



**Commonwealth of Massachusetts**  
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MASSHEALTH  
TRANSMITTAL LETTER AOH-7  
September 2005

**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 service codes and descriptions in Subchapter 6 of the *Acute Outpatient Hospital Manual* and updates billing information for acute outpatient hospitals (AOHs), including their hospital-licensed health centers and provider-based satellites. An updated Appendix F, which describes the revenue codes and billing combinations, is also attached.

#### **Revised Subchapter 6 (Service Codes)**

Providers should use the revised Subchapter 6 along with the American Medical Association Current Procedural Terminology (CPT) 2005 Health Care Procedure Coding System (HCPCS) level II code books. Subchapter 6 of the *Acute Outpatient Hospital Manual* has been completely revised and now contains the following information:

- CPT codes that **are not** billable under the MassHealth acute outpatient hospital program (all other CPT codes in the CPT 2005 code book are billable, subject to all limitations and conditions of payment in MassHealth regulations at 130 CMR 410.000 and 450.000); and
- Level II HCPCS that **are** billable under the MassHealth acute outpatient hospital program.

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 May 15, 2005.

MassHealth providers must refer to the official list of CPT and HCPCS codes with descriptions as posted on the Centers for Medicare and Medicaid Services Web site at [www.cms.gov/medicare/hcpcs](http://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 Subchapter 6 of the *Adult Day Health Manual*.

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

Ambulance Services – AOHs billing for ambulance services must refer to 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, AOHs should refer to Subchapter 6 of the *Acute Outpatient Hospital Manual*.

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

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

Home Health Services – AOHs billing for home health services must refer to Subchapter 6 of 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 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 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) 2005 Acute Hospital Request for Application (RFA). Hospitals can locate the HRY 2005 RFA as well as regulatory and billing information on the MassHealth Web site at: [www.mass.gov/masshealth](http://www.mass.gov/masshealth).

### **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.

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**

If you have any questions about the information in this transmittal letter, please contact MassHealth Customer Service at 1-800-841-2900, e-mail your inquiry to [providersupport@mahealth.net](mailto:providersupport@mahealth.net), or fax your inquiry to 617-988-8974.

### **NEW MATERIAL**

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

#### **Acute Outpatient Hospital Manual**

Pages 6-1 through 6-4 and F-1 through F-6

### **OBSOLETE MATERIAL**

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

#### **Acute Outpatient Hospital Manual**

Pages 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

Pages F-1 through F-6 — transmitted by Transmittal Letter AOH-6

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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](http://www.cms.gov/medicare/hcpcs) when billing for services provided to MassHealth members.

### **CPT Codes**

MassHealth pays for services billed using all medicine, radiology, laboratory, surgery, and anesthesia CPT 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 services billed using 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 Services - CPT**

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	0030T	0050T	0070T	11922	15824
0002F	0031T	0051T	0071T	11950	15825
0003F	0032T	0052T	0072T	11951	15826
0004F	0033T	0053T	0073T	11952	15828
0005F	0034T	0054T	0074T	11954	15829
0006F	0035T	0055T	0075T	15775	15876
0007F	0036T	0056T	0076T	15776	15877
0008F	0037T	0057T	0077T	15780	15878
0009F	0038T	0058T	0078T	15781	15879
0010F	0039T	0059T	0079T	15782	17340
0011F	0040T	0060T	0080T	15783	17360
0008T	0041T	0061T	0081T	15786	17380
0010T	0042T	0062T	0082T	15787	19316
0016T	0043T	0063T	0083T	15788	19324
0017T	0044T	0064T	0084T	15789	19325
0018T	0045T	0065T	0085T	15792	19355
0019T	0046T	0066T	0086T	15793	19370
0020T	0047T	0067T	0087T	15810	19371
0021T	0048T	0068T	0088T	15811	19396
0023T	0049T	0069T	10040	15819	20930

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20936	47133	65780	88000	89346	90827
21120	47143	65781	88005	89352	90828
21121	47144	65782	88007	89353	90829
21122	47145	69090	88012	89354	90845
21123	44720	71552	88014	89356	90865
21125	44721	72159	88016	90281	90875
21127	47135	72198	88020	90283	90876
21245	47136	73225	88025	90287	90880
21246	47140	76082	88027	90379	90885
21248	47141	76083	88028	90384	90889
21249	47142	76085	88029	90386	90901
22841	47146	76093	88036	90389	90911
32491	47147	76094	88037	90396	90939
32850	48160	76140	88040	90586	90940
32851	48551	76150	88045	90633	90989
32852	48552	76350	88099	90634	90993
32853	48554	76390	88125	90636	90997
32854	48556	76400	89250	90645	90999
32855	50320	76496	89251	90646	91132
32856	50323	76497	89252	90647	91133
33930	50325	76498	89253	90648	92314
33933	50327	77399	89254	90665	92315
33935	50328	78267	89255	90669	92316
33940	50329	78268	89256	90680	92317
33944	50340	78351	89257	90698	92325
33945	50360	80500	89258	90700	92330
34803	50365	80502	89259	90701	92335
36415	50370	82075	89260	90702	92352
36416	50380	82962	89261	90708	92353
36468	58750	84061	89264	90710	92354
36469	58752	84830	89268	90712	92355
36540	58760	86079	89272	90715	92358
37765	58956	86585	89280	90718	92371
37766	58970	86890	89281	90720	92390
41870	58974	86891	89290	90721	92391
41872	58976	86910	89291	90723	92392
43644	59070	86911	89300	90744	92393
43645	59072	86927	89310	90748	92395
43752	59412	86930	89320	90816	92396
43842	59897	86931	89321	90817	92531
43843	62287	86932	89325	90818	92532
43845	63043	86945	89329	90819	92533
44132	63044	86950	89330	90821	92534
44133	65760	86965	89335	90822	92548
44135	65765	86985	89342	90823	92559
44136	65767	87903	89343	90824	92560
44137	65771	87904	89344	90826	92561

