



Commonwealth of Massachusetts
Executive Office of Health and Human Services
Office of Medicaid
www.mass.gov/masshealth



MassHealth
Transmittal Letter AOH-41
November 2017

TO: Acute Outpatient Hospitals Participating in MassHealth
FROM: Daniel Tsai, Assistant Secretary for MassHealth
RE: *Acute Outpatient Hospital Manual* 2017 HCPCS Code Updates and List of Revenue Codes Added to Subchapter 6

This letter transmits the following changes to the *Acute Outpatient Hospital Manual*:

- Subchapter 6 was amended to update the list of nonpayable Current Procedural Terminology (CPT) service codes in Section 602, and payable Level II Healthcare Common Procedure Coding System (HCPCS) service codes in Section 603 to reflect HCPCS updates issued by the Centers for Medicare & Medicaid Services for 2017; and
- Billable revenue codes previously listed in Appendix F of the *Acute Outpatient Hospital Manual* were incorporated into the new Section 605 of Subchapter 6 and Appendix F, itself, was retired.

The revised Subchapter 6 is effective for dates of service on or after January 1, 2017.

MassHealth Website

This transmittal letter and attached pages are available on the MassHealth website at www.mass.gov/masshealth.

Questions

If you have any questions about the information in this transmittal letter, please contact the MassHealth Customer Service Center at 1-800-841-2900, email 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 and 6-1 through 6-24

OBSOLETE MATERIAL

(The pages listed here are no longer in effect.)

Acute Outpatient Hospital Manual

Pages vi and 6-1 through 6-16 — transmitted by Transmittal Letter AOH-38

Pages F-1 through F-6 — transmitted by Transmittal Letter AOH-23

Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title Table of Contents	Page vi
	Transmittal Letter AOH-41	Date 01/01/17
Acute Outpatient Hospital Manual		

6. Service Code

601. Introduction	6-1
602. Nonpayable CPT Codes	6-1
603. Payable Level II HCPCS Codes.....	6-11
604. Modifiers	6-13
605. Revenue Codes	6-17
Appendix A. Directory.....	A-1
Appendix C. Third-Party-Liability Codes	C-1
Appendix D. Utilization Management Program.....	D-1
Appendix E. Admission Guidelines	E-1
Appendix F. Reserved	
Appendix T. CMSP-Covered Codes	T-1
Appendix U. DPH-Designated Serious Reportable Events That Are Not Provider Preventable Conditions.....	U-1
Appendix V. MassHealth Billing Instructions for Provider Preventable Conditions.....	V-1
Appendix W. EPSDT Services: Medical and Dental Protocols and Periodicity Schedules.	W-1
Appendix X. Family Assistance Copayments and Deductibles.....	X-1
Appendix Y. EVS Codes/Messages	Y-1
Appendix Z. EPSDT/PPHSD Screening Services Codes.....	Z-1

Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title 6. Service Codes	Page 6-1
	Transmittal Letter AOH-41	Date 01/01/17
Acute Outpatient Hospital Manual		

601 Introduction

MassHealth providers must refer to the official list of Healthcare Common Procedural Coding Systems (HCPCS) codes and descriptions posted on the Centers for Medicare & Medicaid Services HCPCS website when billing for services provided to MassHealth members. For a list of billable revenue codes that may be used by acute outpatient hospitals (AOHs), please refer to Section 605 of this subchapter.

CPT Codes

MassHealth pays for services billed using all medicine, radiology, laboratory, surgery, and anesthesia Current Procedural Terminology (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 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*.

Early and Periodic Screening, Diagnosis and Treatment Services (EPSDT)

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

602 Nonpayable CPT Codes

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

0001F	0017T	0072T	0095T	0109T
0005F	0019T	0073T	0098T	0110T
0012F	0030T	0075T	0100T	0111T
0014F	0042T	0076T	0101T	0124T
0015F	0048T	0078T	0102T	0126T
4002F	0050T	0079T	0104T	0130T
4006F	0051T	0080T	0105T	0140T
4009F	0052T	0081T	0106T	0141T
4011F	0053T	0085T	0107T	0142T
0016T	0071T	0092T	0108T	0143T

Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title 6. Service Codes	Page 6-2
	Transmittal Letter AOH-41	Date 01/01/17
Acute Outpatient Hospital Manual		

