



**Commonwealth of Massachusetts**  
**Executive Office of Health and Human Services**  
**Office of Medicaid**

*www.mass.gov/masshealth*



MassHealth  
Transmittal Letter AOH-45  
February 2020

**TO:** Acute Outpatient Hospitals Participating in MassHealth

**FROM:** Daniel Tsai, Assistant Secretary for MassHealth

**RE:** *Acute Outpatient Hospital Manual* (New MassHealth Third-Party Administrator for Prior Authorization; New Prior Authorization Requirements)

### **Summary**

This letter transmits updates to Subchapter 6 of the *Acute Outpatient Hospital Manual* regarding new requirements for prior authorization (PA) for the provision of advanced imaging services, non-obstetric ultrasounds, polysomnography, and cardiology services. This PA requirement applies to outpatient services only and does not apply to services rendered in an emergency department or an inpatient setting.

This change will impact only those members enrolled in MassHealth fee-for-service, a Primary Care ACO plan, or the Primary Care Clinician (PCC) plan. Providers serving members enrolled in a MassHealth-contracted accountable care partnership plan (ACPP), managed care organization (MCO), integrated care organization (ICO), senior care organization (SCO), or Program of All-inclusive Care for the Elderly (PACE) should refer to the ACPP's, MCO's, ICO's, SCO's, or PACE's medical policies for covered services.

### **New MassHealth Third-Party Administrator for Prior Authorization**

As part of MassHealth's efforts to provide its members with access to high quality, cost-effective care, MassHealth has contracted with eviCore healthcare (eviCore) to provide utilization management programs for advanced imaging services, non-obstetric ultrasounds, polysomnography, and cardiology services. Among other things, eviCore will evaluate all requests for PA for the services identified in this letter.

In the coming weeks, eviCore will be leading training sessions designed to assist provider organizations in fulfilling the new utilization management program requirements, such as the new PA requirements communicated by this letter. eviCore will offer these online training sessions on a variety of dates and times to accommodate provider availability and to encourage participation.

During these sessions, eviCore will provide a detailed overview of the new PA requirements, along with instructions for navigating the eviCore website at [www.evicore.com](http://www.evicore.com). Providers will also have the opportunity to ask questions and seek additional clarification where needed.

The training session offerings for each program are outlined in the following table.

Web Training Sessions			
Date	Day	Program	Time
2/11/2020	Tuesday	Radiology/Cardiology	2 p.m.–3 p.m.
2/11/2020	Tuesday	Sleep	1 p.m.–2 p.m.
2/13/2020	Thursday	Radiology/Cardiology	11 a.m.–12 p.m.
2/13/2020	Thursday	Sleep	9 a.m.–10 a.m.
2/18/2020	Tuesday	Radiology/Cardiology	11 a.m.–12 p.m.
2/18/2020	Tuesday	Sleep	9 a.m.–10 a.m.
2/19/2020	Wednesday	Radiology/Cardiology	10 a.m.–11 a.m.
2/19/2020	Wednesday	Sleep	12 p.m.–1 p.m.
2/21/2020	Friday	Radiology/Cardiology	2 p.m.–3 p.m.
2/21/2020	Friday	Sleep	3 p.m.–4 p.m.

Forums			
Date	Day	Program	Time
4/2/2020	Thursday	Radiology/Cardiology	9 a.m.–10 a.m.
4/6/2020	Monday	Sleep	1 p.m.–2 p.m.

### How to Register

Please read the following instructions to register for and participate in a session:

1. Once you have selected a session, please go to <http://eviCore.webex.com/>
2. Click on the menu bar on the upper left hand side—the three horizontal lines underneath the eviCore healthcare logo. Then choose “Webex Training”
3. Under Live Sessions, click the “Upcoming” tab, then enter the desired topic name exactly as listed in the table and search
4. Click “Register” next to the session(s) with the date and time you wish to attend
5. Complete the registration information

After you have registered for the online training session, you will receive an email containing the toll-free phone number, meeting number, conference password, and a link to access the web portion of the session. **Please keep the registration email so you will have the link to the Web conference and the call-in number for the session in which you will be participating.**

This information will not be sent a second time in advance of the training.

## New Prior Authorization Requirements

**Effective March 1, 2020**, MassHealth will require PA for the services and Current Procedural Terminology (CPT) codes listed below. Between March 1, 2020, and May 31, 2020, MassHealth will implement an informational edit that will not deny claims for services and codes requiring PA, but instead will inform providers of the PA requirement for those services and codes.

**Beginning June 1, 2020**, MassHealth will deny claims for services and codes requiring PA if the provider has not obtained PA. MassHealth and eviCore will provide technical assistance to providers during the rollout phase.

- **Turnaround Time:** eviCore will render a decision within 2 business days of a timely, complete request for PA.
- **Urgent and Emergent Care:** MassHealth is committed to ensuring patient access to necessary care and is working closely in partnership with eviCore to ensure that PA requests are processed in a timely manner and that there are appropriate processes in place to address urgent service needs. PA will not be required for services rendered in the emergency department, and there will be an option to submit same-day urgent PA requests, which will be processed within a maximum of 4 hours. If urgent requests meet medical necessity criteria and all required documentation is submitted, urgent requests can be approved in real time.
- **Window to Submit PA:** PA can be requested for a service rendered up to 14 days after the date of service.
- **Technical & Professional:** When a code requires a professional and a technical component (TC), PA is required for the technical component only, and the TC modifier must be included on the PA request.
- **Referrals:** If Primary Care Provider (PCP) referrals are required for the service requested, the PA will not override the referral requirement. For such services, MassHealth still requires a referral in addition to the PA.

## Prior Authorization Denials and Appeals Process

If a PA request is lacking necessary documentation, eviCore will contact the provider to obtain the missing information. If the provider fails to submit the requested documentation within 10 days of eviCore's request, eviCore will issue an administrative denial of the request for PA. Upon receipt of a timely, complete submission, eviCore will review and approve, deny, or modify the request within 2 business days.

Once eviCore has rendered a decision, eviCore will notify the provider by fax or eviCore's web portal. If eviCore has denied or modified a PA request, eviCore will also notify the member of this fact by mail. This communication will also explain the member's appeal rights and include an appeal form. The member will have 30 days to appeal that decision to the Board of Hearings (BOH).

If eviCore has denied or modified a request for PA, the provider may request a peer-to-peer consultation with an eviCore clinician to review the clinical aspects of the case. Providers may request such consultations through eviCore's online portal. A provider's request for a peer-to-peer consultation does not alter or enlarge the time in which the member can request a fair hearing related to the denial or modification of the prior authorization request.

If eviCore overturns the denial or modification after the peer-to-peer consultation, the provider will be notified through the web portal and eviCore will work with the member to withdraw any requests for a hearing through the BOH.

