# Transmittal Letter FAS-38



Commonwealth of Massachusetts

Executive Office of Health and Human Services

Office of Medicaid

[www.mass.gov/masshealth](https://www.mass.gov/orgs/masshealth)

**DATE:** May 2024

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

**FROM:** Monica Sawhney, Chief of Provider, Family, and Safety Net Programs [signature of Monica Sawhney]

RE: Freestanding Ambulatory Surgery Center Manual: 2024 HCPCS Code Revisions

## 2024 HCPCS/Code Updates to Subchapter 6

This letter transmits changes to the service codes in Subchapter 6 of the MassHealth Freestanding Ambulatory Surgery Center Manual. The Centers for Medicare & Medicaid Services (CMS) has revised the Healthcare Common Procedure Coding System (HCPCS) codes for 2024. Changes to Subchapter 6 resulting from those updates are summarized below. For dates of service on or after January 1, 2024, you must use the new codes in order to obtain reimbursement.

The rate regulation for freestanding ambulatory surgery centers is 101 CMR 347.00: *Rates for Freestanding Ambulatory Surgery Center Services*.

## Added Codes

|  |  |
| --- | --- |
| D4210 | D7241 |
| D4211 | D7250 |
| D4212 | D7270 |
| D4260 | D7310 |
| D4263 | D7311 |
| D4270 | D7472 |
| D4273 | D7473 |
| D7111 | D7510 |
| D7140 | D7511 |
| D7210 | D7520 |
| D7220 | D7550 |
| D7230 | D7950 |
| D7240 | G0330 |

## 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).

[Sign up](https://www.mass.gov/forms/email-notifications-for-masshealth-provider-bulletins-and-transmittal-letters) to receive email alerts when MassHealth issues new transmittal letters and provider bulletins.

## Questions

If you have questions about the information in this transmittal letter, please

* Contact the MassHealth Customer Service Center at (800) 841-2900, TDD/TTY: 711, or
* Email your inquiry to [provider@masshealthquestions.com](mailto:provider@masshealthquestions.com).

## New Material

The pages listed here contain new or revised language.

### *Freestanding Ambulatory Surgery Center Manual*

Pages 6-1 through 6-14

## Obsolete Material

The pages listed here are no longer in effect.

### *Freestanding Ambulatory Surgery Center Manual*

Pages 6-1 through 6-14— transmitted by Transmittal Letter FAS-37

Facebook logo[MassHealth on Facebook](https://www.facebook.com/MassHealth1/) X logo (Formerly Twitter)[MassHealth on X (Twitter)](https://www.twitter.com/MassHealth) [MassHealth on YouTube](https://www.youtube.com/channel/UC1QQ61nTN7LNKkhjrjnYOUg)

6. Service Codes

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Appendix Z. EPSDT/PPHSD Screening Services Codes Z-1

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, 424.000, 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

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51715 (PA)

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51785

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52001

52005

52007

52010

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52327 (PA)

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53430 (PA for Gender Dysphoria-Related Services Only)

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53850 (PA)

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54001

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54110

54111

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54380

54385

54400 (PA)

54401 (PA)

54405 (PA)

54406

54408

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54415

54416

54420

54435

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54500

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54512

54520 (PA for Gender Dysphoria-Related Services Only)

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54660 (PA for Gender Dysphoria-Related Services Only)

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54690 (PA for Gender Dysphoria-Related Services Only)

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55150

55175 (PA for Gender Dysphoria-Related Services Only)

55180 (PA for Gender Dysphoria-Related Services Only)

55250 (CS-18 or CS-21)

55500

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55535

55540

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55680

55700

55705

55720

55725

55875

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56620 (PA for Gender Dysphoria-Related Services Only)

56625 (PA for Gender Dysphoria-Related Services Only)

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57180

57200

57210

57220

57230

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57265

57268

57289

57291 (PA for Gender Dysphoria-Related Services Only)

57300

57400

57410

57415

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57700

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58120

58145

58350

58353

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

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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

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59160

59320

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59840 (CPA-2)

59841 (CPA-2)

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59871

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67901 (PA)

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69150

69205

69300 (PA)

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69700

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69720

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D4260

D4263

D4270

D4273

D7111

D7140

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D7220

D7230

D7240

D7241

D7250

D7270

D7310

D7311

D7472

D7473

D7510

D7511

D7520

D7550

D7950

G0330

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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