

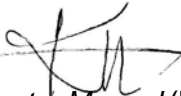


Commonwealth of Massachusetts  
Executive Office of Health and Human Services  
Office of Medicaid  
[www.mass.gov/masshealth](http://www.mass.gov/masshealth)



MassHealth  
Transmittal Letter FAS-28  
January 2015

**TO:** Freestanding Ambulatory Surgery Centers Participating in MassHealth

**FROM:** Kristin L. Thorn, Medicaid Director 

**RE:** *Freestanding Ambulatory Surgery Center Manual* (Updated Gender Dysphoria and Sterilization Policies, and Provider Eligibility Requirements)

This letter transmits revisions to the Freestanding Ambulatory Surgery Center (FAS) regulations as they pertain to treatment for gender dysphoria, sterilization services, and provider eligibility requirements. This letter also transmits certain updates to Subchapter 6 of the *Freestanding Ambulatory Surgery Center Manual*.

### **Gender Dysphoria Policy**

MassHealth has amended its regulations to allow coverage of treatment of gender dysphoria, including gender reassignment surgeries and hormone therapies.

Gender reassignment surgeries and certain hormone therapies require prior authorization. Providers should review the Guidelines for Medical Necessity Determination for Gender Reassignment Surgery, available at [www.mass.gov/masshealth/guidelines](http://www.mass.gov/masshealth/guidelines), and the MassHealth Drug List, available at <https://masshealthdruglist.ehs.state.ma.us/MHDL>, for more information on prior authorization requirements.

### **Sterilization Provisions**

MassHealth has clarified in its FAS regulations that a provider does not need to submit a copy of the MassHealth Consent for Sterilization form (CS-18 or CS-21) with a claim for a medical procedure, treatment, or operation that is not for the purpose of rendering an individual permanently incapable of reproducing. If the appropriate service code used to bill for such a medical procedure, treatment, or operation may also be used to bill for a sterilization, the updated regulations provide that the claim will be denied unless at least one of the following justifications is present and documented on an attachment signed by the physician and attached to the claim:

- (A) the medical procedure, treatment, or operation was unilateral and did not result in sterilization;
- (B) the medical procedure, treatment, or operation was unilateral or bilateral, but the patient was previously sterile as indicated in the operative notes;
- (C) the medical procedure, treatment, or operation was medically necessary for treatment of an existing illness or injury and was not performed for the purpose of sterilization; or

(D) the medical procedure, treatment, or operation was medically necessary for treatment of a life-threatening emergency situation and was not performed for the purpose of sterilization, and it was not possible to inform the member in advance that it would or could result in sterilization. The physician must also include the nature and date of the life-threatening emergency.

In addition, under the circumstances referenced in (A) and (C), above, the medical records must also document that the member consented to the medical procedure, treatment, or operation after being informed that it would or could result in sterilization.

These changes continue to conform to federal standards. Other updates were also made for consistency purposes with other MassHealth provider regulations, and to remove redundant definitions and outdated policy. Please see 130 CMR 423.416 through 423.418, and relevant definitions, for more information and the applicable sterilization provisions. MassHealth also took this opportunity to update terminology and remove outdated policy in certain non-sterilization-related provisions.

#### **Related Updates to Subchapter 6 of the *Freestanding Ambulatory Surgery Center Manual***

Revisions to Subchapter 6 of the *Freestanding Ambulatory Surgery Center Manual* have also been made, as necessary, related to the FAS regulatory changes concerning gender dysphoria and sterilization services referenced above.

The gender dysphoria-related updates to Subchapter 6 include revisions to the relevant service codes in Section 601, "Payable Surgery Codes."

The sterilization-related updates to Subchapter 6 include revisions to the relevant legend entries in Section 601, "Payable Surgery Services." Service codes always requiring the Consent for Sterilization form will continue to be identified as "CS-18 or CS-21." Service codes for which the Consent for Sterilization form must be submitted, unless the signed attachment referenced above in the "Sterilization Provisions" section is submitted with the claim, will be identified by "CS-18\* or CS-21\*." Updates were also made as necessary to relevant service codes in Section 601 to reflect the updated legend.

#### **Revisions to Provider Eligibility Requirements**

Finally, the provider eligibility requirements in the freestanding ambulatory surgery center regulations have been updated. MassHealth has removed the requirement that a freestanding ambulatory surgery center must have at least three distinct surgical specialties, which will allow single specialty centers to enroll as MassHealth FAS providers. The definition of freestanding ambulatory surgery center has also been revised to reflect this change.

#### **Effective Date**

These regulatory and Subchapter 6 amendments are effective for dates of service on or after January 2, 2015.

## **MassHealth Website**

This transmittal letter and attached pages are available on the MassHealth website at [www.mass.gov/masshealth](http://www.mass.gov/masshealth).

## **Questions**

If you have any questions about the information in this transmittal letter, please contact the MassHealth Customer Service Center 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.)

### **Freestanding Ambulatory Surgery Center Manual**

Pages iv, vi, 4-1 through 4-12, and 6-1 through 6-14

## **OBSOLETE MATERIAL**

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

### **Freestanding Ambulatory Surgery Center Manual**

Page iv — transmitted by Transmittal Letter FAS-16

Page vi — transmitted by Transmittal Letter FAS-26

Pages 4-1, 4-2, 4-9, and 4-10 — transmitted by Transmittal Letter FAS-27

Pages 4-3 and 4-4 — transmitted by Transmittal Letter FAS-7

Pages 4-5 through 4-8 — transmitted by Transmittal Letter FAS-6

Pages 4-11 through 4-14 — transmitted by Transmittal Letter FAS-9

Pages 6-1 through 6-12 — transmitted by Transmittal Letter FAS-26

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>  Freestanding Ambulatory Surgery Center Manual	<b>Subchapter Number and Title</b> Table of Contents	<b>Page</b> iv
	<b>Transmittal Letter</b> FAS-28	<b>Date</b> 01/02/15

4. Program Regulations

423.401: Introduction .....	4-1
423.402: Definitions .....	4-1
423.403: Eligible Members.....	4-2
423.404: Provider Eligibility .....	4-2
423.405: Payment .....	4-4
423.406: Prior Authorization .....	4-5
423.407: Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Services .....	4-5
(130 CMR 423.408 through 423.412 Reserved)	
423.413: Recordkeeping Requirements .....	4-6
423.414: Reimbursable Surgical Procedures .....	4-8
423.415: Service Limitations .....	4-8
423.416: Sterilization Services: Introduction.....	4-8
423.417: Sterilization Services: Informed Consent.....	4-9
423.418: Sterilization Services: Consent Form Requirements .....	4-10
423.419: Abortion Services .....	4-11

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>  Freestanding Ambulatory Surgery Center Manual	<b>Subchapter Number and Title</b> Table of Contents	<b>Page</b> vi
	<b>Transmittal Letter</b> FAS-28	<b>Date</b> 01/02/15

6. Service Codes

Payable Surgery Services .....	6-1
Modifiers .....	6-12
Modifiers for Provider Preventable Conditions That Are National Coverage Determinations.....	6-13
Appendix A. Directory .....	A-1
Appendix C. Third-Party-Liability Codes . .....	C-1
Appendix D. (Reserved)	
Appendix E Admission Guidelines.....	E-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 Schedules.....	W-1
Appendix X. Family Assistance Copayments and Deductibles .....	X-1
Appendix Y. EVS Codes/Messages .....	Y-1
Appendix Z. EPSDT/PPHSD Screening Services Codes .....	Z-1

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>  Freestanding Ambulatory Surgery Center Manual	<b>Subchapter Number and Title</b> 4. Program regulations (130 CMR 423.000)	<b>Page</b> 4-1
	<b>Transmittal Letter</b> FAS-28	<b>Date</b> 01/02/15

423.401: Introduction

130 CMR 423.000 establishes the requirements for the provision and payment of freestanding ambulatory surgery center services under the MassHealth Program. The MassHealth agency pays for freestanding ambulatory surgery center services that are medically necessary and appropriately provided in the most cost-effective setting; that is, the total cost of the service (for example, the rate of payment for the corresponding payment group including directly related ancillaries, plus the cost of prosthetic devices or implants) does not exceed the cost to the MassHealth agency of providing that same service in any other medically appropriate setting, as determined by the MassHealth agency or its agent. The quality of the services delivered to MassHealth members must meet professionally recognized standards of care.