### **Clinical Guidelines to Evaluate PA Requests**

eviCore's Clinical Guidelines will be used to determine medical necessity and evaluate requests for PA by service category. Provider requests for authorization of the following services and codes must adhere to eviCore's clinical guidelines, which are available on eviCore's website and can be found at the following URL: <https://www.evicore.com/provider/clinical-guidelines>.

### **Advanced Imaging CPT Codes**

70336	70554	72191	73725	76377
70450	70555	72192	74150	76380
70460	71250	72193	74160	76391
70470	71260	72194	74170	77021
70480	71270	72195	74174	77022
70481	71275	72196	74175	77046
70482	71550	72197	74176	77047
70486	71551	73200	74177	77048
70487	71555	73201	74178	77049
70488	72125	73202	74181	77078
70490	72126	73206	74182	77084
70491	72127	73218	74183	78451
70492	72128	73219	74185	78452
70496	72129	73220	74261	78491
70498	72130	73221	74262	78492
70540	72131	73222	74712	78494
70542	72132	73223	74713	78608
70543	72133	73700	75557	78609
70544	72141	73701	75559	78811
70545	72142	73702	75561	78812
70546	72146	73706	75563	78813
70547	72147	73718	75565	78814
70548	72148	73719	75572	78815
70549	72149	73720	75573	78816
70551	72156	73721	75574	G0297
70552	72157	73722	75635	
70553	72158	73723	76376	

**Non-obstetric Ultrasound CPT Codes**

78453	78459	78469	78473	78483
78454	78466	78472	78481	78496

**Polysomnography (Sleep) Studies CPT Codes**

95782	95800	95806	95808	95811
95783	95805	95807	95810	G0399

**Cardiac Stress Tests CPT Codes**

78451	78453	78491	78459	93351
78452	78454	78492	93350	

Providers must submit clinical documentation with PA requests for these services. Follow the links below for further guidance:

<https://www.evicore.com/insights/how-to-speed-up-prior-authorization>  
<https://www.evicore.com/resources/healthplan/masshealth>

To submit a PA request for these services, follow the link below.

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

MassHealth reviews requests for PA on the basis of medical necessity. If MassHealth approves the request, payment is still subject to all general conditions of MassHealth, including member eligibility, other insurance, and program restrictions.

**MassHealth Website**

This transmittal letter and attached pages are available on the MassHealth website at [www.mass.gov/masshealth-transmittal-letters](http://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](mailto:join-masshealth-provider-pubs@listserv.state.ma.us). No text in the body or subject line is needed.

**Questions or Concerns**

If you have any questions or concerns about the information in this transmittal letter, please contact the MassHealth Customer Service Center at (800) 841-2900, email your inquiry to [providersupport@mahealth.net](mailto: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 6-30

OBSOLETE MATERIAL

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

Acute Outpatient Hospital Manual

Pages 6-1 through 6-28 — transmitted by Transmittal Letter AOH-44

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>	<b>Subchapter Number and Title</b> 6. Service Codes and Descriptions	<b>Page</b> 6-1
Acute Outpatient Hospital Manual	<b>Transmittal Letter</b> AOH-45	<b>Date</b> 03/01/20

## 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, Diagnostic 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 Commonwealth 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	19316	20808
through	15780	15826	19355	20816
01999	15781	15828	19361	20824
10040	15782	15829	19364	20827
11004	15783	15847	19367	20838
11005	15786	16036	19368	20930
11006	15787	17340	19369	20936
11008	15788	17360	19396	20955
11922	15789	19271	20661	20956
15756	15792	19272	20664	20957
15757	15793	19305	20802	20962
15758	15824	19306	20805	20969

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>	<b>Subchapter Number and Title</b> 6. Service Codes and Descriptions	<b>Page</b> 6-2
Acute Outpatient Hospital Manual	<b>Transmittal Letter</b> AOH-45	<b>Date</b> 03/01/20

602 Nonpayable CPT Codes (cont.)

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



<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>	<b>Subchapter Number and Title</b> 6. Service Codes and Descriptions	<b>Page</b> 6-3
Acute Outpatient Hospital Manual	<b>Transmittal Letter</b> AOH-45	<b>Date</b> 03/01/20

602 Nonpayable CPT Codes (cont.)

27447	27880	32151	32673	33289
27448	27881	32160	32674	33300
27450	27882	32200	32800	33305
27454	27886	32215	32810	33310
27455	27888	32220	32815	33315
27457	28800	32225	32820	33320
27465	28805	32310	32850	33321
27466	31225	32320	32851	33322
27468	31230	32440	32852	33330
27470	31290	32442	32853	33335
27472	31291	32445	32854	33340
27477	31360	32480	32855	33361
27479	31365	32482	32856	33362
27485	31367	32484	32900	33363
27486	31368	32486	32905	33364
27487	31370	32488	32906	33365
27488	31375	32491	32940	33366
27495	31380	32501	32997	33367
27506	31382	32503	33015	33368
27507	31390	32504	33020	33369
27511	31395	32505	33025	33391
27513	31584	32506	33030	33404
27514	31587	32507	33031	33405
27519	31725	32540	33050	33406
27535	31760	32650	33120	33410
27536	31766	32651	33130	33411
27540	31770	32652	33140	33412
27556	31775	32653	33141	33413
27557	31780	32654	33202	33414
27558	31781	32655	33203	33415
27580	31786	32656	33236	33416
27590	31800	32658	33237	33417
27591	31805	32659	33238	33418
27592	32035	32661	33243	33420
27596	32036	32662	33250	33422
27598	32096	32663	33251	33425
27645	32097	32664	33254	33426
27646	32098	32665	33255	33427
27702	32100	32666	33256	33430
27703	32110	32667	33257	33460
27712	32120	32668	33258	33463
27715	32124	32669	33259	33464
27724	32140	32670	33261	33465
27725	32141	32671	33265	33468
27727	32150	32672	33266	33470

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>	<b>Subchapter Number and Title</b> 6. Service Codes and Descriptions	<b>Page</b> 6-4
Acute Outpatient Hospital Manual	<b>Transmittal Letter</b> AOH-45	<b>Date</b> 03/01/20

