



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

www.mass.gov/masshealth



MassHealth
 Transmittal Letter AOH-47(corrected)
 July 2020

TO: Acute Outpatient Hospitals Participating in MassHealth
FROM: Amanda Cassel Kraft, Acting Medicaid Director
RE: *Acute Outpatient Hospital Manual* (Diagnostic Laboratory and Remote Patient Monitoring Codes)

Summary

This letter transmits revisions to Subchapter 6 of the Acute Outpatient Hospital (AOH) Manual. The Centers for Medicare & Medicaid Services (CMS) has revised the Healthcare Common Procedures Coding System (HCPCS). MassHealth has updated the AOH Manual's Subchapter 6 to add codes (1) for clinical laboratory services covering specimen collection, antibody testing, and diagnostic testing for the 2019 novel Coronavirus Disease (COVID-19), and (2) for COVID-19 remote patient monitoring bundle services, as more fully described in All Provider Bulletin 294.

- I. Clinical laboratory services covering specimen collection, antibody testing, and diagnostic testing for COVID-19

Providers enrolled in the MassHealth AOH program may bill the following HCPCS/CPT codes in accordance with the schedule that follows:

HCPCS/CPT Codes	Dates of Service
G2023	on or after March 12, 2020
G2023 CG	on or after May 22, 2020
G2024	on or after March 12, 2020
G2024 CG	on or after May 22, 2020
U0003	on or after March 18, 2020
U0004	on or after March 18, 2020
86328 (I.C.)	on or after April 10, 2020
86769 (I.C.)	on or after April 10, 2020

As a reminder, MassHealth-enrolled AOHs also may bill MassHealth for the codes below, relating to diagnostic testing for COVID-19. Please see [Transmittal Letter AOH-46](#).

HCPCS/CPT Codes	Dates of Service
U0002	on or after March 12, 2020
87635	on or after March 12, 2020

II. COVID-19 Remote Patient Monitoring Bundle Service

Effective for dates of service on or after May 12, 2020, MassHealth will pay AOHs and hospital-licensed health centers (HLHCs) for COVID-19 remote patient monitoring bundle services rendered in accordance with the standards and limitations set forth in All Provider Bulletin 294. AOHs and HLHCs should bill CPT code 99423 with modifier U9 when rendering COVID-19 remote patient monitoring bundle services. Please refer to [All Provider Bulletin 294](#) for additional information and limitations on the uses of code 99423 with modifier U9.

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 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, 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 6-32 — transmitted by Transmittal Letter AOH-46

Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title 6. Service Codes and Descriptions	Page 6-1
Acute Outpatient Hospital Manual	Transmittal Letter AOH-47 (corrected)	Date 07/01/20

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 Applications*.

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 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	15780	15828	19364	20838
through	15781	15829	19367	20930
01999	15782	15847	19368	20936
10040	15783	16036	19369	20955
11004	15786	17340	19396	20956
11005	15787	17360	20661	20957
11006	15788	19271	20664	20962
11008	15789	19272	20802	20969
11922	15792	19305	20805	20970
15756	15793	19306	20808	20985
15757	15824	19316	20816	21045
15758	15825	19355	20824	21120
15776	15826	19361	20827	21121

Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title 6. Service Codes and Descriptions	Page 6-2
Acute Outpatient Hospital Manual	Transmittal Letter AOH- 47 (corrected)	Date 07/01/20

602 Nonpayable CPT Codes (cont.)

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

Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title 6. Service Codes and Descriptions	Page 6-3
Acute Outpatient Hospital Manual	Transmittal Letter AOH- 47 (corrected)	Date 07/01/20

602 Nonpayable CPT Codes (cont.)

27468	31360	32480	32855	33361
27470	31365	32482	32856	33362
27472	31367	32484	32900	33363
27477	31368	32486	32905	33364
27479	31370	32488	32906	33365
27485	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
27880	32151	32673	33289	33471
27881	32160	32674	33300	33474
27882	32200	32800	33305	33475
27886	32215	32810	33310	33476
27888	32220	32815	33315	33478
28800	32225	32820	33320	33496
28805	32310	32850	33321	33500
31225	32320	32851	33322	33501
31230	32440	32852	33330	33502
31290	32442	32853	33335	33503
31291	32445	32854	33340	33504

Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title 6. Service Codes and Descriptions	Page 6-4
Acute Outpatient Hospital Manual	Transmittal Letter AOH- 47 (corrected)	Date 07/01/20

602 Nonpayable CPT Codes (cont.)

33505	33677	33820	33956	34813
33506	33681	33822	33957	34820
33507	33684	33824	33958	34830
33510	33688	33840	33959	34831
33511	33690	33845	33962	34832
33512	33692	33851	33963	34833
33513	33694	33852	33964	34834
33514	33697	33853	33965	34841
33516	33702	33860	33966	34842
33517	33710	33863	33967	34843
33518	33720	33864	33968	34844
33519	33722	33870	33969	34845
33521	33724	33875	33970	34846
33522	33726	33877	33971	34847
33523	33730	33880	33973	34848
33530	33732	33881	33974	35001
33533	33735	33883	33975	35002
33534	33736	33884	33976	35005
33535	33737	33886	33977	35013
33536	33750	33889	33978	35021
33542	33755	33891	33979	35022
33545	33762	33910	33980	35045
33548	33764	33915	33981	35081
33572	33766	33916	33982	35082
33600	33767	33917	33983	35091
33602	33768	33920	33984	35092
33606	33770	33922	33985	35102
33608	33771	33924	33986	35103
33610	33774	33925	33987	35111
33611	33775	33926	33988	35112
33612	33776	33930	33989	35121
33615	33777	33933	33990	35122
33617	33778	33935	33991	35131
33619	33779	33940	33992	35132
33620	33780	33944	33993	35141
33621	33781	33945	34001	35142
33622	33782	33946	34051	35151
33641	33783	33947	34151	35152
33645	33786	33948	34401	35182
33647	33788	33949	34451	35189
33660	33800	33951	34502	35211
33665	33802	33952	34717	35216
33670	33803	33953	34718	35221
33675	33813	33954	34808	35241
33676	33814	33955	34812	35246

Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title 6. Service Codes and Descriptions	Page 6-5
Acute Outpatient Hospital Manual	Transmittal Letter AOH- 47 (corrected)	Date 07/01/20

602 Nonpayable CPT Codes (cont.)

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	43257
35303	35571	35840	38780	43279
35304	35583	35870	39000	43282
35305	35585	35901	39010	43283
35306	35587	35905	39200	43300
35311	35600	35907	39220	43305
35331	35601	36415	39499	43310
35341	35606	36416	39501	43312
35351	35612	36468	39503	43313
35355	35616	36591	39540	43314
35361	35621	36592	39541	43320
35363	35623	36598	39545	43325
35371	35626	36660	39560	43327
35372	35631	36823	39561	43328
35390	35632	37140	39599	43330
35400	35633	37145	41130	43331
35501	35634	37160	41135	43332
35506	35636	37180	41140	43333
35508	35637	37181	41145	43334
35509	35638	37182	41150	43335
35510	35642	37215	41153	43336
35511	35645	37217	41155	43337
35512	35646	37218	41870	43338
35515	35647	37616	41872	43340
35516	35650	37617	42426	43341
35518	35654	37618	42845	43351
35521	35656	37660	42894	43352
35522	35661	37788	42953	43360
35523	35663	38100	42961	43361
35525	35665	38101	42971	43400
35526	35666	38102	43045	43401
35531	35671	38115	43100	43405
35533	35681	38212	43101	43410
35535	35682	38213	43107	43415
35536	35683	38214	43108	43420
35537	35691	38215	43112	43425
35538	35693	38380	43113	43460
35539	35694	38381	43116	43496
35540	35695	38382	43117	43500
35556	35697	38562	43118	43501

Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title 6. Service Codes and Descriptions	Page 6-6
Acute Outpatient Hospital Manual	Transmittal Letter AOH- 47 (corrected)	Date 07/01/20

