



Commonwealth of Massachusetts
Executive Office of Health and Human Services
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Boston, MA 02111
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MASSHEALTH
TRANSMITTAL LETTER AOH-5
April 2004

TO: Acute Outpatient Hospitals and Hospital Licensed Health Centers Participating in MassHealth

FROM: Beth Waldman, Medicaid Director *BW*

RE: Revised Service Codes and Billing Information

This letter transmits revisions to the service codes, and updates billing information for acute outpatient hospitals (AOHs), including their hospital-licensed health centers and provider-based satellites. A new Appendix F, which describes the revenue codes and billing combinations, is also attached.

Revised Subchapter 6 (Service Codes)

Effective April 30, 2004, MassHealth has restructured Subchapter 6 of the *Acute Outpatient Hospital Manual* as follows:

- The revised Subchapter 6 lists those HCPCS codes that **are not** payable under the MassHealth Acute Outpatient Hospital Program; and
- The revised Subchapter 6 lists Level II HCPCS that **are** payable under the MassHealth Acute Outpatient Hospital Program.

Please Note: Providers billing electronically using the 837 Institutional (837I) claim format must use HIPAA-compliant four-digit revenue codes. Providers billing on paper UB-92 claims or on the MassHealth-proprietary electronic media claim (EMC) format must continue to use three-digit revenue codes.

The revised Subchapter 6 applies only when billing for services that are reimbursed either according to the payment amount per episode (PAPE) methodology, or according to the Division of Health Care Finance and Policy (DHCFP) Clinical Laboratory Fee Schedule (114.3 CMR 20.00). The revised Subchapter 6 is effective for all claims with dates of service on or after April 30, 2004.

MassHealth providers must refer to the official list of HCPCS codes and descriptions as posted on the Centers for Medicare and Medicaid Services Web site at www.cms.gov/medicare/hcpcs when billing for services provided to MassHealth members.

For outpatient hospital services that **are not** reimbursed according to the PAPE methodology or according to the DHCFP Clinical Laboratory Fee Schedule, AOHs must refer to the MassHealth provider manuals listed below to determine which services are payable and which are not payable.

Adult Day Health – AOHs billing for adult day health services must refer to the Subchapter 6 of the *Adult Day Health Manual*.

Adult Foster Care – AOHs billing for adult foster care services must refer to the Subchapter 6 of the *Adult Foster Care Manual*.

Ambulance Services – AOHs billing for ambulance services must refer to the Subchapter 6 of the *Transportation Manual*.

Dental Services – AOHs billing for dental services must refer to Subchapter 6 of the *Dental Manual* except when the conditions in 130 CMR 420.429(A) or (D) apply. In those instances, acute outpatient hospitals AOHs should refer to the Subchapter 6 of the *Acute Outpatient Hospital Manual*.

Early Intervention Program – AOHs billing for early intervention program services must refer to the Subchapter 6 in the *Early Intervention Program Manual*.

Hearing Aid Dispensing – AOHs billing for the dispensing of hearing aids must refer to the Subchapter 6 of the *Audiologist Manual*.

Home Health – AOHs billing for home health services must refer to the Subchapter 6 in the *Home Health Agency Manual*.

Physician Services – AOHs billing for hospital-based physician or entity services must refer to Subchapter 6 of the *Physician Manual*.

Psychiatric Day Treatment Program – AOHs billing for psychiatric day treatment programs must refer to the Subchapter 6 of the *Psychiatric Day Treatment Program Manual*.

The Norplant System – AOHs billing for the Norplant System must refer to Subchapter 6 of the *Physician Manual*.

Vision Care Materials Dispensing – AOHs billing for the dispensing of ophthalmic materials must refer to the Subchapter 6 of the *Vision Care Manual*.

Prior-authorization requests may be submitted to MassHealth for any medically necessary service for a MassHealth Standard member less than 21 years of age. For more information on reimbursement for AOH services, providers should refer to the Hospital Rate Year (HRY) 2004 Acute Hospital Request for Application (RFA). Hospitals can locate the HRY 2004 RFA as well as regulatory and billing information on the MassHealth Web site at: mass.gov/masshealth.

