



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



MassHealth
Transmittal Letter AOH-43
November 2018

TO: Acute Outpatient Hospitals Participating in MassHealth

FROM: Daniel Tsai, Assistant Secretary for MassHealth

RE: *Acute Outpatient Hospital Manual* (2018 HCPCS and Revenue Code Updates)

This letter transmits revisions to Subchapter 6 of the *Acute Outpatient Hospital Manual*, as summarized below, which are effective for dates of service on or after January 1, 2018.

- The list of non-payable Current Procedural Terminology (CPT) service codes in Section 602, and payable Level II Healthcare Common Procedure Coding System (HCPCS) service codes in Section 603, were amended to reflect CPT/HCPCS coding updates issued by the Centers for Medicare & Medicaid Services for 2018.
- To streamline Subchapter 6, Section 601 was amended (under the heading “CPT Codes”) to indicate that, in addition to the non-payable CPT codes that are *listed* in Section 602, MassHealth also does not cover CPT Category II codes ending in F and CPT Category III codes ending in T in the acute outpatient hospital setting. Because they are now referenced in Section 601 as non-payable, CPT Category II codes ending in F and CPT Category III codes ending in T were accordingly removed from Section 602.
- The list of revenue codes in Section 605 was updated.

MassHealth also made certain technical corrections to Subchapter 6, including corrections to reflect certain CPT/HCPCS coding and modifier additions or deletions that MassHealth identified were inadvertently omitted in prior Subchapter 6 updates, and other technical corrections.

MassHealth providers must refer to the American Medical Association’s Current Procedural Terminology (CPT) codebook or the Healthcare Common Procedure Coding System (HCPCS) Level II codebook to obtain applicable service code descriptions.

MassHealth Website

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

To sign up to receive email alerts when MassHealth issues new transmittal letters and provider bulletins, send a blank email to join-masshealth-provider-pubs@listserv.state.ma.us. No text in the body or subject line is needed.

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 6-1 through 6-28

OBSOLETE MATERIAL

(The pages listed here are no longer in effect.)

Acute Outpatient Hospital Manual

Pages 6-1 through 6-14 and 6-17 through 6-24 — transmitted by Transmittal Letter AOH-41

Pages 6-15 and 6-16 — transmitted by Transmittal Letter AOH-42

Commonwealth of Massachusetts MassHealth Provider Manual Series Acute Outpatient Hospital Manual	Subchapter Number and Title 6. Service Codes	Page 6-1
	Transmittal Letter AOH-43	Date 01/01/18

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, 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 Applications*, **except** for those codes listed in Section 602 of this subchapter, CPT Category II codes ending in F, and CPT Category III codes ending in T.

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.

00100	15776	15825	19306	20805
through	15780	15826	19316	20808
01999	15781	15828	19355	20816
10040	15782	15829	19361	20824
11004	15783	15847	19364	20827
11005	15786	16036	19367	20838
11006	15787	17340	19368	20930
11008	15788	17360	19369	20936
11922	15789	17380	19396	20955
15756	15792	19271	20661	20956
15757	15793	19272	20664	20957
15758	15824	19305	20802	20962

Commonwealth of Massachusetts MassHealth Provider Manual Series Acute Outpatient Hospital Manual	Subchapter Number and Title 6. Service Codes	Page 6-2
	Transmittal Letter AOH-43	Date 01/01/18

602 Nonpayable Codes - CPT (cont.)

20969	21432	22585	24920	27177
20970	21433	22586	24930	27178
20985	21435	22590	24931	27179
21045	21436	22595	24940	27181
21120	21510	22600	25900	27185
21121	21615	22610	25905	27187
21122	21616	22630	25909	27215
21123	21620	22632	25915	27217
21125	21627	22633	25920	27218
21127	21630	22634	25924	27222
21141	21632	22800	25927	27226
21142	21705	22802	26551	27227
21143	21740	22804	26553	27228
21145	21750	22808	26554	27232
21146	21825	22810	26556	27236
21147	22010	22812	26992	27240
21151	22015	22818	27005	27244
21154	22110	22819	27025	27245
21155	22112	22830	27030	27248
21159	22114	22840	27036	27253
21160	22116	22841	27054	27254
21172	22206	22842	27070	27258
21179	22207	22843	27071	27259
21180	22208	22844	27075	27268
21182	22210	22845	27076	27269
21183	22212	22846	27077	27280
21184	22214	22847	27078	27282
21188	22216	22848	27090	27284
21193	22220	22849	27091	27286
21194	22222	22850	27120	27290
21196	22224	22852	27122	27295
21245	22226	22855	27125	27303
21246	22318	22856	27130	27365
21247	22319	22857	27132	27445
21248	22325	22858	27134	27447
21249	22326	22861	27137	27448
21255	22327	22862	27138	27450
21256	22328	22864	27140	27454
21268	22526	22865	27146	27455
21343	22527	23200	27147	27457
21344	22532	23210	27151	27465
21346	22533	23220	27156	27466
21347	22534	23335	27158	27468
21348	22548	23472	27161	27470
21366	22552	23474	27165	27472
21422	22554	23900	27170	27477
21423	22556	23920	27175	27479
21431	22558	24900	27176	27485