602 Nonpayable CPT Codes (cont.)

33471	33620	33780	33944	33993
33474	33621	33781	33945	34001
33475	33622	33782	33946	34051
33476	33641	33783	33947	34151
33478	33645	33786	33948	34401
33496	33647	33788	33949	34451
33500	33660	33800	33951	34502
33501	33665	33802	33952	34808
33502	33670	33803	33953	34812
33503	33675	33813	33954	34813
33504	33676	33814	33955	34820
33505	33677	33820	33956	34830
33506	33681	33822	33957	34831
33507	33684	33824	33958	34832
33510	33688	33840	33959	34833
33511	33690	33845	33962	34834
33512	33692	33851	33963	34841
33513	33694	33852	33964	34842
33514	33697	33853	33965	34843
33516	33702	33860	33966	34844
33517	33710	33863	33967	34845
33518	33720	33864	33968	34846
33519	33722	33870	33969	34847
33521	33724	33875	33970	34848
33522	33726	33877	33971	35001
33523	33730	33880	33973	35002
33530	33732	33881	33974	35005
33533	33735	33883	33975	35013
33534	33736	33884	33976	35021
33535	33737	33886	33977	35022
33536	33750	33889	33978	35045
33542	33755	33891	33979	35081
33545	33762	33910	33980	35082
33548	33764	33915	33981	35091
33572	33766	33916	33982	35092
33600	33767	33917	33983	35102
33602	33768	33920	33984	35103
33606	33770	33922	33985	35111
33608	33771	33924	33986	35112
33610	33774	33925	33987	35121
33611	33775	33926	33988	35122
33612	33776	33930	33989	35131
33615	33777	33933	33990	35132
33617	33778	33935	33991	35141
33619	33779	33940	33992	35142

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>	<b>Subchapter Number and Title</b> 6. Service Codes and Descriptions	<b>Page</b> 6-5
Acute Outpatient Hospital Manual	<b>Transmittal Letter</b> AOH-45	<b>Date</b> 03/01/20

602 Nonpayable CPT Codes (cont.)

35151	35531	35671	38115	43100
35152	35533	35681	38212	43101
35182	35535	35682	38213	43107
35189	35536	35683	38214	43108
35211	35537	35691	38215	43112
35216	35538	35693	38380	43113
35221	35539	35694	38381	43116
35241	35540	35695	38382	43117
35246	35556	35697	38562	43118
35251	35558	35700	38564	43121
35271	35560	35701	38724	43122
35276	35563	35721	38746	43123
35281	35565	35741	38747	43124
35301	35566	35800	38765	43135
35302	35570	35820	38770	43279
35303	35571	35840	38780	43282
35304	35583	35870	39000	43283
35305	35585	35901	39010	43300
35306	35587	35905	39200	43305
35311	35600	35907	39220	43310
35331	35601	36415	39499	43312
35341	35606	36416	39501	43313
35351	35612	36468	39503	43314
35355	35616	36591	39540	43320
35361	35621	36592	39541	43325
35363	35623	36598	39545	43327
35371	35626	36660	39560	43328
35372	35631	36823	39561	43330
35390	35632	37140	39599	43331
35400	35633	37145	41130	43332
35501	35634	37160	41135	43333
35506	35636	37180	41140	43334
35508	35637	37181	41145	43335
35509	35638	37182	41150	43336
35510	35642	37215	41153	43337
35511	35645	37217	41155	43338
35512	35646	37218	41870	43340
35515	35647	37616	41872	43341
35516	35650	37617	42426	43351
35518	35654	37618	42845	43352
35521	35656	37660	42894	43360
35522	35661	37788	42953	43361
35523	35663	38100	42961	43400
35525	35665	38101	42971	43401
35526	35666	38102	43045	43405

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>	<b>Subchapter Number and Title</b> 6. Service Codes and Descriptions	<b>Page</b> 6-6
Acute Outpatient Hospital Manual	<b>Transmittal Letter</b> AOH-45	<b>Date</b> 03/01/20

602 Nonpayable CPT Codes (cont.)

43410	43865	44204	45111	47100
43415	43880	44205	45112	47120
43420	43881	44206	45113	47122
43425	43882	44207	45114	47125
43460	44005	44208	45116	47130
43496	44010	44210	45119	47133
43500	44015	44211	45120	47135
43501	44020	44212	45121	47140
43502	44021	44213	45123	47141
43520	44025	44227	45126	47142
43605	44050	44300	45130	47143
43610	44055	44310	45135	47144
43611	44110	44314	45136	47145
43620	44111	44316	45349	47146
43621	44120	44320	45350	47147
43622	44121	44322	45390	47300
43631	44125	44345	45393	47350
43632	44126	44346	45395	47360
43633	44127	44602	45397	47361
43634	44128	44603	45398	47362
43635	44130	44604	45400	47380
43640	44132	44605	45402	47381
43641	44133	44615	45540	47383
43644	44135	44620	45550	47400
43645	44136	44625	45562	47420
43771	44137	44626	45563	47425
43772	44139	44640	45800	47460
43773	44140	44650	45805	47480
43774	44141	44660	45820	47550
43775	44143	44661	45825	47570
43800	44144	44680	46705	47600
43810	44145	44700	46710	47605
43820	44146	44705	46712	47610
43825	44147	44715	46715	47612
43832	44150	44720	46716	47620
43840	44151	44721	46730	47700
43842	44155	44800	46735	47701
43843	44156	44820	46740	47711
43845	44157	44850	46742	47712
43846	44158	44899	46744	47715
43847	44160	44900	46746	47720
43848	44187	44950	46748	47721
43850	44188	44955	46751	47740
43855	44202	44960	47010	47741
43860	44203	45110	47015	47760

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>	<b>Subchapter Number and Title</b> 6. Service Codes and Descriptions	<b>Page</b> 6-7
Acute Outpatient Hospital Manual	<b>Transmittal Letter</b> AOH-45	<b>Date</b> 03/01/20

602 Nonpayable CPT Codes (cont.)

47765	49205	50360	50900	54535
47780	49215	50365	50920	54650
47785	49220	50370	50930	54900
47800	49255	50380	50940	54901
47801	49412	50400	51060	55200
47802	49425	50405	51525	55300
47900	49428	50500	51530	55400
48000	49605	50520	51550	55605
48001	49606	50525	51555	55650
48020	49610	50526	51565	55801
48100	49611	50540	51570	55810
48105	49900	50545	51575	55812
48120	49904	50546	51580	55815
48140	49905	50547	51585	55821
48145	49906	50548	51590	55831
48146	50010	50600	51595	55840
48148	50040	50605	51596	55842
48150	50045	50610	51597	55845
48152	50060	50620	51701	55862
48153	50065	50630	51702	55865
48154	50070	50650	51800	55866
48155	50075	50660	51820	55870
48160	50100	50700	51840	56630
48400	50120	50715	51841	56631
48500	50125	50722	51845	56632
48510	50130	50725	51860	56633
48520	50135	50727	51865	56634
48540	50205	50728	51900	56637
48545	50220	50740	51920	56640
48547	50225	50750	51925	57110
48548	50230	50760	51940	57111
48550	50234	50770	51960	57112
48551	50236	50780	51980	57270
48552	50240	50782	53415	57280
48554	50250	50783	53448	57296
48556	50280	50785	54125	57305
49000	50290	50800	54130	57307
49002	50300	50810	54135	57308
49010	50320	50815	54332	57311
49020	50323	50820	54336	57531
49040	50325	50825	54390	57540
49060	50327	50830	54411	57545
49062	50328	50840	54417	58140
49203	50329	50845	54430	58146
49204	50340	50860	54438	58150