423.402: Definitions

The following terms used in 130 CMR 423.000 have the meanings given in 130 CMR 423.402, unless the context clearly requires a different meaning. The reimbursability of services defined in 130 CMR 423.000 is not determined by these definitions, but by application of regulations elsewhere in 130 CMR 423.000 and 450.000: *Administrative and Billing Regulations*.

Freestanding Ambulatory Surgery Center — a facility, geographically independent of any other health-care facility, that operates autonomously and functions exclusively for the purpose of providing outpatient same-day surgical, diagnostic, and medical services requiring a dedicated operating room and a postoperative recovery room. These surgical, diagnostic, and medical services provide diagnosis or treatment through operative procedures requiring general, local, or regional anesthesia to patients who do not require hospitalization or overnight services upon completion of the procedure, but who require constant medical supervision for a limited amount of time following the conclusion of the procedure. A freestanding ambulatory surgery center does not include individual or group-practice offices of private physicians, dentists, or podiatrists. These centers are referred to as surgical centers in 130 CMR 423.000.

Individual Consideration — a designation given to a claim that will receive individual consideration (I.C.) to determine payment where a fee could not be established.

Institutionalized Individual – an individual who is

- (1) involuntarily confined or detained, under a civil or criminal statute, in a correctional or rehabilitative facility, including a psychiatric hospital or other facility for the care and treatment of mental illness; or
- (2) confined under a voluntary commitment, in a psychiatric hospital or other facility for the care and treatment of mental illness.

Mentally Incompetent Individual – an individual who has been declared mentally incompetent by a federal, state, or local court of competent jurisdiction for any purpose, unless the individual has been declared competent for purposes which include the ability to consent to sterilization.

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>  Freestanding Ambulatory Surgery Center Manual	<b>Subchapter Number and Title</b> 4. Program regulations (130 CMR 423.000)	<b>Page</b> 4-2
	<b>Transmittal Letter</b> FAS-28	<b>Date</b> 01/02/15

Operative Report — a report that states the operation performed, the name of the member, the date of the operation, the preoperative diagnosis, the postoperative diagnosis, the names of the surgeon and his or her assistants, and the technical procedures performed.

Sterilization – any medical procedure, treatment, or operation for the purpose of rendering an individual permanently incapable of reproducing.

423.403: Eligible Members

(A) MassHealth Members and Recipients of Emergency Aid to the Elderly, Disabled and Children Program.

(1) MassHealth Members. The MassHealth agency pays for freestanding ambulatory surgical center services only when provided to eligible MassHealth members, subject to the restrictions and limitations described in the MassHealth regulations. 130 CMR 450.105: *Coverage Types*, specifically states, for each MassHealth coverage type, which services are covered and which members are eligible to receive those services.

(2) Recipients of Emergency Aid to the Elderly, Disabled and Children Program. For information on covered services for recipients of the Emergency Aid to the Elderly, Disabled and Children Program, see 130 CMR 450.106: *Emergency Aid to the Elderly, Disabled and Children Program*.

(B) Member Eligibility and Coverage Type. For information on verifying member eligibility and coverage type, see 130 CMR 450.107: *Eligible Members and the MassHealth Card*.

423.404: Provider Eligibility

Payment for the services described in 130 CMR 423.000 will be made only to in-state and out-of-state surgical centers participating in MassHealth on the date of service. The MassHealth agency has established the provider eligibility requirements listed below for in-state and out-of-state providers. Providers must meet all of these requirements to participate in MassHealth as a surgical center.

(A) Procedures for Hospitalization. An in-state or out-of-state surgical center must have established procedures to ensure the transfer of a member to a hospital if an emergency occurs that requires treatment beyond the capabilities of the surgical center. Either the surgical center must have a written transfer agreement with a hospital, or all the dentists, physicians, and podiatrists with surgical privileges at the surgical center must have admitting privileges at the hospital. The hospital must be a MassHealth-participating provider, and must be licensed to operate as a hospital in accordance with 105 CMR 130.000: *Hospital Licensure* or with its own state's licensing agency.

(B) In-State Providers. To participate in MassHealth, an in-state surgical center must:

- (1) obtain a MassHealth provider number from the MassHealth agency;
- (2) operate under a clinic license issued by the Massachusetts Department of Public Health, in accordance with regulations at 105 CMR 140.000; *Licensure of Clinics*;
- (3) participate in the Medicare program as an ambulatory surgery center;
- (4) be accredited by a national accrediting body for ambulatory surgery centers; and
- (5) have a minimum of two dedicated operating rooms.

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>  Freestanding Ambulatory Surgery Center Manual	<b>Subchapter Number and Title</b> 4. Program Regulations (130 CMR 423.000)	<b>Page</b> 4-3
	<b>Transmittal Letter</b> FAS-28	<b>Date</b> 01/02/15

(C) Out-of-State Providers.

- (1) To participate in MassHealth, an out-of-state surgical center must
  - (a) obtain a MassHealth provider number from the MassHealth agency;
  - (b) participate in its own state's Medicaid program;
  - (c) operate as a provider of surgical center services as authorized by the governing or licensing agency in its state;
  - (d) participate in the Medicare program as an ambulatory surgery center;
  - (e) be accredited by a national accrediting body for ambulatory surgery centers; and
  - (f) have a minimum of two dedicated operating rooms.
- (2) Out-of-state surgical center services provided to an eligible MassHealth member are payable only when
  - (a) the surgical services are provided to a member who resides in a community located within a 50-mile radius of the Massachusetts border in Connecticut, Maine, New Hampshire, New York, Rhode Island, or Vermont and for whom the out-of-state freestanding ambulatory surgical center is nearer than a facility in Massachusetts providing equivalent surgical services; or
  - (b) an out-of-state surgical center that is more than 50 miles from the Massachusetts border obtains prior authorization from the MassHealth agency to provide any surgical center services to a member. This prior authorization is required in addition to the prior-authorization requirements found at 130 CMR 423.406. All requests for prior authorization must be submitted in accordance with the instructions found in Subchapter 5 of the *Freestanding Ambulatory Surgery Center Manual*. No payment will be made for such services unless prior authorization has been obtained from the MassHealth agency before the delivery of service. The MassHealth agency does not grant retroactive prior-authorization requests.



<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>  Freestanding Ambulatory Surgery Center Manual	<b>Subchapter Number and Title</b> 4. Program Regulations (130 CMR 423.000)	<b>Page</b> 4-4
	<b>Transmittal Letter</b> FAS-28	<b>Date</b> 01/02/15

423.405: Payment

Payment for a surgical procedure performed at a surgical center consists of two components: the facility component and the professional component.

(A) Facility Component. The facility component is an all-inclusive fee that pays the surgical center for rent, equipment, utilities, supplies, salaries and benefits for administrative and technical staff, and other overhead expenses.

(1) This fee includes payment for

- (a) surgical center facilities and equipment;
- (b) nursing services, technician services, and other related services;
- (c) drugs, biologicals, surgical dressings, supplies, splints, casts, appliances, and equipment directly related to the provision of the surgical procedures;
- (d) administrative, recordkeeping, and housekeeping items and services;
- (e) materials for anesthesia;
- (f) blood;
- (g) urinalysis and blood hemoglobin and hematocrit; and
- (h) diagnostic or therapeutic services related to the provision of the surgical procedure.

