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| Seal of the Commonwealth of Massachusetts | ***Commonwealth of Massachusetts***  ***Executive Office of Health and Human Services*** Office of Medicaid [***www.mass.gov/masshealth***](http://www.mass.gov/masshealth) |

MassHealth

Transmittal Letter AOH-56

September 2023

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

**FROM:** Mike Levine, Assistant Secretary for MassHealth [signature of Mike Levine]

**RE:** *Acute Outpatient Hospital Manual* (2023 Updates to Subchapter 6)

This letter transmits additions, deletions, replacements, and revisions to the codes in Subchapter 6 of the *Acute Outpatient Hospital Manual*, including other Current Procedural Terminology (CPT) codes, Healthcare Common Procedure Coding System (HCPCS) codes, and codes that have special requirements or limitations.

* Effective **January 1, 2023**, CPT code 81513 (“Infectious disease, bacteria vaginosis, quantitative real-time amplification of RNA markers for Atopobium vaginae, Gardnerella vaginalis, and Lactobacillus species, utilizing vaginal-fluid specimens, algorithm reported as a positive or negative result for bacterial vaginosis”) is payable, as described in Transmittal Letter LAB-55.
* Effective **February 1, 2023**, vaccine counseling is payable, as described in All Provider Bulletin 362.
* Effective **May 11, 2023**, HCPCS Codes G2023 and G2024 have become non-payable, as described in Transmittal Letter LAB-55.
* Effective **July 1, 2023**, CPT code 77523 (“Proton treatment, intermediate”) is payable.
* Effective **July 1, 2023**, CPT codes 96160, 96161, 99242 through 99245, 99358, 99359, 99366 through 99368, 99408, 99409, 99411, 99412, 99495, and 99496, and HCPCS code G0009 are payable.
* Effective **July 7, 2023**, HCPCS Code T2023 is payable as part of the CARES Program, as described in All Provider Bulletin 370.

**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).

[Sign up](https://www.mass.gov/forms/email-notifications-for-masshealth-provider-bulletins-and-transmittal-letters) to receive email alerts when MassHealth issues new transmittal letters and provider bulletins.

**Questions**

If you have any questions about this transmittal letter, please contact the MassHealth Customer Service Center at (800) 841-2900, TDD/TTY: 711 or email your inquiry to [provider@masshealthquestions.com](mailto:provider@masshealthquestions.com).

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 54

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 610 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 U, 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.

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# 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.

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604 Modifiers

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

Modifier Description

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

93 Service rendered via audio-only telehealth

95 Counseling and therapy services rendered via audio-video telecommunications

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

604 Modifiers (cont.)

Modifier Description

F6 Right hand, second digit

F7 Right hand, third digit

F8 Right hand, fourth digit

F9 Right hand, fifth digit

FA Left hand, thumb

FB Item provided without cost to provider, supplier or practitioner, or full credit received for replaced device (examples, but not limited to, covered under warranty, replaced due to defect, free samples)

FQ Counseling and therapy services provided using audio-only telecommunications

FR A supervising practitioner was present through a real-time two-way, audio and video communication technology

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

GT Services rendered via interactive audio and video telecommunications systems

GQ Services rendered via asynchronous telehealth

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)

SL State supplied vaccine

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

604 Modifiers (cont.)

Modifier Description

XE Separate encounter: a service that is distinct because it occurred during a separate encounter

XP Separate practitioner: a service that is distinct because it was performed by a different practitioner

XS Separate structure: a service that is distinct because it was performed on a separate organ/structure

XU Unusual non-overlapping service: the use of a service that is distinct because it does not overlap usual components of the main service

605 Modifiers for Behavioral Health Screening, Including Postnatal Depression Screening

The administration and scoring of standardized developmental or behavioral health-screening tools selected from the list referenced in in Appendix W of your provider manual, is covered for members (except MassHealth Limited) from birth to 21 years of age. Service Codes 96110 and 96127 must be accompanied by one of the following modifiers to indicate whether a developmental or behavioral health need was identified. “Developmental need identified” means the provider administering the screening tool, in their professional judgment, identified a child with a potential developmental health services need. “Behavioral health need identified” means the provider administering the screening tool, in their professional judgment, identified a child with a potential behavioral health services need.

Service

Code Modifier Description

96110 U1 Covered for members birth through 3 years old for the administration and scoring of a standardized developmental health screening tool selected from the list referenced in Appendix W of your MassHealth provider manual; with no developmental health need identified.

96110 U2 Covered for members birth through 3 years old for the administration and scoring of a standardized developmental health screening selected from the list referenced in Appendix W of your MassHealth provider manual; with developmental health need identified

96110 U3 Covered for members 18- and 24 months for the administration and scoring of a standardized Autism screening tool selected from the list referenced in Appendix W of your MassHealth provider manual; with no further follow up needed

96110 U4 Covered for members 18- and 24 months for the administration and scoring of a standardized Autism screening tool selected from the list referenced in Appendix W of your MassHealth provider manual; with further follow up needed.

96127 U1 Covered for members 4 to 21 years old for the administration and scoring of a standardized behavioral health screening tool selected from the list referenced in Appendix W of your MassHealth provider manual; with no behavioral health need identified.

605 Modifiers for Behavioral Health Screening, Including Postnatal Depression Screening (cont.)

Service

Code Modifier Description

96127 U2 Covered for members 4 to 21 years old for the administration and scoring of a standardized behavioral health screening tool selected from the list referenced in Appendix W of your MassHealth provider manual; with behavioral health need identified.

96110 UD Covered for members birth to 6 months for the administration and scoring of the Edinburgh Postnatal Depression Scale with member’s caregiver. UD must be used together with either U1 or U2

**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.

Modifier Description

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).