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>	<b>Subchapter Number and Title</b> 6. Service Codes and Descriptions	<b>Page</b> 6-8
Acute Outpatient Hospital Manual	<b>Transmittal Letter</b> AOH-45	<b>Date</b> 03/01/20

602 Nonpayable CPT Codes (cont.)

58152	59072	61312	61548	61641
58180	59120	61313	61550	61642
58200	59121	61314	61552	61645
58210	59130	61315	61556	61650
58240	59135	61316	61557	61651
58267	59136	61320	61558	61680
58275	59140	61321	61559	61682
58280	59325	61322	61563	61684
58285	59350	61323	61564	61686
58293	59412	61333	61566	61690
58321	59514	61340	61567	61692
58322	59525	61343	61570	61697
58323	59620	61345	61571	61698
58345	59830	61450	61575	61700
58350	59850	61458	61576	61702
58400	59851	61460	61580	61703
58410	59852	61500	61581	61705
58520	59855	61501	61582	61708
58540	59856	61510	61583	61710
58548	59857	61512	61584	61711
58605	59897	61514	61585	61735
58611	60254	61516	61586	61750
58700	60270	61517	61590	61751
58720	60505	61518	61591	61760
58740	60521	61519	61592	61850
58750	60522	61520	61595	61860
58752	60540	61521	61596	61863
58760	60545	61522	61597	61864
58822	60600	61524	61598	61867
58825	60605	61526	61600	61868
58940	60650	61530	61601	61870
58943	61105	61531	61605	62005
58950	61107	61533	61606	62010
58951	61108	61534	61607	62100
58952	61120	61535	61608	62115
58953	61140	61536	61611	62117
58954	61150	61537	61613	62120
58956	61151	61538	61615	62121
58957	61154	61539	61616	62140
58958	61156	61540	61618	62141
58960	61210	61541	61619	62142
58970	61250	61543	61624	62143
58974	61253	61544	61630	62145
58976	61304	61545	61635	62146
59070	61305	61546	61640	62147

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>	<b>Subchapter Number and Title</b> 6. Service Codes and Descriptions	<b>Page</b> 6-9
Acute Outpatient Hospital Manual	<b>Transmittal Letter</b> AOH-45	<b>Date</b> 03/01/20

602 Nonpayable CPT Codes (cont.)

62148	63197	64755	77522	80358
62161	63198	64760	77523	80359
62162	63199	64809	77525	80360
62163	63200	64818	77790	80361
62164	63250	64866	78267	80362
62165	63251	64868	78268	80363
62180	63252	65273	78351	80364
62190	63265	65760	80320	80365
62192	63266	65765	80321	80366
62200	63267	65767	80322	80367
62201	63268	65771	80323	80368
62220	63270	65782	80324	80369
62223	63271	69090	80325	80370
62256	63272	69155	80326	80371
62258	63273	69535	80327	80372
62287	63275	69554	80328	80373
63043	63276	69950	80329	80374
63044	63277	71552	80330	80375
63050	63278	72159	80331	80376
63051	63280	72198	80332	80377
63076	63281	73225	80333	80500
63077	63282	74263	80334	80502
63078	63283	75571	80335	81105
63081	63285	75956	80336	81106
63082	63286	75957	80337	81107
63085	63287	75958	80338	81108
63086	63290	75959	80339	81109
63087	63295	76140	80340	81110
63088	63300	76390	80341	81111
63090	63301	76496	80342	81167
63091	63302	76497	80343	81171
63101	63303	76498	80344	81172
63102	63304	77086	80345	81173
63103	63305	77370	80346	81174
63170	63306	77371	80347	81177
63172	63307	77372	80348	81178
63173	63308	77373	80349	81179
63180	63700	77401	80350	81180
63182	63702	77402	80351	81181
63185	63704	77407	80352	81182
63190	63706	77417	80353	81183
63191	63707	77423	80354	81184
63194	63709	77424	80355	81185
63195	63710	77425	80356	81186
63196	63740	77520	80357	81187

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>	<b>Subchapter Number and Title</b> 6. Service Codes and Descriptions	<b>Page</b> 6-10
Acute Outpatient Hospital Manual	<b>Transmittal Letter</b> AOH-45	<b>Date</b> 03/01/20

602 Nonpayable CPT Codes (cont.)

81188	81262	81327	81500	88020
81189	81263	81329	81503	88025
81190	81264	81330	81506	88027
81200	81265	81331	81508	88028
81201	81266	81332	81509	88029
81202	81267	81333	81510	88036
81203	81270	81336	81511	88037
81204	81271	81337	81512	88040
81205	81274	81340	81518	88045
81206	81275	81341	81521	88099
81207	81284	81342	81539	88125
81208	81285	81343	81541	88333
81209	81286	81344	81551	88334
81210	81289	81345	81596	88738
81216	81290	81349	81599	88749
81220	81291	81350	82075	89250
81221	81292	81355	82962	89251
81222	81293	81370	83987	89253
81223	81294	81371	84145	89254
81224	81295	81372	84410	89255
81225	81296	81373	84431	89257
81226	81297	81374	84830	89258
81227	81298	81375	86079	89259
81233	81299	81376	86305	89260
81234	81300	81377	86890	89261
81235	81301	81378	86891	89264
81236	81302	81379	86910	89268
81237	81303	81380	86911	89272
81239	81304	81381	86927	89280
81240	81305	81382	86930	89281
81241	81306	81383	86931	89290
81242	81310	81400	86945	89291
81243	81312	81401	86950	89321
81244	81315	81402	86960	89322
81245	81316	81403	86965	89325
81250	81317	81404	86985	89329
81251	81318	81405	87150	89330
81252	81319	81406	87153	89331
81253	81320	81407	87493	89335
81254	81321	81408	88000	89342
81255	81322	81413	88005	89343
81256	81323	81414	88007	89344
81257	81324	81422	88012	89346
81260	81325	81439	88014	89352
81261	81326	81443	88016	89353



<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>	<b>Subchapter Number and Title</b> 6. Service Codes and Descriptions	<b>Page</b> 6-11
Acute Outpatient Hospital Manual	<b>Transmittal Letter</b> AOH-45	<b>Date</b> 03/01/20