602 Nonpayable Codes - CPT (cont.)

0155T	0207T	15878	21142	21627
0156T	0219T	15879	21143	21630
0157T	0220T	16036	21145	21632
0158T	0235T	17340	21146	21705
0159T	0254T	17360	21147	21740
0160T	0255T	17380	21151	21750
0161T	0266T	19271	21154	21825
0163T	0281T	19272	21155	22010
0164T	0293T	19305	21159	22015
0165T	0294T	19306	21160	22110
0166T	0309T	19316	21172	22112
0167T	0312T	19355	21179	22114
0168T	0345T	19361	21180	22116
0169T	0375T	19364	21182	22206
0171T	00100	19367	21183	22207
0172T	through	19368	21184	22208
0173T	01999	19369	21188	22210
0174T	10040	19396	21193	22212
0175T	11004	20660	21194	22214
0176T	11005	20661	21196	22216
0177T	11006	20664	21245	22220
0178T	11008	20802	21246	22222
0179T	11922	20805	21247	22224
0180T	11950	20808	21248	22226
0181T	11951	20816	21249	22318
0183T	11952	20824	21255	22319
0184T	11954	20827	21256	22325
0185T	15756	20838	21268	22326
0186T	15757	20930	21343	22327
0187T	15758	20931	21344	22328
0188T	15781	20936	21346	22526
0189T	15782	20937	21347	22527
0190T	15783	20938	21348	22532
0191T	15786	20955	21366	22533
0192T	15787	20956	21386	22534
0193T	15788	20957	21387	22548
0195T	15789	20962	21395	22552
0196T	15792	20969	21422	22554
0197T	15793	20970	21423	22556
0198T	15819	20985	21431	22558
0199T	15824	21045	21432	22585
0200T	15825	21120	21433	22586
0201T	15826	21121	21435	22590
0202T	15828	21122	21436	22595
0203T	15829	21123	21510	22600
0204T	15847	21125	21615	22610
0205T	15876	21127	21616	22630
0206T	15877	21141	21620	22632

Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title 6. Service Codes	Page 6-3
	Transmittal Letter AOH-41	Date 01/01/17
Acute Outpatient Hospital Manual		

602 Nonpayable Codes - CPT (cont.)

22633	25920	27218	27514	31766
22634	25924	27222	27519	31770
22800	25927	27226	27535	31775
22802	26551	27227	27536	31780
22804	26553	27228	27540	31781
22808	26554	27232	27556	31786
22810	26556	27236	27557	31800
22812	26992	27240	27558	31805
22818	27005	27244	27580	32035
22819	27025	27245	27590	32036
22830	27030	27248	27591	32096
22840	27036	27253	27592	32097
22841	27054	27254	27596	32098
22842	27070	27258	27598	32100
22843	27071	27259	27645	32110
22844	27075	27268	27646	32120
22845	27076	27269	27702	32124
22846	27077	27280	27703	32140
22847	27078	27282	27712	32141
22848	27090	27284	27715	32150
22849	27091	27286	27724	32151
22850	27120	27290	27725	32160
22852	27122	27295	27727	32200
22855	27125	27303	27880	32215
22856	27130	27365	27881	32220
22857	27132	27445	27882	32225
22858	27134	27447	27886	32310
22861	27137	27448	27888	32320
22862	27138	27450	28800	32440
22864	27140	27454	28805	32442
22865	27146	27455	31225	32445
23200	27147	27457	31230	32480
23210	27151	27465	31290	32482
23220	27156	27466	31291	32484
23335	27158	27468	31360	32486
23472	27161	27470	31365	32488
23474	27165	27472	31367	32491
23900	27170	27477	31368	32501
23920	27175	27479	31370	32503
24900	27176	27485	31375	32504
24920	27177	27486	31380	32505
24930	27178	27487	31382	32506
24931	27179	27488	31390	32507
24940	27181	27495	31395	32540
25900	27185	27506	31584	32650
25905	27187	27507	31587	32651
25909	27215	27511	31725	32652
25915	27217	27513	31760	32653

Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title 6. Service Codes	Page 6-4
	Transmittal Letter AOH-41	Date 01/01/17
Acute Outpatient Hospital Manual		

602 Nonpayable Codes - CPT (cont.)

32654	33237	33422	33606	33775
32655	33238	33425	33608	33776
32656	33243	33426	33610	33777
32658	33250	33427	33611	33778
32659	33251	33430	33612	33779
32661	33254	33460	33615	33780
32662	33255	33463	33617	33781
32663	33256	33464	33619	33782
32664	33257	33465	33620	33783
32665	33258	33468	33621	33786
32666	33259	33470	33622	33788
32667	33261	33471	33641	33800
32668	33265	33474	33645	33802
32669	33266	33475	33647	33803
32670	33300	33476	33660	33813
32671	33305	33478	33665	33814
32672	33310	33496	33670	33820
32673	33315	33500	33675	33822
32674	33320	33501	33676	33824
32800	33321	33502	33677	33840
32810	33322	33503	33681	33845
32815	33330	33504	33684	33851
32820	33361	33505	33688	33852
32850	33362	33506	33690	33853
32851	33363	33507	33692	33860
32852	33364	33510	33694	33863
32853	33365	33511	33697	33864
32854	33366	33512	33702	33870
32855	33367	33513	33710	33875
32856	33368	33514	33720	33877
32900	33369	33516	33722	33880
32905	33335	33517	33724	33881
32906	33400	33518	33726	33883
32940	33401	33519	33730	33884
32997	33403	33521	33732	33886
33015	33404	33522	33735	33889
33020	33405	33523	33736	33891
33025	33406	33530	33737	33910
33030	33410	33533	33750	33915
33031	33411	33534	33755	33916
33050	33412	33535	33762	33917
33120	33413	33536	33764	33920
33130	33414	33542	33766	33922
33140	33415	33545	33767	33924
33141	33416	33548	33768	33925
33202	33417	33572	33770	33926
33203	33418	33600	33771	33930
33236	33420	33602	33774	33933

Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title 6. Service Codes	Page 6-5
	Transmittal Letter AOH-41	Date 01/01/17
Acute Outpatient Hospital Manual		

