



Transmittal Letter AOH-59

DATE: December 2024

TO: Acute Outpatient Hospitals Participating in MassHealth

FROM: Monica Sawhney, Chief of Provider, Family, and Safety Net Programs

RE: *Acute Outpatient Hospital Manual: Updates to Subchapter 6*

Revisions to Service Codes and Descriptions

This letter transmits the updates to developmental and behavioral health screening coverage to conform with recent updates to Appendices W and Z of the *All Provider Manual*.

MassHealth Website

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

[Sign up](#) to receive email alerts when MassHealth issues new transmittal letters and provider bulletins.

Questions?

- Call MassHealth at (800) 841-2900, TDD/TTY: 711
- Email us at provider@masshealthquestions.com

New Material

The pages listed here contain new or revised language.

Acute Outpatient Hospital Manual

Pages vi, 6-1 through 6-30

Obsolete Material

The pages listed here are no longer in effect.

Acute Outpatient Hospital Manual

Pages vi, 6-1 through 6-29 — transmitted by Transmittal Letter AOH-58

Commonwealth of Massachusetts MassHealth Provider Manual Series Acute Outpatient Hospital Manual	Subchapter Number and Title Table of Contents	Page vi
	Transmittal Letter AOH-59	Date 12/05/24

6. Service Codes

601. Introduction	6-1
602. Nonpayable CPT Codes	6-1
603. Payable Level II HCPCS Codes.....	6-13
604. Modifiers.....	6-17
605. Modifiers for Developmental and Behavioral Health Screening, Including Postnatal Depression Screening	6-19
606. Modifiers for Tobacco Use Cessation.....	6-21
607. Modifier for Child and Adolescent Needs and Strengths (CANS)	6-21
608. Modifiers for Provider Preventable Conditions That Are National Coverage Determinations	6-21
609. Revenue Codes.....	6-21
Appendix A. Directory	A-1
Appendix C. Third-Party-Liability Codes	C-1
Appendix D. Utilization Management Program	D-1
Appendix E. Admission Guidelines	E-1
Appendix T. CMSP-Covered Codes	T-1
Appendix U. DPH-Designated Serious Reportable Events That Are Not Provider Preventable Conditions.....	U-1
Appendix V. MassHealth Billing Instructions for Provider Preventable Conditions.....	V-1
Appendix W. EPSDT Services: Medical and Dental Protocols and Periodicity Schedule.....	W-1
Appendix X. Family Assistance Copayments and Deductibles.....	X-1
Appendix Y. EVS Codes and Messages.....	Y-1
Appendix Z. EPSDT/PPHSD Screening Services Codes	Z-1

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-59	Date 12/05/2024

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 609 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.

00100	00148	00212	00402	00524
00102	00160	00214	00404	00528
00103	00162	00215	00406	00529
00104	00164	00216	00410	00540
00120	00170	00218	00450	00542
00124	00172	00220	00454	00546
00126	00174	00222	00470	00560
00140	00176	00300	00472	00561
00142	00190	00320	00474	00562
00144	00192	00322	00500	00567
00145	00210	00326	00520	00580
00147	00211	00400	00522	00600

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-59	Date 12/05/2024

602 Nonpayable CPT Codes (cont.)

00604	01464	15824	21151	22112
00620	01470	15825	21154	22114
00632	01472	15826	21155	22116
through	01474	15828	21159	22206
00800	01480	15829	21160	22207
00840	01482	15847	21172	22208
through	01484	16036	21179	22210
00902	01490	17340	21180	22212
00905	through	17360	21182	22214
through	01630	19305	21183	22216
00937	01650	19306	21184	22220
00960	01652	19316	21188	22222
through	01654	19355	21193	22224
01110	01656	19361	21245	22226
01140	01670	19364	21246	22318
through	01680	19367	21247	22319
01212	through	19368	21248	22325
01214	01720	19369	21249	22326
01215	01740	19396	21256	22327
01220	through	20661	21268	22328
01230	01936	20664	21343	22526
01232	01943	20802	21344	22527
01234	01999	20805	21346	22532
01250	10040	20808	21348	22533
01260	11004	20816	21423	22534
01270	11005	20824	21431	22548
01272	11006	20827	21432	22552
01274	11008	20838	21433	22554
01320	11922	20930	21435	22556
01340	15756	20936	21436	22558
01360	15757	20955	21510	22585
01380	15758	20956	21602	22586
01382	15776	20957	21603	22590
01390	15778	20962	21615	22595
01392	15780	20969	21616	22600
01400	15781	20970	21620	22610
01402	15782	20985	21627	22633
01404	15783	21121	21630	22800
01420	15786	21122	21632	22802
01430	15787	21125	21705	22804
01440	15788	21127	21740	22808
01442	15789	21145	21750	22810
01444	15792	21146	21825	22812
01462	15793	21147	22010	22818