602 Nonpayable CPT Codes (cont.)

89354	91132	93895	96155	99027
89356	91133	94005	96160	99053
89398	92314	94015	96161	99056
90586	92315	94644	96376	99058
90587	92316	94645	96567	99060
90634	92317	95012	96570	99071
90644	92325	95052	96571	99075
90647	92352	95120	96573	99078
90648	92353	95125	96574	99080
90649	92354	95130	96902	99082
90650	92355	95131	96904	99091
90653	92358	95132	97151	99100
90655	92371	95133	97152	99116
90657	92531	95134	97153	99135
90680	92532	95824	97154	99140
90681	92533	95965	97155	99151
90685	92534	95966	97156	99152
90687	92548	95967	97157	99153
90697	92559	95992	97158	99155
90698	92560	96000	97014	99156
90689	92561	96004	97170	99157
90700	92562	96040	97171	99172
90702	92564	96105	97172	99174
90723	92597	96112	97537	99177
90743	92605	96113	97545	99184
90744	92606	96116	97546	99190
90748	92613	96121	97755	99191
90845	92615	96125	98940	99192
90863	92617	96127	98941	99241
90865	92630	96130	98942	99242
90875	92633	96131	98943	99243
90876	92941	96132	98960	99244
90880	92970	96133	98961	99245
90885	92971	96136	98962	99251
90889	92975	96137	98966	99252
90901	92992	96138	98967	99253
90911	92993	96139	98968	99254
90940	93583	96146	98969	99255
90989	93660	96150	99000	99288
90993	93668	96151	99001	99315
90997	93702	96152	99002	99316
90999	93770	96153	99024	99339
91112	93786	96154	99026	99340
99354	99356	99358	99360	99367
99355	99357	99359	99366	99368

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>	<b>Subchapter Number and Title</b> 6. Service Codes and Descriptions	<b>Page</b> 6-12
Acute Outpatient Hospital Manual	<b>Transmittal Letter</b> AOH-45	<b>Date</b> 03/01/20

602 Nonpayable CPT Codes (cont.)

99374	99429	99456	99486	99506
99375	99441	99457	99487	99507
99377	99442	99462	99489	99509
99378	99443	99468	99490	99510
99379	99444	99469	99491	99511
99380	99446	99471	99495	99512
99401	99447	99472	99496	99601
99402	99448	99475	99497	99602
99403	99449	99476	99498	99605
99404	99450	99477	99500	99606
99406	99451	99478	99501	99607
99408	99452	99479	99502	
99409	99453	99480	99503	
99411	99454	99484	99504	
99412	99455	99485	99505	

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.

A4261	G0108	J0185	J0517
A4266	G0109	J0202	J0558
A4267	G0121	J0207	J0561
A4268	G0270	J0215	J0565
A4269	G0271	J0221	J0570
A4641	G0277	J0256	J0571
A4648	G0279	J0257	J0572
A9500	G0297 PA <sup>1</sup>	J0285	J0573
A9502	G0378	J0287	J0574
A9503	G0379	J0289	J0575
A9505	G0399 PA <sup>1</sup>	J0290	J0584
A9512	G0424	J0295	J0585
A9537	G0455	J0348	J0586
A9575	G0480	J0364	J0587
A9576	G0481	J0400	J0588
A9577	G0482	J0401	J0592
A9578	G0483	J0456	J0594
A9579	J0129	J0461	J0596
A9581	J0131	J0470	J0597
A9585	J0135	J0475	J0598
A9606	J0153	J0476	J0599
G0027	J0171	J0485	J0604
G0105	J0178	J0490	J0636

<sup>1</sup>PA is required for dates of service on or after March 1, 2020. If a code comprises both a professional component and a technical component, PA is required for the technical component only, and the TC modifier must be included on the PA request.

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>	<b>Subchapter Number and Title</b> 6. Service Codes and Descriptions	<b>Page</b> 6-13
Acute Outpatient Hospital Manual	<b>Transmittal Letter</b> AOH-45	<b>Date</b> 03/01/20

603 Payable Level II HCPCS Codes (cont.)

J0637	J1094	J1627	J2248
J0638	J1100	J1628	J2250
J0640	J1130	J1630	J2265
J0641	J1160	J1642	J2270
J0670	J1170	J1644	J2274
J0690	J1190	J1645	J2278
J0692	J1200	J1650	J2300
J0694	J1212	J1652	J2310
J0696	J1240	J1655	J2315
J0697	J1260	J1670	J2323
J0702	J1290	J1700	J2326
J0712	J1300	J1710	J2350
J0713	J1301	J1720	J2353
J0714	J1320	J1726	J2354
J0716	J1322	J1729	J2355
J0717	J1428	J1740	J2357
J0720	J1438	J1743	J2358
J0740	J1439	J1744	J2400
J0743	J1442	J1745	J2405
J0770	J1447	J1746	J2407
J0775	J1453	J1750	J2426
J0780	J1454	J1756	J2430
J0834	J1455	J1786	J2440
J0840	J1458	J1790	J2460
J0850	J1459	J1800	J2469
J0875	J1460	J1815	J2502
J0878	J1555	J1826	J2503
J0881	J1556	J1830	J2504
J0882	J1557	J1840	J2505
J0883	J1559	J1850	J2507
J0884	J1560	J1885	J2510
J0885	J1561	J1890	J2515
J0887	J1562	J1930	J2540
J0888	J1566	J1931	J2543
J0890	J1568	J1942	J2545
J0894	J1569	J1950	J2550
J0895	J1571	J1956	J2560
J0897	J1572	J1990	J2562
J1000	J1573	J2060	J2675
J1020	J1575	J2150	J2680
J1030	J1580	J2170	J2700
J1040	J1599	J2175	J2704
J1050	J1602	J2182	J2760
J1071	J1626	J2212	J2770

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>	<b>Subchapter Number and Title</b> 6. Service Codes and Descriptions	<b>Page</b> 6-14
Acute Outpatient Hospital Manual	<b>Transmittal Letter</b> AOH-45	<b>Date</b> 03/01/20

603 Payable Level II HCPCS Codes (cont.)

J2778	J3360	J7310	J7665
J2785	J3370	J7311	J7669
J2786	J3380	J7312	J7676
J2788	J3385	J7313	J7682
J2790	J3396	J7315	J7686
J2791	J3397	J7316	J7699
J2792	J3398	J7318	J7799
J2793	J3410	J7320	J7999
J2794	J3411	J7321	J8562
J2795	J3430	J7322	J8655
J2796	J3465	J7323	J8670
J2797	J3471	J7324	J9000
J2820	J3472	J7325	J9015
J2840	J3473	J7326	J9017
J2910	J3475	J7327	J9019
J2916	J3486	J7328	J9020
J2920	J3489	J7329	J9022
J2930	J3490	J7336	J9023
J2940	J3590	J7340	J9025
J2941	J3591	J7342	J9031
J2997	J7030	J7345	J9032
J3000	J7040	J7500	J9033
J3010	J7050	J7502	J9034
J3030	J7060	J7503	J9035
J3060	J7070	J7504	J9039
J3090	J7120	J7507	J9040
J3095	J7131	J7508	J9041
J3110	J7170	J7509	J9042
J3121	J7177	J7510	J9043
J3145	J7181	J7511	J9044
J3230	J7182	J7512	J9045
J3240	J7200	J7515	J9047
J3243	J7201	J7517	J9050
J3245	J7203	J7518	J9055
J3250	J7205	J7520	J9057
J3262	J7296	J7527	J9060
J3285	J7297	J7599	J9063
J3300	J7298	J7608	J9065
J3301	J7300	J7614	J9070
J3302	J7301	J7620	J9098
J3303	J7303	J7626	J9100
J3304	J7304	J7633	J9120
J3315	J7307	J7639	J9130
J3357	J7309	J7644	J9145

