50365	82075
0178T	15877	36468	50370	82962
0179T	15878	36469	50380	86079
0180T	15879	36591	51701	86890
0181T	17340	36592	51702	86891
0182T	17360	36598	58750	86910
0183T	17380	37765	58752	86911
0184T	19316	37766	58760	86927
0185T	19324	41870	58956	86930
0186T	19325	41872	58970	86931
0187T	19355	43644	58974	86932
0188T	19396	43645	58976	86960
0189T	20930	43752	59070	86985
0190T	20936	43842	59072	87903

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87904	89342	90819	92633	97606
88000	89343	90821	93660	97755
88005	89344	90822	93770	97810
88007	89346	90823	93786	97811
88012	89352	90824	94005	97813
88014	89353	90826	94015	97814
88016	89354	90827	94774	98940
88020	89356	90828	94775	98941
88025	90281	90829	94776	98942
88027	90283	90845	94777	98943
88028	90284	90865	95052	98960
88029	90287	90875	95120	98961
88036	90379	90876	95125	98962
88037	90384	90880	95130	98966
88040	90386	90885	95131	98967
88045	90389	90889	95132	98968
88099	90396	90901	95133	98969
88125	90586	90911	95134	99000
88333	90633	90940	95824	99001
88334	90634	90989	95965	99002
89250	90636	90993	95966	99024
89251	90645	90997	95967	99026
89253	90646	90999	95992	99027
89254	90647	91132	96000	99050
89255	90648	91133	96001	99051
89257	90665	92314	96002	99053
89258	90669	92315	96003	99056
89259	90696	92316	96004	99058
89260	90698	92317	96150	99060
89261	90700	92325	96151	99071
89264	90701	92352	96152	99075
89268	90702	92353	96153	99078
89272	90708	92354	96154	99080
89280	90710	92355	96155	99082
89281	90712	92358	96376	99090
89290	90715	92371	96567	99091
89291	90716	92531	96902	99100
89300	90718	92532	96904	99116
89310	90720	92533	97005	99135
89320	90721	92534	97006	99140
89321	90723	92548	97537	99143
89322	90732	92559	97545	99144
89325	90744	92560	97546	99148
89329	90748	92561	97597	99149
89330	90816	92562	97598	99150
89331	90817	92564	97602	99172
89335	90818	92630	97605	99190

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602 Nonpayable Services - CPT (cont.)

99191	99306	99342	99380	99501
99192	99307	99343	99401	99502
99199	99308	99344	99402	99503
99251	99309	99345	99403	99504
99252	99310	99347	99404	99505
99253	99315	99348	99406	99506
99254	99316	99349	99408	99507
99255	99318	99350	99409	99509
99288	99324	99354	99411	99510
99289	99325	99355	99412	99511
99290	99326	99356	99420	99512
99293	99327	99357	99429	99600
99294	99328	99358	99441	99601
99295	99334	99359	99442	99602
99296	99335	99360	99443	99605
99298	99336	99374	99444	99606
99299	99337	99375	99450	99607
99300	99339	99377	99455	
99304	99340	99378	99456	
99305	99341	99379	99500	

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	J1094	J2430	J8600	J9092
A9500	J1325	J2469	J8610	J9093
A9502	J1327	J2550	J8700	J9094
A9503	J1561	J2770	J9000	J9095
A9505	J1562	J2778	J9001	J9096
A9512	J1566	J3110	J9015	J9097
A9537	J1569	J3243	J9020	J9100
G0105	J1571	J3396	J9031	J9110
G0108	J1620	J7321	J9035	J9120
G0109	J1626	J7322	J9040	J9130
G0121	J1740	J7323	J9041	J9140
G0270	J1742	J7324	J9045	J9150
G0271	J1745	J7501	J9050	J9151
J0128	J1825	J7504	J9055	J9160
J0129	J1830	J7505	J9060	J9165
J0135	J1950	J7525	J9062	J9170
J0207	J2175	J8510	J9065	J9181
J0348	J2260	J8520	J9070	J9182
J0475	J2270	J8521	J9080	J9185
J0640	J2323	J8530	J9090	J9190
J0740	J2357	J8560	J9091	J9200

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J9202	J9250	J9355	L8619	Q4111
J9206	J9261	J9357	L8690	Q4112
J9208	J9265	J9360	L8691	Q4113
J9209	J9266	J9370	Q4100	Q4114
J9211	J9268	J9375	Q4101	Q4115
J9213	J9270	J9380	Q4102	S0023
J9214	J9280	J9390	Q4103	S0028
J9215	J9290	J9600	Q4104	S0077
J9216	J9291	J9999	Q4105	S0162
J9217	J9293	L8614	Q4106	S2083
J9218	J9305	L8615	Q4107	
J9219	J9320	L8616	Q4108	
J9230	J9340	L8617	Q4109	
J9245	J9350	L8618	Q4110	

604 Modifiers

Modifiers and Descriptions 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 MassHealth provider manual is covered for members (except MassHealth Limited) from birth to 21 years of age. Service Code 96110 must be accompanied by one of the modifiers listed below to indicate whether a behavioral-health need was identified. "Behavioral-health need identified" means the provider administering the screening tool, in his or her professional judgement, identified a child with a potential behavioral health services need.

- 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 MassHealth 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 MassHealth provider manual and behavioral-health need identified.

Modifier for Child and Adolescent Needs and Strengths (CANS)

HA Child and Adolescent Needs and Strengths (CANS) is included in the psychiatric diagnostic interview examination

Modifiers and Descriptions for Tobacco-Cessation Services

The following modifiers are used in combination with Service Code 99407 (Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes) to report tobacco-cessation counseling. Service Code 99407 may also be billed without a modifier to report an individual smoking and tobacco use cessation counseling visit of at least 30 minutes.

- HQ Group counseling, at least 60-90 minutes
- TF Intermediate level of care, at least 45 minutes

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