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-59	Date 12/05/2024

602 Nonpayable CPT Codes (cont.)

22819	26554	27226	27513	31390
22830	26556	27227	27514	31395
22836	26992	27228	27519	31584
22837	27005	27232	27535	31587
22838	27025	27236	27536	31725
22840	27030	27240	27540	31760
22841	27036	27244	27556	31766
22842	27054	27245	27557	31770
22843	27070	27248	27558	31775
22844	27071	27253	27580	31780
22845	27075	27254	27590	31781
22846	27076	27258	27591	31786
22847	27077	27259	27592	31800
22848	27078	27268	27596	31805
22849	27090	27269	27598	32035
22850	27091	27280	27645	32036
22852	27120	27282	27646	32096
22855	27122	27284	27703	32097
22857	27125	27286	27712	32098
22858	27132	27290	27715	32100
22860	27134	27295	27724	32110
22861	27137	27303	27725	32120
22862	27138	27365	27727	32124
22864	27140	27445	27880	32140
22865	27146	27448	27881	32141
23200	27147	27450	27882	32150
23210	27151	27454	27886	32151
23220	27156	27455	27888	32160
23335	27158	27457	28800	32200
23474	27161	27465	28805	32215
23900	27165	27466	30468	32220
23920	27170	27468	30469	32225
23930	27175	27470	31225	32310
23931	27176	27472	31230	32320
24940	27177	27477	31290	32440
25900	27178	27479	31291	32442
25905	27179	27485	31360	32445
25909	27181	27486	31365	32480
25915	27185	27487	31367	32482
25920	27187	27488	31368	32484
25924	27215	27495	31370	32486
25927	27217	27506	31375	32488
26551	27218	27507	31380	32491
26553	27222	27511	31382	32501

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-59	Date 12/05/2024

602 Nonpayable CPT Codes (cont.)

32503	32997	33310	33474	33619
32504	33017	33315	33475	33620
32505	33018	33320	33476	33621
32506	33019	33321	33478	33622
32507	33020	33322	33496	33641
32540	33025	33330	33500	33645
32650	33030	33335	33501	33647
32651	33031	33340	33502	33660
32652	33050	33361	33503	33665
32653	33120	33362	33504	33670
32654	33130	33363	33505	33675
32655	33140	33364	33506	33676
32656	33141	33365	33507	33677
32658	33202	33366	33509	33681
32659	33203	33367	33510	33684
32661	33236	33368	33511	33688
32662	33237	33369	33512	33690
32663	33238	33390	33513	33692
32664	33243	33391	33514	33694
32665	33250	33404	33516	33697
32666	33251	33405	33517	33702
32667	33254	33406	33518	33710
32668	33255	33410	33519	33720
32669	33256	33411	33521	33724
32670	33257	33412	33522	33726
32671	33258	33413	33523	33730
32672	33259	33414	33530	33732
32673	33261	33415	33533	33735
32674	33265	33416	33534	33736
32800	33266	33417	33535	33737
32810	33267	33418	33536	33741
32815	33268	33420	33542	33745
32820	33269	33422	33545	33746
32850	33274	33425	33548	33750
32851	33276	33426	33572	33755
32852	33277	33427	33600	33762
32853	33278	33430	33602	33764
32854	33279	33440	33606	33766
32855	33280	33460	33608	33767
32856	33281	33463	33610	33768
32900	33287	33464	33611	33770
32905	33288	33465	33612	33771
32906	33300	33468	33615	33774
32940	33305	33471	33617	33775