(2) Payment for both in-state and out-of-state surgical center services is made in accordance with the rate or rates of payment established for surgical centers by the Massachusetts Executive Office of Health and Human Services (EOHHS) at 114.3 CMR 47.00: *Freestanding Ambulatory Surgical Facilities*. Surgical procedures are classified into payment groups. All procedures within a payment group are assigned the same rate.

(a) Multiple Procedures. If more than one payable surgical procedure requiring an unrelated operative incision is provided in a single operative session, the full maximum fee is 100 percent for the operative procedure in the highest payment group and a percentage of the payment-group rate, as determined by EOHHS, for each additional payable procedure.

(b) Bilateral Procedures. If a payable surgical procedure provided in a single operative session is performed bilaterally, the full maximum fee is 150 percent of the payment-group rate for the operative procedure.

(c) Cancelled Procedures. The MassHealth agency does not pay for a surgical procedure that has been cancelled or postponed, for any reason, before the procedure is initiated.

(d) Terminated Procedures.

- (i) The MassHealth agency determines payment on an individual-consideration (I.C.) basis for procedures that have been terminated after the procedure has been initiated. Appropriate payment for an I.C. service is determined by the MassHealth agency based on the operative report of services furnished. Payment of prosthetic devices for a terminated procedure depends on the preparation of the device. The preparation of the prosthetic device must require distinct preliminary measures (for example, immersion in an antibiotic solution) and does not include the action of opening a sterile implant onto the surgical field or instrument table.

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>	<b>Subchapter Number and Title</b> 4. Program Regulations (130 CMR 423.000)	<b>Page</b> 4-5
	<b>Transmittal Letter</b> FAS-28	<b>Date</b> 01/02/15
Freestanding Ambulatory Surgery Center Manual		

(ii) The facility must use the service code in Subchapter 6 of the *Freestanding Ambulatory Surgery Center Manual* designated for terminated procedures. An operative report, including the operative summary, nursing notes, and anesthesia record, must accompany the claim. If a report is not submitted, no payment will be made. If, after review of the operative summary, nursing notes, and anesthesia record, the MassHealth agency determines that there should be payment for the prosthetic device, then this payment is included in the payment for the terminated procedure.

(B) Professional Component. Payment for professional services furnished by a dentist, podiatrist, or physician in a surgical center will be made in accordance with the MassHealth agency's regulations at 130 CMR 420.000: *Dental*, 424.000: *Podiatrist*, and 433.000: *Physician*, respectively. All professional services must be furnished by a provider participating in MassHealth.

423.406: Prior Authorization

(A) The MassHealth agency requires the surgeon to obtain prior authorization for services that are designated "P.A." in Subchapter 6 of the *Freestanding Ambulatory Surgery Center Manual*. No payment will be made for such services unless prior authorization has been obtained from the MassHealth agency before the delivery of service. The MassHealth agency will not grant retroactive prior-authorization requests.

(B) Prior authorization determines only the medical necessity of the authorized service and does not establish or waive any other prerequisites for payment such as, but not limited to, member eligibility or resort to health insurance payment.

(C) MassHealth regulations about prior-authorization requirements may be found in the individual program regulations for dentists, podiatrists, and physicians at 130 CMR 420.000: *Dental*, 424.000: *Podiatrist*, and 433.000: *Physician*, respectively.

423.407: Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Services

The MassHealth agency pays for all medically necessary surgery center services for EPSDT-eligible members in accordance with 130 CMR 450.140: *Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Services: Introduction through 450.149: EPSDT: Recordkeeping Requirements*, without regard to service limitations described in 130 CMR 423.000, and with prior authorization.

(130 CMR 423.408 through 423.412 Reserved)

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>  Freestanding Ambulatory Surgery Center Manual	<b>Subchapter Number and Title</b> 4. Program Regulations (130 CMR 423.000)	<b>Page</b> 4-6
	<b>Transmittal Letter</b> FAS-28	<b>Date</b> 01/02/15

423.413: Recordkeeping Requirements

Surgical centers must maintain a medical-record system promoting quality and confidential patient care in accordance with Massachusetts Department of Public Health regulations at 105 CMR 140.000: *Licensure of Clinics*. This system must collect and retain data in a comprehensive and efficient manner and permit the prompt retrieval of information. Accurate and complete medical records must be maintained for each member receiving surgical services from the surgical center. The data maintained in the member's medical record must also be sufficient to justify any further diagnostic procedures, treatments, recommendations for return visits, and referrals. The medical record must be clear and legible, and readily accessible to health care practitioners and the MassHealth agency. The medical record must be maintained by the surgical center for six years.

(A) Documentation. Payment for any service covered by MassHealth is conditioned upon its full and complete documentation in the member's medical record. Payment for maintaining the member's medical record is included in the fee for the facility component. Each medical record must contain sufficient information to fully document the nature, extent, quality, and necessity of the care furnished to the member for each date of service claimed for payment. If the information in the member's record is not sufficient to document the service for which payment is claimed by the provider, the MassHealth agency will not pay for the service or, if payment has been made, may consider such payment to be an overpayment subject to recovery as defined in the MassHealth administrative and billing regulations in 130 CMR 450.000: *Administrative and Billing Regulations*. The medical record requirements in 130 CMR 423.000 constitute the standard against which the adequacy of records will be measured, as set forth in 130 CMR 450.000: *Administrative and Billing Regulations*.

(B) Components. The medical record must include the following:

- (1) patient identification, including name, date of birth, and the member's MassHealth identification number;
- (2) medical history and dental history, as appropriate;
- (3) findings of physical examination and preoperative diagnosis;
- (4) results of any preoperative diagnostic studies (entered before surgery) if ordered, including laboratory and radiologic reports. These results include dated and mounted X rays, if applicable;
- (5) operative record documenting clinical findings, techniques of the operation, intraoperative medications administered, and type of surgical procedure;
- (6) pathologist's reports on tissue removed in surgery, except those exempted by the governing body;
- (7) date of surgery;
- (8) surgeon's name, address, and telephone number;
- (9) allergies and adverse drug reactions;
- (10) anesthesia record describing anesthetic agents used, dosages administered, and documentation of start and end times of general or intravenous anesthesia;
- (11) nursing notes (preoperative, intraoperative, and postoperative, including documentation of any medical goods or supplies dispensed);
- (12) patient's surgical consent, with documentation of it as properly executed informed consent;
- (13) postoperative diagnosis;

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>	<b>Subchapter Number and Title</b> 4. Program Regulations (130 CMR 423.000)	<b>Page</b> 4-7
	<b>Transmittal Letter</b> FAS-28	<b>Date</b> 01/02/15
Freestanding Ambulatory Surgery Center Manual		

(14) discharge summary, including recommendations and referrals for additional treatment or consultations, when applicable; and

(15) records pertaining to requests for laboratory, radiologic, and/or pathology information requested in relation to the surgical procedure.

(C) Clinical Laboratory and Radiology Services. For clinical laboratory services and radiologic services, additional information must be maintained in the member's medical record in relation to the payable surgical procedure, as well as a record of each specimen and laboratory test result for at least six years from the date on which the results were reported to the prescriber. This record must include the following components:

- (1) name and any other means of identification of the patient from whom the specimen was taken, including date of birth and MassHealth member identification number;
- (2) site from which the specimen was obtained;
- (3) name of the person who obtained the specimen;
- (4) name of the person who ordered the laboratory test;
- (5) name of the person who ordered the radiologic service;
- (6) authorized requisition for the test;
- (7) name and address of the surgical center where the specimen was obtained;
- (8) date on which the specimen was collected by the prescriber or laboratory;
- (9) date on which the specimen was received in the laboratory;
- (10) condition of unsatisfactory specimens when received (for example, broken, leaked, hemolyzed, turbid, or insufficient sample size);
- (11) date on which the test was performed;
- (12) test name and the results of the test, or the cross-reference to results and the date of reporting;
- (13) name and address of the person performing the examination of the specimen; and
- (14) if applicable, the name and address of a second independent laboratory consulted to examine the specimen, as well as documentation stating the necessity for further examination.