602 Nonpayable CPT Codes (cont.)

43502	44021	44213	45121	47135
43520	44025	44227	45123	47140
43605	44050	44300	45126	47141
43610	44055	44310	45130	47142
43611	44110	44314	45135	47143
43620	44111	44316	45136	47144
43621	44120	44320	45349	47145
43622	44121	44322	45350	47146
43631	44125	44345	45390	47147
43632	44126	44346	45393	47300
43633	44127	44381	45395	47350
43634	44128	44602	45397	47360
43635	44130	44603	45398	47361
43640	44132	44604	45400	47362
43641	44133	44605	45402	47380
43644	44135	44615	45540	47381
43645	44136	44620	45550	47383
43771	44137	44625	45562	47400
43772	44139	44626	45563	47420
43773	44140	44640	45800	47425
43774	44141	44650	45805	47460
43775	44143	44660	45820	47480
43800	44144	44661	45825	47550
43810	44145	44680	46705	47570
43820	44146	44700	46710	47600
43825	44147	44705	46712	47605
43832	44150	44715	46715	47610
43840	44151	44720	46716	47612
43842	44155	44721	46730	47620
43843	44156	44800	46735	47700
43845	44157	44820	46740	47701
43846	44158	44850	46742	47711
43847	44160	44899	46744	47712
43848	44187	44900	46746	47715
43850	44188	44950	46748	47720
43855	44202	44955	46751	47721
43860	44203	44960	46948	47740
43865	44204	45110	47010	47741
43880	44205	45111	47015	47760
43881	44206	45112	47100	47765
43882	44207	45113	47120	47780
44005	44208	45114	47122	47785
44010	44210	45116	47125	47800
44015	44211	45119	47130	47801
44020	44212	45120	47133	47802

Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title 6. Service Codes and Descriptions	Page 6-7
Acute Outpatient Hospital Manual	Transmittal Letter AOH- 47 (corrected)	Date 07/01/20

602 Nonpayable CPT Codes (cont.)

47900	49412	50400	51060	55200
48000	49425	50405	51525	55300
48001	49428	50500	51530	55400
48020	49605	50520	51550	55605
48100	49606	50525	51555	55650
48105	49610	50526	51565	55801
48120	49611	50540	51570	55810
48140	49900	50545	51575	55812
48145	49904	50546	51580	55815
48146	49905	50547	51585	55821
48148	49906	50548	51590	55831
48150	50010	50600	51595	55840
48152	50040	50605	51596	55842
48153	50045	50610	51597	55845
48154	50060	50620	51701	55862
48155	50065	50630	51702	55865
48160	50070	50650	51800	55866
48400	50075	50660	51820	55870
48500	50100	50700	51840	56630
48510	50120	50715	51841	56631
48520	50125	50722	51845	56632
48540	50130	50725	51860	56633
48545	50135	50727	51865	56634
48547	50205	50728	51900	56637
48548	50220	50740	51920	56640
48550	50225	50750	51925	57110
48551	50230	50760	51940	57111
48552	50234	50770	51960	57112
48554	50236	50780	51980	57270
48556	50240	50782	53415	57280
49000	50250	50783	53448	57296
49002	50280	50785	54125	57305
49010	50290	50800	54130	57307
49013	50300	50810	54135	57308
49014	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
49205	50360	50900	54535	58152
49215	50365	50920	54650	58180
49220	50370	50930	54900	58200
49255	50380	50940	54901	58210

Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title 6. Service Codes and Descriptions	Page 6-8
Acute Outpatient Hospital Manual	Transmittal Letter AOH- 47 (corrected)	Date 07/01/20

602 Nonpayable CPT Codes (cont.)

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
59072	61312	61548	61641	62148
59120	61313	61550	61642	62161
59121	61314	61552	61645	62162
59130	61315	61556	61650	62163

Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title 6. Service Codes and Descriptions	Page 6-9
Acute Outpatient Hospital Manual	Transmittal Letter AOH- 47 (corrected)	Date 07/01/20