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-59	Date 12/05/2024

602 Nonpayable CPT Codes (cont.)

33776	33904	33975	34820	35251
33777	33910	33976	34830	35271
33778	33915	33977	34831	35276
33779	33916	33978	34832	35281
33780	33917	33979	34833	35301
33781	33920	33980	34834	35302
33782	33922	33981	34841	35303
33783	33924	33982	34842	35304
33786	33925	33983	34843	35305
33788	33926	33984	34844	35306
33800	33927	33985	34845	35311
33802	33928	33986	34846	35331
33803	33929	33987	34847	35341
33813	33930	33988	34848	35351
33814	33933	33989	35001	35355
33820	33935	33990	35002	35361
33822	33940	33991	35005	35363
33824	33944	33992	35013	35371
33840	33945	33993	35021	35390
33845	33946	33995	35022	35400
33851	33947	33997	35045	35501
33852	33948	34001	35081	35506
33853	33949	34051	35082	35508
33858	33951	34151	35091	35509
33859	33952	34401	35092	35510
33863	33953	34451	35102	35511
33864	33954	34502	35103	35512
33871	33955	34701	35111	35515
33875	33956	34702	35112	35516
33877	33957	34703	35121	35518
33880	33958	34704	35122	35521
33881	33959	34705	35131	35522
33883	33962	34706	35132	35523
33884	33963	34707	35141	35525
33886	33964	34708	35142	35526
33889	33965	34709	35151	35531
33891	33966	34710	35152	35533
33894	33967	34711	35182	35535
33895	33968	34712	35189	35536
33897	33969	34717	35211	35537
33900	33970	34718	35216	35538
33901	33971	34808	35221	35539
33902	33973	34812	35241	35540
33903	33974	34813	35246	35556

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-59	Date 12/05/2024

602 Nonpayable CPT Codes (cont.)

35558	35697	38381	43112	43410
35560	35700	38382	43113	43415
35563	35701	38562	43116	43420
35565	35702	38564	43117	43425
35566	35703	38724	43118	43460
35570	35800	38746	43121	43496
35571	35820	38747	43122	43500
35583	35840	38765	43123	43501
35585	35870	38770	43124	43502
35587	35901	38780	43135	43520
35600	35905	39000	43257	43605
35601	35907	39010	43279	43610
35606	36415	39200	43282	43611
35612	36416	39220	43283	43620
35616	36468	39499	43286	43621
35621	36591	39501	43287	43622
35623	36592	39503	43288	43631
35626	36598	39540	43300	43632
35631	36660	39541	43305	43633
35632	36823	39545	43310	43634
35633	36836	39560	43312	43635
35634	36837	39561	43313	43640
35636	37140	39599	43314	43641
35637	37145	41130	43320	43644
35638	37160	41135	43325	43645
35642	37180	41140	43327	43752
35645	37181	41145	43328	43771
35646	37182	41150	43330	43772
35647	37215	41153	43331	43773
35650	37217	41155	43332	43774
35654	37218	41870	43333	43775
35656	37616	41872	43334	43800
35661	37618	42426	43335	43810
35663	37660	42845	43336	43820
35665	37788	42894	43337	43825
35666	38100	42953	43338	43832
35671	38101	42961	43340	43840
35681	38102	42971	43341	43842
35682	38115	42975	43351	43843
35683	38212	43045	43352	43845
35691	38213	43100	43360	43846
35693	38214	43101	43361	43847
35694	38215	43107	43400	43848
35695	38380	43108	43405	43860

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-59	Date 12/05/2024

602 Nonpayable CPT Codes (cont.)

43865	44203	44960	46751	47721
43880	44204	45110	46948	47740
43881	44205	45111	47010	47741
43882	44206	45112	47015	47760
44005	44207	45113	47100	47765
44010	44208	45114	47120	47780
44015	44210	45116	47122	47785
44020	44211	45119	47125	47800
44021	44212	45120	47130	47801
44025	44213	45121	47133	47802
44050	44227	45123	47135	47900
44055	44300	45126	47140	48000
44110	44310	45130	47141	48001
44111	44316	45135	47142	48020
44120	44320	45136	47143	48100
44121	44322	45349	47144	48105
44125	44345	45350	47145	48120
44126	44346	45390	47146	48140
44127	44381	45393	47147	48145
44128	44602	45395	47300	48146
44130	44603	45397	47350	48148
44132	44604	45398	47360	48150
44133	44605	45400	47361	48152
44135	44615	45402	47362	48153
44136	44620	45540	47380	48154
44137	44625	45550	47381	48155
44139	44626	45562	47383	48160
44140	44640	45563	47400	48400
44141	44650	45800	47420	48500
44143	44660	45805	47425	48510
44144	44661	45820	47460	48520
44145	44680	45825	47480	48540
44146	44700	46705	47570	48545
44147	44705	46710	47600	48547
44150	44715	46712	47605	48548
44151	44720	46715	47610	48550
44155	44721	46716	47612	48551
44156	44800	46730	47620	48552
44157	44820	46735	47700	48554
44158	44850	46740	47701	48556
44160	44899	46742	47711	49000
44187	44900	46744	47712	49002
44188	44950	46746	47715	49010
44202	44955	46748	47720	49013