Commonwealth of Massachusetts MassHealth Provider Manual Series Acute Outpatient Hospital Manual	Subchapter Number and Title 6. Service Codes	Page 6-3
	Transmittal Letter AOH-43	Date 01/01/18

602 Nonpayable Codes - CPT (cont.)

27486	31380	32505	33050	33412
27487	31382	32506	33120	33413
27488	31390	32507	33130	33414
27495	31395	32540	33140	33415
27506	31584	32650	33141	33416
27507	31587	32651	33202	33417
27511	31725	32652	33203	33418
27513	31760	32653	33236	33420
27514	31766	32654	33237	33422
27519	31770	32655	33238	33425
27535	31775	32656	33243	33426
27536	31780	32658	33250	33427
27540	31781	32659	33251	33430
27556	31786	32661	33254	33460
27557	31800	32662	33255	33463
27558	31805	32663	33256	33464
27580	32035	32664	33257	33465
27590	32036	32665	33258	33468
27591	32096	32666	33259	33470
27592	32097	32667	33261	33471
27596	32098	32668	33265	33474
27598	32100	32669	33266	33475
27645	32110	32670	33300	33476
27646	32120	32671	33305	33478
27702	32124	32672	33310	33496
27703	32140	32673	33315	33500
27712	32141	32674	33320	33501
27715	32150	32800	33321	33502
27724	32151	32810	33322	33503
27725	32160	32815	33330	33504
27727	32200	32820	33361	33505
27880	32215	32850	33362	33506
27881	32220	32851	33363	33507
27882	32225	32852	33364	33510
27886	32310	32853	33365	33511
27888	32320	32854	33366	33512
28800	32440	32855	33367	33513
28805	32442	32856	33368	33514
31225	32445	32900	33369	33516
31230	32480	32905	33335	33517
31290	32482	32906	33400	33518
31291	32484	32940	33401	33519
31360	32486	32997	33403	33521
31365	32488	33015	33404	33522
31367	32491	33020	33405	33523
31368	32501	33025	33406	33530
31370	32503	33030	33410	33533
31375	32504	33031	33411	33534

Commonwealth of Massachusetts MassHealth Provider Manual Series Acute Outpatient Hospital Manual	Subchapter Number and Title 6. Service Codes	Page 6-4
	Transmittal Letter AOH-43	Date 01/01/18

602 Nonpayable Codes - CPT (cont.)

33535	33762	33917	33986	35081
33536	33764	33920	33987	35082
33542	33766	33922	33988	35091
33545	33767	33924	33989	35092
33548	33768	33925	33990	35102
33572	33770	33926	33991	35103
33600	33771	33930	33992	35111
33602	33774	33933	33993	35112
33606	33775	33935	34001	35121
33608	33776	33940	34051	35122
33610	33777	33944	34151	35131
33611	33778	33945	34401	35132
33612	33779	33946	34451	35141
33615	33780	33947	34502	35142
33617	33781	33948	34800	35151
33619	33782	33949	34802	35152
33620	33783	33951	34803	35182
33621	33786	33952	34804	35189
33622	33788	33953	34805	35211
33641	33800	33954	34806	35216
33645	33802	33955	34808	35221
33647	33803	33956	34812	35241
33660	33813	33957	34813	35246
33665	33814	33958	34820	35251
33670	33820	33959	34825	35271
33675	33822	33962	34826	35276
33676	33824	33963	34830	35281
33677	33840	33964	34831	35301
33681	33845	33965	34832	35302
33684	33851	33966	34833	35303
33688	33852	33967	34834	35304
33690	33853	33968	34841	35305
33692	33860	33969	34842	35306
33694	33863	33970	34843	35311
33697	33864	33971	34844	35331
33702	33870	33973	34845	35341
33710	33875	33974	34846	35351
33720	33877	33975	34847	35355
33722	33880	33976	34848	35361
33724	33881	33977	34878	35363
33726	33883	33978	34900	35371
33730	33884	33979	35001	35372
33732	33886	33980	35002	35390
33735	33889	33981	35005	35400
33736	33891	33982	35013	35450
33737	33910	33983	35021	35452
33750	33915	33984	35022	35501
33755	33916	33985	35045	35506

Commonwealth of Massachusetts MassHealth Provider Manual Series Acute Outpatient Hospital Manual	Subchapter Number and Title 6. Service Codes	Page 6-5
	Transmittal Letter AOH-43	Date 01/01/18