Billing for Emergency Department Screening Fee(s)

Effective for claims with dates of service on or after October 1, 2003, AOHs may bill a facility screening fee when nonemergency services are provided in the emergency department. In addition to this facility screening fee, AOHs may bill for a professional screening fee when such nonemergency services are provided by a hospital-based physician.

Emergency department screening fees may be billed on the paper claim form no. 05, MassHealth proprietary EMC, or 837 Professional (837P) claim formats. The service code for the professional services of the hospital-based physician is **T1023**. The service code and modifier for the facility fee is **T1023-U1**. The modifier **U1 must be used** when billing for the facility fee. Failure to use the modifier **U1** will result in a denied claim.

Surgical Pathology HCPCS and Rates

For HRY 2004, AOHs must refer to DHCFP's Surgical and Related Anesthesia Fee Schedule (114.3 CMR 16.00) for cytopathology service rates. These rates apply to HCPCS codes in the 88104-88199 range.

Changes to Revenue Code and HCPCS Billing for Laboratory and Radiology Services

In an effort to simplify billing for laboratory and radiology services provided by AOHs, the following revenue code and HCPCS billing combinations have been changed for claims with dates of service on or after April 30, 2004.

1. All payable laboratory services within the range of 80048 to 89399 may be billed with any of the following revenue codes: 0300, 0301, 0302, 0304, 0305, 0306, 0307, 0309, 0310, 0311, 0312, 0314, and 0319.
2. All payable radiology services within the range of 70010 to 79999 may be billed with any of the following revenue codes: 0320, 0321, 0322, 0323, 0324, 0329, 0330, 0333, 0340, 0341, 0342, 0349, 0350, 0351, 0352, 0359, 0400, 0401, 0402, 0403, 0404, 0610, 0611, and 0612.

For a more detailed guide to revenue codes and HCPCS billing combinations, please refer to the attached Appendix F of the *Acute Outpatient Hospital Manual*.

Providers are reminded that when billing using the 837 Institutional (837I) claim format, they must use HIPAA-compliant four-digit revenue codes. Providers billing on the paper UB-92 claims or on the MassHealth-proprietary EMC format must continue to use three-digit revenue codes.

Questions

Providers with questions about the information in this transmittal letter may contact MassHealth Provider Services at 617-628-4141 or 1-800-325-5231.

NEW MATERIAL

(The pages listed here contain new or revised language.)

Acute Outpatient Hospital Manual

Pages vi, vii, 6-1 through 6-4, and F-1 through F-6

OBSOLETE MATERIAL

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

Acute Outpatient Hospital Manual

Pages vi, vi-a through vi-d, 6.1-1 through 6.1-32, 6.2-1 through 6.2-134, 6.3-1 through 6.3-24, 6.4-1 through 6.4-36, and 6.5-1 through 6.5-4 — transmitted by Transmittal Letter AOH-4

Page vii — transmitted by Transmittal Letter AOH-1

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The regulations and instructions governing provider participation in MassHealth are published in the Provider Manual Series. MassHealth publishes a separate manual for each provider type.

Manuals in the series contain administrative regulations, billing regulations, program regulations, service codes, billing instructions, and general information. MassHealth's regulations are incorporated into the Code of Massachusetts Regulations (CMR), a collection of regulations promulgated by state agencies within the Commonwealth and by the Secretary of State. MassHealth regulations are assigned Title 130 of the Code. The regulations governing provider participation in MassHealth are assigned Chapters 400 through 499 within Title 130. Pages that contain regulatory material have a CMR chapter number in the banner beneath the subchapter number and title.

Administrative regulations and billing regulations apply to all providers and are contained in 130 CMR Chapter 450.000. These regulations are reproduced as Subchapters 1, 2, and 3 in this and all other manuals.

Program regulations cover matters that apply specifically to the type of provider for which the manual was prepared. For acute outpatient hospitals, those matters are covered in 130 CMR Chapter 410.000, reproduced as Subchapter 4 in the *Outpatient Hospital Manual*.

