



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



MassHealth  
Transmittal Letter AOH-44-*corrected*  
May 2019

**TO:** Acute Outpatient Hospitals Participating in MassHealth

**FROM:** Daniel Tsai, Assistant Secretary for MassHealth *D. Tsai*

**RE:** *Acute Outpatient Hospital Manual (2019 HCPCS Updates)*

This letter transmits revisions to Subchapter 6 of the *Acute Outpatient Hospital Manual*. The Centers for Medicare & Medicaid Services (CMS) has revised the Healthcare Common Procedure Coding System (HCPCS) codes for 2019. MassHealth has accordingly updated the list of non-payable Current Procedural Terminology (CPT) service codes in Section 602, and the payable Level II HCPCS service codes in Section 603, of Subchapter 6, as applicable, to reflect those 2019 updates. The effective date of these 2019 HCPCS/CPT coding updates is for **dates of service on or after January 1, 2019**.

MassHealth has also made a small number of technical corrections to Subchapter 6 to reflect certain updates that MassHealth identified were inadvertently omitted in the prior Subchapter 6 update.

MassHealth providers must refer to the American Medical Association's Current Procedural Terminology (CPT) codebook or the Healthcare Common Procedure Coding System (HCPCS) Level II codebook to obtain applicable service code descriptions.

### **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 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.)

Acute Outpatient Hospital Manual

Pages 6-1 through 6-28

OBSOLETE MATERIAL

(The pages listed here are no longer in effect.)

Acute Outpatient Hospital Manual

Pages 6-1 through 6-28 — transmitted by Transmittal Letter AOH-43

Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title 6. Service Codes and Descriptions	Page 6-1
Acute Outpatient Hospital Manual	Transmittal Letter AOH-44	Date 01/01/19

## 601 Introduction

MassHealth providers must refer to the official list of Healthcare Common Procedural Coding Systems (HCPCS) codes and descriptions posted on the Centers for Medicare & Medicaid Services HCPCS website when billing for services provided to MassHealth members. For a list of billable revenue codes that may be used by acute outpatient hospitals (AOHs), please refer to Section 605 of this subchapter.

### CPT Codes

MassHealth pays for services billed using all medicine, radiology, laboratory, surgery, and anesthesia Current Procedural Terminology (CPT) codes in effect at the time of service, subject to all conditions and limitations described in MassHealth regulations at 130 CMR 410.000 and 450.000, and in the current *Acute Hospital Request for Applications*, **except** for those codes listed in Section 602 of this subchapter, CPT Category II codes ending in F, and CPT Category III codes ending in T.

### Level II HCPCS Codes

MassHealth pays for services billed using only those Level II HCPCS codes listed in Section 603 of this subchapter that are in effect at the time of service, subject to all conditions and limitations described in MassHealth regulations at 130 CMR 410.000 and 450.000, and in the most current *Acute Hospital Request for Application*.

### Early and Periodic Screening, Diagnosis and Treatment Services (EPSDT)

An acute outpatient hospital provider 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 *Acute Outpatient Hospital Manual*.

## 602 Nonpayable CPT Codes

MassHealth does not ordinarily pay for services billed under the following codes and code ranges.

00100	15780	15828	19364	20838
through	15781	15829	19367	20930
01999	15782	15847	19368	20936
10040	15783	16036	19369	20955
11004	15786	17340	19396	20956
11005	15787	17360	20661	20957
11006	15788	19271	20664	20962
11008	15789	19272	20802	20969
11922	15792	19305	20805	20970
15756	15793	19306	20808	20985
15757	15824	19316	20816	21045
15758	15825	19355	20824	21120
15776	15826	19361	20827	21121

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>	<b>Subchapter Number and Title</b> 6. Service Codes and Descriptions	<b>Page</b> 6-2
Acute Outpatient Hospital Manual	<b>Transmittal Letter</b> AOH-44	<b>Date</b> 01/01/19

602 Nonpayable CPT Codes (cont.)

21122	21436	22585	23900	27158
21123	21510	22586	23920	27161
21125	21615	22590	24900	27165
21127	21616	22595	24920	27170
21141	21620	22600	24930	27175
21142	21627	22610	24931	27176
21143	21630	22630	24940	27177
21145	21632	22632	25900	27178
21146	21705	22633	25905	27179
21147	21740	22634	25909	27181
21151	21750	22800	25915	27185
21154	21825	22802	25920	27187
21155	22010	22804	25924	27215
21159	22015	22808	25927	27217
21160	22110	22810	26551	27218
21172	22112	22812	26553	27222
21179	22114	22818	26554	27226
21180	22116	22819	26556	27227
21182	22206	22830	26992	27228
21183	22207	22840	27005	27232
21184	22208	22841	27025	27236
21188	22210	22842	27030	27240
21193	22212	22843	27036	27244
21194	22214	22844	27054	27245
21196	22216	22845	27070	27248
21245	22220	22846	27071	27253
21246	22222	22847	27075	27254
21247	22224	22848	27076	27258
21248	22226	22849	27077	27259
21249	22318	22850	27078	27268
21255	22319	22852	27090	27269
21256	22325	22855	27091	27280
21268	22326	22856	27120	27282
21343	22327	22857	27122	27284
21344	22328	22858	27125	27286
21346	22526	22861	27130	27290
21347	22527	22862	27132	27295
21348	22532	22864	27134	27303
21366	22533	22865	27137	27365
21422	22534	23200	27138	27445
21423	22548	23210	27140	27447
21431	22552	23220	27146	27448
21432	22554	23335	27147	27450
21433	22556	23472	27151	27454
21435	22558	23474	27156	27455

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>	<b>Subchapter Number and Title</b> 6. Service Codes and Descriptions	<b>Page</b> 6-3
Acute Outpatient Hospital Manual	<b>Transmittal Letter</b> AOH-44	<b>Date</b> 01/01/19