(D) Pharmacy Services. Surgical center pharmacies must maintain, for six years, a record for each member of the drug and amount dispensed, the date, and the original prescription. Verbal orders for the administration of all drugs and biologicals must be followed by a written order signed by the prescriber at the completion of the surgical procedure.

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>  Freestanding Ambulatory Surgery Center Manual	<b>Subchapter Number and Title</b> 4. Program Regulations (130 CMR 423.000)	<b>Page</b> 4-8
	<b>Transmittal Letter</b> FAS-28	<b>Date</b> 01/02/15

423.414: Payable Surgical Procedures

The MassHealth agency pays surgical centers for those services listed in Subchapter 6 of the *Freestanding Ambulatory Surgery Center Manual* (see 130 CMR 423.401 for further requirements). All prosthetic devices, except intraocular lenses, whether implanted, inserted, or otherwise related to procedures on the current list of payable surgical procedures, are paid separately from the surgical center facility component. The above notwithstanding, providers must comply with the requirements specified in 130 CMR 423.401, which state that payment is provided only for services that are medically necessary and furnished in the least costly medically appropriate setting.

423.416: Sterilization Services: Introduction

(E) The MassHealth agency does not pay for experimental, unproven, cosmetic, or otherwise medically unnecessary procedures or treatments performed at the center.

(F) The MassHealth agency does not pay a surgical center for the treatment of male or female infertility (including, but not limited to, laboratory tests, drugs, and procedures associated with such treatment); however, the MassHealth agency will pay a surgical center for diagnosis of male or female infertility.

: Sterilization Services: Introduction

(A) Covered Services. The MassHealth agency pays for sterilization services provided to a member only if all of the following conditions are met.

- (1) The member has voluntarily given informed consent for the sterilization procedure in the manner and at the time described in 130 CMR 423.417, and such consent is documented in the manner described in 130 CMR 423.418.
- (2) The member is at least 18 years old at the time consent is obtained.
- (3) The member is not a mentally incompetent individual or an institutionalized individual.
- (4) The sterilization is performed by a licensed physician.

(B) Assurance of Member Rights. No provider may use any form of coercion in the provision of sterilization services. Neither the MassHealth agency nor any provider, nor any agent or employee of a provider, may mislead any member into believing that a decision to have or not have a sterilization will adversely affect the member's entitlement to benefits or services for which the member would otherwise be eligible. The MassHealth agency has strict requirements for confidentiality of member records for sterilization services as well as for all other medical services covered under MassHealth.

(C) Retroactive Eligibility. The MassHealth agency does not pay for a sterilization performed during the period of a member's retroactive eligibility unless all conditions for payment listed in 130 CMR 423.416(A) are met.

<b>Commonwealth of Massachusetts</b> <b>MassHealth</b> <b>Provider Manual Series</b>  Freestanding Ambulatory Surgery Center Manual	<b>Subchapter Number and Title</b> 4. Program Regulations (130 CMR 423.000)	<b>Page</b> 4-9
	<b>Transmittal Letter</b> FAS-28	<b>Date</b> 01/02/15

423.417: Sterilization Services: Informed Consent

A member's consent for sterilization will be considered informed and voluntary only if such consent is obtained in accordance with the requirements specified in 130 CMR 423.417(A) and (B), and such consent is documented as specified in 130 CMR 423.418.

(D) Informed Consent Requirements.

- (1) The person who obtains consent (a physician, nurse, or counselor, for example) must orally provide all of the following information and advice to the member requesting sterilization:
  - (a) advice that the member is free to withhold or withdraw consent for the procedure at any time before the sterilization without affecting the right to future care or treatment and without loss of any federal- or state-funded program benefits to which the member otherwise might be entitled;
  - (b) a description of available alternative methods of family planning and birth control;
  - (c) advice that the sterilization procedure is considered irreversible;
  - (d) a thorough explanation of the specific sterilization procedure to be performed;
  - (e) a full description of the discomforts and risks that may accompany or follow the procedure, including an explanation of the type and possible effects of any anesthetic to be used;
  - (f) a full description of the benefits or advantages that may be expected as a result of the sterilization; and
  - (g) advice that the sterilization will not be performed for at least 30 days, except under the circumstances specified in 130 CMR 423.417(B)(1).
- (2) The person who obtains consent must also:
  - (a) offer to answer any questions the member may have about the sterilization procedure;
  - (b) give the member a copy of the consent form;
  - (c) make suitable arrangements to ensure that the information and advice required by 130 CMR 423.417(A)(1) are effectively communicated to any member who is blind, deaf, or otherwise handicapped;
  - (d) provide an interpreter if the member does not understand the language used on the consent form or the language used by the person obtaining consent; and
  - (e) allow the member to have a witness of the member's choice present when consent is obtained.

(E) When Informed Consent Must Be Obtained.

- (1) A member's consent for sterilization will be considered informed and voluntary only if such consent is obtained at least 30 days, but not more than 180 days, before the date of the sterilization procedure, except in the case of premature delivery or emergency abdominal surgery. A member may consent to be sterilized at the time of a premature delivery or emergency abdominal surgery if at least 72 hours have passed since the member gave informed consent for the sterilization in the manner specified in 130 CMR 423.417. In the case of premature delivery, the informed consent must have been given at least 30 days before the expected date of delivery.

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>  Freestanding Ambulatory Surgery Center Manual	<b>Subchapter Number and Title</b> 4. Program Regulations (130 CMR 423.000)	<b>Page</b> 4-10
	<b>Transmittal Letter</b> FAS-28	<b>Date</b> 01/02/15

- (2) A member's consent for sterilization will not be considered informed or voluntary if such consent is obtained or given while the member requesting sterilization is:
- (a) in labor or childbirth;
  - (b) seeking to obtain or obtaining an abortion; or
  - (c) under the influence of alcohol or other substances that affect the individual's state of awareness.
- (3) Shortly before the performance of the sterilization procedure, the physician performing the procedure must orally inform the member of all of the information and advice specified in 130 CMR 423.417(A)(1).

423.418: Sterilization Services: Consent Form Requirements

Informed consent for sterilization must be documented by the completion of the MassHealth agency's Consent for Sterilization form in accordance with the following requirements. (Instructions for obtaining the Consent for Sterilization forms are located in Subchapter 5 of the *Freestanding Ambulatory Surgery Center Manual*.)

(F) Required Consent Form.

- (1) One of the following Consent for Sterilization forms must be used:
  - (a) CS-18 – for members aged 18 through 20; or
  - (b) CS-21 – for members aged 21 and older.
- (2) Under no circumstances will the MassHealth agency accept any other consent for sterilization form.

(G) Required Signatures. The member, the interpreter (if one was required), and the person who obtained the consent for sterilization must all sign and date the Consent for Sterilization form (CS-18 or CS-21) at the time of consent. After performing the sterilization procedure, the physician must sign and date the form.

(H) Required Submission and Distribution of the Consent Form. The Consent for Sterilization form (CS-18 or CS-21) must be completed and distributed as follows:

- (1) the original must be given to the member at the time of consent; and
- (2) a copy must be included in the member's permanent medical record at the site where the sterilization is performed.

(I) Provider Billing and Required Submissions.

- (1) All providers must bill with the appropriate sterilization diagnosis and service codes, and must attach a copy of the completed Consent for Sterilization Form (CS-18 or CS-21) to each claim made to the MassHealth agency for sterilization services. This provision applies to any medical procedure, treatment, or operation for the purpose of rendering an individual permanently incapable of reproducing. When more than one provider is billing the MassHealth agency (for example, the physician and the freestanding ambulatory surgery center), each provider must submit a copy of the completed sterilization consent form with the claim.