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-59	Date 12/05/2024

602 Nonpayable CPT Codes (cont.)

49014	50234	50760	51940	56640
49020	50236	50770	51960	57110
49040	50240	50780	51980	57111
49060	50250	50782	53415	57270
49062	50280	50783	53448	57280
49203	50290	50785	54125	57296
49204	50300	50800	54130	57305
49205	50320	50810	54135	57307
49215	50323	50815	54332	57308
49255	50325	50820	54336	57311
49412	50327	50825	54390	57465
49425	50328	50830	54411	57531
49428	50329	50840	54417	57540
49596	50340	50845	54430	57545
49605	50360	50860	54438	58140
49606	50365	50900	54535	58146
49610	50370	50920	54650	58150
49611	50380	50930	54900	58152
49616	50400	50940	54901	58180
49617	50405	51060	55200	58200
49618	50500	51525	55300	58210
49621	50520	51530	55400	58240
49622	50525	51550	55605	58267
49623	50526	51555	55650	58275
49900	50540	51565	55801	58280
49904	50545	51570	55810	58285
49905	50546	51575	55812	58321
49906	50547	51580	55815	58322
50010	50548	51585	55821	58323
50040	50600	51590	55831	58345
50045	50605	51595	55840	58350
50060	50610	51596	55842	58400
50065	50620	51597	55845	58410
50070	50630	51701	55862	58520
50075	50650	51702	55865	58540
50100	50660	51800	55866	58548
50120	50700	51820	55870	58575
50125	50715	51841	55880	58605
50130	50722	51845	56630	58611
50135	50725	51860	56631	58700
50205	50727	51865	56632	58720
50220	50728	51900	56633	58740
50225	50740	51920	56634	58750
50230	50750	51925	56637	58752

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-59	Date 12/05/2024

602 Nonpayable CPT Codes (cont.)

58760	60545	61521	61595	61751
58822	60600	61522	61596	61760
58825	60605	61524	61597	61850
58940	60650	61526	61598	61860
58943	61105	61530	61600	61863
58950	61107	61531	61601	61864
58951	61108	61533	61605	61867
58952	61120	61534	61606	61868
58953	61140	61535	61607	61889
58954	61150	61536	61608	62005
58956	61151	61537	61611	62010
58957	61154	61538	61613	62100
58958	61156	61539	61615	62115
58960	61210	61540	61616	62117
58970	61250	61541	61618	62120
58974	61253	61543	61619	62121
58976	61304	61544	61624	62140
59070	61305	61545	61630	62141
59072	61312	61546	61635	62142
59120	61313	61548	61640	62143
59121	61314	61550	61641	62145
59130	61315	61552	61642	62146
59136	61316	61556	61645	62147
59140	61320	61557	61650	62148
59325	61321	61558	61651	62161
59350	61322	61559	61680	62162
59412	61323	61563	61682	62164
59514	61333	61564	61684	62165
59525	61340	61566	61686	62180
59620	61343	61567	61690	62190
59830	61345	61570	61692	62192
59850	61450	61571	61697	62200
59851	61458	61575	61698	62201
59852	61460	61576	61700	62220
59855	61500	61580	61702	62223
59856	61501	61581	61703	62256
59857	61510	61582	61705	62258
59897	61512	61583	61708	62287
60254	61514	61584	61710	62328
60270	61516	61585	61711	62329
60505	61517	61586	61735	63043
60521	61518	61590	61736	63044
60522	61519	61591	61737	63050
60540	61520	61592	61750	63051