602 Nonpayable CPT Codes (cont.)

27457	28800	32225	32820	33320
27465	28805	32310	32850	33321
27466	31225	32320	32851	33322
27468	31230	32440	32852	33330
27470	31290	32442	32853	33335
27472	31291	32445	32854	33340
27477	31360	32480	32855	33361
27479	31365	32482	32856	33362
27485	31367	32484	32900	33363
27486	31368	32486	32905	33364
27487	31370	32488	32906	33365
27488	31375	32491	32940	33366
27495	31380	32501	32997	33367
27506	31382	32503	33015	33368
27507	31390	32504	33020	33369
27511	31395	32505	33025	33391
27513	31584	32506	33030	33404
27514	31587	32507	33031	33405
27519	31725	32540	33050	33406
27535	31760	32650	33120	33410
27536	31766	32651	33130	33411
27540	31770	32652	33140	33412
27556	31775	32653	33141	33413
27557	31780	32654	33202	33414
27558	31781	32655	33203	33415
27580	31786	32656	33236	33416
27590	31800	32658	33237	33417
27591	31805	32659	33238	33418
27592	32035	32661	33243	33420
27596	32036	32662	33250	33422
27598	32096	32663	33251	33425
27645	32097	32664	33254	33426
27646	32098	32665	33255	33427
27702	32100	32666	33256	33430
27703	32110	32667	33257	33460
27712	32120	32668	33258	33463
27715	32124	32669	33259	33464
27724	32140	32670	33261	33465
27725	32141	32671	33265	33468
27727	32150	32672	33266	33470
27880	32151	32673	33289	33471
27881	32160	32674	33300	33474
27882	32200	32800	33305	33475
27886	32215	32810	33310	33476
27888	32220	32815	33315	33478

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>	<b>Subchapter Number and Title</b> 6. Service Codes and Descriptions	<b>Page</b> 6-4
Acute Outpatient Hospital Manual	<b>Transmittal Letter</b> AOH-44	<b>Date</b> 01/01/19

602 Nonpayable CPT Codes (cont.)

33496	33647	33788	33949	34451
33500	33660	33800	33951	34502
33501	33665	33802	33952	34808
33502	33670	33803	33953	34812
33503	33675	33813	33954	34813
33504	33676	33814	33955	34820
33505	33677	33820	33956	34830
33506	33681	33822	33957	34831
33507	33684	33824	33958	34832
33510	33688	33840	33959	34833
33511	33690	33845	33962	34834
33512	33692	33851	33963	34841
33513	33694	33852	33964	34842
33514	33697	33853	33965	34843
33516	33702	33860	33966	34844
33517	33710	33863	33967	34845
33518	33720	33864	33968	34846
33519	33722	33870	33969	34847
33521	33724	33875	33970	34848
33522	33726	33877	33971	35001
33523	33730	33880	33973	35002
33530	33732	33881	33974	35005
33533	33735	33883	33975	35013
33534	33736	33884	33976	35021
33535	33737	33886	33977	35022
33536	33750	33889	33978	35045
33542	33755	33891	33979	35081
33545	33762	33910	33980	35082
33548	33764	33915	33981	35091
33572	33766	33916	33982	35092
33600	33767	33917	33983	35102
33602	33768	33920	33984	35103
33606	33770	33922	33985	35111
33608	33771	33924	33986	35112
33610	33774	33925	33987	35121
33611	33775	33926	33988	35122
33612	33776	33930	33989	35131
33615	33777	33933	33990	35132
33617	33778	33935	33991	35141
33619	33779	33940	33992	35142
33620	33780	33944	33993	35151
33621	33781	33945	34001	35152
33622	33782	33946	34051	35182
33641	33783	33947	34151	35189
33645	33786	33948	34401	35211

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>	<b>Subchapter Number and Title</b> 6. Service Codes and Descriptions	<b>Page</b> 6-5
Acute Outpatient Hospital Manual	<b>Transmittal Letter</b> AOH-44	<b>Date</b> 01/01/19

602 Nonpayable CPT Codes (cont.)

35216	35538	35693	38380	43113
35221	35539	35694	38381	43116
35241	35540	35695	38382	43117
35246	35556	35697	38562	43118
35251	35558	35700	38564	43121
35271	35560	35701	38724	43122
35276	35563	35721	38746	43123
35281	35565	35741	38747	43124
35301	35566	35800	38765	43135
35302	35570	35820	38770	43279
35303	35571	35840	38780	43282
35304	35583	35870	39000	43283
35305	35585	35901	39010	43300
35306	35587	35905	39200	43305
35311	35600	35907	39220	43310
35331	35601	36415	39499	43312
35341	35606	36416	39501	43313
35351	35612	36468	39503	43314
35355	35616	36591	39540	43320
35361	35621	36592	39541	43325
35363	35623	36598	39545	43327
35371	35626	36660	39560	43328
35372	35631	36823	39561	43330
35390	35632	37140	39599	43331
35400	35633	37145	41130	43332
35501	35634	37160	41135	43333
35506	35636	37180	41140	43334
35508	35637	37181	41145	43335
35509	35638	37182	41150	43336
35510	35642	37215	41153	43337
35511	35645	37217	41155	43338
35512	35646	37218	41870	43340
35515	35647	37616	41872	43341
35516	35650	37617	42426	43351
35518	35654	37618	42845	43352
35521	35656	37660	42894	43360
35522	35661	37788	42953	43361
35523	35663	38100	42961	43400
35525	35665	38101	42971	43401
35526	35666	38102	43045	43405
35531	35671	38115	43100	43410
35533	35681	38212	43101	43415
35535	35682	38213	43107	43420
35536	35683	38214	43108	43425
35537	35691	38215	43112	43460

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>	<b>Subchapter Number and Title</b> 6. Service Codes and Descriptions	<b>Page</b> 6-6
Acute Outpatient Hospital Manual	<b>Transmittal Letter</b> AOH-44	<b>Date</b> 01/01/19

