



Commonwealth of Massachusetts
Executive Office of Health and Human Services
Office of Medicaid
600 Washington Street
Boston, MA 02111
www.mass.gov/masshealth



MASSHEALTH
TRANSMITTAL LETTER AOH-6
September 2004

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

FROM: Beth Waldman, Medicaid Director *BW*

RE: *Acute Outpatient Hospital Manual* (Revised Service Codes and Appendix F)

This letter transmits revisions to the *Acute Outpatient Hospital Manual*. Appendix F, previously issued under Transmittal Letter AOH-5 (April 2004), contained several inaccurate allowable HCPCS ranges listed in the column "Allowable HCPCS."

- MassHealth has removed Service Code 87901 from the nonpayable codes list in Section 602 of Subchapter 6.
- After review, MassHealth has determined that Service Codes 97139 and 97530 are payable effective September 1, 2004. They have been removed from the nonpayable codes list in Section 602 of Subchapter 6.

MassHealth has corrected the ranges of allowable HCPCS and is reissuing the attached Appendix F in its entirety.

All other conditions and information in Transmittal Letter AOH-5 remain in effect.

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 6-1, 6-2, and F-1 through F-6

OBSOLETE MATERIAL

(The pages listed here are no longer in effect.)

Acute Outpatient Hospital Manual

Pages 6-1, 6-2, and F-1 through F-6 — transmitted by Transmittal Letter AOH-5

Commonwealth of Massachusetts Division of Medical Assistance Provider Manual Series ACUTE OUTPATIENT HOSPITAL MANUAL	SUBCHAPTER NUMBER AND TITLE 6 SERVICE CODES	PAGE 6-1
	TRANSMITTAL LETTER AOH-6	DATE 09/01/04

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

Commonwealth of Massachusetts Division of Medical Assistance Provider Manual Series ACUTE OUTPATIENT HOSPITAL MANUAL	SUBCHAPTER NUMBER AND TITLE 6 SERVICE CODES		PAGE 6-2
	TRANSMITTAL LETTER AOH-6		DATE 09/01/04

41870	77399	89256	90700	92352	96151
41872	78267	89257	90701	92353	96152
43752	78268	89258	90702	92354	96153
43842	78351	89259	90708	92355	96154
43843	80500	89260	90710	92358	96155
44132	80502	89261	90712	92371	96567
44133	82075	89264	90715	92390	96902
44135	82962	89268	90718	92391	97005
44136	84061	89272	90720	92392	97006
47133	84830	89280	90721	92393	97537
48160	86079	89281	90723	92395	97545
58750	86585	89290	90744	92396	97546
58752	86890	89291	90748	92531	97601
58760	86891	89300	90816	92532	97602
58970	86910	89310	90817	92533	97755
58974	86911	89320	90818	92534	97780
58976	86927	89321	90819	92548	97781
59070	86930	89325	90821	92559	97802
59072	86931	89329	90822	92560	97803
59412	86932	89330	90823	92561	97804
59897	86945	89335	90824	92562	98940
62287	86950	89342	90826	92564	98941
63043	86965	89343	90827	93660	98942
63044	86985	89344	90828	93760	98943
65760	87903	89346	90829	93762	99000
65765	87904	89352	90845	93770	99001
65767	88000	89353	90865	93784	99002
65771	88005	89354	90875	93786	99024
65780	88007	89356	90876	93788	99026
65781	88012	90281	90880	93790	99027
65782	88014	90283	90885	94015	99050
69090	88016	90287	90889	95052	99056
71552	88020	90379	90901	95120	99058
72159	88025	90384	90911	95125	99071
72198	88027	90386	90939	95130	99075
73225	88028	90389	90940	95131	99078
76082	88029	90396	90989	95132	99080
76083	88036	90586	90993	95133	99082
76085	88037	90633	90997	95134	99090
76093	88040	90634	90999	95824	99091
76094	88045	90636	91132	95965	99100
76140	88099	90645	91133	95966	99116
76150	88125	90646	92314	95967	99135
76350	89250	90647	92315	96000	99140
76390	89251	90648	92316	96001	99141
76400	89252	90665	92317	96002	99142
76496	89253	90669	92325	96003	99172
76497	89254	90680	92330	96004	
76498	89255	90698	92335	96150	