602 Nonpayable Codes - CPT (cont.)

33935	34001	35121	35521	35665
33940	34051	35122	35522	35666
33944	34151	35131	35523	35671
33945	34401	35132	35525	35681
33946	34451	35141	35526	35682
33947	34502	35142	35531	35683
33948	34800	35151	35533	35691
33949	34802	35152	35535	35693
33951	34803	35182	35536	35694
33952	34804	35189	35537	35695
33953	34805	35211	35538	35697
33954	34806	35216	35539	35700
33955	34808	35221	35540	35701
33956	34812	35241	35556	35721
33957	34813	35246	35558	35741
33958	34820	35251	35560	35800
33959	34825	35271	35563	35820
33962	34826	35276	35565	35840
33963	34830	35281	35566	35870
33964	34831	35301	35570	35901
33965	34832	35302	35571	35905
33966	34833	35303	35583	35907
33967	34834	35304	35585	36415
33968	34841	35305	35587	36416
33969	34842	35306	35600	36468
33970	34843	35311	35601	36591
33971	34844	35331	35606	36592
33973	34845	35341	35612	36598
33974	34846	35351	35616	36660
33975	34847	35355	35621	36823
33976	34848	35361	35623	37127
33977	34878	35363	35626	37140
33978	34900	35371	35631	37145
33979	35001	35372	35632	37160
33980	35002	35390	35633	37180
33981	35005	35400	35634	37181
33982	35013	35450	35636	37182
33983	35021	35452	35637	37215
33984	35022	35501	35638	37218
33985	35045	35506	35642	37616
33986	35081	35508	35645	37617
33987	35082	35509	35646	37618
33988	35091	35510	35647	37660
33989	35092	35511	35650	37765
33990	35102	35512	35654	37766
33991	35103	35515	35656	37788
33992	35111	35516	35661	38100
33993	35112	35518	35663	38101

Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title 6. Service Codes	Page 6-6
	Transmittal Letter AOH-41	Date 01/01/17
Acute Outpatient Hospital Manual		

602 Nonpayable Codes - CPT (cont.)

38102	43116	43520	44050	44316
38115	43117	43605	44055	44320
38380	43118	43610	44110	44322
38381	43121	43611	44111	44345
38382	43122	43620	44120	44346
38562	43123	43621	44121	44602
38564	43124	43622	44125	44603
38724	43135	43631	44126	44604
38746	43279	43632	44127	44605
38747	43282	43633	44128	44615
38765	43283	43634	44130	44620
38770	43300	43635	44132	44625
38780	43305	43640	44133	44626
39000	43310	43641	44135	44640
39010	43312	43644	44136	44650
39200	43313	43645	44137	44660
39220	43314	43752	44139	44661
39499	43320	43770	44140	44680
39501	43325	43771	44141	44700
39503	43327	43772	44143	44715
39540	43328	43773	44144	44720
39541	43330	43774	44145	44721
39545	43331	43775	44146	44800
39560	43332	43800	44147	44820
39561	43333	43810	44150	44850
39599	43334	43820	44151	44899
41130	43335	43825	44155	44900
41135	43336	43832	44156	44950
41140	43337	43840	44157	44955
41145	43338	43842	44158	44960
41150	43340	43843	44160	45110
41153	43341	43845	44187	45111
41155	43351	43846	44188	45112
41870	43352	43847	44202	45113
41872	43360	43848	44203	45114
42426	43361	43850	44204	45116
42845	43400	43855	44205	45119
42894	43401	43860	44206	45120
42953	43405	43865	44207	45121
42961	43410	43880	44208	45123
42971	43415	43881	44210	45126
43045	43420	43882	44211	45130
43100	43425	44005	44212	45135
43101	43460	44010	44213	45136
43107	43496	44015	44227	45395
43108	43500	44020	44300	45397
43112	43501	44021	44310	45400
43113	43502	44025	44314	45402

Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title 6. Service Codes	Page 6-7
	Transmittal Letter AOH-41	Date 01/01/17
Acute Outpatient Hospital Manual		

602 Nonpayable Codes - CPT (cont.)

45540	47460	48547	50240	50800
45550	47480	48548	50250	50810
45562	47550	48551	50280	50815
45563	47570	48552	50290	50820
45800	47600	48554	50300	50825
45805	47605	48556	50320	50830
45820	47610	49000	50323	50840
45825	47612	49002	50325	50845
46705	47620	49010	50327	50860
46710	47700	49020	50328	50900
46712	47701	49040	50329	50920
46715	47711	49060	50340	50930
46716	47712	49062	50360	50940
46730	47715	49203	50365	51060
46735	47720	49204	50370	51525
46740	47721	49205	50380	51530
46742	47740	49215	50400	51550
46744	47741	49220	50405	51555
46746	47760	49255	50500	51565
46748	47765	49412	50520	51570
46751	47780	49425	50525	51575
47010	47785	49428	50526	51580
47015	47800	49605	50540	51585
47100	47801	49606	50545	51590
47120	47802	49610	50546	51595
47122	47900	49611	50547	51596
47125	48000	49900	50548	51597
47130	48001	49904	50600	51701
47133	48020	49905	50605	51702
47135	48100	49906	50610	51800
47140	48105	50010	50620	51820
47141	48120	50040	50630	51840
47142	48140	50045	50650	51841
47143	48145	50060	50660	51845
47144	48146	50065	50700	51860
47145	48148	50070	50715	51865
47146	48150	50075	50722	51900
47147	48152	50100	50725	51920
47300	48153	50120	50727	51925
47350	48154	50125	50728	51940
47360	48155	50130	50740	51960
47361	48160	50135	50750	51980
47362	48400	50205	50760	53415
47380	48500	50220	50770	53448
47381	48510	50225	50780	54125
47400	48520	50230	50782	54130
47420	48540	50234	50783	54135
47425	48545	50236	50785	54332

Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title 6. Service Codes	Page 6-8
	Transmittal Letter AOH-41	Date 01/01/17
Acute Outpatient Hospital Manual		

602 Nonpayable Codes - CPT (cont.)

54336	58240	59620	61458	61581
54390	58267	59830	61460	61582
54411	58275	59850	61480	61583
54417	58280	59851	61500	61584
54430	58285	59852	61501	61585
54535	58293	59855	61510	61586
54650	58400	59856	61512	61590
55605	58410	59857	61514	61591
55650	58520	59897	61516	61592
55801	58540	60254	61517	61595
55810	58548	60270	61518	61596
55812	58605	60505	61519	61597
55815	58611	60521	61520	61598
55821	58700	60522	61521	61600
55831	58720	60540	61522	61601
55840	58740	60545	61524	61605
55842	58750	60600	61526	61606
55845	58752	60605	61530	61607
55862	58760	60650	61531	61608
55865	58822	61105	61533	61610
55866	58825	61107	61534	61611
56630	58940	61108	61535	61612
56631	58943	61120	61536	61613
56632	58950	61140	61537	61615
56633	58951	61150	61538	61616
56634	58952	61151	61539	61618
56637	58953	61154	61540	61619
56640	58954	61156	61541	61624
57110	58956	61210	61543	61630
57111	58957	61250	61544	61635
57112	58958	61253	61545	61640
57270	58960	61304	61546	61641
57280	58970	61305	61548	61642
57296	58974	61312	61550	61680
57305	58976	61313	61552	61682
57307	59070	61314	61556	61684
57308	59072	61315	61557	61686
57311	59120	61316	61558	61690
57531	59121	61320	61559	61692
57540	59130	61321	61563	61697
57545	59135	61322	61564	61698
58140	59136	61323	61566	61700
58146	59140	61332	61567	61702
58150	59325	61333	61570	61703
58152	59350	61340	61571	61705
58180	59412	61343	61575	61708
58200	59514	61345	61576	61710
58210	59525	61450	61580	61711

Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title 6. Service Codes	Page 6-9
	Transmittal Letter AOH-41	Date 01/01/17
Acute Outpatient Hospital Manual		

602 Nonpayable Codes - CPT (cont.)

61735	63081	63290	75957	81257
61750	63082	63295	75958	81260
61751	63085	63300	75959	81261
61760	63086	63301	76140	81262
61850	63087	63302	76496	81263
61860	63088	63303	76497	81264
61863	63090	63304	76498	81265
61864	63091	63305	78267	81266
61867	63101	63306	78268	81267
61868	63102	63307	78351	81268
61870	63103	63308	80100	81270
62005	63170	63700	80101	81275
62010	63172	63702	80104	81280
62100	63173	63704	80502	81281
62115	63180	63706	81200	81290
62117	63182	63707	81205	81291
62120	63185	63709	81206	81292
62121	63190	63710	81207	81293
62140	63191	63740	81208	81294
62141	63194	64755	81209	81295
62142	63195	64760	81210	81296
62143	63196	64809	81211	81297
62145	63197	64818	81212	81298
62146	63198	64866	81213	81299
62147	63199	64868	81214	81300
62148	63200	65273	81215	81301
62161	63250	65760	81216	81302
62162	63251	65765	81217	81303
62163	63252	65767	81220	81304
62164	63265	65771	81221	81310
62165	63266	65780	81222	81315
62180	63267	65781	81223	81316
62190	63268	65782	81224	81317
62192	63270	69090	81225	81318
62200	63271	69155	81226	81319
62201	63272	69535	81227	81327
62220	63273	69554	81228	81330
62223	63275	69950	81229	81331
62256	63276	71552	81240	81332
62258	63277	72159	81241	81340
62287	63278	72198	81242	81341
63043	63280	73225	81243	81342
63044	63281	74263	81244	81350
63050	63282	75571	81245	81355
63051	63283	75952	81250	81370
63076	63285	75953	81251	81371
63077	63286	75954	81255	81372
63078	63287	75956	81256	81373

Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title 6. Service Codes	Page 6-10
	Transmittal Letter AOH-41	Date 01/01/17
Acute Outpatient Hospital Manual		