602 Nonpayable CPT Codes (cont.)

43496	44010	44210	45119	47133
43500	44015	44211	45120	47135
43501	44020	44212	45121	47140
43502	44021	44213	45123	47141
43520	44025	44227	45126	47142
43605	44050	44300	45130	47143
43610	44055	44310	45135	47144
43611	44110	44314	45136	47145
43620	44111	44316	45349	47146
43621	44120	44320	45350	47147
43622	44121	44322	45390	47300
43631	44125	44345	45393	47350
43632	44126	44346	45395	47360
43633	44127	44602	45397	47361
43634	44128	44603	45398	47362
43635	44130	44604	45400	47380
43640	44132	44605	45402	47381
43641	44133	44615	45540	47383
43644	44135	44620	45550	47400
43645	44136	44625	45562	47420
43771	44137	44626	45563	47425
43772	44139	44640	45800	47460
43773	44140	44650	45805	47480
43774	44141	44660	45820	47550
43775	44143	44661	45825	47570
43800	44144	44680	46705	47600
43810	44145	44700	46710	47605
43820	44146	44705	46712	47610
43825	44147	44715	46715	47612
43832	44150	44720	46716	47620
43840	44151	44721	46730	47700
43842	44155	44800	46735	47701
43843	44156	44820	46740	47711
43845	44157	44850	46742	47712
43846	44158	44899	46744	47715
43847	44160	44900	46746	47720
43848	44187	44950	46748	47721
43850	44188	44955	46751	47740
43855	44202	44960	47010	47741
43860	44203	45110	47015	47760
43865	44204	45111	47100	47765
43880	44205	45112	47120	47780
43881	44206	45113	47122	47785
43882	44207	45114	47125	47800
44005	44208	45116	47130	47801



<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>	<b>Subchapter Number and Title</b> 6. Service Codes and Descriptions	<b>Page</b> 6-7
Acute Outpatient Hospital Manual	<b>Transmittal Letter</b> AOH-44	<b>Date</b> 01/01/19

602 Nonpayable CPT Codes (cont.)

47802	49425	50405	51525	55300
47900	49428	50500	51530	55400
48000	49605	50520	51550	55605
48001	49606	50525	51555	55650
48020	49610	50526	51565	55801
48100	49611	50540	51570	55810
48105	49900	50545	51575	55812
48120	49904	50546	51580	55815
48140	49905	50547	51585	55821
48145	49906	50548	51590	55831
48146	50010	50600	51595	55840
48148	50040	50605	51596	55842
48150	50045	50610	51597	55845
48152	50060	50620	51701	55862
48153	50065	50630	51702	55865
48154	50070	50650	51800	55866
48155	50075	50660	51820	55870
48160	50100	50700	51840	56630
48400	50120	50715	51841	56631
48500	50125	50722	51845	56632
48510	50130	50725	51860	56633
48520	50135	50727	51865	56634
48540	50205	50728	51900	56637
48545	50220	50740	51920	56640
48547	50225	50750	51925	57110
48548	50230	50760	51940	57111
48550	50234	50770	51960	57112
48551	50236	50780	51980	57270
48552	50240	50782	53415	57280
48554	50250	50783	53448	57296
48556	50280	50785	54125	57305
49000	50290	50800	54130	57307
49002	50300	50810	54135	57308
49010	50320	50815	54332	57311
49020	50323	50820	54336	57531
49040	50325	50825	54390	57540
49060	50327	50830	54411	57545
49062	50328	50840	54417	58140
49203	50329	50845	54430	58146
49204	50340	50860	54438	58150
49205	50360	50900	54535	58152
49215	50365	50920	54650	58180
49220	50370	50930	54900	58200
49255	50380	50940	54901	58210
49412	50400	51060	55200	58240

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>	<b>Subchapter Number and Title</b> 6. Service Codes and Descriptions	<b>Page</b> 6-8
Acute Outpatient Hospital Manual	<b>Transmittal Letter</b> AOH-44	<b>Date</b> 01/01/19

602 Nonpayable CPT Codes (cont.)

58267	59136	61320	61558	61680
58275	59140	61321	61559	61682
58280	59325	61322	61563	61684
58285	59350	61323	61564	61686
58293	59412	61333	61566	61690
58321	59514	61340	61567	61692
58322	59525	61343	61570	61697
58323	59620	61345	61571	61698
58345	59830	61450	61575	61700
58350	59850	61458	61576	61702
58400	59851	61460	61580	61703
58410	59852	61500	61581	61705
58520	59855	61501	61582	61708
58540	59856	61510	61583	61710
58548	59857	61512	61584	61711
58605	59897	61514	61585	61735
58611	60254	61516	61586	61750
58700	60270	61517	61590	61751
58720	60505	61518	61591	61760
58740	60521	61519	61592	61850
58750	60522	61520	61595	61860
58752	60540	61521	61596	61863
58760	60545	61522	61597	61864
58822	60600	61524	61598	61867
58825	60605	61526	61600	61868
58940	60650	61530	61601	61870
58943	61105	61531	61605	62005
58950	61107	61533	61606	62010
58951	61108	61534	61607	62100
58952	61120	61535	61608	62115
58953	61140	61536	61611	62117
58954	61150	61537	61613	62120
58956	61151	61538	61615	62121
58957	61154	61539	61616	62140
58958	61156	61540	61618	62141
58960	61210	61541	61619	62142
58970	61250	61543	61624	62143
58974	61253	61544	61630	62145
58976	61304	61545	61635	62146
59070	61305	61546	61640	62147
59072	61312	61548	61641	62148
59120	61313	61550	61642	62161
59121	61314	61552	61645	62162
59130	61315	61556	61650	62163
59135	61316	61557	61651	62164

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>	<b>Subchapter Number and Title</b> 6. Service Codes and Descriptions	<b>Page</b> 6-9
Acute Outpatient Hospital Manual	<b>Transmittal Letter</b> AOH-44	<b>Date</b> 01/01/19

602 Nonpayable CPT Codes (cont.)

62165	63251	64868	78268	80363
62180	63252	65273	78351	80364
62190	63265	65760	80320	80365
62192	63266	65765	80321	80366
62200	63267	65767	80322	80367
62201	63268	65771	80323	80368
62220	63270	65782	80324	80369
62223	63271	69090	80325	80370
62256	63272	69155	80326	80371
62258	63273	69535	80327	80372
62287	63275	69554	80328	80373
63043	63276	69950	80329	80374
63044	63277	71552	80330	80375
63050	63278	72159	80331	80376
63051	63280	72198	80332	80377
63076	63281	73225	80333	80500
63077	63282	74263	80334	80502
63078	63283	75571	80335	81105
63081	63285	75956	80336	81106
63082	63286	75957	80337	81107
63085	63287	75958	80338	81108
63086	63290	75959	80339	81109
63087	63295	76140	80340	81110
63088	63300	76390	80341	81111
63090	63301	76496	80342	81167
63091	63302	76497	80343	81171
63101	63303	76498	80344	81172
63102	63304	77086	80345	81173
63103	63305	77370	80346	81174
63170	63306	77371	80347	81177
63172	63307	77372	80348	81178
63173	63308	77373	80349	81179
63180	63700	77401	80350	81180
63182	63702	77402	80351	81181
63185	63704	77407	80352	81182
63190	63706	77417	80353	81183
63191	63707	77423	80354	81184
63194	63709	77424	80355	81185
63195	63710	77425	80356	81186
63196	63740	77520	80357	81187
63197	64755	77522	80358	81188
63198	64760	77523	80359	81189
63199	64809	77525	80360	81190
63200	64818	77790	80361	81200
63250	64866	78267	80362	81201

