



Commonwealth of Massachusetts
Executive Office of Health and Human Services
Office of Medicaid
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**MassHealth
Physician Bulletin 82
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TO: Physicians Participating in MassHealth
FROM: Beth Waldman, Medicaid Director *BW*
RE: 2005 Healthcare Common Procedure Coding System (HCPCS) Coding Update

Introduction

The federal government has revised the Healthcare Common Procedure Coding System (HCPCS) for MassHealth billing.

For dates of service on or after January 1, 2005, service codes discontinued by the Centers for Medicare and Medicaid Services (CMS) and deleted by the American Medical Association *Current Procedural Terminology (CPT)* for 2005 will no longer be payable by MassHealth. Services described by these codes may be billed with replacement codes. Replacement codes are Level 1 and Level 2 HCPCS codes from any year, including 2005, that replace the 2005 "deleted" codes. MassHealth will pay only for new 2005 HCPCS code additions that are replacing the 2005 deleted codes.

MassHealth will not be adopting any other 2005 HCPCS code additions at this time. MassHealth will be reviewing the remainder of the 2005 HCPCS code additions and changes and will determine coverage policies and other requirements at a later date. Providers will receive a transmittal letter and updated version of Subchapter 6 of their provider manual when the final review of 2005 HCPCS code additions is completed.

The 2005 deleted codes and HCPCS additions that are payable for dates of service on or after January 1, 2005, are attached to this bulletin.

Payment

The 2005 HCPCS code additions attached to this bulletin are payable services in addition to the list of services described in Subchapter 6 of your provider manual. In accordance with MassHealth regulations, payments are subject to the terms and conditions of 130 CMR 433.000 and 450.000.

**Payment
Requirements**

Payment for these new codes will be determined through individual consideration (I.C.) until the Division of Health Care Finance and Policy

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**Payment
Requirements**
(cont.)

(DHCFP) establishes specific rates and these rates are incorporated into the appropriate regulation.

All claims using the service codes listed in this bulletin may be submitted with a report. Providers submitting claims electronically will receive a Claim Attachment Form (CAF). Providers must ensure that all information required to price and evaluate the claim including, but not limited to, invoices, operative notes, and reports, is submitted with the CAF.

An operative report must accompany the physician's claim for procedures designated for individual consideration. The operative report must be submitted in its entirety and must identify all procedures performed, including technical procedures, the name of the member, the date of the procedures, the preoperative diagnosis, the postoperative diagnosis, and the names of the surgeon and assistants. For procedures performed in settings that do not issue formal operative reports, the accompanying documentation must be legible and contain the same information required on an operative report.

For drugs administered in an office, an invoice needs to be submitted for each drug billed. Providers must indicate the name, strength and dose, units administered, and NDC number for every drug. When more than one drug is listed on an invoice, providers must indicate which drug is being billed. This information must be submitted as a separate attachment in addition to the invoice.

If the documentation is illegible or incomplete, or if no report has been submitted, MassHealth will deny the claim with the applicable error code.

Questions

If you have any questions, please contact MassHealth Provider Services at 617-628-4141 or 1-800-5231.

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Updates to MassHealth's List of Payable Codes for Physicians

Listed below are the service codes that replace HCPCS codes that have been deleted for 2005 and are payable by MassHealth for dates of service on or after January 1, 2005. These service codes are covered under individual consideration until the Division of Health Care Finance and Policy (DHCFP) establishes specific rates and these rates are incorporated into the appropriate regulation. Providers should refer to www.cms.hhs.gov for service descriptions.

52402	91034
78811	91035
78812	91037
78813	91038
79005	92620
79101	92621
79445	A9500
88184	A9502
88185	A9503
88187	A9505
88188	J3396
88189	

Discontinued Service Codes for Physicians

The following service codes are deleted for 2005 and are no longer payable by MassHealth for dates of service on or after January 1, 2005. Providers should refer to www.cms.hhs.gov for service descriptions.

35161	79020
35162	79030
35582	79035
50559	79100
50578	79400
50959	79420
50978	79900
52347	88180
78810	91032
78990	91033
79000	92589
79001	J3395