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>	<b>Subchapter Number and Title</b> 6. Service Codes and Descriptions	<b>Page</b> 6-15
Acute Outpatient Hospital Manual	<b>Transmittal Letter</b> AOH-45	<b>Date</b> 03/01/20

603 Payable Level II HCPCS Codes (cont.)

J9153	J9267	L8619	Q4162
J9155	J9268	L8690	Q4163
J9160	J9271	L8691	Q4164
J9171	J9280	Q0081	Q4165
J9173	J9293	Q0083	Q4186
J9176	J9295	Q0084	Q4187
J9178	J9299	Q0138	Q5101
J9179	J9301	Q0139	Q5103
J9181	J9302	Q0162	Q5104
J9185	J9303	Q2009	Q5105
J9190	J9305	Q2017	Q5106
J9200	J9306	Q2028	Q5108
J9201	J9307	Q2035	Q5110
J9202	J9308	Q2036	Q9950
J9205	J9310	Q2037	Q9980
J9206	J9311	Q2038	Q9991
J9207	J9312	Q2043	Q9992
J9208	J9315	Q2049	S0020
J9209	J9320	Q2050	S0021
J9211	J9325	Q4074	S0023
J9212	J9328	Q4081	S0028
J9213	J9330	Q4100	S0077
J9214	J9340	Q4101	S0190
J9215	J9351	Q4102	S0191
J9216	J9352	Q4103	S0199
J9217	J9354	Q4104	S0302
J9218	J9355	Q4105	S2083
J9219	J9357	Q4106	S2260
J9225	J9360	Q4107	S3005
J9226	J9370	Q4108	S4989
J9228	J9371	Q4110	S4993
J9229	J9390	Q4111	T1023
J9230	J9395	Q4112	V2600
J9250	J9400	Q4113	V2610
J9260	J9999	Q4114	V2615
J9261	L8614	Q4115	V2799
J9262	L8615	Q4121	
J9263	L8616	Q4132	
J9264	L8617	Q4133	
J9266	L8618	Q4161	

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>	<b>Subchapter Number and Title</b> 6. Service Codes and Descriptions	<b>Page</b> 6-16
Acute Outpatient Hospital Manual	<b>Transmittal Letter</b> AOH-45	<b>Date</b> 03/01/20

#### 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 or other qualified health care professional 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
F6	Right hand, second digit
F7	Right hand, third digit

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>	<b>Subchapter Number and Title</b> 6. Service Codes and Descriptions	<b>Page</b> 6-17
Acute Outpatient Hospital Manual	<b>Transmittal Letter</b> AOH-45	<b>Date</b> 03/01/20

604 Modifiers (cont.)

<u>Modifier</u>	<u>Description</u>
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 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 toe
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
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

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>	<b>Subchapter Number and Title</b> 6. Service Codes and Descriptions	<b>Page</b> 6-18
Acute Outpatient Hospital Manual	<b>Transmittal Letter</b> AOH-45	<b>Date</b> 03/01/20

#### 604 Modifiers (cont.)

<u>Modifier</u>	<u>Description</u>
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.

<u>Modifier</u>	<u>Description</u>
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)

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/service-details/postpartum-depression-resources-for-healthcare-providers](http://www.mass.gov/service-details/postpartum-depression-resources-for-healthcare-providers).



<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>	<b>Subchapter Number and Title</b> 6. Service Codes and Descriptions	<b>Page</b> 6-19
Acute Outpatient Hospital Manual	<b>Transmittal Letter</b> AOH-45	<b>Date</b> 03/01/20

#### 604 Modifiers (cont.)

##### Modifiers for Tobacco-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-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.

<u>Modifier</u>	<u>Description</u>
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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)

<u>Modifier</u>	<u>Description</u>
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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.
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##### Modifiers for Provider Preventable Conditions That Are National Coverage Determinations

<u>Modifier</u>	<u>Description</u>
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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.

#### 605 Codes That Have Special Requirements or Limitations

70336 PA <sup>1</sup>	70496 PA <sup>1</sup>	70553 PA <sup>1</sup>
70450 PA <sup>1</sup>	70498 PA <sup>1</sup>	70554 PA <sup>1</sup>
70460 PA <sup>1</sup>	70540 PA <sup>1</sup>	70555 PA <sup>1</sup>
70470 PA <sup>1</sup>	70542 PA <sup>1</sup>	71250 PA <sup>1</sup>
70480 PA <sup>1</sup>	70543 PA <sup>1</sup>	71260 PA <sup>1</sup>
70481 PA <sup>1</sup>	70544 PA <sup>1</sup>	71270 PA <sup>1</sup>
70482 PA <sup>1</sup>	70545 PA <sup>1</sup>	71275 PA <sup>1</sup>
70486 PA <sup>1</sup>	70546 PA <sup>1</sup>	71550 PA <sup>1</sup>
70487 PA <sup>1</sup>	70547 PA <sup>1</sup>	71551 PA <sup>1</sup>
70488 PA <sup>1</sup>	70548 PA <sup>1</sup>	71555 PA <sup>1</sup>
70490 PA <sup>1</sup>	70549 PA <sup>1</sup>	72125 PA <sup>1</sup>
70491 PA <sup>1</sup>	70551 PA <sup>1</sup>	72126 PA <sup>1</sup>
70492 PA <sup>1</sup>	70552 PA <sup>1</sup>	72127 PA <sup>1</sup>

<sup>1</sup>PA is required for dates of service on or after March 1, 2020. If a code comprises both a professional component and a technical component, PA is required for the technical component only, and the TC modifier must be included on the PA request.

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>	<b>Subchapter Number and Title</b> 6. Service Codes and Descriptions	<b>Page</b> 6-20
Acute Outpatient Hospital Manual	<b>Transmittal Letter</b> AOH-45	<b>Date</b> 03/01/20