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>	<b>Subchapter Number and Title</b> 6. Service Codes and Descriptions	<b>Page</b> 6-10
Acute Outpatient Hospital Manual	<b>Transmittal Letter</b> AOH-44	<b>Date</b> 01/01/19

602 Nonpayable CPT Codes (cont.)

81202	81267	81333	81510	88036
81203	81270	81336	81511	88037
81204	81271	81337	81512	88040
81205	81274	81340	81518	88045
81206	81275	81341	81521	88099
81207	81284	81342	81539	88125
81208	81285	81343	81541	88333
81209	81286	81344	81551	88334
81210	81289	81345	81596	88738
81216	81290	81349	81599	88749
81220	81291	81350	82075	89250
81221	81292	81355	82962	89251
81222	81293	81370	83987	89253
81223	81294	81371	84145	89254
81224	81295	81372	84410	89255
81225	81296	81373	84431	89257
81226	81297	81374	84830	89258
81227	81298	81375	86079	89259
81233	81299	81376	86305	89260
81234	81300	81377	86890	89261
81235	81301	81378	86891	89264
81236	81302	81379	86910	89268
81237	81303	81380	86911	89272
81239	81304	81381	86927	89280
81240	81305	81382	86930	89281
81241	81306	81383	86931	89290
81242	81310	81400	86945	89291
81243	81312	81401	86950	89321
81244	81315	81402	86960	89322
81245	81316	81403	86965	89325
81250	81317	81404	86985	89329
81251	81318	81405	87150	89330
81252	81319	81406	87153	89331
81253	81320	81407	87493	89335
81254	81321	81408	88000	89342
81255	81322	81413	88005	89343
81256	81323	81414	88007	89344
81257	81324	81422	88012	89346
81260	81325	81439	88014	89352
81261	81326	81443	88016	89353
81262	81327	81500	88020	89354
81263	81329	81503	88025	89356
81264	81330	81506	88027	89398
81265	81331	81508	88028	90586
81266	81332	81509	88029	90587

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>	<b>Subchapter Number and Title</b> 6. Service Codes and Descriptions	<b>Page</b> 6-11
Acute Outpatient Hospital Manual	<b>Transmittal Letter</b> AOH-44	<b>Date</b> 01/01/19

602 Nonpayable CPT Codes (cont.)

90634	92352	95130	97151	99135
90644	92353	95131	97152	99140
90647	92354	95132	97153	99151
90648	92355	95133	97154	99152
90649	92358	95134	97155	99153
90650	92371	95824	97156	99155
90653	92531	95965	97157	99156
90655	92532	95966	97158	99157
90657	92533	95967	97014	99172
90680	92534	95992	97170	99174
90681	92548	96000	97171	99177
90685	92559	96004	97172	99184
90687	92560	96040	97537	99190
90697	92561	96105	97545	99191
90698	92562	96112	97546	99192
90689	92564	96113	97755	99241
90700	92597	96116	98940	99242
90702	92605	96121	98941	99243
90723	92606	96125	98942	99244
90743	92613	96127	98943	99245
90744	92615	96130	98960	99251
90748	92617	96131	98961	99252
90845	92630	96132	98962	99253
90863	92633	96133	98966	99254
90865	92941	96136	98967	99255
90875	92970	96137	98968	99288
90876	92971	96138	98969	99315
90880	92975	96139	99000	99316
90885	92992	96146	99001	99339
90889	92993	96150	99002	99340
90901	93583	96151	99024	99354
90911	93660	96152	99026	99355
90940	93668	96153	99027	99356
90989	93702	96154	99053	99357
90993	93770	96155	99056	99358
90997	93786	96160	99058	99359
90999	93895	96161	99060	99360
91112	94005	96376	99071	99366
91132	94015	96567	99075	99367
91133	94644	96570	99078	99368
92314	94645	96571	99080	99374
92315	95012	96573	99082	99375
92316	95052	96574	99091	99377
92317	95120	96902	99100	99378
92325	95125	96904	99116	99379

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>	<b>Subchapter Number and Title</b> 6. Service Codes and Descriptions	<b>Page</b> 6-12
Acute Outpatient Hospital Manual	<b>Transmittal Letter</b> AOH-44	<b>Date</b> 01/01/19

602 Nonpayable CPT Codes (cont.)

99380	99444	99468	99489	99507
99401	99446	99469	99490	99509
99402	99447	99471	99491	99510
99403	99448	99472	99495	99511
99404	99449	99475	99496	99512
99406	99450	99476	99497	99601
99408	99451	99477	99498	99602
99409	99452	99478	99500	99605
99411	99453	99479	99501	99606
99412	99454	99480	99502	99607
99429	99455	99484	99503	
99441	99456	99485	99504	
99442	99457	99486	99505	
99443	99462	99487	99506	

603 Payable Level II HCPCS Codes

The following Level II HCPCS codes represent services that are covered by MassHealth when provided by AOHs, including hospital-licensed health centers (HLHCs) and other hospital satellite clinics.