Revisions and additions to the manual are made as needed by means of transmittal letters, which furnish instructions for making changes by hand ("pen-and-ink" revisions), and by substituting, adding, or removing pages. Some transmittal letters will be directed to all providers; others will be addressed to providers in specific provider types. In this way, a provider will receive all those transmittal letters that affect its manual, but no others.

The Provider Manual Series is intended for the convenience of providers. Neither this nor any other manual can or should contain every federal and state law and regulation that might affect a provider's participation in MassHealth. The provider manuals represent instead MassHealth's effort to give each provider a single convenient source for the essential information providers need in their routine interaction with MassHealth and its members.

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601 Introduction

MassHealth providers must refer to the official list of HCPCS codes and descriptions as posted on the Centers for Medicare and Medicaid Services Web site at www.cms.gov/medicare/hcpcs when billing for services provided to MassHealth members.

Level I HCPCS Codes

MassHealth pays for all medicine, radiology, laboratory, surgery, and anesthesia Level I HCPCS codes in effect at the time of service, except for those codes listed in Section 602 of this subchapter, subject to all conditions and limitations described in MassHealth's regulations at 130 CMR 410.000 and 450.000, and in the most current Acute Hospital Request for Application.

Level II HCPCS Codes

MassHealth pays for all Level II HCPCS codes in effect at the time of service listed in Section 603 of this subchapter, subject to all conditions and limitations described in MassHealth's regulations at 130 CMR 410.000 and 450.000, and in the most current Acute Hospital Request for Application.

For a list of billable revenue codes and HCPCS billing combinations, please refer to Appendix F of the *Acute Outpatient Hospital Manual*. The list in Appendix F is to be used **only** as a guide.

602 Nonpayable Codes - Level I HCPCS

MassHealth does not pay for services billed under the following codes. For members under age 21, MassHealth regulations at 130 CMR 450.144(A) allow providers to seek coverage when medically necessary, by requesting prior authorization.

0001F	0016T	0044T	11922	15825	21121
0002F	0017T	0045T	11950	15826	21122
0003F	0018T	0046T	11951	15828	21123
0004F	0019T	0047T	11952	15829	21125
0005F	0020T	0048T	11954	15876	21127
0006F	0021T	0049T	15775	15877	21245
0007F	0023T	0050T	15776	15878	21246
0008F	0030T	0051T	15780	15879	21248
0009F	0031T	0052T	15781	17340	21249
0010F	0032T	0053T	15782	17360	22841
0011F	0033T	0054T	15783	17380	32491
0001T	0034T	0055T	15786	19316	32850
0005T	0035T	0056T	15787	19324	33930
0006T	0036T	0057T	15788	19325	33940
0007T	0037T	0058T	15789	19355	36415
0008T	0038T	0059T	15792	19370	36416
0009T	0039T	0060T	15793	19371	36468
0010T	0040T	0061T	15810	19396	36469
0012T	0041T	10040	15811	20930	36540
0013T	0042T	11920	15819	20936	37765
0014T	0043T	11921	15824	21120	37766

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602 Nonpayable Code – Level I HCPCS (cont.)