602 Nonpayable Codes - CPT (cont.)

81374	86985	89322	90818	92564
81375	87150	89325	90819	92570
81376	87153	89329	90821	92630
81377	87493	89330	90822	92633
81378	87903	89331	90823	92970
81379	87904	89335	90824	92971
81380	88000	89342	90826	92975
81381	88005	89343	90827	92992
81382	88007	89344	90828	92993
81383	88012	89346	90829	93583
81400	88014	89352	90845	93660
81401	88016	89353	90865	93770
81402	88020	89354	90875	93784
81403	88025	89356	90876	93786
81404	88027	89398	90880	93788
81405	88028	90281	90885	93790
81406	88029	90283	90889	94005
81407	88036	90284	90901	94011
81408	88037	90287	90911	94012
81413	88040	90379	90940	94013
81414	88045	90384	90989	94015
81422	88099	90386	90993	94774
81439	88125	90389	90997	94775
81508	88333	90396	90999	94776
81511	88334	90586	91132	94777
81539	88738	90633	91133	95052
82075	88749	90634	92314	95120
82962	89250	90644	92315	95125
83987	89251	90647	92316	95130
84145	89253	90648	92317	95131
84410	89254	90653	92325	95132
84431	89255	90654	92352	95133
84793	89257	90665	92353	95134
86079	89258	90670	92354	95824
86305	89259	90696	92355	95965
86352	89260	90698	92358	95966
86780	89261	90700	92371	95967
86825	89264	90701	92531	95992
86826	89268	90702	92532	96000
86890	89272	90710	92533	96001
86891	89280	90718	92534	96002
86910	89281	90723	92540	96003
86911	89290	90739	92548	96004
86927	89291	90743	92550	96150
86930	89300	90744	92559	96151
86931	89310	90748	92560	96152
86932	89320	90816	92561	96153
86960	89321	90817	92562	96154

Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title 6. Service Codes	Page 6-11
	Transmittal Letter AOH-41	Date 01/01/17
Acute Outpatient Hospital Manual		

602 Nonpayable Codes - CPT (cont.)

96155	99000	99199	99349	99456
96160	99001	99251	99350	99462
96161	99002	99252	99354	99466
96376	99024	99253	99355	99467
96567	99026	99254	99356	99468
96902	99027	99255	99357	99469
96904	99050	99288	99358	99471
97169	99051	99304	99359	99472
97170	99053	99305	99360	99475
97171	99056	99306	99374	99476
97172	99058	99307	99375	99477
97537	99060	99308	99377	99478
97545	99071	99309	99378	99479
97546	99075	99310	99379	99480
97597	99078	99315	99380	99499
97598	99080	99316	99401	99500
97602	99082	99318	99402	99501
97605	99090	99324	99403	99502
97606	99091	99325	99404	99503
97755	99100	99326	99406	99504
97810	99116	99327	99408	99505
97811	99135	99328	99409	99506
97813	99140	99334	99411	99507
97814	99151	99335	99412	99509
98940	99152	99336	99429	99510
98941	99153	99337	99441	99511
98942	99155	99339	99442	99512
98943	99156	99340	99443	99600
98960	99157	99341	99444	99601
98961	99172	99342	99446	99602
98962	99177	99343	99447	99605
98966	99184	99344	99448	99606
98967	99190	99345	99449	99607
98968	99191	99347	99450	
98969	99192	99348	99455	

603 Payable Level II HCPCS Codes

The following Level II HCPCS codes represent services that are covered by MassHealth when provided by AOHs, including hospital-licensed health centers (HLHCs) and other satellite clinics.

A4261	A9500	G0108	G0379	J0135
A4266	A9502	G0109	G0424	J0153
A4267	A9503	G0121	G6001	J0171
A4268	A9505	G0270	through	J0207
A4269	A9512	G0271	G6015	J0215
A4641	A9537	G0279	J0129	J0221
A4648	G0105	G0378	J0131	J0256

Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title 6. Service Codes	Page 6-12
	Transmittal Letter AOH-41	Date 01/01/17
Acute Outpatient Hospital Manual		

603 Payable Level II HCPCS Codes (cont.)

J0257	J1056	J1990	J2940	J7342
J0290	J1071	J2060	J2941	J7599
J0295	J1094	J2150	J3010	J7608
J0348	J1100	J2175	J3030	J7614
J0456	J1130	J2182	J3095	J7620
J0461	J1160	J2248	J3110	J7626
J0475	J1170	J2250	J3121	J7633
J0476	J1200	J2265	J3145	J7639
J0490	J1260	J2270	J3230	J7644
J0558	J1290	J2274	J3240	J7665
J0561	J1300	J2300	J3243	J7669
J0570	J1320	J2310	J3250	J7676
J0571	J1322	J2315	J3262	J7682
J0572	J1438	J2323	J3301	J7686
J0573	J1439	J2355	J3302	J7699
J0574	J1440	J2357	J3303	J7799
J0575	J1441	J2358	J3357	J8561
J0585	J1460	J2405	J3360	J8562
J0586	J1557	J2430	J3385	J9000
J0587	J1559	J2440	J3396	J9001
J0588	J1561	J2469	J3410	J9002
J0592	J1562	J2503	J3411	J9025
J0597	J1566	J2505	J3430	J9031
J0598	J1569	J2507	J3487	J9035
J0638	J1571	J2510	J3490	J9040
J0640	J1580	J2515	J3590	J9041
J0690	J1599	J2550	J7030	J9043
J0694	J1626	J2560	J7060	J9045
J0696	J1630	J2562	J7070	J9055
J0697	J1650	J2675	J7131	J9060
J0702	J1655	J2680	J7181	J9130
J0715	J1670	J2704	J7182	J9155
J0718	J1710	J2760	J7200	J9171
J0775	J1720	J2778	J7201	J9178
J0780	J1725	J2785	J7303	J9179
J0833	J1740	J2786	J7304	J9181
J0834	J1743	J2788	J7307	J9190
J0840	J1745	J2790	J7309	J9201
J0881	J1750	J2792	J7312	J9202
J0882	J1786	J2793	J7320	J9206
J0885	J1790	J2794	J7321	J9212
J0887	J1800	J2796	J7322	J9213
J0888	J1826	J2820	J7323	J9214
J0897	J1885	J2840	J7324	J9215
J1020	J1890	J2910	J7325	J9216
J1030	J1942	J2916	J7326	J9217
J1040	J1950	J2920	J7327	J9218
J1055	J1956	J2930	J7336	J9219

Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title 6. Service Codes	Page 6-13
	Transmittal Letter AOH-41	Date 01/01/17
Acute Outpatient Hospital Manual		

603 Payable Level II HCPCS Codes (cont.)

J9228	J9305	L8614	Q4101	Q4114
J9250	J9307	L8615	Q4102	Q4115
J9260	J9310	L8616	Q4103	S0023
J9261	J9315	L8617	Q4104	S0028
J9263	J9340	L8618	Q4105	S0077
J9264	J9351	L8619	Q4106	S0302
J9266	J9355	L8690	Q4107	S2083
J9267	J9360	L8691	Q4108	S3005
J9293	J9370	Q0081	Q4110	
J9300	J9390	Q0083	Q4111	
J9301	J9395	Q0084	Q4112	
J9302	J9999	Q4100	Q4113	

604 Modifiers

The following service code modifiers are allowed for billing under the MassHealth *Acute Outpatient Hospital Manual* for payable services.

<u>Modifier</u>	<u>Description</u>
22	Increased procedural services
24	Unrelated evaluation and management service by the same physician during a postoperative period
25	Significant, separately identifiable evaluation and management service by the same physician or other qualified health care professional on the same day of the procedure or other service
27	Multiple outpatient hospital E/M encounters on the same date
50	Bilateral procedure
51	Multiple procedures
52	Reduced services
53	Discontinued procedure
57	Decision for surgery
58	Staged or related procedure or service by the same physician or other qualified health care professional during the postoperative period
59	Distinct procedural service
63	Procedure performed on infants less than 4 kg
73	Discontinued outpatient procedure prior to anesthesia administration
74	Discontinued outpatient procedure after anesthesia administration
76	Repeat procedure or service by same physician or other qualified health care professional
77	Repeat procedure or service by another physician or other qualified health care professional
78	Unplanned return to the operating/procedure room by the same physician or other qualified health care professional following initial procedure for a related procedure during the postoperative period
79	Unrelated procedure or service by the same physician or other qualified health care professional during the postoperative period
80	Assistant surgeon
90	Reference (outside) laboratory

Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title 6. Service Codes	Page 6-14
	Transmittal Letter AOH-41	Date 01/01/17
Acute Outpatient Hospital Manual		

603 Payable Level II HCPCS Codes (cont.)

91	Repeat clinical diagnostic laboratory test
99	Multiple modifiers
BL	Special acquisition of blood and blood products
CA	Procedure payable only in the inpatient setting when performed emergently on an outpatient who expires prior to admission
CR	Catastrophe/disaster related
E1	Upper left, eyelid
E2	Lower left, eyelid
E3	Upper right, eyelid
E4	Lower right, eyelid
F1	Left hand, second digit
F2	Left hand, third digit
F3	Left hand, fourth digit
F4	Left hand, fifth digit
F5	Right hand, thumb
F6	Right hand, second digit
F7	Right hand, third digit
F8	Right hand, fourth digit
F9	Right hand, fifth digit
FA	Left hand, thumb
FB	Item provided without cost to provider, supplier or practitioner, or full credit received for replaced device (examples, but not limited to, covered under warranty, replaced due to defect, free samples)
GA	Waiver of liability statement issued as required by payer policy, individual case.
GG	Performance and payment of a screening mammogram and diagnostic mammogram on the same patient, same day
GH	Diagnostic mammogram converted from screening mammogram on the same day
LC	Left circumflex, coronary artery
LD	Left anterior descending coronary artery
LT	Left side (used to identify procedures performed on the left side of the body)
Q1	Routine clinical service provided in a clinical research study that is in an approved clinical research study
QM	Ambulance service provided under arrangement by a provider of services
QN	Ambulance service furnished directly by a provider of services
RC	Right coronary artery
RT	Right side (used to identify procedures performed on the right side of the body)
T1	Left foot, second digit
T2	Left foot, third digit
T3	Left foot, fourth digit
T4	Left foot, fifth digit
T5	Right foot, great digit
T6	Right foot, second digit
T7	Right foot, third digit
T8	Right foot, fourth digit
T9	Right foot, fifth digit
TA	Left foot, great toe
U5	Medicaid level of care 5, as defined by each state
U6	Medicaid level of care 6, as defined by each state