A4261	G0109	J0215	J0570	J0690
A4266	G0121	J0221	J0571	J0692
A4267	G0270	J0256	J0572	J0694
A4268	G0271	J0257	J0573	J0696
A4269	G0277	J0285	J0574	J0697
A4641	G0279	J0287	J0575	J0702
A4648	G0297	J0289	J0584	J0712
A9500	G0378	J0290	J0585	J0713
A9502	G0379	J0295	J0586	J0714
A9503	G0424	J0348	J0587	J0716
A9505	G0455	J0364	J0588	J0717
A9512	G0480	J0400	J0592	J0720
A9537	G0481	J0401	J0594	J0740
A9575	G0482	J0456	J0596	J0743
A9576	G0483	J0461	J0597	J0770
A9577	J0129	J0470	J0598	J0775
A9578	J0131	J0475	J0599	J0780
A9579	J0135	J0476	J0604	J0834
A9581	J0153	J0485	J0636	J0840
A9585	J0171	J0490	J0637	J0850
A9606	J0178	J0517	J0638	J0875
G0027	J0185	J0558	J0640	J0878
G0105	J0202	J0561	J0641	J0881
G0108	J0207	J0565	J0670	J0882

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>	<b>Subchapter Number and Title</b> 6. Service Codes and Descriptions	<b>Page</b> 6-13
Acute Outpatient Hospital Manual	<b>Transmittal Letter</b> AOH-44	<b>Date</b> 01/01/19

603 Payable Level II HCPCS Codes (cont.)

J0883	J1560	J1890	J2540	J3245
J0884	J1561	J1930	J2543	J3250
J0885	J1562	J1931	J2545	J3262
J0887	J1566	J1942	J2550	J3285
J0888	J1568	J1950	J2560	J3300
J0890	J1569	J1956	J2562	J3301
J0894	J1571	J1990	J2675	J3302
J0895	J1572	J2060	J2680	J3303
J0897	J1573	J2150	J2700	J3304
J1000	J1575	J2170	J2704	J3315
J1020	J1580	J2175	J2760	J3357
J1030	J1599	J2182	J2770	J3360
J1040	J1602	J2212	J2778	J3370
J1050	J1626	J2248	J2785	J3380
J1071	J1627	J2250	J2786	J3385
J1094	J1628	J2265	J2788	J3396
J1100	J1630	J2270	J2790	J3397
J1130	J1642	J2274	J2791	J3398
J1160	J1644	J2278	J2792	J3410
J1170	J1645	J2300	J2793	J3411
J1190	J1650	J2310	J2794	J3430
J1200	J1652	J2315	J2795	J3465
J1212	J1655	J2323	J2796	J3471
J1240	J1670	J2326	J2797	J3472
J1260	J1700	J2350	J2820	J3473
J1290	J1710	J2353	J2840	J3475
J1300	J1720	J2354	J2910	J3486
J1301	J1726	J2355	J2916	J3489
J1320	J1729	J2357	J2920	J3490
J1322	J1740	J2358	J2930	J3590
J1428	J1743	J2400	J2940	J3591
J1438	J1744	J2405	J2941	J7030
J1439	J1745	J2407	J2997	J7040
J1442	J1746	J2426	J3000	J7050
J1447	J1750	J2430	J3010	J7060
J1453	J1756	J2440	J3030	J7070
J1454	J1786	J2460	J3060	J7120
J1455	J1790	J2469	J3090	J7131
J1458	J1800	J2502	J3095	J7170
J1459	J1815	J2503	J3110	J7177
J1460	J1826	J2504	J3121	J7181
J1555	J1830	J2505	J3145	J7182
J1556	J1840	J2507	J3230	J7200
J1557	J1850	J2510	J3240	J7201
J1559	J1885	J2515	J3243	J7203

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>	<b>Subchapter Number and Title</b> 6. Service Codes and Descriptions	<b>Page</b> 6-14
Acute Outpatient Hospital Manual	<b>Transmittal Letter</b> AOH-44	<b>Date</b> 01/01/19

603 Payable Level II HCPCS Codes (cont.)

J7205	J7527	J9063	J9263	L8691
J7296	J7599	J9065	J9264	Q0081
J7297	J7608	J9070	J9266	Q0083
J7298	J7614	J9098	J9267	Q0084
J7300	J7620	J9100	J9268	Q0138
J7301	J7626	J9120	J9271	Q0139
J7303	J7633	J9130	J9280	Q0162
J7304	J7639	J9145	J9293	Q2009
J7307	J7644	J9153	J9295	Q2017
J7309	J7665	J9155	J9299	Q2028
J7310	J7669	J9160	J9301	Q2035
J7311	J7676	J9171	J9302	Q2036
J7312	J7682	J9173	J9303	Q2037
J7313	J7686	J9176	J9305	Q2038
J7315	J7699	J9178	J9306	Q2043
J7316	J7799	J9179	J9307	Q2049
J7318	J7999	J9181	J9308	Q2050
J7320	J8562	J9185	J9310	Q4074
J7321	J8655	J9190	J9311	Q4081
J7322	J8670	J9200	J9312	Q4100
J7323	J9000	J9201	J9315	Q4101
J7324	J9015	J9202	J9320	Q4102
J7325	J9017	J9205	J9325	Q4103
J7326	J9019	J9206	J9328	Q4104
J7327	J9020	J9207	J9330	Q4105
J7328	J9022	J9208	J9340	Q4106
J7329	J9023	J9209	J9351	Q4107
J7336	J9025	J9211	J9352	Q4108
J7340	J9031	J9212	J9354	Q4110
J7342	J9032	J9213	J9355	Q4111
J7345	J9033	J9214	J9357	Q4112
J7500	J9034	J9215	J9360	Q4113
J7502	J9035	J9216	J9370	Q4114
J7503	J9039	J9217	J9371	Q4115
J7504	J9040	J9218	J9390	Q4121
J7507	J9041	J9219	J9395	Q4132
J7508	J9042	J9225	J9400	Q4133
J7509	J9043	J9226	J9999	Q4161
J7510	J9044	J9228	L8614	Q4162
J7511	J9045	J9229	L8615	Q4163
J7512	J9047	J9230	L8616	Q4164
J7515	J9050	J9250	L8617	Q4165
J7517	J9055	J9260	L8618	Q4186
J7518	J9057	J9261	L8619	Q4187
J7520	J9060	J9262	L8690	Q5101



<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>	<b>Subchapter Number and Title</b> 6. Service Codes and Descriptions	<b>Page</b> 6-15
Acute Outpatient Hospital Manual	<b>Transmittal Letter</b> AOH-44	<b>Date</b> 01/01/19

603 Payable Level II HCPCS Codes (cont.)

Q5103	Q9950	S0023	S0302	T1023
Q5104	Q9980	S0028	S2083	V2600
Q5105	Q9991	S0077	S2260	V2610
Q5106	Q9992	S0190	S3005	V2615
Q5108	S0020	S0191	S4989	V2799
Q5110	S0021	S0199	S4993	

604 Modifiers

The following service code modifiers are allowed for billing under the MassHealth *Acute Outpatient Hospital Manual* for payable services.