606 Modifiers for Tobacco Use Cessation

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.

Modifier Description

HQ Group counseling, at least 60-90 minutes

TF Intermediate level of care, at least 45 minutes

607 Modifier for Child and Adolescent Needs and Strengths (CANS)

Modifier Description

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.

608 Modifiers for Provider Preventable Conditions That Are National Coverage Determinations

Modifier Description

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.

609 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 HCPCS 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 |

| **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 | | Angiocardiography |
| 0322 | | Arthrography |
| 0323 | | Arteriography |
| 0324 | | Chest X ray |
| 0329 | | Other |
| **033X Radiology – Therapeutic and/or Chemotherapy Administration** | | |
| 0330 | | General |
| 0331 | | Chemotherapy administration – injected |
| 0332 | | Chemotherapy – oral |
| 0333 | | Radiation therapy |
| 0335 | | Chemotherapy administration – IV |
| 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 |
| **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 |
| **045X Emergency Room** | | |
| 0450 | | General |
| 0451 | | EMTALA Emergency Medical Screening services |
| 0452 | | ER beyond EMTALA screening |
| 0456 | | Urgent care |
| 0459 | | Other ER |
| **046X Pulmonary Function** | | |
| 0460 | | General |
| 0469 | | Other |
| **047X Audiology** | | |
| 0470 | | General |
| 0471 | | Diagnostic |
| 0472 | | Treatment |
| 0479 | | Other |
| **048X Cardiology** | | |
| 0480 | | General |
| 0481 | | Cardiac catheterization lab |
| 0482 | | Stress test |
| 0483 | | Echocardiology |
| 0489 | | Other |
| **049X Ambulatory Surgical Care** | | |
| 0490 | | General |
| 0499 | | Other |
| **050X Outpatient** | | |
| 0500 | | General |
| 0509 | | Other |
| **051X Clinic** | | |
| 0510 | | General |
| 0512 | | Dental clinic |
| 0513 | | Psychiatric clinic |
| 0514 | | OB/GYN |
| 0515 | | Pediatric clinic |
| 0516 | | Urgent care clinic |
| 0517 | | Family practice clinic |
| 0519 | | Other |
| **053X Osteopathic Services** | | |
| 0530 | | General |
| 0531 | | Osteopathic therapy |
| 0539 | | Other osteopathic services |
| **061X Magnetic Resonance Technology** | | |
| 0610 | | General |
| 0611 | | MRI – brain |
| 0612 | | MRI – spinal cord |
| 0614 | | Other MRI |
| 0615 | | MRA head and neck |
| 0616 | | MRA lower extremities |
| 0618 | | Other MRA |
| 0619 | | Other MRT |
| **062X Medical/Surgical Supplies** | | |
| 0621 | | Supplies incident to radiology |
| 0622 | | Supplies incident to other diagnostic services |
| 0623 | | Surgical dressings |
| **063X Pharmacy** | | |
| 0631 | | Single source drug |
| 0632 | | Multiple source drug |
| 0633 | | Restrictive prescription |
| 0634 | | EPO less than 10,000 units |
| 0635 | | EPO, 10,000 or more units |
| 0636 | | Drugs requiring detail coding |
| 0637 | | Self-administered drugs |
| **068X Trauma Response** | | |
| 0681 | | Level I |
| 0682 | | Level II |
| 0683 | | Level III |
| 0684 | | Level IV |
| 0689 | | Other trauma response |
| **070X Cast Room** | | |
| 0700 | | General |
| **071X Recovery Room** | | |
| 0710 | | General |
| **072X Labor Room/Delivery** | | |
| 0720 | | General |
| 0721 | | Labor |
| 0722 | | Delivery |
| 0723 | | Circumcision |
| 0724 | | Birthing center |
| 0729 | | Other labor room/delivery |
| **073X EKG/ECG** | | |
| 0730 | | General |
| 0731 | | Holter monitor |
| 0732 | | Telemetry |
| 0739 | | Other EKG/ECG |
| **074X EEG** | | |
| 0740 | | General |
| **075X Gastroenterology** | | |
| 0750 | | General |
| **760X Treatment/Observation Room** | | |
| 0760 | | General |
| 0761 | | Treatment room |
| 0762 | | Observation hours |
| 0769 | | Other specialty services |
| **077X Preventive Services** | | |
| 0770 | | General |
| 0771 | | Vaccine administration |
|  | | **079X Extra-Corporeal Shock Wave Therapy** |
| 0790 | | Extra-Corporeal Shock wave therapy-general |
| **082X Hemodialysis** | | |
| 0820 | | General |
| 0821 | | Hemodialysis composite/other rate |
| 0825 | | Support Services |
| 0826 | | Shorter duration |
| 0829 | | Other outpatient Hemodialysis |
| **083X Peritoneal Dialysis** | | |
| 0830 | | General |
| 0831 | | Peritoneal composite/other rate |
| 0835 | | Support Services |
| 0839 | | Other outpatient peritoneal dialysis |
| **084X CAPD** | | |
| 0840 | | General |
| 0841 | | CAPD composite/other rate |
| 0845 | | Support Services |
| 0849 | | Other |
| **085X CCPD** | | |
| 0850 | General | |
| 0851 | CCPD composite/other rate | |
| 0855 | Support Services | |
| 0859 | Other | |
| **090X Behavioral Health Treatments/Services** | | |
| 0900 | General | |
| 0901 | Electroshock therapy | |
| 0905 | Intensive outpatient psychiatric | |
| **091X Behavioral Health Treatments/Services** | | |
| 0914 | Individual therapy | |
| 0915 | Group therapy | |
| 0916 | Family therapy | |
| 0918 | Testing | |
| 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 | |

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