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-59	Date 12/05/2024

602 Nonpayable CPT Codes (cont.)

63076	63302	75580	80330	80374
63077	63303	75956	80331	80375
63078	63304	75957	80332	80376
63081	63305	75958	80333	80377
63082	63306	75959	80334	81105
63085	63307	76140	80335	81106
63086	63308	76145	80336	81168
63087	63700	76496	80337	81171
63088	63702	76497	80338	81172
63090	63704	76498	80339	81173
63091	63706	76883	80340	81174
63101	63707	76984	80341	81177
63102	63709	76987	80342	81178
63103	63710	76988	80343	81179
63170	63740	76989	80344	81180
63172	64451	77086	80345	81181
63173	64454	77089	80346	81182
63185	64624	77090	80347	81183
63190	64625	77091	80348	81184
63191	64628	77092	80349	81185
63197	64755	77790	80350	81186
63200	64760	78267	80351	81187
63250	64809	78268	80352	81188
63251	64818	78351	80353	81189
63252	64866	80143	80354	81190
63270	64868	80151	80355	81191
63271	65273	80161	80356	81192
63272	65760	80167	80357	81193
63273	65765	80179	80358	81194
63275	65767	80181	80359	81204
63276	65771	80189	80360	81222
63277	65780	80193	80361	81223
63278	65782	80204	80362	81224
63280	66987	80210	80363	81225
63281	66988	80320	80364	81226
63282	69090	80321	80365	81227
63283	69155	80322	80366	81231
63285	69535	80323	80367	81232
63286	69554	80324	80368	81233
63287	69705	80325	80369	81234
63290	69706	80326	80370	81235
63295	69950	80327	80371	81236
63300	71552	80328	80372	81237
63301	75571	80329	80373	81239

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-59	Date 12/05/2024

602 Nonpayable CPT Codes (cont.)

81247	81360	81529	88007	89343
81261	81370	81539	88012	89344
81262	81371	81541	88014	89346
81263	81372	81546	88016	89352
81264	81373	81551	88020	89353
81267	81374	81554	88025	89354
81270	81375	81596	88027	89356
81271	81376	81599	88028	89398
81274	81377	82075	88029	90377
81278	81378	82077	88036	90461
81279	81379	82681	88037	90586
81283	81380	82962	88040	90587
81284	81381	83987	88045	90611
81285	81382	84145	88099	90622
81286	81383	84410	88125	90619
81289	81413	84431	88333	90626
81290	81414	84433	88334	90627
81291	81416	84830	88738	90634
81305	81418	86079	88749	90644
81306	81419	86305	89250	90647
81312	81422	86364	89251	90648
81320	81430	86890	89253	90649
81327	81431	86891	89254	90650
81328	81432	86910	89255	90655
81333	81439	86911	89257	90657
81335	81441	86927	89258	90680
81336	81443	86930	89259	90681
81337	81449	86931	89260	90683
81338	81451	86945	89261	90685
81339	81456	86950	89264	90687
81340	81457	86960	89268	90697
81341	81458	86965	89272	90698
81342	81459	86985	89280	90689
81343	81462	87150	89281	90700
81344	81463	87153	89290	90702
81345	81464	87154	89291	90723
81347	81470	87467	89321	90743
81348	81471	87468	89322	90744
81350	81500	87469	89325	90748
81351	81503	87478	89329	90758
81352	81506	87484	89330	90845
81353	81514	87493	89331	90863
81355	81518	88000	89335	90865
81357	81521	88005	89342	90875

Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title 6. Service Codes and Descriptions	Page 6-12
Acute Outpatient Hospital Manual	Transmittal Letter AOH-59	Date 12/05/2024

602 Nonpayable CPT Codes (cont.)

90876	92633	95919	97130	99058
90880	92941	95965	97151	99060
90885	92970	95966	97152	99071
90889	92971	95967	97153	99075
90901	92975	95992	97154	99078
90912	93150	96000	97155	99080
90913	93151	96001	97156	99082
90940	93152	96004	97157	99091
90989	93153	96040	97158	99100
90993	93241	96105	97170	99116
90997	93242	96112	97171	99135
91112	93243	96113	97172	99140
91132	93244	96116	97537	99151
91133	93245	96121	97545	99152
92314	93246	96125	97546	99153
92315	93247	96130	97550	99155
92316	93248	96131	97551	99156
92317	93356	96132	97552	99157
92325	93583	96133	97755	99172
92352	93660	96136	98940	99184
92353	93668	96137	98941	99190
92354	93702	96138	98942	99191
92355	93770	96139	98943	99192
92358	93786	96146	98960	99252
92371	93895	96156	98961	99253
92517	93985	96158	98962	99254
92518	93986	96159	98970	99255
92519	94005	96164	98971	99288
92531	94015	96165	98972	99315
92532	94619	96167	98975	99316
92533	94644	96168	98976	99360
92534	94645	96170	98977	99374
92548	95012	96171	98978	99375
92549	95052	96202	98980	99377
92550	95120	96203	98981	99378
92562	95125	96376	99000	99379
92597	95130	96567	99001	99380
92606	95131	96570	99002	99418
92613	95132	96571	99024	99421
92615	95133	96573	99026	99422
92617	95134	96574	99027	99424
92622	95147	96902	99051	99425
92623	95700	96904	99053	99426
92630	95824	97129	99056	99427