Commonwealth of Massachusetts Division of Medical Assistance Provider Manual Series ACUTE OUTPATIENT HOSPITAL MANUAL	SUBCHAPTER NUMBER AND TITLE APPENDIX F: REVENUE CODES AND HCPCS COMBINATION GUIDE	PAGE F-1
	TRANSMITTAL LETTER AOH-6	DATE 09/01/04

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 – 89356 range

Commonwealth of Massachusetts Division of Medical Assistance Provider Manual Series ACUTE OUTPATIENT HOSPITAL MANUAL	SUBCHAPTER NUMBER AND TITLE APPENDIX F: REVENUE CODES AND HCPCS COMBINATION GUIDE	PAGE F-2
	TRANSMITTAL LETTER AOH-6	DATE 09/01/04

Revenue Code	Description	HCPCS Required?	Allowable HCPCS
032X Radiology – Diagnostic			
0320	General	yes	within 70010 – 79999 range
0321	Angiocardiography	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
<i>033X Radiology–Therapeutic and/or Chemotherapy Administration</i>			
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

Commonwealth of Massachusetts Division of Medical Assistance Provider Manual Series ACUTE OUTPATIENT HOSPITAL MANUAL	SUBCHAPTER NUMBER AND TITLE APPENDIX F: REVENUE CODES AND HCPCS COMBINATION GUIDE	PAGE F-3
	TRANSMITTAL LETTER AOH-6	DATE 09/01/04

<i>Revenue Code</i>	<i>Description</i>	<i>HCPCS Required?</i>	<i>Allowable HCPCS</i>
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 99241 – 99499 ranges
0456	Urgent care	yes	within 10021 – 69990, 92202 – 92287, and 99241 – 99499 ranges
0459	Other ER	yes	within 10021 – 69990, 92202 – 92287, and 99241 – 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 – 92617 ranges
0471	Diagnostic	yes	within 92504 – 92597 and 92601 – 92617 ranges
0472	Treatment	yes	within 92504 – 92597 and 92601 – 92617 ranges
0479	Other	yes	within 92504 – 92597 and 92601 – 92617 ranges
048X Cardiology			
0480	General	yes	within 92950 – 92998 and 93270 – 93668 ranges

Commonwealth of Massachusetts Division of Medical Assistance Provider Manual Series ACUTE OUTPATIENT HOSPITAL MANUAL	SUBCHAPTER NUMBER AND TITLE APPENDIX F: REVENUE CODES AND HCPCS COMBINATION GUIDE	PAGE F-4
	TRANSMITTAL LETTER AOH-6	DATE 09/01/04

<i>Revenue Code</i>	<i>Description</i>	<i>HCPCS Required?</i>	<i>Allowable HCPCS</i>
0481	Cardiac catheterization lab	yes	within 92950 – 92998 and 93270 – 93668 ranges
0482	Stress test	yes	within 92950 – 92998, 93015 – 93018 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 99241 – 99499 ranges
0515	Pediatric clinic	yes	within 10021 – 69990, 92002 – 92499, 95115 – 95250, 99201 – 99215, and 99381 – 99499 ranges
0519	Other	yes	within 10021 – 69990, 92002 – 92499, 95115 – 95250, 99201 – 99215 and 99381 – 99499 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 – 93014 and 93024 – 93278 range
0731	Holter monitor	yes	within 93000 – 93014 and 93024 – 93278 range
0732	Telemetry	yes	Within 93000 – 93014 and 93024 – 93278 range
074X EEG			
0740	General	yes	Within 93000 – 96004 range

Commonwealth of Massachusetts Division of Medical Assistance Provider Manual Series ACUTE OUTPATIENT HOSPITAL MANUAL	SUBCHAPTER NUMBER AND TITLE APPENDIX F: REVENUE CODES AND HCPCS COMBINATION GUIDE	PAGE F-5
	TRANSMITTAL LETTER AOH-6	DATE 09/01/04

<i>Revenue Code</i>	<i>Description</i>	<i>HCPCS Required?</i>	<i>Allowable HCPCS</i>
075X Gastroenterology			
0750	General	yes	Within 91000 – 91299 range
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	Electromyogram	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
0945	Alcohol Rehabilitation	yes	within 90801 – 90862 range

Commonwealth of Massachusetts Division of Medical Assistance Provider Manual Series ACUTE OUTPATIENT HOSPITAL MANUAL	SUBCHAPTER NUMBER AND TITLE APPENDIX F: REVENUE CODES AND HCPCS COMBINATION GUIDE	PAGE F-6
	TRANSMITTAL LETTER AOH-6	DATE 09/01/04

This page is reserved.