602 Nonpayable Codes - CPT (cont.)

35508	35645	37618	42961	43410
35509	35646	37660	42971	43415
35510	35647	37788	43045	43420
35511	35650	38100	43100	43425
35512	35654	38101	43101	43460
35515	35656	38102	43107	43496
35516	35661	38115	43108	43500
35518	35663	38212	43112	43501
35521	35665	38213	43113	43502
35522	35666	38214	43116	43520
35523	35671	38215	43117	43605
35525	35681	38380	43118	43610
35526	35682	38381	43121	43611
35531	35683	38382	43122	43620
35533	35691	38562	43123	43621
35535	35693	38564	43124	43622
35536	35694	38724	43135	43631
35537	35695	38746	43279	43632
35538	35697	38747	43282	43633
35539	35700	38765	43283	43634
35540	35701	38770	43300	43635
35556	35721	38780	43305	43640
35558	35741	39000	43310	43641
35560	35800	39010	43312	43644
35563	35820	39200	43313	43645
35565	35840	39220	43314	43771
35566	35870	39499	43320	43772
35570	35901	39501	43325	43773
35571	35905	39503	43327	43774
35583	35907	39540	43328	43775
35585	36415	39541	43330	43800
35587	36416	39545	43331	43810
35600	36468	39560	43332	43820
35601	36591	39561	43333	43825
35606	36592	39599	43334	43832
35612	36598	41130	43335	43840
35616	36660	41135	43336	43842
35621	36823	41140	43337	43843
35623	37140	41145	43338	43845
35626	37145	41150	43340	43846
35631	37160	41153	43341	43847
35632	37180	41155	43351	43848
35633	37181	41870	43352	43850
35634	37182	41872	43360	43855
35636	37215	42426	43361	43860
35637	37218	42845	43400	43865
35638	37616	42894	43401	43880
35642	37617	42953	43405	43881

Commonwealth of Massachusetts MassHealth Provider Manual Series Acute Outpatient Hospital Manual	Subchapter Number and Title 6. Service Codes	Page 6-6
	Transmittal Letter AOH-43	Date 01/01/18

602 Nonpayable Codes - CPT (cont.)

43882	44211	45126	47145	48146
44005	44212	45130	47146	48148
44010	44213	45135	47147	48150
44015	44227	45136	47300	48152
44020	44300	45349	47350	48153
44021	44310	45350	47360	48154
44025	44314	45390	47361	48155
44050	44316	45393	47362	48160
44055	44320	45395	47380	48400
44110	44322	45397	47381	48500
44111	44345	45398	47383	48510
44120	44346	45400	47400	48520
44121	44602	45402	47420	48540
44125	44603	45540	47425	48545
44126	44604	45550	47460	48547
44127	44605	45562	47480	48548
44128	44615	45563	47550	48550
44130	44620	45800	47570	48551
44132	44625	45805	47600	48552
44133	44626	45820	47605	48554
44135	44640	45825	47610	48556
44136	44650	46705	47612	49000
44137	44660	46710	47620	49002
44139	44661	46712	47700	49010
44140	44680	46715	47701	49020
44141	44700	46716	47711	49040
44143	44705	46730	47712	49060
44144	44715	46735	47715	49062
44145	44720	46740	47720	49203
44146	44721	46742	47721	49204
44147	44800	46744	47740	49205
44150	44820	46746	47741	49215
44151	44850	46748	47760	49220
44155	44899	46751	47765	49255
44156	44900	47010	47780	49412
44157	44950	47015	47785	49425
44158	44955	47100	47800	49428
44160	44960	47120	47801	49605
44187	45110	47122	47802	49606
44188	45111	47125	47900	49610
44202	45112	47130	48000	49611
44203	45113	47133	48001	49900
44204	45114	47135	48020	49904
44205	45116	47140	48100	49905
44206	45119	47141	48105	49906
44207	45120	47142	48120	50010
44208	45121	47143	48140	50040
44210	45123	47144	48145	50045

Commonwealth of Massachusetts MassHealth Provider Manual Series Acute Outpatient Hospital Manual	Subchapter Number and Title 6. Service Codes	Page 6-7
	Transmittal Letter AOH-43	Date 01/01/18

