



**Commonwealth of Massachusetts**  
**Executive Office of Health and Human Services**  
**Office of Medicaid**  
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**MassHealth**  
**Physician Bulletin 84**  
**December 2005**

**TO:** Physicians Participating in MassHealth  
**FROM:** Beth Waldman, Medicaid Director *BW*  
**RE:** **2006 Healthcare Common Procedure Coding System (HCPCS) Coding Update**

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**Introduction**

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

For dates of service on or after January 1, 2006, service codes that have been discontinued by the Centers for Medicare and Medicaid Services (CMS) and deleted by the American Medical Association *Current Procedural Terminology (CPT)* for 2006 are not payable by MassHealth. Services described by these codes may be billed with replacement codes. Replacement codes are Level I and Level II HCPCS codes from any year, including 2006, that replace the 2006 “deleted” codes. MassHealth will pay only for new 2006 HCPCS code additions that are replacing the 2006 deleted codes.

MassHealth is not adopting any other 2006 HCPCS code additions at this time. MassHealth will review the rest of the 2006 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 Subchapter 6 of the *Physician Manual* when the final review of 2006 HCPCS code additions has been completed.

The 2006 deleted codes and HCPCS additions that are payable for dates of service on or after January 1, 2006, are attached to this bulletin.

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**Payment**

The 2006 HCPCS code additions attached to this bulletin are payable services in addition to the list of services described in Subchapter 6 of the *Physician Manual*. In accordance with MassHealth regulations, payment is subject to the terms and conditions of 130 CMR 433.000 and 450.000.

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**Payment  
Requirements**

**Individual Consideration**

Payment for these new codes will be determined through individual consideration (I.C.) until the Division of Health Care Finance and Policy (DHCFP) establishes specific rates and these rates are incorporated into the appropriate regulation.

**Claim Attachment Form**

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.

**Operative Report**

An operative report must accompany the physician's claim for procedures designated I.C. 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.

**Drugs Administered in an Office**

For drugs administered in an office, an invoice needs to be submitted for each drug billed. Providers must indicate the name, strength, 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.

**Legibility and Completeness**

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

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**Questions**

If you have any questions, please contact MassHealth Customer Service at 1-800-841-2900, email your inquiry to [providersupport@mahealth.net](mailto:providersupport@mahealth.net), or fax your inquiry to 617-988-8974.

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Attachment**

**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 2006 and are payable by MassHealth for dates of service on or after January 1, 2006. 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](http://www.cms.hhs.gov) for service descriptions.

01965	15341	83700	90779	99051	99334
01966	15360	83701	96401	99053	99335
15170	15361	86355	96402	99060	99336
15171	15365	86357	96409	99304	99337
15175	15366	86367	96411	99305	J0881
15176	32503	90760	96413	99306	J0882
15300	32504	90761	96415	99307	J0885
15301	33925	90765	96416	99308	J0886
15320	33926	90766	96417	99309	J1566
15321	37718	90767	96521	99310	J1567
15330	37722	90768	96522	99324	J1751
15331	44180	90772	96523	99325	J1752
15335	44186	90773	97760	99326	J3471
15336	45499	90774	97761	99327	J3472
15340	82271	90775	97762	99328	J7318

**Discontinued Service Codes for Physicians**

The following service codes are deleted for 2006 and are no longer payable by MassHealth for dates of service on or after January 1, 2006. Providers should refer to [www.cms.hhs.gov](http://www.cms.hhs.gov) for service descriptions.

01964	33918	78162	90784	97504	99321
15342	33919	78170	90788	97520	99322
15343	37720	78172	90799	97703	99323
15350	37730	78455	90871	99052	99331
15351	42325	82273	95858	99054	99332
16010	42326	83715	96400	99261	99333
16015	43638	83716	96408	99262	J0880
21493	43639	86064	96410	99263	J1563
21494	44200	86379	96412	99301	J1564
31585	44201	86587	96414	99302	J1750
31586	44239	90780	96520	99303	J7317
32520	69410	90781	96530	99311	J7320
32522	76375	90782	96545	99312	Q0136
32525	78160	90783	97020	99313	