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92562	97802	99253	99358
92564	97803	99254	99359
93660	97804	99255	99360
93760	97810	99261	99361
93762	97811	99262	99362
93770	97813	99263	99371
93784	97814	99271	99372
93786	98940	99272	99373
93788	98941	99273	99374
93790	98942	99274	99375
94015	98943	99275	99377
95052	99000	99288	99378
95120	99001	99289	99379
95125	99002	99290	99380
95130	99024	99293	99401
95131	99026	99294	99402
95132	99027	99295	99403
95133	99050	99296	99404
95134	99056	99298	99411
95824	99058	99299	99412
95965	99071	99301	99420
95966	99075	99302	99429
95967	99078	99303	99450
96000	99080	99311	99455
96001	99082	99312	99456
96002	99090	99313	99500
96003	99091	99315	99501
96004	99100	99316	99502
96150	99116	99321	99503
96151	99135	99322	99504
96152	99140	99323	99505
96153	99141	99331	99506
96154	99142	99332	99507
96155	99172	99333	99509
96567	99190	99341	99510
96902	99191	99342	99511
97005	99192	99343	99512
97006	99221	99344	99600
97537	99222	99345	99601
97545	99223	99347	99602
97546	99234	99348	
97597	99235	99349	
97598	99236	99350	
97602	99238	99354	
97605	99239	99355	
97606	99251	99356	
97755	99252	99357	

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603 Payable Services - Level II HCPCS

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

A4641	J2270	J9020	J9120	J9217	J9375
A9500	J2357	J9031	J9130	J9218	J9380
A9502	J2430	J9035	J9140	J9219	J9390
A9503	J2469	J9040	J9150	J9230	J9600
A9505	J2550	J9041	J9151	J9245	J9999
J0128	J2770	J9045	J9160	J9250	Q0081
J0135	J3110	J9050	J9165	J9260	S0023
J0207	J3396	J9055	J9170	J9265	S0028
J0475	J7501	J9060	J9180	J9266	S0077
J0640	J7504	J9062	J9181	J9268	S0162
J0740	J7505	J9065	J9182	J9270	S2082
J1094	J7525	J9070	J9185	J9280	S2083
J1325	J8510	J9080	J9190	J9290	
J1327	J8520	J9090	J9200	J9291	
J1620	J8521	J9091	J9202	J9293	
J1626	J8530	J9092	J9206	J9305	
J1742	J8560	J9093	J9208	J9320	
J1745	J8600	J9094	J9209	J9340	
J1825	J8610	J9095	J9211	J9350	
J1830	J8700	J9096	J9213	J9355	
J1950	J9000	J9097	J9214	J9357	
J2175	J9001	J9100	J9215	J9360	
J2260	J9015	J9110	J9216	J9370	

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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 of 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
<b>025X Pharmacy</b>			
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
<b>026X IV Therapy</b>			
0260	General	Yes	Q0081
<b>027X Medical/Surgical Supplies and Devices – General</b>			
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
<b>028X Oncology</b>			
0280	General	Yes	Within 99201 – 99290 range
<b>029X DME</b>			
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
<b>030X Laboratory</b>			
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
<b>031X Laboratory Pathological – General</b>			
0310	Laboratory pathological – general	Yes	Within 80048 – 89356 range
0311	Cytology	Yes	Within 80048 – 89356 range



