



Commonwealth of Massachusetts
Executive Office of Health and Human Services
Office of Medicaid
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MassHealth
Acute Outpatient Hospital Bulletin 14
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TO: Acute Outpatient Hospitals Participating in MassHealth
FROM: Beth Waldman, Medicaid Director *BW*
RE: **2006 Healthcare Common Procedure Coding System (HCPCS) Coding Update**

Background

This bulletin announces revisions to the service codes used by acute outpatient hospitals participating in MassHealth. The Centers for Medicare and Medicaid Services (CMS) have revised the Healthcare Common Procedure Coding System (HCPCS) for 2006.

For dates of service on or after January 1, 2006, service codes discontinued by the CMS and deleted by the American Medical Association *Current Procedural Terminology (CPT)* for 2006 will no longer be payable by MassHealth. Services described by these codes may be billed with replacement codes. Replacement codes are Level 1 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 will not be adopting any other 2006 HCPCS code additions at this time. MassHealth will be reviewing the remainder 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 version of Subchapter 6 for their provider manual when the final review of 2006 HCPCS code additions is complete.

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.

Payment

The 2006 HCPCS code additions attached to this bulletin are payable services in addition to the 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 410.000 and 450.000.

Payment Requirements

Payment for new lab codes, which are paid according to the most current applicable Division of Healthcare Finance and Policy (DHCFP) clinical

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Payment Requirements
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laboratory services fee schedule, will be determined through individual consideration (I.C.) until DHCFP establishes specific rates and these rates are incorporated into the appropriate regulation.

All claims using the service codes listed in this bulletin must 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.

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 about the information in this bulletin please contact MassHealth Customer Service at 1-800-841-2900, e-mail your inquiry to providersupport@mahealth.net, or fax your inquiry to 617-988-8974.

(continued on next page)

Updates to the MassHealth List of Payable Codes for Acute Outpatient Hospitals

Listed below are the service codes that replace HCPCS codes that have been deleted in 2006 and are payable by MassHealth for dates of service on or after January 1, 2006. Providers should refer to www.cms.hhs.gov for service descriptions.

01965	15365	90761	96521
01966	15366	90765	96522
15170	32503	90766	96523
15171	32504	90767	97760
15175	33925	90768	97761
15176	33926	90772	97762
15300	37718	90773	99053
15301	37722	90774	99060
15320	44180	90775	99304
15321	44186	90779	99305
15330	45499	96401	99306
15331	82271	96402	99307
15335	83700	96409	99308
15336	83701	96411	99309
15340	86355	96413	99310
15341	86357	96415	J0885
15360	86367	96416	
15361	90760	96417	

Discontinued Service Codes for Acute Outpatient Hospitals

The following 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 for service descriptions.

01964	44200	90799
15342	44201	90871
15343	44239	92510
15350	69410	95858
15351	76375	96100
16010	78160	96115
16015	78162	96117
21493	78170	96400
21494	78172	96408
31585	78455	96410
31586	82273	96412
32520	83715	96414
32522	83716	96520
32525	86064	96530
32918	86379	96545
33919	86587	97020
37720	90780	97504
37730	90781	97520
42325	90782	97703
42326	90783	99052
43638	90784	99054
43639	90788	