41870	76497	89251	90646	91132	95134
41872	76498	89252	90647	91133	95824
43752	77399	89253	90648	92314	95965
43842	78267	89254	90665	92315	95966
43843	78268	89255	90669	92316	95967
44132	78351	89256	90680	92317	96000
44133	80500	89257	90698	92325	96001
44135	80502	89258	90700	92330	96002
44136	82075	89259	90701	92335	96003
47133	82962	89260	90702	92352	96004
48160	84061	89261	90708	92353	96150
58750	84830	89264	90710	92354	96151
58752	86079	89268	90712	92355	96152
58760	86585	89272	90715	92358	96153
58970	86890	89280	90718	92371	96154
58974	86891	89281	90720	92390	96155
58976	86910	89290	90721	92391	96567
59070	86911	89291	90723	92392	96902
59072	86927	89300	90744	92393	97005
59412	86930	89310	90748	92395	97006
59897	86931	89320	90816	92396	97139
62287	86932	89321	90817	92531	97530
63043	86945	89325	90818	92532	97537
63044	86950	89329	90819	92533	97545
65760	86965	89330	90821	92534	97546
65765	86985	89335	90822	92548	97601
65767	87901	89342	90823	92559	97602
65771	87903	89343	90824	92560	97755
65780	87904	89344	90826	92561	97780
65781	88000	89346	90827	92562	97781
65782	88005	89352	90828	92564	97802
69090	88007	89353	90829	93660	97803
71552	88012	89354	90845	93760	97804
72159	88014	89356	90865	93762	98940
72198	88016	90281	90875	93770	98941
73225	88020	90283	90876	93784	98942
76082	88025	90287	90880	93786	98943
76083	88027	90379	90885	93788	99000
76085	88028	90384	90889	93790	99001
76093	88029	90386	90901	94015	99002
76094	88036	90389	90911	95052	99024
76140	88037	90396	90939	95120	99026
76150	88040	90586	90940	95125	99027
76350	88045	90633	90989	95130	99050
76390	88099	90634	90993	95131	99056
76400	88125	90636	90997	95132	99058
76496	89250	90645	90999	95133	99071

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99075	99234	99289	99331	99361	99450
99078	99235	99290	99332	99362	99455
99080	99236	99293	99333	99371	99456
99082	99238	99294	99341	99372	99500
99090	99239	99295	99342	99373	99501
99091	99251	99296	99343	99374	99502
99100	99252	99298	99344	99375	99503
99116	99253	99299	99345	99377	99504
99135	99254	99301	99347	99378	99505
99140	99255	99302	99348	99379	99506
99141	99261	99303	99349	99380	99507
99142	99262	99311	99350	99401	99509
99172	99263	99312	99354	99402	99510
99190	99271	99313	99355	99403	99511
99191	99272	99315	99356	99404	99512
99192	99273	99316	99357	99411	99600
99221	99274	99321	99358	99412	99601
99222	99275	99322	99359	99420	99602
99223	99288	99323	99360	99429	

603 Payable Codes - Level II HCPCS

The following lists Level II HCPCS that are covered by MassHealth for AOHs and hospital-licensed health centers (HLHCs).

Effective for claims with dates of service on or after October 1, 2003, AOHs may bill a facility screening fee when nonemergency services are provided in the emergency department. In addition to this facility screening fee, AOHs may bill for a professional screening fee when such nonemergency services are provided by a hospital-based physician.

Emergency department screening fees may be billed on the paper claim form no. 05, MassHealth-proprietary EMC, or 837 Professional (837P) formats. The service code for the professional services of the hospital-based physician is **T1023**. The service code and modifier for the facility fee is **T1023-U1**. The modifier **U1 must be used** when billing for the facility fee. Failure to use the modifier **U1** will result in a denied claim.

J0207	J1745	J7504	J8600	J9040	J9090
J0640	J1825	J7505	J8610	J9045	J9091
J0740	J1830	J7525	J8700	J9050	J9092
J1325	J1950	J8510	J9000	J9060	J9093
J1327	J2260	J8520	J9001	J9062	J9094
J1620	J2430	J8521	J9015	J9065	J9095
J1626	J2770	J8530	J9020	J9070	J9096
J1742	J7501	J8560	J9031	J9080	J9097

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602 Payable Codes - Level II HCPCS (cont.)

J9100	J9170	J9208	J9219	J9280	J9360
J9110	J9180	J9209	J9230	J9290	J9370
J9120	J9181	J9211	J9245	J9291	J9375
J9130	J9182	J9213	J9250	J9293	J9380
J9140	J9185	J9214	J9260	J9320	J9390
J9150	J9190	J9215	J9265	J9340	J9600
J9151	J9200	J9216	J9266	J9350	J9999
J9160	J9202	J9217	J9268	J9355	Q0081
J9165	J9206	J9218	J9270	J9357	

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MassHealth Revenue Codes and HCPCS Combination Guide

The following crosswalk should be used as a guide for acute outpatient hospitals (AOHs), hospital-licensed health centers, and provider-based satellites, when billing MassHealth-covered services.

