



Commonwealth of Massachusetts
Executive Office of Health and Human Services
Division of Medical Assistance
600 Washington Street
Boston, MA 02111
www.state.ma.us/dma

MassHealth
Physician Bulletin 73
April 2001

TO: Physicians Participating in MassHealth
FROM: Wendy E. Warring, Commissioner
RE: HCFA Common Procedure Coding System (HCPCS) Update

Introduction

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

The purpose of this bulletin is to inform providers that the Division will cover the service codes listed later in this bulletin for dates of service provided on or after May 1, 2001. Descriptions for these service codes must be obtained using the American Medical Association's 2001 Current Procedural Terminology (CPT) manual.

Payment

These covered services are in addition to the list of covered services located in Subchapter 6 of your provider manual. In accordance with Division 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 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 on paper with a report. The Division will deny any claims submitted electronically because payment is determined from the physician's descriptive report. If the documentation is illegible or incomplete, or if no report is submitted, the Division will deny the claim with the applicable error code.

***Payment
Requirements***
(cont.)

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.

Questions

If you have any questions, please contact the MassHealth Provider Services Department at (617) 628-4141 or 1-800-325-5231.

2001 MassHealth Physician Service Code Additions

The following service codes are covered under individual consideration until the Division of Health Care Finance and Policy establishes specific rates and these rates are incorporated into the appropriate regulation. Refer to the 2001 American Medical Association's Current Procedural Terminology manual for service code descriptions.

00537	33141	43256	52345	66982	72197	76393
00550	34800	44370	52346	67221	73206	76819
00563	34802	44379	52351	69714	73218	90740
00566	34804	44383	52352	69715	73219	90743*
01215	34808	44397	52353	69717	73222	92586
01951	34812	45327	52354	69718	73223	93318
01952	34813	45341	52355	70496	73706	93662
01953	34820	45342	52400	70498	73718	97532
15342	34825	45345	54512	70542	73719	97533
15343	34826	45387	54522	70543	73722	
16036	34830	47379	55873	70544	73723	
19102	34831	50545	57022	70545	74175	
19103	34832	50947	57023	70546	74182	
19295	35600	50948	57287	70547	74183	
21199	36870	50949	58353	70548	75635	
22520	43231	52341	61697	70549	75952	
22521	43232	52342	61698	71275	75953	
22522	43240	52343	62252	72191	76012	
30465	43242	52344	64614	72195	76013	

* For adult members only (aged 19 or older)