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>	<b>Subchapter Number and Title</b> 4. Program Regulations (130 CMR 423.000)	<b>Page</b> 4-11
	<b>Transmittal Letter</b> FAS-28	<b>Date</b> 01/02/15
Freestanding Ambulatory Surgery Center Manual		

(2) A provider does not need to submit a Consent for Sterilization Form (CS-18 or CS-21) with a claim for a medical procedure, treatment, or operation that is not for the purpose of rendering an individual permanently incapable of reproducing. If the appropriate service code used to bill for such a medical procedure, treatment, or operation may also be used to bill for a sterilization, the claim will be denied unless at least one of the following justifications is present and documented on an attachment signed by the physician and attached to the claim.

(a) The medical procedure, treatment, or operation was a unilateral procedure and did not result in sterilization.

(b) The medical procedure, treatment, or operation was unilateral or bilateral, but the patient was previously sterile as indicated in the operative notes.

(c) The medical procedure, treatment, or operation was medically necessary for treatment of an existing illness or injury and was not performed for the purpose of sterilization.

(d) The medical procedure, treatment, or operation was medically necessary for treatment of a life-threatening emergency situation and was not performed for the purpose of sterilization, and it was not possible to inform the member in advance that it would or could result in sterilization. Include the nature and date of the life-threatening emergency.

(3) In the circumstances set forth in 130 CMR 423.418(D)(2)(a) and (c), the medical records must also document that the member consented to the medical procedure, treatment, or operation after being informed that it would or could result in sterilization.

(4) When more than one provider is billing the MassHealth agency under the circumstances specified in 130 CMR 423.418(D)(2) (for example, the physician and the freestanding ambulatory surgery center), each provider must submit a copy of the signed attachment along with the claim.

423.419: Abortion Services

(J) Abortions may be performed in a surgical center in accordance with M.G.L. c. 112, s. 12I through 12N, inserted by Chapter 706 of the Acts of 1974, and with license rules and regulations of the Massachusetts Department of Public Health.

(K) A surgeon must certify that the abortion is medically necessary by completion of the Certification for Payable Abortion (CPA-2) form. The surgeon must comply with MassHealth regulations at 130 CMR 433.000: *Physician*.

(L) All surgical centers must attach a completed CPA-2 form to each claim form submitted to the MassHealth agency for a payable abortion. (Instructions for obtaining the CPA-2 form can be found in Subchapter 5 of the *Freestanding Ambulatory Surgery Center Manual*.) The surgical center must attach a copy of the completed CPA-2 form with each claim made to the MassHealth agency for a payable abortion. Service codes requiring a CPA-2 form are indicated in Subchapter 6 of the *Freestanding Ambulatory Surgery Center Manual*.

REGULATORY AUTHORITY

130 CMR 423.000: M.G.L. c. 118E, §§ 7 and 12.



<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>  Freestanding Ambulatory Surgery Center Manual	<b>Subchapter Number and Title</b> 4. Program Regulations (130 CMR 423.000)	<b>Page</b> 4-12
	<b>Transmittal Letter</b> FAS-28	<b>Date</b> 01/02/15

This page is reserved.

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>	<b>Subchapter Number and Title</b> 6. Service Codes	<b>Page</b> 6-1
	<b>Transmittal Letter</b> FAS-28	<b>Date</b> 01/02/15
Freestanding Ambulatory Surgery Center Manual		

601 Payable Surgery Services

MassHealth pays for the services represented by the codes listed in Subchapter 6 in effect at the time of service, subject to all conditions and limitations in MassHealth regulations at 130 CMR 423.000 and 450.000. A freestanding ambulatory surgery center may request prior authorization 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 *Freestanding Ambulatory Surgery Center Manual*.

**Legend:**

CPA-2: A completed Certification for Payable Abortion form is required. See 130 CMR 423.419 for additional information.

CS-18 or CS-21: A completed Sterilization Consent Form (CS-18 for members aged 18 through 20; CS-21 form for members aged 21 and older) must be submitted. See 130 CMR 423.416, through 423.418 for more information.

CS-18\* or CS-21\*: A completed Sterilization Consent Form (CS-18 form for members 18 through 20; CS-21 form for members aged 21 and older) must be submitted, except if the conditions of 130 CMR 423.418(D)(2) and (3) are met. See 130 CMR 423.416 through 423.418 for more information and other submission requirements.

HI-1: A completed Hysterectomy Information Form must be completed.

IC: Claim requires individual consideration. See 130 CMR 423.402 and 450.271 for more information.

PA: Service requires prior authorization. See 130 CMR 420.410, 423.406, 424.421, 433.408, and 450.303 in the *Dental Manual*, *Freestanding Ambulatory Surgery Center Manual*, *Podiatrist Manual*, and *Physician Manual*, respectively, for more information.

<u>Service Code</u>	<u>Service Code</u>	<u>Service Code</u>	<u>Service Code</u>	<u>Service Code</u>
10121	11606	12005	13101	15004
10180	11624	12006	13120	15040
11010	11626	12007	13121	15050
11011	11644	12016	13131	15100
11012	11646	12017	13132	15101
11042	11770	12018	13150	15110
11043	11771	12020	13151	15111
11044	11772	12021	13152	15115
11404	11960	12034	13160	15116
11406	11970 (PA for	12035	14000	15120
11424	Gender	12036	14001	15121
11426	Dysphoria-	12037	14020	15130
11444	Related	12044	14021	15131
11446	Services	12045	14040	15135
11450	Only)	12046	14041	15136
11451	11971 (PA for	12047	14060	15150
11462	Gender	12054	14061	15151
11463	Dysphoria-	12055	14301	15152
11470	Related	12056	14302	15155
11471	Services	12057	14350	15156
11604	Only)	13100	15002	15157

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>	<b>Subchapter Number and Title</b> 6. Service Codes	<b>Page</b> 6-2
	<b>Transmittal Letter</b> FAS-28	<b>Date</b> 01/02/15
Freestanding Ambulatory Surgery Center Manual		

601 Payable Surgery Services (cont.)

<u>Service Code</u>	<u>Service Code</u>	<u>Service Code</u>	<u>Service Code</u>	<u>Service Code</u>
15200	15841	19304 (PA for	21016	21400
15201	15845	Gender	21025	21401
15220	15847	Dysphoria-	21026	21421
15221	15920	Related	21029	21440
15240	15922	Services	21031	21445
15241	15931	Only)	21034	21450
15260	15933	19318 (PA)	21040	21451
15261	15934	19328 (PA)	21044	21452
15271	15935	19330 (PA)	21046	21453
15272	15936	19340 (PA)	21047	21454
15273	15937	19342 (PA)	21050	21461
15274	15940	19350 (PA)	21060	21462
15275	15941	19357 (PA)	21070	21465
15276	15944	19366 (PA)	21100	21480
15277	15945	19370 (PA)	21181	21485
15278	15946	19371 (PA)	21206 (PA)	21490
15570	15950	19380 (PA)	21208 (PA)	21497
15572	15951	20005	21209 (PA)	21501
15574	15952	20200	21210 (PA)	21502
15576	15953	20205	21215 (PA)	21552
15600	15956	20206	21230 (PA)	21554
15610	15958	20220	21235 (PA)	21555
15620	16025	20225	21240 (PA)	21556
15630	16030	20240	21242 (PA)	21600
15650	19020	20245	21243 (PA)	21610
15732	19100	20250	21244 (PA)	21700
15734	19101	20251	21267 (PA)	21720
15736	19102	20525	21270 (PA)	21725
15732	19103	20650	21275 (PA)	21800
15734	19110	20670	21280 (PA)	21805
15736	19112	20680	21282 (PA)	21820
15738	19120	20690	21295 (PA)	21925
15740	19125	20692	21296 (PA)	21930
15750	19126	20693	21310	21931
15760	19290	20694	21315	21932
15770	19291	20900	21320	21933
15820 (PA)	19300 (PA)	20902	21325	21935
15821 (PA)	19301	20924	21330	21936
15822 (PA)	19302	20926	21335	22305
15823 (PA)	19303 (PA for	20975	21336	22310
15830 (PA)	Gender	21010	21337	22315
15832 (PA)	Dysphoria-	21011	21338	22505
15833 (PA)	Related	21012	21339	22900
15834 (PA)	Services	21013	21340	22901
15835	Only)	21014	21345	22902
15840		21015	21355	22903