602 Nonpayable CPT Codes (cont.)

62164	63199	64624	80322	80367
62165	63200	64625	80323	80368
62180	63250	64755	80324	80369
62190	63251	64760	80325	80370
62192	63252	64809	80326	80371
62200	63265	64818	80327	80372
62201	63266	64866	80328	80373
62220	63267	64868	80329	80374
62223	63268	65273	80330	80375
62256	63270	65760	80331	80376
62258	63271	65765	80332	80377
62287	63272	65767	80333	80500
62328	63273	65771	80334	80502
62329	63275	65782	80335	81105
63043	63276	66987	80336	81106
63044	63277	66988	80337	81107
63050	63278	69090	80338	81108
63051	63280	69155	80339	81109
63076	63281	69535	80340	81110
63077	63282	69554	80341	81111
63078	63283	69950	80342	81167
63081	63285	74221	80343	81171
63082	63286	74248	80344	81172
63085	63287	75571	80345	81173
63086	63290	75956	80346	81174
63087	63295	75957	80347	81177
63088	63300	75958	80348	81178
63090	63301	75959	80349	81179
63091	63302	76140	80350	81180
63101	63303	76496	80351	81181
63102	63304	76497	80352	81182
63103	63305	76498	80353	81183
63170	63306	77086	80354	81184
63172	63307	77790	80355	81185
63173	63308	78267	80356	81186
63180	63700	78268	80357	81187
63182	63702	78351	80358	81188
63185	63704	78429	80359	81189
63190	63706	78430	80360	81190
63191	63707	78431	80361	81200
63194	63709	78432	80362	81201
63195	63710	78433	80363	81202
63196	63740	78434	80364	81203
63197	64451	80320	80365	81204
63198	64454	80321	80366	81205

Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title 6. Service Codes and Descriptions	Page 6-10
Acute Outpatient Hospital Manual	Transmittal Letter AOH- 47 (corrected)	Date 07/01/20

602 Nonpayable CPT Codes (cont.)

81206	81286	81344	81596	88738
81207	81289	81345	81599	88749
81208	81290	81350	82075	89250
81209	81291	81355	82962	89251
81210	81292	81370	83987	89253
81216	81293	81371	84145	89254
81221	81294	81372	84410	89255
81222	81295	81373	84431	89257
81223	81296	81374	84830	89258
81224	81297	81375	86079	89259
81225	81298	81376	86305	89260
81226	81299	81377	86890	89261
81227	81300	81378	86891	89264
81233	81301	81379	86910	89268
81234	81302	81380	86911	89272
81235	81303	81381	86927	89280
81236	81304	81382	86930	89281
81237	81305	81383	86931	89290
81239	81306	81400	86945	89291
81240	81310	81401	86950	89321
81241	81312	81402	86960	89322
81242	81315	81403	86965	89325
81243	81316	81404	86985	89329
81244	81317	81405	87150	89330
81245	81318	81406	87153	89331
81250	81319	81407	87493	89335
81251	81320	81408	88000	89342
81252	81321	81413	88005	89343
81253	81322	81414	88007	89344
81254	81323	81416	88012	89346
81255	81324	81422	88014	89352
81256	81325	81430	88016	89353
81257	81326	81431	88020	89354
81260	81327	81439	88025	89356
81261	81329	81443	88027	89398
81262	81330	81470	88028	90586
81263	81331	81471	88029	90587
81264	81332	81500	88036	90619
81267	81333	81503	88037	90634
81270	81336	81506	88040	90644
81271	81337	81518	88045	90647
81274	81340	81521	88099	90648
81275	81341	81539	88125	90649
81284	81342	81541	88333	90650
81285	81343	81551	88334	90653

Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title 6. Service Codes and Descriptions	Page 6-11
Acute Outpatient Hospital Manual	Transmittal Letter AOH- 47 (corrected)	Date 07/01/20

602 Nonpayable CPT Codes (cont.)

90655	92371	95131	96156	98971
90657	92531	95132	96158	98972
90680	92532	95133	96159	99000
90681	92533	95134	96160	99001
90685	92534	95700	96161	99002
90687	92548	95705	96164	99024
90697	92549	95707	96165	99026
90698	92559	95708	96167	99027
90689	92560	95710	96168	99053
90694	92561	95711	96170	99056
90700	92562	95714	96171	99058
90702	92564	95717	96376	99060
90723	92597	95718	96567	99071
90743	92605	95719	96570	99075
90744	92606	95720	96571	99078
90748	92613	95721	96573	99080
90845	92615	95722	96574	99082
90863	92617	95723	96902	99091
90865	92630	95724	96904	99100
90875	92633	95725	97014	99116
90876	92941	95726	97129	99135
90880	92970	95824	97130	99140
90885	92971	95965	97151	99151
90889	92975	95966	97152	99152
90901	92992	95967	97153	99153
90912	92993	95992	97154	99155
90913	93356	96000	97155	99156
90940	93583	96004	97156	99157
90989	93660	96040	97157	99172
90993	93668	96105	97158	99174
90997	93702	96112	97170	99177
90999	93770	96113	97171	99184
91112	93786	96116	97172	99190
91132	93895	96121	97537	99191
91133	93985	96125	97545	99192
92314	93986	96127	97546	99241
92315	94005	96130	97755	99242
92316	94015	96131	98940	99243
92317	94644	96132	98941	99244
92325	94645	96133	98942	99245
92352	95012	96136	98943	99251
92353	95052	96137	98960	99252
92354	95120	96138	98961	99253
92355	95125	96139	98962	99254
92358	95130	96146	98970	99255