602 Nonpayable Codes - CPT (cont.)

50060	50660	51845	56640	58943
50065	50700	51860	57110	58950
50070	50715	51865	57111	58951
50075	50722	51900	57112	58952
50100	50725	51920	57270	58953
50120	50727	51925	57280	58954
50125	50728	51940	57296	58956
50130	50740	51960	57305	58957
50135	50750	51980	57307	58958
50205	50760	53415	57308	58960
50220	50770	53448	57311	58970
50225	50780	54125	57531	58974
50230	50782	54130	57540	58976
50234	50783	54135	57545	59070
50236	50785	54332	58140	59072
50240	50800	54336	58146	59120
50250	50810	54390	58150	59121
50280	50815	54411	58152	59130
50290	50820	54417	58180	59135
50300	50825	54430	58200	59136
50320	50830	54535	58210	59140
50323	50840	54650	58240	59325
50325	50845	54900	58267	59350
50327	50860	54901	58275	59412
50328	50900	55200	58280	59514
50329	50920	55300	58285	59525
50340	50930	55400	58293	59620
50360	50940	55605	58321	59830
50365	51060	55650	58322	59850
50370	51525	55801	58323	59851
50380	51530	55810	58345	59852
50400	51550	55812	58350	59855
50405	51555	55815	58400	59856
50500	51565	55821	58410	59857
50520	51570	55831	58520	59897
50525	51575	55840	58540	60254
50526	51580	55842	58548	60270
50540	51585	55845	58605	60505
50545	51590	55862	58611	60521
50546	51595	55865	58700	60522
50547	51596	55866	58720	60540
50548	51597	55870	58740	60545
50600	51701	56630	58750	60600
50605	51702	56631	58752	60605
50610	51800	56632	58760	60650
50620	51820	56633	58822	61105
50630	51840	56634	58825	61107
50650	51841	56637	58940	61108

Commonwealth of Massachusetts MassHealth Provider Manual Series Acute Outpatient Hospital Manual	Subchapter Number and Title 6. Service Codes	Page 6-8
	Transmittal Letter AOH-43	Date 01/01/18

602 Nonpayable Codes - CPT (cont.)

61120	61536	61613	62145	63197
61140	61537	61615	62146	63198
61150	61538	61616	62147	63199
61151	61539	61618	62148	63200
61154	61540	61619	62161	63250
61156	61541	61624	62162	63251
61210	61543	61630	62163	63252
61250	61544	61635	62164	63265
61253	61545	61640	62165	63266
61304	61546	61641	62180	63267
61305	61548	61642	62190	63268
61312	61550	61680	62192	63270
61313	61552	61682	62200	63271
61314	61556	61684	62201	63272
61315	61557	61686	62220	63273
61316	61558	61690	62223	63275
61320	61559	61692	62256	63276
61321	61563	61697	62258	63277
61322	61564	61698	62287	63278
61323	61566	61700	63043	63280
61332	61567	61702	63044	63281
61333	61570	61703	63050	63282
61340	61571	61705	63051	63283
61343	61575	61708	63076	63285
61345	61576	61710	63077	63286
61450	61580	61711	63078	63287
61458	61581	61735	63081	63290
61460	61582	61750	63082	63295
61480	61583	61751	63085	63300
61500	61584	61760	63086	63301
61501	61585	61850	63087	63302
61510	61586	61860	63088	63303
61512	61590	61863	63090	63304
61514	61591	61864	63091	63305
61516	61592	61867	63101	63306
61517	61595	61868	63102	63307
61518	61596	61870	63103	63308
61519	61597	62005	63170	63700
61520	61598	62010	63172	63702
61521	61600	62100	63173	63704
61522	61601	62115	63180	63706
61524	61605	62117	63182	63707
61526	61606	62120	63185	63709
61530	61607	62121	63190	63710
61531	61608	62140	63191	63740
61533	61610	62141	63194	64755
61534	61611	62142	63195	64760
61535	61612	62143	63196	64809

Commonwealth of Massachusetts MassHealth Provider Manual Series Acute Outpatient Hospital Manual	Subchapter Number and Title 6. Service Codes	Page 6-9
	Transmittal Letter AOH-43	Date 01/01/18

602 Nonpayable Codes - CPT (cont.)

64818	77520	80360	81250	81340
64866	77522	80361	81251	81341
64868	77523	80362	81252	81342
65273	77525	80363	81253	81350
65760	77790	80364	81254	81355
65765	78267	80365	81255	81370
65767	78268	80366	81256	81371
65771	78351	80367	81257	81372
65782	80320	80368	81260	81373
69090	80321	80369	81261	81374
69155	80322	80370	81262	81375
69535	80323	80371	81263	81376
69554	80324	80372	81264	81377
69950	80325	80373	81265	81378
71552	80326	80374	81266	81379
72159	80327	80375	81267	81380
72198	80328	80376	81270	81381
73225	80329	80377	81275	81382
74263	80330	80500	81290	81383
75571	80331	80502	81291	81400
75952	80332	81200	81292	81401
75953	80333	81201	81293	81402
75954	80334	81202	81294	81403
75956	80335	81203	81295	81404
75957	80336	81205	81296	81405
75958	80337	81206	81297	81406
75959	80338	81207	81298	81407
76140	80339	81208	81299	81408
76390	80340	81209	81300	81413
76496	80341	81210	81301	81414
76497	80342	81213	81302	81422
76498	80343	81214	81303	81500
77086	80344	81216	81304	81503
77336	80345	81220	81310	81506
77370	80346	81221	81315	81508
77371	80347	81222	81316	81509
77372	80348	81223	81317	81510
77373	80349	81224	81318	81511
77385	80350	81225	81319	81512
77386	80351	81226	81321	81559
77401	80352	81227	81322	82075
77402	80353	81235	81323	82962
77407	80354	81240	81324	83987
77412	80355	81241	81325	84145
77417	80356	81242	81326	84431
77423	80357	81243	81330	84830
77424	80358	81244	81331	86079
77425	80359	81245	81332	86305