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>	<b>Subchapter Number and Title</b> 6. Service Codes	<b>Page</b> 6-3
	<b>Transmittal Letter</b> FAS-28	<b>Date</b> 01/02/15
Freestanding Ambulatory Surgery Center Manual		

601 Payable Surgery Services (cont.)

<u>Service Code</u>	<u>Service Code</u>	<u>Service Code</u>	<u>Service Code</u>	<u>Service Code</u>
22904	23412	23921	24366	25023
22905	23415	23930	24370	25024
23000	23420	23931	24371	25025
23020	23430	23935	24400	25028
23030	23440	24000	24410	25031
23031	23450	24006	24420	25035
23035	23455	24066	24430	25040
23040	23460	24075	24435	25066
23044	23462	24076	24470	25071
23066	23465	24077	24495	25073
23071	23466	24100	24498	25075
23073	23480	24101	24500	25076
23075	23485	24102	24505	25077
23076	23490	24105	24515	25078
23077	23491	24110	24516	25085
23078	23500	24115	24530	25100
23100	23505	24116	24535	25101
23101	23515	24120	24538	25105
23105	23520	24125	24545	25107
23106	23525	24126	24546	25109
23107	23530	24130	24560	25110
23120	23532	24134	24565	25111
23125	23540	24136	24566	25112
23130	23545	24138	24575	25115
23140	23550	24140	24576	25116
23145	23552	24145	24577	25118
23146	23570	24147	24579	25119
23150	23575	24155	24582	25120
23155	23585	24160	24586	25125
23156	23600	24164	24587	25126
23170	23605	24201	24600	25130
23172	23615	24301	24605	25135
23174	23616	24305	24615	25136
23180	23620	24310	24620	25145
23182	23625	24320	24635	25150
23184	23630	24330	24655	25151
23190	23650	24331	24665	25210
23195	23655	24340	24666	25215
23330	23660	24341	24670	25230
23331	23665	24342	24675	25240
23395	23670	24345	24685	25248
23397	23675	24360	24800	25250
23400	23680	24361	24802	25251
23405	23700	24362	24925	25260
23406	23800	24363	25000	25263
23410	23802	24365	25020	25265

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>	<b>Subchapter Number and Title</b> 6. Service Codes	<b>Page</b> 6-4
	<b>Transmittal Letter</b> FAS-28	<b>Date</b> 01/02/15
Freestanding Ambulatory Surgery Center Manual		

601 Payable Surgery Services (cont.)

<u>Service Code</u>	<u>Service Code</u>	<u>Service Code</u>	<u>Service Code</u>	<u>Service Code</u>
25270	25492	26060	26412	26535
25272	25505	26070	26415	26536
25274	25515	26075	26416	26540
25275	25520	26080	26418	26541
25280	25525	26100	26420	26542
25290	25526	26105	26426	26545
25295	25535	26110	26428	26546
25300	25545	26111	26432	26548
25301	25565	26113	26433	26550
25310	25574	26115	26434	26555
25312	25575	26116	26437	26560
25315	25605	26117	26440	26561
25316	25606	26118	26442	26562
25320	25607	26121	26445	26565
25332	25608	26123	26449	26567
25335	25609	26125	26450	26568
25337	25624	26130	26455	26580
25350	25628	26135	26460	26587
25355	25635	26140	26471	26590
25360	25645	26145	26474	26591
25365	25660	26160	26476	26593
25370	25670	26170	26477	26596
25375	25671	26180	26478	26605
25390	25675	26185	26479	26607
25391	25676	26200	26480	26608
25392	25680	26205	26483	26615
25393	25685	26210	26485	26645
25400	25690	26215	26489	26650
25405	25695	26230	26490	26665
25415	25800	26235	26492	26675
25420	25805	26236	26494	26676
25425	25810	26250	26496	26685
25426	25820	26260	26497	26686
25440	25825	26262	26498	26705
25441	25830	26320	26499	26706
25442	25907	26350	26500	26715
25443	25922	26352	26502	26727
25444	25929	26356	26508	26735
25445	26011	26357	26510	26742
25446	26020	26358	26516	26746
25447	26025	26370	26517	26756
25449	26030	26372	26518	26765
25450	26034	26373	26520	26776
25455	26040	26390	26525	26785
25490	26045	26392	26530	26820
25491	26055	26410	26531	26841

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>	<b>Subchapter Number and Title</b> 6. Service Codes	<b>Page</b> 6-5
	<b>Transmittal Letter</b> FAS-28	<b>Date</b> 01/02/15
Freestanding Ambulatory Surgery Center Manual		

601 Payable Surgery Services (cont.)

<u>Service Code</u>	<u>Service Code</u>	<u>Service Code</u>	<u>Service Code</u>	<u>Service Code</u>
26842	27230	27392	27562	27690
26843	27238	27393	27566	27691
26844	27246	27394	27570	27692
26850	27250	27395	27594	27695
26852	27252	27396	27600	27696
26860	27257	27397	27601	27698
26861	27265	27400	27602	27700
26862	27266	27403	27603	27704
26863	27275	27405	27604	27705
26910	27301	27407	27605	27707
26951	27305	27409	27606	27709
26952	27306	27418	27607	27730
26990	27307	27420	27610	27732
26991	27310	27422	27612	27734
27000	27323	27424	27614	27740
27001	27324	27425	27615	27742
27003	27325	27427	27616	27745
27033	27326	27428	27618	27750
27035	27327	27429	27619	27752
27040	27328	27430	27620	27756
27041	27329	27435	27625	27758
27043	27330	27437	27626	27759
27045	27331	27438	27630	27760
27047	27332	27441	27632	27762
27048	27333	27442	27634	27766
27049	27334	27443	27635	27780
27050	27335	27496	27637	27781
27052	27337	27497	27638	27784
27059	27339	27498	27640	27786
27060	27340	27499	27641	27788
27062	27345	27500	27647	27792
27065	27347	27501	27650	27808
27066	27350	27502	27652	27810
27067	27355	27503	27654	27814
27080	27356	27508	27656	27816
27086	27357	27509	27658	27818
27087	27358	27510	27659	27822
27097	27360	27516	27664	27823
27098	27364	27517	27665	27824
27100	27372	27520	27675	27825
27105	27380	27530	27676	27826
27110	27381	27532	27680	27827
27111	27385	27538	27681	27828
27193	27386	27550	27685	27829
27194	27390	27552	27686	27830
27202	27391	27560	27687	27831

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>	<b>Subchapter Number and Title</b> 6. Service Codes	<b>Page</b> 6-6
	<b>Transmittal Letter</b> FAS-28	<b>Date</b> 01/02/15

