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|  | ***Commonwealth of Massachusetts***  ***Executive Office of Health and Human Services*** Office of Medicaid *www.mass.gov/masshealth* |

MassHealth

Transmittal Letter FAS-32

June 2019

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

**FROM:** Daniel Tsai, Assistant Secretary for MassHealth [signature of Daniel Tsai]

**RE:** *Freestanding Ambulatory Surgery Center Manual* (2019 HCPCS Code Revisions)

This letter transmits revisions to Subchapter 6 of the *Freestanding Ambulatory Surgery Center Manual.* The Centers for Medicare & Medicaid Services (CMS) has revised the Healthcare Common Procedure Coding System (HCPCS) codes for 2019. Changes to Subchapter 6 resulting from those updates are summarized below. The revisions to the service codes reflected in the updated Subchapter 6 are effective for dates of service on or after January 1, 2019.

**2019 HCPCS/CPT Updates to Subchapter 6**

| **Deleted Codes** | **Replacement Codes** |
| --- | --- |
| 20005 | N/A |
| 31595 | N/A |
| 41500 | N/A |
| 43760 | 43762\*, 43763\* |
| 46762 | N/A |
| 50395 | 50436\*, 50437\* |
| 66220 | N/A |

\*Added as part of these 2019 HCPCS code updates

MassHealth providers must refer to the American Medical Association’s *2019 Current Procedural Terminology (CPT)* or the *HCPCS Level II* codebook for service descriptions of the codes listed in Subchapter 6 of the *Freestanding Ambulatory Surgery Center Manual.*

If you wish to obtain a fee schedule, you may download the Executive Office of Health and Human Services regulations at no cost at <https://www.mass.gov/lists/provider-payment-rates-community-health-care-providers-ambulatory-care>. The regulation title for Freestanding Ambulatory Surgery Centers is 101 CMR 347.00: *Freestanding Ambulatory Surgery Centers.*

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**MassHealth Website**

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

To sign up to receive email alerts when MassHealth issues new transmittal letters and provider bulletins, send a blank email to [join-masshealth-provider-pubs@listserv.state.ma.us](mailto:join-masshealth-provider-pubs@listserv.state.ma.us). No text in the body or subject line is needed.

**Questions**

If you have any questions about this transmittal letter, please contact the MassHealth Customer Service Center at (800) 841-2900, email 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 vi and 6-1 through 6-14

OBSOLETE MATERIAL

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

Freestanding Ambulatory Surgery Center Manual

Pages vi and 6-1 through 6-14 — transmitted by Transmittal Letter FAS-31

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 (PA) for any medically necessary service reimbursable under the federal Medicaid Act in accordance with 130 CMR 450.144, 42 U.S.C. 1396d(a), and 42 U.S.C. 1396d(r)(5) for a MassHealth Standard or CommonHealth member younger than 21 years of age, even if it is not designated as covered or payable in Subchapter 6 of the *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 *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 the practitioner performing the procedure to obtain 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.

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11970 (PA for Gender Dysphoria-Related Services Only)

11971 (PA for Gender Dysphoria-Related Services Only)

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51102

51500

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51710

51715 (PA)

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51785

51880

52000

52001

52005

52007

52010

52204

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52240

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52327 (PA)

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53430 (PA for Gender Dysphoria-Related Services Only)

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53502

53505

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53665

53850 (PA)

54000

54001

54015

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54100

54105

54110

54111

54112

54115

54120

54150

54160

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54205

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54304

54308

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54318

54322

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54344

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54352

54360

54380

54385

54400 (PA)

54401 (PA)

54405 (PA)

54406

54408

54410

54415

54416

54420

54435

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54500

54505

54512

54520 (PA for Gender Dysphoria-Related Services Only)

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54600

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54660 (PA for Gender Dysphoria-Related Services Only)

54670

54680

54690 (PA for Gender Dysphoria-Related Services Only)

54700

54800

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54861

54865

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55041

55060

55100

55110

55120

55150

55175 (PA for Gender Dysphoria-Related Services Only)

55180 (PA for Gender Dysphoria-Related Services Only)

55250 (CS-18 or CS-21)

55500

55520

55530

55535

55540

55550

55680

55700

55705

55720

55725

55875

56440

56441

56442

56515

56620 (PA for Gender Dysphoria-Related Services Only)

56625 (PA for Gender Dysphoria-Related Services Only)

56700

56740

56800

56810

57000

57010

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57065

57105

57130

57135

57180

57200

57210

57220

57230

57240

57250

57260

57265

57268

57289

57291 (PA for Gender Dysphoria-Related Services Only)

57300

57400

57410

57415

57513

57520

57522

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57700

57720

58120

58145

58350

58353

58545

58546

58550 (HI-1; PA for Gender Dysphoria-Related Services Only)

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58558

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58562

58563

58565 (CS-18 or CS-21)

58660

58661 (CS-18\* or CS-21\*; PA for Gender Dysphoria-Related Services Only)

58662

58670 (CS-18 or CS-21)

58671 (CS-18 or CS-21)

58672

58673

58800

58820

58900

59160

59320

59812

59820

59821

59840 (CPA-2)

59841 (CPA-2)

59870

59871

60000

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65400

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65750

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67015

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67882

67900 (PA)

67901 (PA)

67902 (PA)

67903 (PA)

67904 (PA)

67906 (PA)

67908 (PA)

67909 (PA)

67911 (PA)

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67923 (PA)

67924 (PA)

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67961 (PA)

67966 (PA)

67971 (PA)

67973 (PA)

67974 (PA)

67975 (PA)

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68750

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69205

69300 (PA)

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69320

69421

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69450

69501

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69601

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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

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](https://www.mass.gov/guides/masshealth-all-provider-manual-appendices) of your provider manual.

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