Commonwealth of Massachusetts MassHealth Provider Manual Series Acute Outpatient Hospital Manual	Subchapter Number and Title 6. Service Codes	Page 6-10
	Transmittal Letter AOH-43	Date 01/01/18

602 Nonpayable Codes - CPT (cont.)

86890	89268	90865	92992	96155
86891	89272	90875	92993	96160
86910	89280	90876	93583	96161
86911	89281	90880	93660	96376
86927	89290	90885	93668	96567
86930	89291	90889	93702	96570
86931	89321	90901	93770	96571
86945	89322	90911	93786	96573
86950	89325	90940	93895	96574
86960	89329	90989	94005	96902
86965	89330	90993	94015	96904
86985	89331	90997	94644	97169
87150	89335	90999	94645	97014
87153	89342	91112	95012	97169
87493	89343	91132	95052	97170
87662	89344	91133	95120	97171
88000	89346	92314	95125	97172
88005	89352	92315	95130	97537
88007	89353	92316	95131	97545
88012	89354	92317	95132	97546
88014	89356	92325	95133	97755
88016	89398	92352	95134	98940
88020	90586	92353	95824	98941
88025	90587	92354	95965	98942
88027	90634	92355	95966	98943
88028	90644	92358	95992	98960
88029	90647	92371	96000	98961
88036	90648	92531	96001	98962
88037	90649	92532	96002	98966
88040	90650	92533	96003	98967
88045	90653	92534	96004	98968
88099	90655	92548	96040	98969
88125	90657	92559	96101	99000
88333	90672	92560	96102	99001
88334	90680	92561	96103	99002
88738	90681	92562	96105	99024
88749	90685	92564	96111	99026
89250	90687	92597	96116	99027
89251	90697	92605	96118	99053
89253	90698	92606	96119	99056
89254	90700	92613	96120	99058
89255	90702	92615	96125	99060
89257	90723	92617	96127	99071
89258	90743	92630	96150	99075
89259	90744	92633	96151	99078
89260	90748	92970	96152	99080
89261	90845	92971	96153	99082
89264	90863	92975	96154	99090

Commonwealth of Massachusetts MassHealth Provider Manual Series Acute Outpatient Hospital Manual	Subchapter Number and Title 6. Service Codes	Page 6-11
	Transmittal Letter AOH-43	Date 01/01/18

602 Nonpayable Codes - CPT (cont.)

99091	99251	99344	99402	99489
99100	99252	99345	99403	99490
99116	99253	99347	99404	99495
99135	99254	99348	99406	99496
99140	99255	99349	99408	99497
99151	99288	99350	99409	99498
99152	99315	99354	99411	99500
99153	99316	99355	99412	99501
99155	99318	99356	99429	99502
99156	99324	99357	99441	99503
99157	99325	99358	99442	99504
99172	99326	99359	99443	99505
99174	99327	99360	99444	99506
99177	99328	99366	99446	99507
99184	99334	99367	99447	99509
99190	99335	99368	99448	99510
99191	99336	99374	99449	99511
99192	99337	99375	99450	99512
99241	99339	99377	99455	99601
99242	99340	99378	99456	99602
99243	99341	99379	99485	99605
99244	99342	99380	99486	99606
99245	99343	99401	99487	99607

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 hospital satellite clinics.

Commonwealth of Massachusetts MassHealth Provider Manual Series Acute Outpatient Hospital Manual	Subchapter Number and Title 6. Service Codes	Page 6-12
	Transmittal Letter AOH-43	Date 01/01/18