Commonwealth of Massachusetts MassHealth Provider Manual Series Acute Outpatient Hospital Manual	Subchapter Number and Title 6. Service Codes	Page 6-15
	Transmittal Letter AOH-41	Date 01/01/17

603 Payable Level II HCPCS Codes (cont.)

- U7 Medicaid level of care 7, as defined by each state
- U8 Medicaid level of care 8, as defined by each state
- U9 Medicaid level of care 9, as defined by each state
- XE Separate Encounter: a service that is distinct because it occurred during a separate encounter
- XP Separate Practitioner: a service that is distinct because it was performed by a different practitioner
- XS Separate Structure: a service that is distinct because it was performed on a separate organ/structure
- XU Unusual Non-Overlapping Service: the use of a service that is distinct because it does not overlap usual components of the main service

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 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 her or his professional judgment, 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.

Modifiers for Perinatal Depression Screening (effective for dates of service on or after May 16, 2016)

Service Code S3005 must be used by acute outpatient hospitals when billing MassHealth for the administration and scoring of a MassHealth-approved standardized perinatal depression screening tool. The code must be accompanied by one of the modifiers listed below.

- U1 Perinatal care provider completed prenatal or postpartum depression screening and behavioral health need identified (positive screen)
- U2 Perinatal care provider completed prenatal or postpartum depression screening with no behavioral health need identified (negative screen)

Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title 6. Service Codes	Page 6-16
	Transmittal Letter AOH-41	Date 01/01/17
Acute Outpatient Hospital Manual		

604 Modifiers (cont.)

- U3 Pediatric provider completed postpartum depression screening during well-child or infant episodic visit and behavioral health need identified (positive screen)
- U4 Pediatric provider completed postpartum depression screening during well-child or infant episodic visit with no behavioral health need identified (negative screen)

Please refer to the Massachusetts Department of Public Health’s (DPH) postpartum depression (PPD) screening tool grid for any revisions to the list of MassHealth-approved screening tools:

www.mass.gov/eohhs/gov/departments/dph/programs/family-health/postpartum-depression/postpartum-depression-tools.html.

Modifiers for Tobacco-Use Cessation Services

The following modifiers are used in combination with Service Code 99407 to report tobacco-use 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-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

Modifier for Child and Adolescent Needs and Strengths (CANS)

- HA Service Code 90791 must be accompanied by this modifier to indicate that the Child and Adolescent Needs and Strengths is included in the assessment. This modifier may be billed only by psychiatrists.

Modifiers for Provider Preventable Conditions That Are National Coverage Determinations

- PA Surgical or other invasive procedure on wrong body part
- PB Surgical or other invasive procedure on wrong patient
- PC Wrong surgery or other invasive procedure on patient

For more information on the use of these modifiers, see Appendix V of your provider manual.

Commonwealth of Massachusetts MassHealth Provider Manual Series Acute Outpatient Hospital Manual	Subchapter Number and Title 6. Service Codes	Page 6-17
	Transmittal Letter AOH-41	Date 01/01/17

605 Revenue Codes

The following table lists the revenue codes that acute outpatient hospitals (AOHs), including hospital-licensed health centers and other provider-based satellites, use when billing for MassHealth-covered services. Please refer to the current edition of the Ingenix Uniform Billing Editor as a guide to determine the most common revenue HCPC code mappings. To purchase the application, go to <http://www.optum360coding.com>.

Revenue Code	Description
025X Pharmacy	
0250	General
0251	Generic drugs
0252	Nongeneric drugs
0253	Take-home drugs
0254	Drugs incident to other diagnostic services
0255	Drugs incident to radiology
0257	Nonprescription drugs
0258	IV solutions
026X IV Therapy	
0260	General
027X Medical/Surgical Supplies and Devices – General	
0270	General
0271	Nonsterile supply
0272	Sterile supply
0273	Take-home supplies
0274	Prosthetic/orthotic devices
0275	Pacemaker
0276	Intraocular lens
0278	Other implants
028X Oncology	
0280	General
029X DME	
0290	General
0291	Rental

Commonwealth of Massachusetts MassHealth Provider Manual Series Acute Outpatient Hospital Manual	Subchapter Number and Title 6. Service Codes	Page 6-18
	Transmittal Letter AOH-41	Date 01/01/17

605 Revenue Codes (cont.)

0292	Purchase of new DME
0293	Purchase of used DME
030X Laboratory	
0300	General
0301	Chemistry
0302	Immunology
0304	Nonroutine dialysis
0305	Hematology
0306	Bacteriology and microbiology
0307	Urology
0309	Other
031X Laboratory Pathological – General	
0310	Laboratory pathological – general
0311	Cytology
0312	Histology
0314	Biopsy
0319	Other
032X Radiology - Diagnostic	
0320	General
0321	Angiocardiology
0322	Arthrography
0323	Arteriography
0324	Chest X ray
0329	Other
033X Radiology – Therapeutic and/or Chemotherapy Administration	
0330	General
0331	Chemotherapy administration – injected
0332	Chemotherapy – oral
0333	Radiation therapy
0335	Chemotherapy administration – IV
034X Nuclear Medicine	
0340	General
0341	Diagnostic