<p align="center">Commonwealth of Massachusetts MassHealth Provider Manual Series</p>	<p align="center">Subchapter Number and Title 6. Service Codes and Descriptions</p>	<p align="center">Page 6-12</p>
<p align="center">Acute Outpatient Hospital Manual</p>	<p align="center">Transmittal Letter AOH- 47 (corrected)</p>	<p align="center">Date 07/01/20</p>

602 Nonpayable CPT Codes (cont.)

99288	99450	99606
99429	99451	99607
99446	99510	
99447	99601	
99448	99602	
99449	99605	
99315	99452	
99316	99453	
99339	99454	
99340	99455	
99354	99456	
99355	99457	
99356	99458	
99357	99462	
99358	99468	
99359	99469	
99360	99471	
99366	99472	
99367	99473	
99368	99474	
99374	99475	
99375	99476	
99377	99477	
99378	99478	
99379	99479	
99380	99480	
99401	99484	
99402	99485	
99403	99487	
99404	99489	
99406	99490	
99408	99491	
99409	99492	
99411	99493	
99412	99494	
99421	99495	
99422	99496	
	99497	

Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title 6. Service Codes and Descriptions	Page 6-13
Acute Outpatient Hospital Manual	Transmittal Letter AOH- 47 (corrected)	Date 07/01/20

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	G0455	J0490	J0716
A4266	G0480	J0517	J0717
A4267	G0481	J0558	J0720
A4268	G0482	J0561	J0740
A4269	G0483	J0565	J0743
A4641	G2023	J0570	J0770
A4648	G2023 CG	J0571	J0775
A9500	G2024	J0572	J0780
A9502	G2024 CG	J0573	J0834
A9503	J0121	J0574	J0840
A9505	J0122	J0575	J0850
A9512	J0129	J0584	J0875
A9537	J0131	J0585	J0878
A9552	J0135	J0586	J0881
A9575	J0153	J0587	J0882
A9576	J0171	J0588	J0883
A9577	J0178	J0592	J0884
A9578	J0185	J0593	J0885
A9579	J0202	J0594	J0887
A9581	J0207	J0596	J0888
A9585	J0215	J0597	J0890
A9586	J0222	J0598	J0894
A9587	J0256	J0599	J0895
A9588	J0257	J0604	J0897
A9590	J0285	J0636	J1000
A9606	J0287	J0637	J1020
G0027	J0289	J0638	J1030
G0105	J0290	J0640	J1040
G0108	J0291	J0641	J1050
G0109	J0295	J0642	J1071
G0121	J0348	J0670	J1094
G0270	J0364	J0690	J1096
G0271	J0400	J0692	J1097
G0277	J0401	J0694	J1100
G0279	J0456	J0696	J1160
G0297 PA ¹	J0461	J0697	J1170
G0378	J0470	J0702	J1190
G0379	J0475	J0712	J1200
G0399 PA ¹	J0476	J0713	J1212
G0424	J0485	J0714	J1240

Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title 6. Service Codes and Descriptions	Page 6-14
Acute Outpatient Hospital Manual	Transmittal Letter AOH- 47 (corrected)	Date 07/01/20