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Revenue Code	Description	HCPCS Required?	Allowable HCPCS
0312	Histology	Yes	Within 80048 – 89356 range
0314	Biopsy	Yes	Within 80048 – 89356 range
0319	Other	Yes	Within 80048 – 89356 range
<b>032X Radiology – Diagnostic</b>			
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 X ray	Yes	Within 70010 – 79999 range
0329	Other	Yes	Within 70010 – 79999 range
<b>033X Radiology–Therapeutic and/or Chemotherapy Administration</b>			
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
<b>034X Nuclear Medicine</b>			
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
<b>035X Computerized Tomographic (CT) Scans</b>			
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
<b>036X Operating Room Services</b>			
0360	General	Yes	Within 10021 – 69990 range, 92018, 92019, and 92502
0361	Minor surgery	Yes	Within 10021 – 69990 range, 92018, 92019, and 92502
<b>037X Anesthesia</b>			
0370	General	No	N/A
0371	Anesthesia incident to radiology	No	N/A
0372	Anesthesia incident to other diagnostic services	No	N/A
<b>038X Blood</b>			
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
<b>039X Blood Storage and Processing</b>			
0390	General	No	N/A
0391	Administration	Yes	Within 36430 – 36460 range
<b>040X Other Imaging Services</b>			
0400	General	Yes	Within 70010 – 79999 range
0401	Diagnostic mammography	Yes	Within 70010 – 79999 range
0402	Ultrasound	Yes	Within 70010 – 79999 range

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Revenue Code	Description	HCPCS Required?	Allowable HCPCS
0403	Screening mammography	Yes	Within 70010 – 79999 range
0404	Positron emission tomography (PET)	Yes	Within 70010 – 79999 range
<b>041X Respiratory Services</b>			
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
<b>042X Physical Therapy</b>			
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
<b>043X Occupational Therapy</b>			
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
<b>044X Speech-Language Pathology</b>			
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
<b>045X Emergency Room</b>			
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
<b>046X Pulmonary Function</b>			
0460	General	Yes	Within 94010 – 94621 and 94680 – 94799 ranges
0469	Other	Yes	Within 94010 – 94621 and 94680 – 94799 ranges

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Revenue Code	Description	HCPCS Required?	Allowable HCPCS
<b>047X Audiology</b>			
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
<b>048X Cardiology</b>			
0480	General	Yes	Within 92950 – 92998 and 93270 – 93668 ranges
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
<b>049X Ambulatory Surgical Care</b>			
0490	General	Yes	Within 10021 – 69990 range and 92018, 92019 and 92502
0499	Other	Yes	Within 10021 – 69990 range and 92018, 92019, and 92502
<b>051X Clinic</b>			
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
<b>053X Osteopathic Services</b>			
0530	General	Yes	Within 98925 – 98929 range
<b>061X Magnetic Resonance Technology</b>			
0610	General	Yes	Within 70010 – 79999 range
0611	MRI – brain	Yes	Within 70010 – 79999 range
0612	MRI – spinal cord	Yes	Within 70010 – 79999 range
<b>062X Medical/Surgical Supplies</b>			
0621	Supplies incident to radiology	No	N/A
0622	Supplies incident to other diagnostic services	No	N/A
<b>063X Pharmacy</b>			
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

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Revenue Code	Description	HCPCS Required?	Allowable HCPCS
<b>070X Cast Room</b>			
0700	General	Yes	Within 10021 – 69999 range
<b>071X Recovery Room</b>			
0710	General	No	N/A
<b>072X Labor Room/Delivery</b>			
0720	General	Yes	Within 10021 – 69999 range
0721	Labor	Yes	Within 10021 – 69999 range
0722	Delivery	Yes	Within 10021 – 69999 range
<b>073X EKG/ECG</b>			
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
<b>074X EEG</b>			
0740	General	Yes	Within 93000 – 96004 range
<b>075X Gastroenterology</b>			
0750	General	Yes	Within 91000 – 91299 range
<b>760X Treatment/Observation Room</b>			
0761	Treatment room	Yes	Within 10021 – 69990, 90202 – 92287, 99201 – 99215, and 99381 – 99499 ranges
0762	Observation room	Yes	99217 – 99220 range
<b>077X Preventive Services</b>			
0771	Vaccine administration	Yes	Within 90471 – 90474 range
<b>082X Hemodialysis</b>			
0820	General	Yes	Within 90918 – 90999 range
0821	Hemodialysis composite/other rate	Yes	Within 90918 – 90999 range
<b>083X Peritoneal Dialysis</b>			
0830	General	Yes	Within 90918 – 90999 range
0831	Peritoneal composite/other rate	Yes	Within 90918 – 90999 range
<b>084X CAPD</b>			
0840	General	Yes	Within 90918 – 90999 range
0841	CAPD composite/other rate	Yes	Within 90918 – 90999 range
<b>085X CCPD</b>			
0850	General	Yes	Within 90918 – 90999 range
0851	CCPD composite/other rate	Yes	Within 90918 – 90999 range
<b>090X Behavioral Health Treatments/Services</b>			
0900	General	Yes	Within 90801 – 90911 range
0901	Electroshock therapy	Yes	Within 90801 – 90911 range
<b>091X Behavioral Health Treatments/Service</b>			
0914	Individual therapy	Yes	Within 96150 – 96155 range
0918	Testing	Yes	Within 96100 – 96117 range
<b>092X Other Diagnostic Services</b>			
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

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Revenue Code	Description	HCPCS Required?	Allowable HCPCS
<b>094X Other Therapeutic Services</b>			
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

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