<u>Modifier</u>	<u>Description</u>
22	Increased procedural services
24	Unrelated evaluation and management service by the same physician or other qualified health care professional during a postoperative period
25	Significant, separately identifiable evaluation and management service by the same physician or other qualified health care professional on the same day of the procedure or other service
27	Multiple outpatient hospital E/M encounters on the same date
50	Bilateral procedure
52	Reduced services
58	Staged or related procedure or service by the same physician or other qualified health care professional during the postoperative period
59	Distinct procedural service
73	Discontinued outpatient procedure prior to anesthesia administration
74	Discontinued outpatient procedure after anesthesia administration
76	Repeat procedure or service by same physician or other qualified health care professional
77	Repeat procedure or service by another physician or other qualified health care professional
78	Unplanned return to the operating/procedure room by the same physician or other qualified health care professional following initial procedure for a related procedure during the postoperative period
79	Unrelated procedure or service by the same physician or other qualified health care professional during the postoperative period
90	Reference (outside) laboratory
91	Repeat clinical diagnostic laboratory test
BL	Special acquisition of blood and blood products
CA	Procedure payable only in the inpatient setting when performed emergently on an outpatient who expires prior to admission
CR	Catastrophe/disaster related

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>	<b>Subchapter Number and Title</b> 6. Service Codes and Descriptions	<b>Page</b> 6-16
Acute Outpatient Hospital Manual	<b>Transmittal Letter</b> AOH-44	<b>Date</b> 01/01/19

604 Modifiers (cont.)

<u>Modifier</u>	<u>Description</u>
E1	Upper left, eyelid
E2	Lower left, eyelid
E3	Upper right, eyelid
E4	Lower right, eyelid
F1	Left hand, second digit
F2	Left hand, third digit
F3	Left hand, fourth digit
F4	Left hand, fifth digit
F5	Right hand, thumb
F6	Right hand, second digit
F7	Right hand, third digit
F8	Right hand, fourth digit
F9	Right hand, fifth digit
FA	Left hand, thumb
FB	Item provided without cost to provider, supplier or practitioner, or full credit received for replaced device (examples, but not limited to, covered under warranty, replaced due to defect, free samples)
GG	Performance and payment of a screening mammogram and diagnostic mammogram on the same patient, same day
GH	Diagnostic mammogram converted from screening mammogram on the same day
GN	Services delivered under an outpatient speech language pathology plan of care
GO	Services delivered under an outpatient occupational therapy plan of care
GP	Services delivered under an outpatient physical therapy plan of care
LC	Left circumflex, coronary artery
LD	Left anterior descending coronary artery
LM	Left main, coronary artery
LT	Left side (used to identify procedures performed on the left side of the body)
QM	Ambulance service provided under arrangement by a provider of services
QN	Ambulance service furnished directly by a provider of services
RC	Right coronary artery
RI	Ramus intermedius coronary artery
RT	Right side (used to identify procedures performed on the right side of the body)
T1	Left foot, second digit
T2	Left foot, third digit
T3	Left foot, fourth digit
T4	Left foot, fifth digit
T5	Right foot, great digit
T6	Right foot, second digit
T7	Right foot, third digit
T8	Right foot, fourth digit
T9	Right foot, fifth digit
TA	Left foot, great toe
U5	Medicaid level of care 5, as defined by each state

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>	<b>Subchapter Number and Title</b> 6. Service Codes and Descriptions	<b>Page</b> 6-17
Acute Outpatient Hospital Manual	<b>Transmittal Letter</b> AOH-44	<b>Date</b> 01/01/19

#### 604 Modifiers (cont.)

<u>Modifier</u>	<u>Description</u>
U6	Medicaid level of care 6, as defined by each state
U7	Medicaid level of care 7, as defined by each state
U8	Medicaid level of care 8, as defined by each state
U9	Medicaid level of care 9, as defined by each state
XE	Separate encounter: a service that is distinct because it occurred during a separate encounter
XP	Separate practitioner: a service that is distinct because it was performed by a different practitioner
XS	Separate structure: a service that is distinct because it was performed on a separate organ/structure
XU	Unusual non-overlapping service: the use of a service that is distinct because it does not overlap usual components of the main service

#### Modifiers for Behavioral Health Screening, Including Postnatal Depression Screening

The administration and scoring of standardized behavioral health screening tools selected from the approved menu of tools found in Appendix W of your MassHealth provider manual is covered for members (except MassHealth Limited) younger than 21 years of age. **Service Code 96110** must be accompanied by one of the modifiers listed below to indicate whether a behavioral health need was identified. “Behavioral health need identified” means the provider administering the screening tool, in her or his professional judgment, identified a child with a potential behavioral health services need.

<u>Modifier</u>	<u>Description</u>
U1	Completed behavioral health screening using a standardized behavioral health screening tool selected from the approved menu of tools found in Appendix W of your MassHealth provider manual with no behavioral health need identified.
U2	Completed behavioral health screening using a standardized behavioral health screening tool selected from the approved menu of tools found in Appendix W of your MassHealth provider manual and behavioral health need identified.
UD	Completed behavioral health screening for members birth through 6 months, for the administration and scoring of the Edinburgh Postnatal Depression Scale. UD must be used together with one of the above modifiers, U1 or U2.

#### Modifiers for Perinatal (Prenatal and Postpartum) Depression Screening

**Service Code S3005** must be used by acute outpatient hospitals when billing MassHealth for the administration and scoring of a MassHealth-approved, standardized, perinatal depression screening tool. Code S3005 must be accompanied by one of the modifiers listed below.