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-59	Date 12/05/2024

602 Nonpayable CPT Codes (cont.)

99429	99452	99469	99479	99494
99437	99453	99471	99480	99497
99439	99454	99472	99485	99510
99446	99455	99473	99487	99601
99447	99456	99474	99489	99602
99448	99457	99475	99490	99605
99449	99458	99476	99491	99606
99450	99462	99477	99492	99607
99451	99468	99478	99493	

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	A9598	G2213	J0223	J0491
A4266	A9606	H2015	J0224	J0517
A4267	A9800	J0121	J0225	J0558
A4268	G0009	J0122	J0248	J0561
A4269	G0027	J0129	J0256	J0565
A4641	G0105	J0131	J0257	J0570
A4648	G0108	J0134	J0282	J0571
A9500	G0109	J0135	J0283	J0572
A9502	G0121	J0136	J0285	J0573
A9503	G0270	J0137	J0287	J0574
A9505	G0271	J0153	J0289	J0575
A9512	G0277	J0171	J0290	J0577
A9537	G0279	J0172	J0291	J0578
A9552	G0310	J0173	J0295	J0584
A9575	G0311	J0174	J0348	J0585
A9576	G0312	J0177	J0349	J0586
A9577	G0313	J0178	J0364	J0587
A9578	G0314	J0179	J0391	J0588
A9579	G0315	J0185	J0400	J0592
A9581	G0378	J0202	J0401	J0593
A9585	G0379	J0206	J0402	J0594
A9586	G0399	J0208	J0456	J0596
A9587	G0455	J0207	J0457	J0597
A9588	G0463	J0215	J0461	J0598
A9590	G0480	J0217	J0470	J0599
A9593	G0481	J0218	J0475	J0604
A9594	G0482	J0219	J0476	J0636
A9595	G0483	J0221	J0485	J0637
A9596	G2212	J0222	J0490	J0638

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-59	Date 12/05/2024

603 Payable Level II HCPCS Codes (cont.)

J0640	J0802	J1202	J1555	J1745
J0641	J0834	J1203	J1556	J1746
J0642	J0840	J1212	J1557	J1747
J0650	J0850	J1240	J1559	J1750
J0651	J0872	J1260	J1560	J1756
J0652	J0873	J1290	J1561	J1786
J0665	J0874	J1300	J1562	J1790
J0670	J0875	J1301	J1566	J1800
J0687	J0877	J1302	J1568	J1805
J0688	J0878	J1303	J1569	J1806
J0689	J0879	J1304	J1570	J1811
J0690	J0881	J1305	J1571	J1812
J0691	J0882	J1306	J1572	J1813
J0692	J0883	J1320	J1573	J1814
J0694	J0884	J1322	J1574	J1815
J0695	J0885	J1323	J1575	J1817
J0696	J0887	J1411	J1576	J1823
J0697	J0888	J1412	J1580	J1826
J0701	J0890	J1413	J1596	J1830
J0702	J0891	J1426	J1599	J1836
J0703	J0892	J1427	J1602	J1885
J0706	J0893	J1428	J1610	J1890
J0712	J0894	J1429	J1611	J1920
J0713	J0895	J1437	J1626	J1921
J0714	J0896	J1438	J1627	J1930
J0716	J0897	J1439	J1628	J1931
J0717	J0898	J1440	J1630	J1932
J0720	J0899	J1442	J1631	J1939
J0736	J1000	J1444	J1642	J1941
J0737	J1050	J1445	J1643	J1943
J0739	J1071	J1447	J1644	J1944
J0740	J1094	J1448	J1645	J1950
J0741	J1096	J1449	J1650	J1951
J0742	J1097	J1453	J1652	J1952
J0743	J1101	J1454	J1655	J1954
J0750	J1100	J1455	J1670	J1955
J0751	J1105	J1456	J1700	J1956
J0770	J1160	J1458	J1710	J1961
J0775	J1170	J1459	J1720	J1990
J0780	J1190	J1460	J1740	J2020
J0791	J1200	J1551	J1743	J2021
J0801	J1201	J1554	J1744	J2060