605 Codes That Have Special Requirements or Limitations (cont.)

72128	PA <sup>1</sup>	73721	PA <sup>1</sup>	77078	PA <sup>1</sup>
72129	PA <sup>1</sup>	73722	PA <sup>1</sup>	77084	PA <sup>1</sup>
72130	PA <sup>1</sup>	73723	PA <sup>1</sup>	78451	PA <sup>1</sup>
72131	PA <sup>1</sup>	73725	PA <sup>1</sup>	78452	PA <sup>1</sup>
72132	PA <sup>1</sup>	74150	PA <sup>1</sup>	78453	PA <sup>1</sup>
72133	PA <sup>1</sup>	74160	PA <sup>1</sup>	78454	PA <sup>1</sup>
72141	PA <sup>1</sup>	74170	PA <sup>1</sup>	78459	PA <sup>1</sup>
72142	PA <sup>1</sup>	74174	PA <sup>1</sup>	78466	PA <sup>1</sup>
72146	PA <sup>1</sup>	74175	PA <sup>1</sup>	78469	PA <sup>1</sup>
72147	PA <sup>1</sup>	74176	PA <sup>1</sup>	78472	PA <sup>1</sup>
72148	PA <sup>1</sup>	74177	PA <sup>1</sup>	78473	PA <sup>1</sup>
72149	PA <sup>1</sup>	74178	PA <sup>1</sup>	78481	PA <sup>1</sup>
72156	PA <sup>1</sup>	74181	PA <sup>1</sup>	78483	PA <sup>1</sup>
72157	PA <sup>1</sup>	74182	PA <sup>1</sup>	78491	PA <sup>1</sup>
72158	PA <sup>1</sup>	74183	PA <sup>1</sup>	78492	PA <sup>1</sup>
72191	PA <sup>1</sup>	74185	PA <sup>1</sup>	78494	PA <sup>1</sup>
72192	PA <sup>1</sup>	74261	PA <sup>1</sup>	78496	PA <sup>1</sup>
72193	PA <sup>1</sup>	74262	PA <sup>1</sup>	78608	PA <sup>1</sup>
72194	PA <sup>1</sup>	74712	PA <sup>1</sup>	78609	PA <sup>1</sup>
72195	PA <sup>1</sup>	74713	PA <sup>1</sup>	78811	PA <sup>1</sup>
72196	PA <sup>1</sup>	75557	PA <sup>1</sup>	78812	PA <sup>1</sup>
72197	PA <sup>1</sup>	75559	PA <sup>1</sup>	78813	PA <sup>1</sup>
73200	PA <sup>1</sup>	75561	PA <sup>1</sup>	78814	PA <sup>1</sup>
73201	PA <sup>1</sup>	75563	PA <sup>1</sup>	78815	PA <sup>1</sup>
73202	PA <sup>1</sup>	75565	PA <sup>1</sup>	78816	PA <sup>1</sup>
73206	PA <sup>1</sup>	75572	PA <sup>1</sup>	93350	PA <sup>1</sup>
73218	PA <sup>1</sup>	75573	PA <sup>1</sup>	93351	PA <sup>1</sup>
73219	PA <sup>1</sup>	75574	PA <sup>1</sup>	95782	PA <sup>1</sup>
73220	PA <sup>1</sup>	75635	PA <sup>1</sup>	95783	PA <sup>1</sup>
73221	PA <sup>1</sup>	76376	PA <sup>1</sup>	95800	PA <sup>1</sup>
73222	PA <sup>1</sup>	76377	PA <sup>1</sup>	95805	PA <sup>1</sup>
73223	PA <sup>1</sup>	76380	PA <sup>1</sup>	95806	PA <sup>1</sup>
73700	PA <sup>1</sup>	76391	PA <sup>1</sup>	95807	PA <sup>1</sup>
73701	PA <sup>1</sup>	77021	PA <sup>1</sup>	95808	PA <sup>1</sup>
73702	PA <sup>1</sup>	77022	PA <sup>1</sup>	95810	PA <sup>1</sup>
73706	PA <sup>1</sup>	77046	PA <sup>1</sup>	95811	PA <sup>1</sup>
73718	PA <sup>1</sup>	77047	PA <sup>1</sup>		
73719	PA <sup>1</sup>	77048	PA <sup>1</sup>		
73720	PA <sup>1</sup>	77049	PA <sup>1</sup>		

<sup>1</sup>PA is required for dates of service on or after March 1, 2020. If a code comprises both a professional component and a technical component, PA is required for the technical component only, and the TC modifier must be included on the PA request.

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>	<b>Subchapter Number and Title</b> 6. Service Codes and Descriptions	<b>Page</b> 6-21
Acute Outpatient Hospital Manual	<b>Transmittal Letter</b> AOH-45	<b>Date</b> 03/01/20

606 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>.

<b>Revenue Code</b>	<b>Description</b>
<b>025X Pharmacy</b>	
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
<b>026X IV Therapy</b>	
0260	General
0269	Other IV therapy
<b>027X Medical/Surgical Supplies and Devices – General</b>	
0270	General
0271	Nonsterile supply
0272	Sterile supply
0274	Prosthetic/orthotic devices
0276	Intraocular lens
0278	Other implants
0279	Other supplies/devices
<b>028X Oncology</b>	
0280	General
0289	Other

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>	<b>Subchapter Number and Title</b> 6. Service Codes and Descriptions	<b>Page</b> 6-22
Acute Outpatient Hospital Manual	<b>Transmittal Letter</b> AOH-45	<b>Date</b> 03/01/20

606 Revenue Codes (cont.)

<b>Revenue Code</b>	<b>Description</b>
<b>029X DME</b>	
0290	General
0291	Rental
0292	Purchase of new DME
0293	Purchase of used DME
0294	Supplies/drugs for DME
0299	Other equipment
<b>030X Laboratory</b>	
0300	General
0301	Chemistry
0302	Immunology
0304	Nonroutine dialysis
0305	Hematology
0306	Bacteriology and microbiology
0307	Urology
0309	Other
<b>031X Laboratory Pathological – General</b>	
0310	Laboratory pathological – general
0311	Cytology
0312	Histology
0314	Biopsy
0319	Other
<b>032X Radiology – Diagnostic</b>	
0320	General
0321	Angiocardiology
0322	Arthrography
0323	Arteriography
0324	Chest X ray
0329	Other

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>	<b>Subchapter Number and Title</b> 6. Service Codes and Descriptions	<b>Page</b> 6-23
Acute Outpatient Hospital Manual	<b>Transmittal Letter</b> AOH-45	<b>Date</b> 03/01/20

606 Revenue Codes (cont.)

<b>Revenue Code</b>	<b>Description</b>
<b>033X Radiology – Therapeutic and/or Chemotherapy Administration</b>	
0330	General
0331	Chemotherapy administration – injected
0332	Chemotherapy – oral
0333	Radiation therapy
0335	Chemotherapy administration – IV
0339	Therapeutic and/or chemo admin
<b>034X Nuclear Medicine</b>	
0340	General
0341	Diagnostic
0342	Therapeutic
0343	Diagnostic radiopharmaceuticals
0349	Other
<b>035X Computerized Tomographic (CT) Scans</b>	
0350	General
0351	Head scan
0352	Body scan
0359	Other
<b>036X Operating Room Services</b>	
0360	General
0361	Minor surgery
<b>037X Anesthesia</b>	
0370	General
0371	Anesthesia incident to radiology
0372	Anesthesia incident to other diagnostic services
0374	Acupuncture
0379	Other anesthesia
<b>039X Blood Storage and Processing</b>	
0390	General