603 Payable Level II HCPCS Codes (cont.)

A4261	J0256	J0712	J1428	J1790
A4266	J0257	J0713	J1438	J1800
A4267	J0285	J0715	J1439	J1815
A4268	J0287	J0716	J1442	J1826
A4269	J0289	J0717	J1447	J1830
A4641	J0290	J0720	J1453	J1840
A4648	J0295	J0740	J1455	J1850
A9500	J0348	J0743	J1458	J1885
A9502	J0364	J0770	J1459	J1890
A9503	J0400	J0775	J1460	J1930
A9505	J0401	J0780	J1555	J1931
A9512	J0456	J0833	J1556	J1942
A9537	J0461	J0834	J1557	J1950
A9575	J0470	J0840	J1559	J1956
A9576	J0475	J0850	J1561	J1990
A9577	J0476	J0875	J1562	J2060
A9578	J0485	J0878	J1566	J2150
A9579	J0490	J0881	J1568	J2170
A9581	J0558	J0882	J1569	J2175
A9585	J0561	J0883	J1571	J2182
A9606	J0565	J0884	J1572	J2212
G0027	J0570	J0885	J1573	J2248
G0105	J0571	J0887	J1575	J2250
G0108	J0572	J0888	J1580	J2265
G0109	J0573	J0890	J1599	J2270
G0121	J0574	J0894	J1602	J2274
G0270	J0575	J0895	J1626	J2278
G0271	J0585	J0897	J1627	J2300
G0277	J0586	J1000	J1630	J2310
G0279	J0587	J1020	J1642	J2315
G0297	J0588	J1030	J1644	J2323
G0455	J0592	J1040	J1645	J2326
G0480	J0594	J1050	J1650	J2350
G0481	J0596	J1071	J1652	J2353
G0482	J0598	J1094	J1655	J2354
G0483	J0604	J1100	J1670	J2355
G6001	J0636	J1130	J1700	J2357
through	J0637	J1160	J1710	J2358
G6015	J0638	J1170	J1720	J2400
J0129	J0640	J1190	J1726	J2405
J0131	J0641	J1200	J1729	J2407
J0135	J0670	J1212	J1740	J2426
J0153	J0690	J1240	J1743	J2430
J0171	J0692	J1260	J1744	J2440
J0178	J0694	J1290	J1745	J2460
J0202	J0696	J1300	J1750	J2469
J0215	J0697	J1320	J1756	J2502
J0221	J0702	J1322	J1786	J2503

Commonwealth of Massachusetts MassHealth Provider Manual Series Acute Outpatient Hospital Manual	Subchapter Number and Title 6. Service Codes	Page 6-13
	Transmittal Letter AOH-43	Date 01/01/18

603 Payable Level II HCPCS Codes (cont.)

J2504	J3250	J7320	J9015	J9213
J2505	J3262	J7321	J9017	J9214
J2507	J3285	J7322	J9019	J9215
J2510	J3300	J7323	J9020	J9216
J2515	J3301	J7324	J9022	J9217
J2540	J3302	J7325	J9023	J9218
J2543	J3303	J7326	J9025	J9219
J2545	J3315	J7327	J9031	J9225
J2550	J3357	J7328	J9032	J9226
J2560	J3360	J7336	J9033	J9228
J2562	J3370	J7340	J9034	J9230
J2675	J3380	J7342	J9035	J9250
J2680	J3385	J7345	J9039	J9260
J2700	J3396	J7500	J9040	J9261
J2704	J3410	J7502	J9041	J9262
J2760	J3411	J7503	J9042	J9263
J2778	J3430	J7504	J9043	J9264
J2785	J3465	J7507	J9045	J9266
J2786	J3471	J7508	J9047	J9267
J2788	J3472	J7509	J9050	J9268
J2790	J3473	J7510	J9055	J9271
J2791	J3475	J7511	J9060	J9280
J2792	J3486	J7512	J9065	J9293
J2793	J3489	J7515	J9070	J9295
J2794	J3490	J7517	J9098	J9299
J2795	J3590	J7518	J9100	J9301
J2796	J7030	J7520	J9120	J9302
J2820	J7040	J7527	J9130	J9303
J2840	J7050	J7599	J9145	J9305
J2910	J7060	J7608	J9155	J9306
J2916	J7070	J7614	J9160	J9307
J2920	J7120	J7620	J9171	J9308
J2930	J7131	J7626	J9176	J9310
J2940	J7205	J7633	J9178	J9315
J2941	J7296	J7639	J9179	J9320
J2997	J7297	J7644	J9181	J9325
J3000	J7298	J7665	J9185	J9328
J3010	J7301	J7669	J9190	J9330
J3030	J7303	J7676	J9200	J9340
J3060	J7304	J7682	J9201	J9351
J3090	J7307	J7686	J9202	J9352
J3095	J7309	J7699	J9205	J9354
J3110	J7310	J7799	J9206	J9355
J3121	J7311	J7999	J9207	J9357
J3145	J7312	J8562	J9208	J9360
J3230	J7313	J8655	J9209	J9370
J3240	J7315	J8670	J9211	J9371
J3243	J7316	J9000	J9212	

Commonwealth of Massachusetts MassHealth Provider Manual Series Acute Outpatient Hospital Manual	Subchapter Number and Title 6. Service Codes	Page 6-14
	Transmittal Letter AOH-43	Date 01/01/18

603 Payable Level II HCPCS Codes (cont.)

	Q4132
J9390	Q4133
J9395	Q4161
J9400	Q4162
J9999	Q4163
L8614	Q4164
L8615	Q4165
L8616	Q5101
L8617	Q9950
L8618	Q9980
L8619	S0020
L8690	S0021
L8691	S0023
Q0081	S0028
Q0083	S0077
Q0084	S0190
Q0138	S0191
Q0139	S0199
Q0162	S0302
Q2009	S2083
Q2017	S2260
Q2028	S3005
Q2035	S4989
Q2036	S4993
Q2037	T1023
Q2038	V2600
Q2043	V2610
Q2049	V2615
Q2050	V2799
Q4074	
Q4081	
Q4100	
Q4101	
Q4102	
Q4103	
Q4104	
Q4105	
Q4106	
Q4107	
Q4108	
Q4110	
Q4111	
Q4112	
Q4113	
Q4114	
Q4115	
Q4121	
Q4131	