Commonwealth of Massachusetts MassHealth Provider Manual Series Acute Outpatient Hospital Manual	Subchapter Number and Title 6. Service Codes	Page 6-19
	Transmittal Letter AOH-41	Date 01/01/17

605 Revenue Codes (cont.)

0342	Therapeutic
0343	Diagnostic radiopharmaceuticals
0349	Other
035X Computerized Tomographic (CT) Scans	
0350	General
0351	Head scan
0352	Body scan
0359	Other
036X Operating Room Services	
0360	General
0361	Minor surgery
037X Anesthesia	
0370	General
0371	Anesthesia incident to radiology
0372	Anesthesia incident to other diagnostic services
038X Blood	
0381	Packed red blood cells
0383	Plasma
0384	Platelets
0385	Leukocytes
0386	Other components
0387	Other derivatives
039X Blood Storage and Processing	
0390	General
0391	Administration
040X Other Imaging Services	
0400	General
0401	Diagnostic mammography
0402	Ultrasound
0403	Screening mammography
0404	Positron emission tomography (PET)

Commonwealth of Massachusetts MassHealth Provider Manual Series Acute Outpatient Hospital Manual	Subchapter Number and Title 6. Service Codes	Page 6-20
	Transmittal Letter AOH-41	Date 01/01/17

605 Revenue Codes (cont.)

041X Respiratory Services	
0410	General
0412	Inhalation services
0413	Hyperbaric oxygen therapy
0419	Other
042X Physical Therapy	
0420	General
0421	Visit charge
0423	Group charge
0424	Evaluation or reevaluation
043X Occupational Therapy	
0430	General
0431	Visit charge
0433	Group rate
0434	Evaluation or reevaluation
044X Speech-Language Pathology	
0440	General
0441	Visit charge
0443	Group rate
0444	Evaluation or reevaluation
045X Emergency Room	
0450	General
0456	Urgent care
0459	Other ER
046X Pulmonary Function	
0460	General
0469	Other
047X Audiology	
0470	General
0471	Diagnostic
0472	Treatment
0479	Other

Commonwealth of Massachusetts MassHealth Provider Manual Series Acute Outpatient Hospital Manual	Subchapter Number and Title 6. Service Codes	Page 6-21
	Transmittal Letter AOH-41	Date 01/01/17

605 Revenue Codes (cont.)

048X Cardiology	
0480	General
0481	Cardiac catheterization lab
0482	Stress test
0483	Echocardiology
0489	Other
049X Ambulatory Surgical Care	
0490	General
0499	Other
051X Clinic	
0510	General
0514	OB/GYN
0515	Pediatric clinic
0519	Other
053X Osteopathic Services	
0530	General
061X Magnetic Resonance Technology	
0610	General
0611	MRI – brain
0612	MRI – spinal cord
062X Medical/Surgical Supplies	
0621	Supplies incident to radiology
0622	Supplies incident to other diagnostic services
063X Pharmacy	
0634	EPO, less than 10,000 units
0635	EPO, 10,000 or more units
0636	Drugs requiring detail coding
0700	General
071X Recovery Room	
0710	General
072X Labor Room/Delivery	
0720	General

Commonwealth of Massachusetts MassHealth Provider Manual Series Acute Outpatient Hospital Manual	Subchapter Number and Title 6. Service Codes	Page 6-22
	Transmittal Letter AOH-41	Date 01/01/17

605 Revenue Codes (cont.)

0721	Labor
0722	Delivery
073X EKG/ECG	
0730	General
0731	Holter monitor
0732	Telemetry
074X EEG	
0740	General
075X Gastroenterology	
0750	General
760X Treatment/Observation Room	
0761	Treatment room
0762	Observation room
077X Preventive Services	
0771	Vaccine administration
082X Hemodialysis	
0820	General
0821	Hemodialysis composite/other rate
0825	Support Services
083X Peritoneal Dialysis	
0830	General
0831	Peritoneal composite/other rate
0835	Support Services
084X CAPD	
0840	General
0841	CAPD composite/other rate
0845	Support Services
085X CCPD	
0850	General
0851	CCPD composite/other rate
0855	Support Services

Commonwealth of Massachusetts MassHealth Provider Manual Series Acute Outpatient Hospital Manual	Subchapter Number and Title 6. Service Codes	Page 6-23
	Transmittal Letter AOH-41	Date 01/01/17

605 Revenue Codes (cont.)

090X Behavioral Health Treatments/Services	
0900	General
0901	Electroshock therapy
091X Behavioral Health Treatments/Services	
0914	Individual therapy
0918	Testing
092X Other Diagnostic Services	
0920	General
0921	Peripheral vascular lab
0922	Electromyelogram
0924	Allergy testing
0929	Other diagnostic service
094X Other Therapeutic Services	
0940	General
0942	Education/training
0943	Cardiac rehabilitation
0944	Drug rehabilitation
0945	Alcohol rehabilitation

This publication contains codes that are copyrighted by the American Medical Association. Certain terms used in the service descriptions for HCPCS are defined in the *CPT 2017* codebook.

Commonwealth of Massachusetts MassHealth Provider Manual Series Acute Outpatient Hospital Manual	Subchapter Number and Title 6. Service Codes	Page 6-24
	Transmittal Letter AOH-41	Date 01/01/17

This page is reserved.