603 Payable Level II HCPCS Codes (cont.)

J1260	J1652	J2300	J2792
J1290	J1655	J2310	J2793
J1300	J1670	J2315	J2794
J1301	J1700	J2323	J2795
J1303	J1710	J2326	J2796
J1320	J1720	J2350	J2797
J1322	J1726	J2353	J2798
J1428	J1729	J2354	J2820
J1438	J1740	J2355	J2840
J1439	J1743	J2357	J2910
J1442	J1744	J2358	J2916
J1444	J1745	J2400	J2920
J1447	J1746	J2405	J2930
J1453	J1750	J2407	J2940
J1454	J1756	J2426	J2941
J1455	J1786	J2430	J3000
J1458	J1790	J2440	J3010
J1459	J1800	J2460	J3030
J1460	J1815	J2469	J3031
J1555	J1826	J2502	J3060
J1556	J1830	J2503	J3090
J1557	J1840	J2504	J3095
J1559	J1850	J2505	J3110
J1560	J1885	J2507	J3111
J1561	J1890	J2510	J3121
J1562	J1930	J2515	J3145
J1566	J1931	J2540	J3230
J1568	J1943	J2543	J3240
J1569	J1944	J2545	J3243
J1571	J1950	J2550	J3245
J1572	J1956	J2560	J3250
J1573	J1990	J2562	J3262
J1575	J2060	J2675	J3285
J1580	J2150	J2680	J3300
J1599	J2170	J2700	J3301
J1602	J2175	J2704	J3302
J1626	J2182	J2760	J3303
J1627	J2212	J2770	J3304
J1628	J2248	J2778	J3315
J1630	J2250	J2785	J3357
J1642	J2265	J2786	J3360
J1644	J2270	J2788	J3370
J1645	J2274	J2790	J3380
J1650	J2278	J2791	J3385

Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title 6. Service Codes and Descriptions	Page 6-15
Acute Outpatient Hospital Manual	Transmittal Letter AOH- 47 (corrected)	Date 07/01/20

603 Payable Level II HCPCS Codes (cont.)

J3396	J7314	J7644	J9119
J3397	J7315	J7665	J9120
J3398	J7316	J7669	J9130
J3410	J7318	J7676	J9145
J3411	J7320	J7677	J9153
J3430	J7321	J7682	J9155
J3465	J7322	J7686	J9160
J3471	J7323	J7699	J9171
J3472	J7324	J7799	J9173
J3473	J7325	J7999	J9176
J3475	J7326	J8562	J9178
J3486	J7327	J8655	J9179
J3489	J7328	J8670	J9181
J3490	J7329	J9000	J9185
J3590	J7331	J9015	J9190
J3591	J7332	J9017	J9199
J7030	J7336	J9019	J9200
J7040	J7340	J9020	J9201
J7050	J7342	J9022	J9202
J7060	J7345	J9023	J9204
J7070	J7401	J9025	J9205
J7120	J7500	J9030	J9206
J7131	J7502	J9032	J9207
J7170	J7503	J9033	J9208
J7177	J7504	J9034	J9209
J7181	J7507	J9035	J9210
J7182	J7508	J9036	J9211
J7200	J7509	J9039	J9212
J7201	J7510	J9040	J9213
J7203	J7511	J9041	J9214
J7205	J7512	J9042	J9216
J7296	J7513	J9043	J9217
J7297	J7515	J9044	J9218
J7298	J7517	J9045	J9219
J7300	J7518	J9047	J9225
J7301	J7520	J9050	J9226
J7303	J7527	J9055	J9228
J7304	J7599	J9057	J9229
J7307	J7608	J9060	J9230
J7309	J7614	J9063	J9250
J7310	J7620	J9065	J9260
J7311	J7626	J9070	J9261
J7312	J7633	J9098	J9262
J7313	J7639	J9100	J9263

Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title 6. Service Codes and Descriptions	Page 6-16
Acute Outpatient Hospital Manual	Transmittal Letter AOH- 47 (corrected)	Date 07/01/20

603 Payable Level II HCPCS Codes (cont.)

J9264	J9357	Q4074	Q5108
J9266	J9360	Q4081	Q5110
J9267	J9370	Q4100	Q9950
J9268	J9371	Q4101	Q9980
J9269	J9390	Q4102	Q9991
J9271	J9395	Q4103	Q9992
J9280	J9400	Q4104	S0020
J9293	J9999	Q4105	S0021
J9295	L8614	Q4106	S0023
J9299	L8615	Q4107	S0028
J9301	L8616	Q4108	S0077
J9302	L8617	Q4110	S0190
J9303	L8618	Q4111	S0191
J9305	L8619	Q4112	S0199
J9306	L8690	Q4113	S0302
J9307	L8691	Q4114	S2083
J9308	Q0081	Q4115	S2260
J9309	Q0083	Q4121	S3005
J9310	Q0084	Q4132	S4989
J9311	Q0138	Q4133	S4993
J9312	Q0139	Q4161	S9485
J9313	Q0162	Q4162	U0002
J9315	Q2009	Q4163	U0003
J9320	Q2017	Q4164	U0004
J9325	Q2028	Q4165	T1023
J9328	Q2035	Q4186	V2600
J9330	Q2036	Q4187	V2610
J9340	Q2037	Q5101	V2615
J9351	Q2038	Q5103	V2799
J9352	Q2043	Q5104	
J9354	Q2049	Q5105	
J9355	Q2050	Q5106	

Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title 6. Service Codes and Descriptions	Page 6-17
Acute Outpatient Hospital Manual	Transmittal Letter AOH-47 (corrected)	Date 07/01/20

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

Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title 6. Service Codes and Descriptions	Page 6-18
Acute Outpatient Hospital Manual	Transmittal Letter AOH- 47 (corrected)	Date 07/01/20

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

Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title 6. Service Codes and Descriptions	Page 6-19
Acute Outpatient Hospital Manual	Transmittal Letter AOH- 47 (corrected)	Date 07/01/20

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.

Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title 6. Service Codes and Descriptions	Page 6-20
Acute Outpatient Hospital Manual	Transmittal Letter AOH- 47 (corrected)	Date 07/01/20

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>
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>
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

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

¹PA 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.

Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title 6. Service Codes and Descriptions	Page 6-21
Acute Outpatient Hospital Manual	Transmittal Letter AOH- 47 (corrected)	Date 07/01/20

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

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

¹PA 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.

Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title 6. Service Codes and Descriptions	Page 6-22
Acute Outpatient Hospital Manual	Transmittal Letter AOH- 47 (corrected)	Date 07/01/20

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>.

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	Subchapter Number and Title 6. Service Codes and Descriptions	Page 6-23
Acute Outpatient Hospital Manual	Transmittal Letter AOH- 47 (corrected)	Date 07/01/20

606 Revenue Codes (cont.)

Revenue Code	Description
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	

Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title 6. Service Codes and Descriptions	Page 6-24
Acute Outpatient Hospital Manual	Transmittal Letter AOH- 47 (corrected)	Date 07/01/20

606 Revenue Codes (cont.)

Revenue Code	Description
0330	General
0331	Chemotherapy administration – injected
0332	Chemotherapy – oral
0333	Radiation therapy
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	
0390	General
0391	Administration
0399	Other processing and storage

Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title 6. Service Codes and Descriptions	Page 6-25
Acute Outpatient Hospital Manual	Transmittal Letter AOH- 47 (corrected)	Date 07/01/20

606 Revenue Codes (cont.)

Revenue Code	Description
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
0449	Other speech therapy

Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title 6. Service Codes and Descriptions	Page 6-26
Acute Outpatient Hospital Manual	Transmittal Letter AOH- 47 (corrected)	Date 07/01/20

606 Revenue Codes (cont.)

Revenue Code	Description
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

Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title 6. Service Codes and Descriptions	Page 6-27
Acute Outpatient Hospital Manual	Transmittal Letter AOH- 47 (corrected)	Date 07/01/20

606 Revenue Codes (cont.)

Revenue Code	Description
0514	OB/GYN
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

Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title 6. Service Codes and Descriptions	Page 6-28
Acute Outpatient Hospital Manual	Transmittal Letter AOH- 47 (corrected)	Date 07/01/20

606 Revenue Codes (cont.)

Revenue Code	Description
068X Trauma Response	
0681	Level I
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

Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title 6. Service Codes and Descriptions	Page 6-29
Acute Outpatient Hospital Manual	Transmittal Letter AOH- 47 (corrected)	Date 07/01/20

606 Revenue Codes (cont.)

Revenue Code	Description
0769	Other specialty services
077X Preventive Services	
0770	General
0771	Vaccine administration
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

Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title 6. Service Codes and Descriptions	Page 6-30
Acute Outpatient Hospital Manual	Transmittal Letter AOH- 47 (corrected)	Date 07/01/20

606 Revenue Codes (cont.)

0901	Electroshock therapy
0905	Intensive outpatient psychiatric
091X Behavioral Health Treatments/Services	
0914	Individual therapy
0915	Group therapy
0916	Family therapy
0918	Testing
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 codes are defined in the *Current Procedural Terminology (CPT) Professional* codebook.