Commonwealth of Massachusetts MassHealth Provider Manual Series Acute Outpatient Hospital Manual	Subchapter Number and Title 6. Service Codes	Page 6-15
	Transmittal Letter AOH-43	Date 01/01/18

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
52	Reduced services
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
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
90	Reference (outside) laboratory
91	Repeat clinical diagnostic laboratory test
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

Commonwealth of Massachusetts MassHealth Provider Manual Series Acute Outpatient Hospital Manual	Subchapter Number and Title 6. Service Codes	Page 6-16
	Transmittal Letter AOH-43	Date 01/01/18

604 Modifiers (cont.)

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)
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
GN	Services delivered under an outpatient speech language pathology therapy plan of care
GO	Services delivered under an outpatient occupational therapy plan of care
GP	Services delivered under an outpatient physical therapy plan of care
LC	Left circumflex, coronary artery
LD	Left anterior descending coronary artery
LM	Left main, coronary artery
LT	Left side (used to identify procedures performed on the left side of the body)
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
RI	Ramus intermedius 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 6-17
	Transmittal Letter AOH-43	Date 01/01/18

604 Modifiers (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, Including Postnatal Depression 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) younger than 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.
UD	Completed behavioral health screening for members birth through 6 months, for the administration and scoring of the Edinburgh Postnatal Depression Scale. UD must be used together with one of the above modifiers, U1 or U2.

Modifiers for Perinatal (Prenatal and Postpartum) Depression Screening

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. Code S3005 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 Acute Outpatient Hospital Manual	Subchapter Number and Title 6. Service Codes	Page 6-18
	Transmittal Letter AOH-43	Date 01/01/18

604 Modifiers (cont.)

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:

<https://www.mass.gov/service-details/postpartum-depression-resources-for-healthcare-providers>.

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 6-19
	Transmittal Letter AOH-43	Date 01/01/18

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 <https://www.optum360coding.com>.

Revenue Code	Description
025X Pharmacy	
0250	General
0251	Generic drugs
0252	Nongeneric drugs
0254	Drugs incident to other diagnostic services
0255	Drugs incident to radiology
0257	Nonprescription drugs
0258	IV solutions
0259	Other pharmacy
026X IV Therapy	
0260	General
0269	Other IV therapy
027X Medical/Surgical Supplies and Devices – General	
0270	General
0271	Nonsterile supply
0272	Sterile supply
0274	Prosthetic/orthotic devices
0276	Intraocular lens
0278	Other implants
0279	Other supplies/devices
028X Oncology	
0280	General
0289	Other

Commonwealth of Massachusetts MassHealth Provider Manual Series Acute Outpatient Hospital Manual	Subchapter Number and Title 6. Service Codes	Page 6-20
	Transmittal Letter AOH-43	Date 01/01/18

029X DME	
0290	General
0291	Rental
0292	Purchase of new DME
0293	Purchase of used DME
0294	Supplies/drugs for DME
0299	Other equipment
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

Commonwealth of Massachusetts MassHealth Provider Manual Series Acute Outpatient Hospital Manual	Subchapter Number and Title 6. Service Codes	Page 6-21
	Transmittal Letter AOH-43	Date 01/01/18

605 Revenue Codes (cont.)

0335	Chemotherapy administration – IV
0339	Therapeutic and/or chemo admin
034X Nuclear Medicine	
0340	General
0341	Diagnostic
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
0374	Acupuncture
0379	Other anesthesia
039X Blood Storage and Processing	

Commonwealth of Massachusetts MassHealth Provider Manual Series Acute Outpatient Hospital Manual	Subchapter Number and Title 6. Service Codes	Page 6-22
	Transmittal Letter AOH-43	Date 01/01/18

605 Revenue Codes (cont.)

0390	General
0391	Administration
0399	Other processing and storage
040X Other Imaging Services	
0400	General
0401	Diagnostic mammography
0402	Ultrasound
0403	Screening mammography
0404	Positron emission tomography (PET)
0409	Other imaging services
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
0429	Other physical therapy
043X Occupational Therapy	
0430	General
0431	Visit charge
0433	Group rate
0434	Evaluation or reevaluation
0439	Other occupational therapy
044X Speech-Language Pathology	
0440	General
0441	Visit charge
0443	Group rate
0444	Evaluation or reevaluation

Commonwealth of Massachusetts MassHealth Provider Manual Series Acute Outpatient Hospital Manual	Subchapter Number and Title 6. Service Codes	Page 6-23
	Transmittal Letter AOH-43	Date 01/01/18

