|  |  |  |
| --- | --- | --- |
| **Commonwealth of Massachusetts Division of Medical Assistance Provider Manual Series**GROUP ADULT FOSTER CARE MANUAL | **SUBCHAPTER NUMBER AND TITLE**TABLE OF CONTENTS | **PAGE**vi |
| **TRANSMITTAL LETTER**GAFC-1 | **DATE**01/01/02 |

6. SERVICE CODES AND DESCRIPTIONS

Service Codes and Descriptions................................................................................................... 6-1

Appendix A. DIRECTORY................................................................................................................ A-1

Appendix B. ENROLLMENT CENTERS ........................................................................................ B-1

Appendix C. THIRD-PARTY-LIABILITY CODES ........................................................................ C-1 Appendix W. EPSDT SERVICES: MEDICAL PROTOCOL

AND PERIODICITY SCHEDULE............................................................................. W-1 Appendix X. FAMILY ASSISTANCE COPAYMENTS AND DEDUCTIBLES ........................... X-1 Appendix Y. REVS CODES/MESSAGES ....................................................................................... Y-1 Appendix Z. EPSDT SERVICES LABORATORY CODES............................................................ Z-1