For most revenue codes, ranges of HCPCS are listed. Hospitals should check Subchapter 6 in the *Acute Outpatient Hospital Manual* to determine if a specific code within a range is covered by MassHealth, since not all codes in the ranges are payable by MassHealth.

Revenue Code	Description	HCPCS Required?	Allowable HCPCS
025X Pharmacy			
0250	General	no	N/A
0251	Generic drugs	no	N/A
0252	Non-generic drugs	no	N/A
0253	Take-home drugs	no	N/A
0254	Drugs incident to other diagnostic services	no	N/A
0255	Drugs incident to radiology	no	N/A
0257	Nonprescription drugs	no	N/A
0258	IV solutions	no	N/A
026X IV Therapy			
0260	General	no	Q0081
027X Medical/Surgical Supplies and Devices – General			
0270	General	no	N/A
0271	Non-sterile supply	no	N/A
0272	Sterile supply	no	N/A
0273	Take-home supplies	no	N/A
0274	Prosthetic/orthotic devices	no	N/A
0275	Pacemaker	no	N/A
0276	Intraocular lens	no	N/A
0278	Other implants	no	N/A
028X Oncology			
0280	General	yes	within 99201 – 99290 range
029X DME			
0290	General	no	N/A
0291	Rental	no	N/A
0292	Purchase of new DME	no	N/A
0293	Purchase of used DME	no	N/A
030X Laboratory			
0300	General	yes	within 80048 – 89356 range
0301	Chemistry	yes	within 80048 – 89356 range
0302	Immunology	yes	within 80048 – 89356 range
0304	Non-routine dialysis	yes	within 80048 – 89356 range
0305	Hematology	yes	within 80048 – 89356 range
0306	Bacteriology and microbiology	yes	within 80048 – 89356 range
0307	Urology	yes	within 80048 – 89356 range
0309	Other	yes	within 80048 – 89356 range
031X Laboratory Pathological – General			
0310	Laboratory pathological – general	yes	within 80048 – 89356 range
0311	Cytology	yes	within 80048 – 89356 range
0312	Histology	yes	within 80048 – 89356 range
0314	Biopsy	yes	within 80048 – 89356 range
0319	Other	yes	within 80048 – 89365 range

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Revenue Code	Description	HCPCS Required?	Allowable HCPCS
032X Radiology – Diagnostic			
0320	General	yes	within 70010 – 79999 range
0321	Angiocardiology	yes	within 70010 – 79999 range
0322	Arthrography	yes	within 70010 – 79999 range
0323	Arteriography	yes	within 70010 – 79999 range
0324	Chest Xray	yes	within 70010 – 79999 range
0329	Other	yes	within 70010 – 79999 range
033X Radiology–Therapeutic and/or Chemotherapy Administration			
0330	General	yes	within 70010 – 79999 range
0331	Chemotherapy administration – injected	yes	within 96400 – 96549 range
0332	Chemotherapy – oral	yes	within 96400 – 96549 range
0333	Radiation therapy	yes	within 70010 – 79999 range
0335	Chemotherapy administration – IV	yes	within 96400 – 96549 range
034X Nuclear Medicine			
0340	General	yes	within 70010 – 79999 range
0341	Diagnostic	yes	within 70010 – 79999 range
0342	Therapeutic	yes	within 70010 – 79999 range
0349	Other	yes	within 70010 – 79999 range
035X Computerized Tomographic (CT) Scans			
0350	General	yes	within 70010 – 79999 range
0351	Head scan	yes	within 70010 – 79999 range
0352	Body scan	yes	within 70010 – 79999 range
0359	Other	yes	within 70010 – 79999 range
036X Operating Room Services			
0360	General	yes	within 10021 – 69990 range, 92018, 92019, and 92502
0361	Minor surgery	yes	within 10021 – 69990 range, 92018, 92019, and 92502
037X Anesthesia			
0370	General	no	N/A
0371	Anesthesia incident to radiology	no	N/A
0372	Anesthesia incident to other diagnostic services	no	N/A
038X Blood			
0381	Packed red blood cells	no	N/A
0383	Plasma	no	N/A
0384	Platelets	no	N/A
0385	Leukocytes	no	N/A
0386	Other components	no	N/A
0387	Other derivatives	no	N/A
039X Blood Storage and Processing			
0390	General	no	N/A
0391	Administration	yes	within 36430 – 36460 range
040X Other Imaging Services			
0400	General	yes	within 70010 – 79999 range
0401	Diagnostic mammography	yes	within 70010 – 79999 range
0402	Ultrasound	yes	within 70010 – 79999 range
0403	Screening mammography	yes	within 70010 – 79999 range
0404	Positron emission tomography (PET)	yes	within 70010 – 79999 range
041X Respiratory Services			
0410	General	yes	within 94640 – 94668 range
0412	Inhalation services	yes	within 94640 – 94668 range
0413	Hyperbaric oxygen therapy	yes	99183
0419	Other	yes	within 94640 – 94668 range