601 Payable Surgery Services (cont.)

<u>Service Code</u>	<u>Service Code</u>	<u>Service Code</u>	<u>Service Code</u>	<u>Service Code</u>
27832	28107	28294	28606	29847
27840	28110	28296	28615	29848
27842	28111	28297	28635	29850
27846	28112	28298	28636	29851
27848	28113	28299	28645	29855
27860	28114	28300	28665	29856
27870	28116	28302	28666	29860
27871	28118	28304	28675	29861
27884	28119	28305	28705	29862
27889	28120	28306	28715	29863
27892	28122	28307	28725	29870
27893	28126	28308	28730	29871
27894	28130	28309	28735	29874
28002	28140	28310	28737	29875
28003	28150	28312	28740	29876
28005	28153	28313	28750	29877
28008	28160	28315	28755	29879
28011	28171	28320	28760	29880
28020	28173	28322	28810	29881
28022	28175	28340	28820	29882
28024	28192	28341	28825	29883
28035	28193	28344	29800 (PA)	29884
28039	28200	28345	29804 (PA)	29885
28041	28202	28400	29805	29886
28043	28208	28405	29806	29887
28045	28210	28406	29807	29888
28046	28222	28415	29819	29889
28047	28225	28420	29820	29891
28050	28226	28435	29821	29892
28052	28234	28436	29822	29893
28054	28238	28445	29823	29894
28055	28240	28456	29824	29895
28060	28250	28465	29825	29897
28062	28260	28476	29826	29898
28070	28261	28485	29827	29899
28072	28262	28496	29830	29900
28080	28264	28505	29834	29901
28086	28270	28525	29835	29902
28088	28280	28531	29836	30115
28090	28285	28545	29837	30117
28092	28286	28546	29838	30118
28100	28288	28555	29840	30120
28102	28289	28575	29843	30125
28103	28290	28576	29844	30130
28104	28292	28585	29845	30140
28106	28293	28605	29846	30150

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>	<b>Subchapter Number and Title</b> 6. Service Codes	<b>Page</b> 6-7
	<b>Transmittal Letter</b> FAS-28	<b>Date</b> 01/02/15
Freestanding Ambulatory Surgery Center Manual		

601 Payable Surgery Services (cont.)

<u>Service Code</u>	<u>Service Code</u>	<u>Service Code</u>	<u>Service Code</u>	<u>Service Code</u>
30160	31235	31613	36560	37790
30310	31237	31614	36561	38300
30320	31238	31615	36563	38305
30400 (PA)	31239	31622	36565	38308
30410 (PA)	31240	31623	36566	38500
30420 (PA)	31254	31624	36568	38505
30430 (PA)	31255	31625	36569	38510
30435 (PA)	31256	31628	36570	38520
30450 (PA)	31267	31629	36571	38525
30460	31276	31630	36575	38530
30462	31287	31631	36576	38542
30465	31288	31635	36578	38550
30520	31300	31640	36580	38555
30540	31320	31641	36581	38570
30545	31400	31643	36582	38571
30560	31420	31645	36583	38572
30580	31510	31646	36584	38740
30600	31511	31647	36585	38745
30620	31512	31648	36589	38760
30630	31513	31649	36590	40500
30801	31515	31651	36640	40510
30802	31525	31717	36800	40520
30903	31526	31720	36810	40525
30905	31527	31730	36815	40527
30906	31528	31750	36819	40530
30915	31529	31755	36820	40650
30920	31530	31820	36821	40652
30930	31531	31825	36825	40654
31020	31535	31830	36830	40700
31030	31536	32400	36831	40701
31032	31540	32405	36832	40720
31050	31541	33010	36833	40761
31051	31560	33011	36835	40801
31070	31561	33222	36860	40806
31075	31570	33223	36861	40814
31080	31571	35188	36870	40816
31081	31576	35207	37607	40818
31084	31577	35875	37609	40819
31085	31578	35876	37650	40831
31086	31580	36260	37700	40840 (PA)
31087	31582	36261	37718	40842 (PA)
31090	31588	36262	37722	40843 (PA)
31200	31590	36555	37735	40844 (PA)
31201	31595	36556	37760	40845 (PA)
31205	31611	36557	37780	41005
31233	31612	36558	37785	41006



<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>  Freestanding Ambulatory Surgery Center Manual	<b>Subchapter Number and Title</b> 6. Service Codes	<b>Page</b> 6-8
	<b>Transmittal Letter</b> FAS-28	<b>Date</b> 01/02/15

601 Payable Surgery Services (cont.)

<u>Service Code</u>	<u>Service Code</u>	<u>Service Code</u>	<u>Service Code</u>	<u>Service Code</u>
41007	42320	43200	43453	45307
41008	42340	43201	43456	45308
41009	42405	43202	43458	45309
41010	42408	43204	43653	45315
41015	42409	43205	43760	45317
41016	42410	43215	43870	45320
41017	42415	43216	44100	45321
41018	42420	43217	44312	45331
41112	42425	43219	44340	45332
41113	42440	43220	44360	45333
41114	42450	43226	44361	45334
41115	42500	43227	44363	45335
41116	42505	43228	44364	45337
41120	42507	43231	44365	45338
41250	42508	43232	44366	45339
41251	42509	43235	44369	45340
41252	42510	43236	44370	45355
41500	42600	43239	44372	45378
41510	42700	43240	44373	45379
41520	42720	43241	44376	45380
41800	42725	43242	44377	45381
41805	42800	43243	44378	45382
41820	42802	43244	44379	45383
41827	42804	43245	44380	45384
41828	42806	43246	44382	45385
41872	42808	43247	44383	45386
41874	42810	43248	44385	45500
41899	42815	43249	44386	45505
42000	42820	43250	44388	45560
42107	42821	43251	44389	45900
42120	42825	43255	44390	45905
42140 (PA)	42826	43256	44391	45910
42145	42830	43258	44392	45915
42180	42831	43259	44393	46020
42182	42835	43260	44394	46030
42200	42836	43261	45000	46040
42205	42860	43262	45005	46045
42210	42870	43263	45020	46050
42215	42890	43264	45100	46060
42220	42892	43265	45108	46080
42226	42900	43267	45150	46200
42235	42950	43268	45160	46220
42260	42955	43269	45171	46250
42300	42960	43271	45172	46255
42305	42962	43272	45190	46257
42310	42972	43450	45305	46258

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>	<b>Subchapter Number and Title</b> 6. Service Codes	<b>Page</b> 6-9
	<b>Transmittal Letter</b> FAS-28	<b>Date</b> 01/02/15

601 Payable Surgery Services (cont.)

<u>Service Code</u>	<u>Service Code</u>	<u>Service Code</u>	<u>Service Code</u>	<u>Service Code</u>
46260	49421	50947	52283	53235
46261	49422	50948	52285	53240
46262	49426	50951	52287	53250
46270	49495	50953	52290	53260
46275	49496	50955	52300	53265
46280	49500	50957	52305	53270
46285	49501	50961	52310	53275
46288	49505	50970	52315	53400
46608	49507	50972	52317	53405
46610	49520	50974	52318	53410
46611	49521	50976	52320	53420
46612	49525	50980	52325	53425
46615	49540	51020	52327 (PA)	53430 (PA for
46700	49550	51030	52330	Gender
46750	49553	51040	52332	Dysphoria-
46753	49555	51045	52334	Related
46754	49557	51050	52341	Services
46760	49560	51065	52342	Only)
46761	49561	51080	52343	53431
46762	49565	51102	52344	53440
46917	49566	51500	52345	53442
46922	49568	51520	52346	53444
46924	49570	51710	52351	53445
47000	49572	51715 (PA)	52352	53446
47510	49580	51726	52353	53447
47511	49582	51785	52354	53449
47525	49585	51880	52355	53450
47530	49587	52000	52400	53460
47552	49590	52001	52450	53502
47553	49600	52005	52500	53505
47554	49650	52007	52601	53510
47555	49651	52010	52630	53515
47556	50200	52204	52640	53520
47560	50390	52214	52647	53605
47561	50392	52224	52648	53665
47630	50393	52234	52700	53850 (PA)
48102	50395	52235	53000	54000
49082	50396	52240	53010	54001
49083	50398	52250	53020	54015
49084	50551	52260	53040	54057
49180	50553	52270	53080	54060
49250	50555	52275	53200	54065
49320	50557	52276	53210	54100
49321	50561	52277	53215	54105
49322	50590	52281	53220	54110
49402	50688	52282	53230	54111