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>	<b>Subchapter Number and Title</b> 6. Service Codes and Descriptions	<b>Page</b> 6-18
Acute Outpatient Hospital Manual	<b>Transmittal Letter</b> AOH-44	<b>Date</b> 01/01/19

#### 604 Modifiers (cont.)

<u>Modifier</u>	<u>Description</u>
U1	Perinatal care provider completed prenatal or postpartum depression screening and behavioral health need identified (positive screen)
U2	Perinatal care provider completed prenatal or postpartum depression screening with no behavioral health need identified (negative screen)

Please refer to the Massachusetts Department of Public Health's (DPH) postpartum depression (PPD) screening tool grid for any revisions to the list of MassHealth-approved screening tools:  
[www.mass.gov/service-details/postpartum-depression-resources-for-healthcare-providers](http://www.mass.gov/service-details/postpartum-depression-resources-for-healthcare-providers).

#### Modifiers for Tobacco-Use Cessation Services

The following modifiers are used in combination with Service Code 99407 to report tobacco-use cessation counseling. Service Code 99407 (Smoking- and tobacco use-cessation counseling visit; intensive, greater than 10 minutes) may also be billed without a modifier to report an individual smoking- and tobacco-cessation counseling visit of at least 30 minutes.

<u>Modifier</u>	<u>Description</u>
HQ	Group counseling, at least 60-90 minutes
TF	Intermediate level of care, at least 45 minutes

#### Modifier for Child and Adolescent Needs and Strengths (CANS)

<u>Modifier</u>	<u>Description</u>
HA	Service Code 90791 must be accompanied by this modifier to indicate that the Child and Adolescent Needs and Strengths is included in the assessment. This modifier may be billed only by psychiatrists.

#### Modifiers for Provider Preventable Conditions That Are National Coverage Determinations

<u>Modifier</u>	<u>Description</u>
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 of your provider manual.

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>	<b>Subchapter Number and Title</b> 6. Service Codes and Descriptions	<b>Page</b> 6-19
Acute Outpatient Hospital Manual	<b>Transmittal Letter</b> AOH-44	<b>Date</b> 01/01/19

605 Revenue Codes

The following table lists the revenue codes that acute outpatient hospitals (AOHs), including hospital-licensed health centers and other provider-based satellites, use when billing for MassHealth-covered services. Please refer to the current edition of the Ingenix Uniform Billing Editor as a guide to determine the most common revenue HCPC code mappings. To purchase the application, go to <https://www.optum360coding.com>.

<b>Revenue Code</b>	<b>Description</b>
<b>025X Pharmacy</b>	
0250	General
0251	Generic drugs
0252	Nongeneric drugs
0254	Drugs incident to other diagnostic services
0255	Drugs incident to radiology
0257	Nonprescription drugs
0258	IV solutions
0259	Other pharmacy
<b>026X IV Therapy</b>	
0260	General
0269	Other IV therapy
<b>027X Medical/Surgical Supplies and Devices – General</b>	
0270	General
0271	Nonsterile supply
0272	Sterile supply
0274	Prosthetic/orthotic devices
0276	Intraocular lens
0278	Other implants
0279	Other supplies/devices
<b>028X Oncology</b>	
0280	General
0289	Other

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>	<b>Subchapter Number and Title</b> 6. Service Codes and Descriptions	<b>Page</b> 6-20
Acute Outpatient Hospital Manual	<b>Transmittal Letter</b> AOH-44	<b>Date</b> 01/01/19

605 Revenue Codes (cont.)

<b>029X DME</b>	
0290	General
0291	Rental
0292	Purchase of new DME
0293	Purchase of used DME
0294	Supplies/drugs for DME
0299	Other equipment
<b>030X Laboratory</b>	
0300	General
0301	Chemistry
0302	Immunology
0304	Nonroutine dialysis
0305	Hematology
0306	Bacteriology and microbiology
0307	Urology
0309	Other
<b>031X Laboratory Pathological – General</b>	
0310	Laboratory pathological – general
0311	Cytology
0312	Histology
0314	Biopsy
0319	Other
<b>032X Radiology – Diagnostic</b>	
0320	General
0321	Angiocardiology
0322	Arthrography
0323	Arteriography
0324	Chest X ray
0329	Other

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>	<b>Subchapter Number and Title</b> 6. Service Codes and Descriptions	<b>Page</b> 6-21
Acute Outpatient Hospital Manual	<b>Transmittal Letter</b> AOH-44	<b>Date</b> 01/01/19

605 Revenue Codes (cont.)

<b>033X Radiology – Therapeutic and/or Chemotherapy Administration</b>	
0330	General
0331	Chemotherapy administration – injected
0332	Chemotherapy – oral
0333	Radiation therapy
0335	Chemotherapy administration – IV
0339	Therapeutic and/or chemo admin
<b>034X Nuclear Medicine</b>	
0340	General
0341	Diagnostic
0342	Therapeutic
0343	Diagnostic radiopharmaceuticals
0349	Other
<b>035X Computerized Tomographic (CT) Scans</b>	
0350	General
0351	Head scan
0352	Body scan
0359	Other
<b>036X Operating Room Services</b>	
0360	General
0361	Minor surgery
<b>037X Anesthesia</b>	
0370	General
0371	Anesthesia incident to radiology
0372	Anesthesia incident to other diagnostic services
0374	Acupuncture
0379	Other anesthesia

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>	<b>Subchapter Number and Title</b> 6. Service Codes and Descriptions	<b>Page</b> 6-22
Acute Outpatient Hospital Manual	<b>Transmittal Letter</b> AOH-44	<b>Date</b> 01/01/19

605 Revenue Codes (cont.)

<b>039X Blood Storage and Processing</b>	
0390	General
0391	Administration
0399	Other processing and storage
<b>040X Other Imaging Services</b>	
0400	General
0401	Diagnostic mammography
0402	Ultrasound
0403	Screening mammography
0404	Positron emission tomography (PET)
0409	Other imaging services
<b>041X Respiratory Services</b>	
0410	General
0412	Inhalation services
0413	Hyperbaric oxygen therapy
0419	Other
<b>042X Physical Therapy</b>	
0420	General
0421	Visit charge
0423	Group charge
0424	Evaluation or reevaluation
0429	Other physical therapy
<b>043X Occupational Therapy</b>	
0430	General
0431	Visit charge
0433	Group rate
0434	Evaluation or reevaluation
0439	Other occupational therapy