605 Revenue Codes (cont.)

0449	Other speech therapy
045X Emergency Room	
0450	General
0451	EMTALA Emergency Medical Screening services
0452	ER beyond EMTALA screening
0456	Urgent care
0459	Other ER
046X Pulmonary Function	
0460	General
0469	Other
047X Audiology	
0470	General
0471	Diagnostic
0472	Treatment
0479	Other
048X Cardiology	
0480	General
0481	Cardiac catheterization lab
0482	Stress test
0483	Echocardiology
0489	Other
049X Ambulatory Surgical Care	
0490	General
0499	Other
050X Outpatient	
0500	General
0509	Other
051X Clinic	
0510	General
0512	Dental clinic
0513	Psychiatric clinic
0514	OB/GYN

Commonwealth of Massachusetts MassHealth Provider Manual Series Acute Outpatient Hospital Manual	Subchapter Number and Title 6. Service Codes	Page 6-24
	Transmittal Letter AOH-43	Date 01/01/18

605 Revenue Codes (cont.)

0515	Pediatric clinic
0516	Urgent care clinic
0517	Family practice clinic
0519	Other
053X Osteopathic Services	
0530	General
0531	Osteopathic therapy
0539	Other osteopathic services
061X Magnetic Resonance Technology	
0610	General
0611	MRI – brain
0612	MRI – spinal cord
0614	Other MRI
0615	MRA head and neck
0616	MRA lower extremities
0618	Other MRA
0619	Other MRT
062X Medical/Surgical Supplies	
0621	Supplies incident to radiology
0622	Supplies incident to other diagnostic services
0623	Surgical dressings
063X Pharmacy	
0631	Single source drug
0632	Multiple source drug
0633	Restrictive prescription
0634	EPO less than 10,000 units
0635	EPO, 10,000 or more units
0636	Drugs requiring detail coding
0637	Self-administered drugs
068X Trauma Response	
0681	Level I

Commonwealth of Massachusetts MassHealth Provider Manual Series Acute Outpatient Hospital Manual	Subchapter Number and Title 6. Service Codes	Page 6-25
	Transmittal Letter AOH-43	Date 01/01/18

605 Revenue Codes (cont.)

0682	Level II
0683	Level III
0684	Level IV
0689	Other trauma response
070X Cast Room	
0700	General
071X Recovery Room	
0710	General
072X Labor Room/Delivery	
0720	General
0721	Labor
0722	Delivery
0723	Circumcision
0724	Birthing center
0729	Other labor room/delivery
073X EKG/ECG	
0730	General
0731	Holter monitor
0732	Telemetry
0739	Other EKG/ECG
074X EEG	
0740	General
075X Gastroenterology	
0750	General
760X Treatment/Observation Room	
0760	General
0761	Treatment room
0762	Observation hours
0769	Other specialty services
077X Preventive Services	
0770	General
0771	Vaccine administration

Commonwealth of Massachusetts MassHealth Provider Manual Series Acute Outpatient Hospital Manual	Subchapter Number and Title 6. Service Codes	Page 6-26
	Transmittal Letter AOH-43	Date 01/01/18

605 Revenue Codes (cont.)

	079X Extra-Corporeal Shock Wave Therapy
0790	Extra-Corporeal Shock wave therapy-general
	082X Hemodialysis
0820	General
0821	Hemodialysis composite/other rate
0825	Support Services
0826	Shorter duration
0829	Other outpatient Hemodialysis
	083X Peritoneal Dialysis
0830	General
0831	Peritoneal composite/other rate
0835	Support Services
0839	Other outpatient peritoneal dialysis
	084X CAPD
0840	General
0841	CAPD composite/other rate
0845	Support Services
0849	Other
	085X CCPD
0850	General
0851	CCPD composite/other rate
0855	Support Services
0859	Other
	090X Behavioral Health Treatments/Services
0900	General
0901	Electroshock therapy
0905	Intensive outpatient psychiatric
	091X Behavioral Health Treatments/Services
0914	Individual therapy
0915	Group therapy
0916	Family therapy
0918	Testing

Commonwealth of Massachusetts MassHealth Provider Manual Series Acute Outpatient Hospital Manual	Subchapter Number and Title 6. Service Codes	Page 6-27
	Transmittal Letter AOH-43	Date 01/01/18

605 Revenue Codes (cont.)

0919	Other
092X Other Diagnostic Services	
0920	General
0921	Peripheral vascular lab
0922	Electromyelogram
0923	Pap Smear
0924	Allergy testing
0925	Pregnancy test
0929	Other diagnostic service
094X Other Therapeutic Services	
0940	General
0942	Education/training
0943	Cardiac rehabilitation
0944	Drug rehabilitation
0945	Alcohol rehabilitation
0948	Pulmonary rehabilitation
0949	Other therapeutic services

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 *Current Procedural Terminology (CPT)* codebook.

Commonwealth of Massachusetts MassHealth Provider Manual Series Acute Outpatient Hospital Manual	Subchapter Number and Title 6. Service Codes	Page 6-28
	Transmittal Letter AOH-43	Date 01/01/18

This page is reserved