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>	<b>Subchapter Number and Title</b> 6. Service Codes	<b>Page</b> 6-10
	<b>Transmittal Letter</b> FAS-28	<b>Date</b> 01/02/15

601 Payable Surgery Services (cont.)

<u>Service Code</u>	<u>Service Code</u>	<u>Service Code</u>	<u>Service Code</u>	<u>Service Code</u>
54112	Related	Related	57200	58560
54115	Services	Services	57210	58561
54120	Only)	Only)	57220	58562
54150	54522	55250 (CS-18	57230	58563
54160	54530	or CS-21)	57240	58565 (CS-18
54161	54550	55500	57250	or CS-21)
54162	54600	55520	57260	58660
54163	54620	55530	57265	58661 (CS-18*
54164	54640	55535	57268	or CS-21*
54205	54660 (PA for	55540	57289	(PA for
54220	Gender	55550	57291 (PA for	Gender
54300	Dysphoria-	55680	Gender	Dysphoria-
54304	Related	55700	Dysphoria-	Related
54308	Services	55705	Related	Services
54312	Only)	55720	Services	Only)
54316	54670	55725	Only)	58662
54318	54680	55875	57300	58670 (CS-18
54322	54690 (PA for	56440	57400	or CS-21)
54324	Gender	56441	57410	58671 (CS-18
54326	Dysphoria-	56442	57415	or CS-21)
54328	Related	56515	57513	58672
54340	Services	56620 (PA for	57520	58673
54344	Only)	Gender	57522	58800
54348	54700	Dysphoria-	57530	58820
54352	54800	Related	57550	58900
54360	54830	Services	57555	59160
54380	54840	Only)	57556	59320
54385	54860	56625 (PA for	57558	59812
54400 (PA)	54861	Gender	57700	59820
54401 (PA)	54865	Dysphoria-	57720	59821
54405 (PA)	55040	Related	58120	59840 (CPA-2)
54406	55041	Services	58145	59841 (CPA-2)
54408	55060	Only)	58350	(first
54410	55100	56700	58353	trimester)
54415	55110	56740	58545	59870
54416	55120	56800	58546	59871
54420	55150	56810	58550 (HI-1;	60000
54435	55175 (PA for	57000	PA for	60200
54440	Gender	57010	Gender	60280
54450	Dysphoria-	57020	Dysphoria-	60281
54500	Related	57023	Related	61020
54505	Services	57065	Services	61026
54512	Only)	57105	Only)	61050
54520 (PA for	55180 (PA for	57130	58555	61055
Gender	Gender	57135	58558	61070
Dysphoria-	Dysphoria-	57180	58559	61215
				61790

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>	<b>Subchapter Number and Title</b> 6. Service Codes	<b>Page</b> 6-11
	<b>Transmittal Letter</b> FAS-28	<b>Date</b> 01/02/15
Freestanding Ambulatory Surgery Center Manual		

601 Payable Surgery Services (cont.)

<u>Service Code</u>	<u>Service Code</u>	<u>Service Code</u>	<u>Service Code</u>	<u>Service Code</u>
61791	64480	64740	64896	65870
61885	64483	64742	64897	65875
61886	64484	64744	64898	65880
61888	64490	64746	64901	65900
62194	64491	64771	64902	65920
62225	64492	64772	64905	65930
62230	64493	64774	64907	66020
62263	64494	64776	65091	66030
62268	64495	64778	65093	66130
62269	64510	64782	65101	66150
62270	64520	64783	65103	66155
62272	64530	64784	65105	66160
62273	64553	64786	65110	66165
62280	64575	64787	65112	66170
62281	64580	64788	65114	66172
62282	64585	64790	65130	66180
62287	64590	64792	65135	66185
62294	64595	64795	65140	66220
62310	64600	64802	65150	66225
62311	64605	64821	65155	66250
62318	64610	64831	65175	66500
62319	64615	64832	65235	66505
62350	64620	64834	65260	66600
62355	64630	64835	65265	66605
62360	64633	64836	65270	66625
62361	64634	64837	65272	66630
62362	64635	64840	65275	66635
62365	64636	64856	65280	66680
63600	64680	64857	65285	66682
63610	64702	64858	65290	66700
63650	64704	64859	65400	66710
63661	64708	64861	65410	66720
63662	64712	64862	65420	66740
63663	64713	64864	65426	66821
63664	64714	64865	65710	66825
63685	64716	64870	65730	66830
63688	64718	64872	65750	66840
63744	64719	64874	65755	66850
63746	64721	64876	65770	66852
64410	64722	64885	65772	66920
64415	64726	64886	65775	66930
64417	64727	64890	65800	66940
64420	64732	64891	65810	66982
64421	64734	64892	65815	66983
64430	64736	64893	65850	66984
64479	64738	64895	65865	66985

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>	<b>Subchapter Number and Title</b> 6. Service Codes	<b>Page</b> 6-12
	<b>Transmittal Letter</b> FAS-28	<b>Date</b> 01/02/15

601 Payable Surgery Services (cont.)

<u>Service Code</u>	<u>Service Code</u>	<u>Service Code</u>	<u>Service Code</u>	<u>Service Code</u>
66986	67335	67924 (PA)	68815	69642
67005	67340	67935	69110	69643
67010	67346	67950	69120	69644
67015	67400	67961 (PA)	69140	69645
67025	67405	67966 (PA)	69145	69646
67027	67412	67971 (PA)	69150	69650
67030	67413	67973 (PA)	69205	69660
67031	67415	67974 (PA)	69300 (PA)	69661
67036	67420	67975 (PA)	69310	69662
67039	67430	68115	69320	69666
67040	67440	68130	69421	69667
67041	67450	68320	69436	69670
67042	67550	68325	69440	69676
67043	67560	68326	69450	69700
67107	67715	68328	69501	69711
67108	67808	68330	69502	69714
67112	67830	68335	69505	69715
67115	67835	68340	69511	69717
67120	67880	68360	69530	69718
67121	67882	68362	69550	69720
67141	67900 (PA)	68500	69552	69725
67218	67901 (PA)	68505	69601	69740
67227	67902 (PA)	68510	69602	69745
67250	67903 (PA)	68520	69603	69801
67255	67904 (PA)	68525	69604	69805
67311	67906 (PA)	68540	69605	69806
67312	67908 (PA)	68550	69620	69820
67314	67909 (PA)	68700	69631	69840
67316	67911 (PA)	68720	69632	69905
67318	67914	68745	69633	69910
67320	67916 (PA)	68750	69635	69915
67331	67917 (PA)	68770	69636	69930
67332	67921	68810	69637	
67334	67923 (PA)	68811	69641	

602 Modifiers

<u>Modifier</u>	<u>Description</u>
50	Bilateral procedure
51	Multiple procedures
73	Discontinued outpatient hospital/ambulatory surgery center (ASC) procedure before the administration of anesthesia
74	Discontinued outpatient hospital/ambulatory surgery center (ASC) procedure after administration of anesthesia
SG	Ambulatory surgical center (ASC) facility service

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>  Freestanding Ambulatory Surgery Center Manual	<b>Subchapter Number and Title</b> 6. Service Codes	<b>Page</b> 6-13
	<b>Transmittal Letter</b> FAS-28	<b>Date</b> 01/02/15

603 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.

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)* code book.

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>  Freestanding Ambulatory Surgery Center Manual	<b>Subchapter Number and Title</b> 6. Service Codes	<b>Page</b> 6-14
	<b>Transmittal Letter</b> FAS-28	<b>Date</b> 01/02/15

This page is reserved.