<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>	<b>Subchapter Number and Title</b> 6. Service Codes and Descriptions	<b>Page</b> 6-23
Acute Outpatient Hospital Manual	<b>Transmittal Letter</b> AOH-44	<b>Date</b> 01/01/19

605 Revenue Codes (cont.)

<b>044X Speech-Language Pathology</b>	
0440	General
0441	Visit charge
0443	Group rate
0444	Evaluation or reevaluation
0449	Other speech therapy
<b>045X Emergency Room</b>	
0450	General
0451	EMTALA Emergency Medical Screening services
0452	ER beyond EMTALA screening
0456	Urgent care
0459	Other ER
<b>046X Pulmonary Function</b>	
0460	General
0469	Other
<b>047X Audiology</b>	
0470	General
0471	Diagnostic
0472	Treatment
0479	Other
<b>048X Cardiology</b>	
0480	General
0481	Cardiac catheterization lab
0482	Stress test
0483	Echocardiology
0489	Other
<b>049X Ambulatory Surgical Care</b>	
0490	General
0499	Other

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>	<b>Subchapter Number and Title</b> 6. Service Codes and Descriptions	<b>Page</b> 6-24
Acute Outpatient Hospital Manual	<b>Transmittal Letter</b> AOH-44	<b>Date</b> 01/01/19

605 Revenue Codes (cont.)

<b>050X Outpatient</b>	
0500	General
0509	Other
<b>051X Clinic</b>	
0510	General
0512	Dental clinic
0513	Psychiatric clinic
0514	OB/GYN
0515	Pediatric clinic
0516	Urgent care clinic
0517	Family practice clinic
0519	Other
<b>053X Osteopathic Services</b>	
0530	General
0531	Osteopathic therapy
0539	Other osteopathic services
<b>061X Magnetic Resonance Technology</b>	
0610	General
0611	MRI – brain
0612	MRI – spinal cord
0614	Other MRI
0615	MRA head and neck
0616	MRA lower extremities
0618	Other MRA
0619	Other MRT
<b>062X Medical/Surgical Supplies</b>	
0621	Supplies incident to radiology
0622	Supplies incident to other diagnostic services
0623	Surgical dressings

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>	<b>Subchapter Number and Title</b> 6. Service Codes and Descriptions	<b>Page</b> 6-25
Acute Outpatient Hospital Manual	<b>Transmittal Letter</b> AOH-44	<b>Date</b> 01/01/19

605 Revenue Codes (cont.)

<b>063X Pharmacy</b>	
0631	Single source drug
0632	Multiple source drug
0633	Restrictive prescription
0634	EPO less than 10,000 units
0635	EPO, 10,000 or more units
0636	Drugs requiring detail coding
0637	Self-administered drugs
<b>068X Trauma Response</b>	
0681	Level I
0682	Level II
0683	Level III
0684	Level IV
0689	Other trauma response
<b>070X Cast Room</b>	
0700	General
<b>071X Recovery Room</b>	
0710	General
<b>072X Labor Room/Delivery</b>	
0720	General
0721	Labor
0722	Delivery
0723	Circumcision
0724	Birth center
0729	Other labor room/delivery
<b>073X EKG/ECG</b>	
0730	General
0731	Holter monitor
0732	Telemetry
0739	Other EKG/ECG

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>	<b>Subchapter Number and Title</b> 6. Service Codes and Descriptions	<b>Page</b> 6-26
Acute Outpatient Hospital Manual	<b>Transmittal Letter</b> AOH-44	<b>Date</b> 01/01/19

605 Revenue Codes (cont.)

<b>074X EEG</b>	
0740	General
<b>075X Gastroenterology</b>	
0750	General
<b>760X Treatment/Observation Room</b>	
0760	General
0761	Treatment room
0762	Observation hours
0769	Other specialty services
<b>077X Preventive Services</b>	
0770	General
0771	Vaccine administration
<b>079X Extra-Corporeal Shock Wave Therapy</b>	
0790	Extra-Corporeal Shock wave therapy-general
<b>082X Hemodialysis</b>	
0820	General
0821	Hemodialysis composite/other rate
0825	Support Services
0826	Shorter duration
0829	Other outpatient Hemodialysis
<b>083X Peritoneal Dialysis</b>	
0830	General
0831	Peritoneal composite/other rate
0835	Support Services
0839	Other outpatient peritoneal dialysis
<b>084X CAPD</b>	
0840	General
0841	CAPD composite/other rate
0845	Support Services
0849	Other

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>	<b>Subchapter Number and Title</b> 6. Service Codes and Descriptions	<b>Page</b> 6-27
Acute Outpatient Hospital Manual	<b>Transmittal Letter</b> AOH-44	<b>Date</b> 01/01/19

605 Revenue Codes (cont.)

<b>085X CCPD</b>	
0850	General
0851	CCPD composite/other rate
0855	Support Services
0859	Other
<b>090X Behavioral Health Treatments/Services</b>	
0900	General
0901	Electroshock therapy
0905	Intensive outpatient psychiatric
<b>091X Behavioral Health Treatments/Services</b>	
0914	Individual therapy
0915	Group therapy
0916	Family therapy
0918	Testing
0919	Other
<b>092X Other Diagnostic Services</b>	
0920	General
0921	Peripheral vascular lab
0922	Electromyelogram
0923	Pap Smear
0924	Allergy testing
0925	Pregnancy test
0929	Other diagnostic service

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>	<b>Subchapter Number and Title</b> 6. Service Codes and Descriptions	<b>Page</b> 6-28
Acute Outpatient Hospital Manual	<b>Transmittal Letter</b> AOH-44	<b>Date</b> 01/01/19

605 Revenue Codes (cont.)

<b>094X Other Therapeutic Services</b>	
0940	General
0942	Education/training
0943	Cardiac rehabilitation
0944	Drug rehabilitation
0945	Alcohol rehabilitation
0948	Pulmonary rehabilitation
0949	Other therapeutic services

This publication contains codes that are copyrighted by the American Medical Association. Certain terms used in the service descriptions for HCPCS codes are defined in the *Current Procedural Terminology (CPT) Professional* codebook.