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-59	Date 12/05/2024

603 Payable Level II HCPCS Codes (cont.)

J2150	J2404	J2786	J3263	J7060
J2170	J2405	J2788	J3285	J7070
J2175	J2406	J2790	J3299	J7120
J2182	J2407	J2791	J3300	J7131
J2183	J2425	J2792	J3301	J7165
J2184	J2426	J2793	J3302	J7168
J2185	J2427	J2794	J3303	J7170
J2186	J2430	J2795	J3304	J7177
J2212	J2440	J2796	J3315	J7181
J2246	J2460	J2798	J3357	J7182
J2247	J2468	J2799	J3358	J7192
J2248	J2469	J2801	J3360	J7200
J2249	J2470	J2820	J3370	J7201
J2250	J2471	J2840	J3371	J7203
J2251	J2502	J2860	J3372	J7205
J2265	J2504	J2910	J3380	J7212
J2270	J2506	J2916	J3385	J7213
J2272	J2507	J2919	J3393	J7294
J2274	J2508	J2940	J3394	J7295
J2277	J2510	J2997	J3396	J7296
J2278	J2515	J2998	J3397	J7297
J2281	J2540	J3000	J3398	J7298
J2300	J2543	J3010	J3410	J7300
J2305	J2545	J3030	J3411	J7301
J2310	J2550	J3031	J3430	J7304
J2311	J2560	J3032	J3401	J7307
J2315	J2561	J3055	J3424	J7309
J2323	J2562	J3060	J3425	J7310
J2326	J2675	J3090	J3465	J7311
J2327	J2679	J3095	J3470	J7312
J2329	J2680	J3110	J3471	J7313
J2350	J2700	J3111	J3472	J7314
J2353	J2704	J3121	J3473	J7315
J2354	J2724	J3145	J3475	J7316
J2355	J2760	J3230	J3486	J7318
J2356	J2777	J3240	J3489	J7320
J2357	J2778	J3241	J3490	J7321
J2358	J2779	J3243	J3590	J7322
J2359	J2781	J3244	J3591	J7323
J2401	J2782	J3245	J7030	J7324
J2402	J2783	J3250	J7040	J7325
J2403	J2785	J3262	J7050	J7326

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-59	Date 12/05/2024

603 Payable Level II HCPCS Codes (cont.)

J7327	J7677	J9051	J9202	J9273
J7328	J7682	J9052	J9203	J9274
J7329	J7686	J9055	J9204	J9280
J7331	J7699	J9056	J9205	J9281
J7332	J7799	J9057	J9206	J9286
J7336	J7999	J9058	J9207	J9293
J7340	J8499	J9059	J9208	J9294
J7342	J8562	J9060	J9209	J9295
J7345	J8611	J9061	J9210	J9296
J7351	J8612	J9063	J9211	J9297
J7352	J8655	J9064	J9212	J9298
J7353	J8670	J9065	J9213	J9299
J7354	J8999	J9071	J9216	J9301
J7402	J9000	J9072	J9217	J9302
J7500	J9015	J9073	J9218	J9303
J7501	J9017	J9074	J9219	J9304
J7502	J9019	J9075	J9223	J9305
J7503	J9020	J9098	J9225	J9306
J7504	J9021	J9100	J9226	J9307
J7507	J9022	J9118	J9227	J9308
J7508	J9023	J9119	J9228	J9309
J7509	J9025	J9120	J9229	J9311
J7510	J9027	J9130	J9230	J9312
J7511	J9029	J9144	J9245	J9314
J7512	J9030	J9145	J9246	J9316
J7513	J9032	J9150	J9247	J9317
J7515	J9033	J9153	J9248	J9318
J7517	J9034	J9155	J9249	J9319
J7518	J9035	J9171	J9255	J9320
J7520	J9036	J9172	J9258	J9321
J7527	J9037	J9173	J9259	J9322
J7599	J9039	J9176	J9260	J9323
J7608	J9040	J9177	J9261	J9324
J7614	J9041	J9178	J9262	J9325
J7620	J9042	J9179	J9263	J9328
J7626	J9043	J9181	J9264	J9330
J7633	J9045	J9185	J9266	J9331
J7639	J9046	J9190	J9267	J9332
J7644	J9047	J9196	J9268	J9333
J7665	J9048	J9198	J9269	J9334
J7669	J9049	J9200	J9271	J9340
J7676	J9050	J9201	J9272	J9345