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Revenue Code	Description	HCPCS Required?	Allowable HCPCS
042X Physical Therapy			
0420	General	yes	within 92506 – 92526, 97001 – 97542, and 97703 – 97799 ranges
0421	Visit charge	yes	within 92506 – 92526, 97001 – 97542, and 97703 – 97799 ranges
0423	Group charge	yes	within 92506 – 92526, 97001 – 97542, and 97703 – 97799 ranges
0424	Evaluation or reevaluation	yes	within 92506 – 92526, 97001 – 97542, and 97703 – 97799 ranges
043X Occupational Therapy			
0430	General	yes	within 92506 – 92526, 97001 – 97542, and 97703 – 97799 ranges
0431	Visit charge	yes	within 92506 – 92526, 97001 – 97542, and 97703 – 97799 ranges
0433	Group rate	yes	within 92506 – 92526, 97001 – 97542, and 97703 – 97799 ranges
0434	Evaluation or reevaluation	yes	within 92506 – 92526, 97001 – 97542, and 97703 – 97799 ranges
044X Speech-Language Pathology			
0440	General	yes	within 92504 – 92526, 92601 – 92700, 97001 – 97542, and 97703 – 97799 ranges
0441	Visit charge	yes	within 92504 – 92526, 92601 – 92700, 97001 – 97542, and 97709 – 97799 ranges
0443	Group rate	yes	within 92504 – 92526, 92601 – 92700, 97001 – 97542, and 97709 – 97799 ranges
0444	Evaluation or reevaluation	yes	within 92504 – 92526, 92605 – 92700, 97001 – 97542, and 97703 – 97799 ranges
045X Emergency Room			
0450	General	yes	within 10021 – 69990, 92202 – 92287, and 99281 – 99499 ranges
0456	Urgent care	yes	within 10021 – 69990, 92202 – 92287, and 99281 – 99499 ranges
0459	Other ER	yes	within 10021 – 69990, 92202 – 92287, and 99281 – 99499 ranges
046X Pulmonary Function			
0460	General	yes	within 94010 – 94621 and 94680 – 94799 ranges
0469	Other	yes	within 94010 – 94621 and 94680 – 94799 ranges
047X Audiology			
0470	General	yes	within 92504 – 92597 and 92601 – 92604 ranges
0471	Diagnostic	yes	within 92504 – 92597 and 92601 – 92604 ranges
0472	Treatment	yes	within 92504 – 92597 and 92601 – 92604 ranges
0479	Other	yes	within 92504 – 92597 and 92601 – 92604 ranges
048X Cardiology			
0480	General	yes	within 92950 – 92998 and 93270 – 93668 ranges