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>	<b>Subchapter Number and Title</b> 6. Service Codes and Descriptions	<b>Page</b> 6-24
Acute Outpatient Hospital Manual	<b>Transmittal Letter</b> AOH-45	<b>Date</b> 03/01/20

606 Revenue Codes (cont.)

<b>Revenue Code</b>	<b>Description</b>
0391	Administration
0399	Other processing and storage
<b>040X Other Imaging Services</b>	
0400	General
0401	Diagnostic mammography
0402	Ultrasound
0403	Screening mammography
0404	Positron emission tomography (PET)
0409	Other imaging services
<b>041X Respiratory Services</b>	
0410	General
0412	Inhalation services
0413	Hyperbaric oxygen therapy
0419	Other
<b>042X Physical Therapy</b>	
0420	General
0421	Visit charge
0423	Group charge
0424	Evaluation or reevaluation
0429	Other physical therapy
<b>043X Occupational Therapy</b>	
0430	General
0431	Visit charge
0433	Group rate
0434	Evaluation or reevaluation
0439	Other occupational therapy
<b>044X Speech-Language Pathology</b>	
0440	General
0441	Visit charge

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>	<b>Subchapter Number and Title</b> 6. Service Codes and Descriptions	<b>Page</b> 6-25
Acute Outpatient Hospital Manual	<b>Transmittal Letter</b> AOH-45	<b>Date</b> 03/01/20

606 Revenue Codes (cont.)

<b>Revenue Code</b>	<b>Description</b>
0443	Group rate
0444	Evaluation or reevaluation
0449	Other speech therapy
<b>045X Emergency Room</b>	
0450	General
0451	EMTALA Emergency Medical Screening services
0452	ER beyond EMTALA screening
0456	Urgent care
0459	Other ER
<b>046X Pulmonary Function</b>	
0460	General
0469	Other
<b>047X Audiology</b>	
0470	General
0471	Diagnostic
0472	Treatment
0479	Other
<b>048X Cardiology</b>	
0480	General
0481	Cardiac catheterization lab
0482	Stress test
0483	Echocardiology
0489	Other
<b>049X Ambulatory Surgical Care</b>	
0490	General
0499	Other
<b>050X Outpatient</b>	
0500	General
0509	Other

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>	<b>Subchapter Number and Title</b> 6. Service Codes and Descriptions	<b>Page</b> 6-26
Acute Outpatient Hospital Manual	<b>Transmittal Letter</b> AOH-45	<b>Date</b> 03/01/20

606 Revenue Codes (cont.)

<b>Revenue Code</b>	<b>Description</b>
<b>051X Clinic</b>	
0510	General
0512	Dental clinic
0513	Psychiatric clinic
0514	OB/GYN
0515	Pediatric clinic
0516	Urgent care clinic
0517	Family practice clinic
0519	Other
<b>053X Osteopathic Services</b>	
0530	General
0531	Osteopathic therapy
0539	Other osteopathic services
<b>061X Magnetic Resonance Technology</b>	
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
<b>062X Medical/Surgical Supplies</b>	
0621	Supplies incident to radiology
0622	Supplies incident to other diagnostic services
0623	Surgical dressings
<b>063X Pharmacy</b>	
0631	Single source drug
0632	Multiple source drug



<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>	<b>Subchapter Number and Title</b> 6. Service Codes and Descriptions	<b>Page</b> 6-27
Acute Outpatient Hospital Manual	<b>Transmittal Letter</b> AOH-45	<b>Date</b> 03/01/20

606 Revenue Codes (cont.)

<b>Revenue Code</b>	<b>Description</b>
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
<b>068X Trauma Response</b>	
0681	Level I
0682	Level II
0683	Level III
0684	Level IV
0689	Other trauma response
<b>070X Cast Room</b>	
0700	General
<b>071X Recovery Room</b>	
0710	General
<b>072X Labor Room/Delivery</b>	
0720	General
0721	Labor
0722	Delivery
0723	Circumcision
0724	Birth center
0729	Other labor room/delivery
<b>073X EKG/ECG</b>	
0730	General
0731	Holter monitor
0732	Telemetry
0739	Other EKG/ECG
<b>074X EEG</b>	
0740	General

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>	<b>Subchapter Number and Title</b> 6. Service Codes and Descriptions	<b>Page</b> 6-28
Acute Outpatient Hospital Manual	<b>Transmittal Letter</b> AOH-45	<b>Date</b> 03/01/20

606 Revenue Codes (cont.)

<b>Revenue Code</b>	<b>Description</b>
<b>075X Gastroenterology</b>	
0750	General
<b>760X Treatment/Observation Room</b>	
0760	General
0761	Treatment room
0762	Observation hours
0769	Other specialty services
<b>077X Preventive Services</b>	
0770	General
0771	Vaccine administration
<b>079X Extra-Corporeal Shock Wave Therapy</b>	
0790	Extra-Corporeal Shock wave therapy-general
<b>082X Hemodialysis</b>	
0820	General
0821	Hemodialysis composite/other rate
0825	Support Services
0826	Shorter duration
0829	Other outpatient Hemodialysis
<b>083X Peritoneal Dialysis</b>	
0830	General
0831	Peritoneal composite/other rate
0835	Support Services
0839	Other outpatient peritoneal dialysis
<b>084X CAPD</b>	
0840	General
0841	CAPD composite/other rate
0845	Support Services
0849	Other

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>	<b>Subchapter Number and Title</b> 6. Service Codes and Descriptions	<b>Page</b> 6-29
Acute Outpatient Hospital Manual	<b>Transmittal Letter</b> AOH-45	<b>Date</b> 03/01/20

606 Revenue Codes (cont.)

<b>085X CCPD</b>	
0850	General
0851	CCPD composite/other rate
0855	Support Services
0859	Other
<b>090X Behavioral Health Treatments/Services</b>	
0900	General
0901	Electroshock therapy
0905	Intensive outpatient psychiatric
<b>091X Behavioral Health Treatments/Services</b>	
0914	Individual therapy
0915	Group therapy
0916	Family therapy
0918	Testing
0919	Other
<b>092X Other Diagnostic Services</b>	
0920	General
0921	Peripheral vascular lab
0922	Electromyelogram
0923	Pap Smear
0924	Allergy testing
0925	Pregnancy test
0929	Other diagnostic service
<b>094X Other Therapeutic Services</b>	
0940	General
0942	Education/training
0943	Cardiac rehabilitation
0944	Drug rehabilitation
0945	Alcohol rehabilitation
0948	Pulmonary rehabilitation
0949	Other therapeutic services

<p align="center"><b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b></p>	<p align="center"><b>Subchapter Number and Title</b> 6. Service Codes and Descriptions</p>	<p align="center"><b>Page</b> 6-30</p>
<p align="center">Acute Outpatient Hospital Manual</p>	<p align="center"><b>Transmittal Letter</b> AOH-45</p>	<p align="center"><b>Date</b> 03/01/20</p>

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