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-59	Date 12/05/2024

603 Payable Level II HCPCS Codes (cont.)

J9347	L8622	Q2035	Q4132	Q5119
J9348	L8623	Q2036	Q4133	Q5121
J9349	L8624	Q2037	Q4151	Q5122
J9350	L8690	Q2038	Q4159	Q5123
J9351	L8691	Q2041	Q4161	Q5124
J9352	M0220	Q2042	Q4162	Q5125
J9353	M0221	Q2043	Q4163	Q5126
J9354	M0222	Q2049	Q4164	Q5127
J9355	M0223	Q2050	Q4165	Q5128
J9356	M0240	Q2053	Q4186	Q5129
J9357	M0241	Q2054	Q4187	Q5130
J9358	M0243	Q2055	Q4196	Q5131
J9359	M0244	Q2056	Q4199	Q5132
J9360	M0245	Q4074	Q4251	Q9950
J9370	M0246	Q4081	Q4252	Q9991
J9376	M0247	Q4100	Q4253	Q9992
J9380	M0248	Q4101	Q5101	S0013
J9381	M0249	Q4102	Q5103	S0021
J9390	M0250	Q4103	Q5104	S0023
J9393	P9604	Q4104	Q5105	S0028
J9394	Q0081	Q4105	Q5106	S0190
J9395	Q0083	Q4106	Q5107	S0191
J9400	Q0084	Q4107	Q5108	S0199
J9999	Q0138	Q4108	Q5109	S0302
L8614	Q0139	Q4110	Q5110	S2083
L8615	Q0162	Q4111	Q5111	S2260
L8616	Q0220	Q4112	Q5112	S3005
L8617	Q0249	Q4113	Q5113	S4989
L8618	Q2009	Q4114	Q5114	S4993
L8619	Q2017	Q4115	Q5115	S9485
L8621	Q2028	Q4121	Q5116	T1023
			Q5117	T2023
			Q5118	U0002

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-59	Date 12/05/2024

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
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

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-59	Date 12/05/2024

604 Modifiers (cont.)

<u>Modifier</u>	<u>Description</u>
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
HF	Substance Abuse Program
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
U1	Medicaid level of care 1, as defined by each state
U2	Medicaid level of care 2, as defined by each state
U3	Medicaid level of care 3, as defined by each state
U4	Medicaid level of care 4, as defined by each state
U5	Medicaid level of care 5, as defined by each state

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-59	Date 12/05/2024

604 Modifiers (cont.)

<u>Modifier</u>	<u>Description</u>
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
UD	Medicaid level of care 13, as defined by each State
V1	Demonstration modifier 1
V2	Demonstration modifier 2
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 Developmental and Behavioral Health Screening, Including Postnatal Depression Screening

The administration and scoring of standardized developmental or behavioral health-screening tools, as detailed 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 billed with modifiers in accordance with Appendix Z of your provider manual.

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.

<u>Modifier</u>	<u>Description</u>
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:
mass.gov/info-details/postpartum-depression-screening-tools-trainings-continuing-education

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-59	Date 12/05/2024

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.

<u>Modifier</u>	<u>Description</u>
-----------------	--------------------

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)

<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.
----	---

608 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.

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 www.optum360coding.com.

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-59	Date 12/05/2024

609 Revenue Codes (cont.)

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
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

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-59	Date 12/05/2024

609 Revenue Codes (cont.)

Revenue Code	Description
0302	Immunology
0304	Nonroutine dialysis
0305	Hematology
0306	Bacteriology and microbiology
0307	Urology
0309	Other
031X Laboratory Pathological – General	
0310	Laboratory pathological – general
0311	Cytology
0312	Histology
0314	Biopsy
0319	Other
032X Radiology – Diagnostic	
0320	General
0321	Angiocardiology
0322	Arthrography
0323	Arteriography
0324	Chest X ray
0329	Other
033X Radiology – Therapeutic and/or Chemotherapy Administration	
0330	General
0331	Chemotherapy administration – injected
0332	Chemotherapy – oral
0333	Radiation therapy
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

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-59	Date 12/05/2024

609 Revenue Codes (cont.)

Revenue Code	Description
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

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-59	Date 12/05/2024

609 Revenue Codes (cont.)

Revenue Code	Description
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

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-59	Date 12/05/2024

609 Revenue Codes (cont.)

Revenue Code	Description
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

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-59	Date 12/05/2024

609 Revenue Codes (cont.)

Revenue Code	Description
070X Cast Room	
0700	General
071X Recovery Room	
0710	General
072X Labor Room/Delivery	
0720	General
0721	Labor
0722	Delivery
0723	Circumcision
0724	Birth 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

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-59	Date 12/05/2024

609 Revenue Codes (cont.)

Revenue Code	Description
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

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-59	Date 12/05/2024

609 Revenue Codes (cont.)

Revenue Code	Description
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.

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-59	Date 12/05/2024

This page is reserved