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Revenue Code	Description	HCPCS Required?	Allowable HCPCS
0481	Cardiac catheterization lab	yes	within 92950 – 92998 and 93270 – 93668 ranges
0482	Stress test	yes	within 92950 – 92998 and 93270 – 93668 ranges
0483	Echocardiology	yes	within 92950 – 92998 and 93270 – 93668 ranges
0489	Other	yes	within 92950 – 92998 and 93270 – 93668 ranges
049X Ambulatory Surgical Care			
0490	General	yes	within 10021 – 69990 range and 92018, 92019 and 92502
0499	Other	yes	within 10021 – 69990 range and 92018, 92019, and 92502
051X Clinic			
0510	General	yes	within 10021 – 69990, 92002– 92499, 95115 – 95250, 99201 – 99215, and 99381 – 99499 ranges
0515	Pediatric clinic	yes	within 10021 – 69990, 90202– 92499, 95115 – 95250, 99201 – 99215, and 99381 – 92499 ranges
0519	Other	yes	within 10021 – 69990, 90202 92499, 95115 – 95250, 99201 – 99215 and 99381 – 92499 ranges
053X Osteopathic Services			
0530	General	yes	within 98925 – 98929 range
061X Magnetic Resonance Technology			
0610	General	yes	within 70010 – 79999 range
0611	MRI – brain	yes	within 70010 – 79999 range
0612	MRI – spinal cord	yes	within 70010 – 79999 range
062X Medical/Surgical Supplies			
0621	Supplies incident to radiology	no	N/A
0622	Supplies incident to other diagnostic services	no	N/A
063X Pharmacy			
0634	EPO, less than 10,000 units	no	N/A
0635	EPO, 10,000 or more units	no	N/A
0636	Drugs requiring detail coding	yes	within J0120 – J9999, 90281 – 90399, and 90476 – 90749 ranges
070X Cast Room			
0700	General	yes	within 10021 – 69999 range
071X Recovery Room			
0710	General	no	N/A
072X Labor Room/Delivery			
0720	General	yes	within 10021 – 69999 range
0721	Labor	yes	within 10021 – 69999 range
0722	Delivery	yes	within 10021 – 69999 range
073X EKG/ECG			
0730	General	yes	within 93000 – 93278 range
0731	Holter monitor	yes	within 93000 – 93278 range
0732	Telemetry	yes	within 93000 – 93278 range
074X EEG			
0740	General	yes	within 93000 – 96004 range
075X Gastroenterology			
0750	General	yes	within 91000 – 91299 range

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Revenue Code	Description	HCPCS Required?	Allowable HCPCS
760X Treatment/Observation Room			
0761	Treatment room	yes	within 10021 – 69990, 90202 – 92287, 99201 – 99215, and 99381 – 99499 ranges
0762	Observation room	yes	99217 – 99220 range
077X Preventive Services			
0771	Vaccine administration	yes	within 90471 – 90474 range
082X Hemodialysis			
0820	General	yes	within 90918 – 90999 range
0821	Hemodialysis composite/other rate	yes	within 90918 – 90999 range
083X Peritoneal Dialysis			
0830	General	yes	within 90918 – 90999 range
0831	Peritoneal composite/other rate	yes	within 90918 – 90999 range
084X CAPD			
0840	General	yes	within 90918 - 90999 range
0841	CAPD composite/other rate	yes	within 90918 – 90999 range
085X CCPD			
0850	General	yes	within 90918 – 90999 range
0851	CCPD composite/other rate	yes	within 90918 – 90999 range
090X Behavioral Health Treatments/Services			
0900	General	yes	within 90801 – 90911 range
0901	Electroshock therapy	yes	within 90801 – 90911 range
091X Behavioral Health Treatments/Service			
0914	Individual therapy	yes	within 96150 – 96155 range
0918	Testing	yes	within 96100 – 96117 range
092X Other Diagnostic Services			
0920	General	yes	within 92002 – 96004 range and 99170
0921	Peripheral vascular lab	yes	within 93668 – 93990 range
0922	Electromyelogram	yes	within 95860 – 96004 range
0924	Allergy testing	yes	within 95004 – 95078 range
094X Other Therapeutic Services			
0940	General	yes	within 90780 – 90799, 95990 – 95999, 96567 – 96999, and 99173 – 99199 ranges
0943	Cardiac rehabilitation	yes	93797, 93798
0944	Drug rehabilitation	yes	within 90801 – 90862 range

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