




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



MassHealth
Transmittal Letter LAB-42
December 2013

TO: Independent Clinical Laboratories Participating in MassHealth
FROM: Kristin L. Thorn, Medicaid Director 
RE: *Independent Clinical Laboratory Manual* (Revisions to MassHealth Regulations-Affordable Care Act)

This letter transmits revised regulations and an updated Subchapter 6 of the *Independent Clinical Laboratory Manual*.

The revised regulations and Subchapter 6 implement a change in coverage for diagnosis of infertility. This change was prompted by requirements of the Affordable Care Act regarding coverage of Essential Health Benefits.

These regulations are effective January 1, 2014. The revised Subchapter 6 is effective for dates of service on or after January 1, 2014.

MassHealth Website

This transmittal letter and attached pages are available on the MassHealth website at www.mass.gov/masshealth.

Questions

If you have any questions about the information in this transmittal letter, 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.

NEW MATERIAL

(The pages listed here contain new or revised language.)

Independent Clinical Laboratory Manual

Pages 4-3, 4-4, and 6-1 through 6-6

OBSOLETE MATERIAL

(The pages listed here are no longer in effect.)

Independent Clinical Laboratory Manual

Pages 4-3 and 4-4 — transmitted by Transmittal Letter LAB-35

Pages 6-1 through 6-6 — transmitted by Transmittal Letter LAB-41

Commonwealth of Massachusetts MassHealth Provider Manual Series Independent Clinical Laboratory Manual	Subchapter Number and Title 4. Program Regulations (130 CMR 401.000)	Page 4-3
	Transmittal Letter LAB-42	Date 01/01/14

401.405: Laboratory Services Provided outside of Massachusetts

When provided out of state, independent clinical laboratory services are reimbursable only if

- (A) the member is temporarily out of state and requires clinical laboratory services under the circumstances described in 130 CMR 450.109;
- (B) the MassHealth agency determines that the independent clinical laboratory services required by the member are not available from any laboratory in Massachusetts; or
- (C) the out-of-state independent clinical laboratory is a subsidiary-related entity of an in-state independent clinical laboratory that is enrolled in MassHealth.

(130 CMR 401.406 through 401.409 Reserved)

Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title 4. Program Regulations (130 CMR 401.000)	Page 4-4
	Transmittal Letter LAB-42	Date 01/01/14
Independent Clinical Laboratory Manual		

401.410: Covered Services

MassHealth covers independent clinical laboratory services that are medically necessary for the diagnosis, treatment, and prevention of disease, and for the maintenance of the health of MassHealth members, subject to all restrictions and limitations described in 130 CMR 401.000 and 450.000: *Administrative and Billing Regulations*.

401.411: Noncovered Services and Payment Limitations

(A) The MassHealth agency does not pay separately for routine specimen collection and preparation for the purpose of clinical laboratory analysis (for example, venipunctures; urine, fecal, and sputum samples; Pap smears; cultures; and swabbing and scraping for removal of tissue). The cost for such services is included in the payment for conducting the test and analysis.

(B) The MassHealth agency does not pay for the following services:

- (1) laboratory tests associated with male or female infertility, unless those tests are for diagnostic purposes;
- (2) calculations (for example, red cell indices, A/G ratio, creatinine clearance), and ratios calculated as part of a profile;
- (3) tests performed for experimental or clinical investigational purposes (e.g., to establish safety and effectiveness), or that are themselves experimental or clinically investigational;
- (4) tests performed only for purposes of civil, criminal, administrative, or social service agency investigations, proceedings, or monitoring activities;
- (5) tests performed for residential monitoring purposes;
- (6) tests performed to establish paternity;
- (7) post-mortem examinations;
- (8) tests where the request is not in accordance with 130 CMR 401.416;
- (9) tests that are not medically necessary as defined in 130 CMR 450.204: *Medical Necessity*; and
- (10) any other tests or activities performed for any purpose other than those described in 130 CMR 401.410.

(C) The MassHealth agency does not pay independent clinical laboratories for services that the laboratory is not certified by the Centers for Medicare and Medicaid Services (CMS) to perform.

401.412: Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Services

The MassHealth agency pays for all medically necessary laboratory services for EPSDT-eligible members in accordance with 130 CMR 450.140: *Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Services: Introduction*, without regard to service limitations described in 130 CMR 401.000, and with prior authorization.

(130 CMR 401.413 and 401.414 Reserved)

Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title	Page
	6. Service Codes	6-1
Independent Clinical Laboratory Manual	Transmittal Letter LAB-42	Date 01/01/14

601 Introduction

MassHealth providers should refer to the American Medical Association’s *Current Procedural Terminology* (CPT) code book or the Healthcare Common Procedure Coding System (HCPCS) Level II code book for the service codes and service descriptions when billing for services provided to MassHealth members.

MassHealth pays for the services represented by the codes listed in Subchapter 6 in effect at the time of service, subject to all conditions and limitations in MassHealth regulations at 130 CMR 401.000 and 450.000. An independent clinical laboratory may request prior authorization 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 *Independent Clinical Laboratory Manual*.

The following abbreviations are used in Subchapter 6.

(A) IC: Claim requires individual consideration. See 130 CMR 401.419 and 450.271 for more information.

(B) PA: Service requires prior authorization. See 130 CMR 450.303 for more information.

602 Payable Laboratory Services

This section lists CPT codes and HCPCS Level II codes that are payable under MassHealth.

80047	80173	80412	81015	82055
80048	80174	80414	81020	82085
80050	80176	80415	81025	82088
80051	80178	80416	81050	82101
80053	80182	80417	81099 (IC)	82103
80055	80184	80418	81211 (PA)	82104
80061	80185	80420	81211-59 (PA)	82105
80069	80186	80422	81212 (PA)	82106
80074	80188	80424	81215 (PA)	82107
80076	80190	80426	81217 (PA)	82108
80102	80192	80428	81479 (IC)	82120
80103	80194	80430	82000	82127
80150	80195	80432	82003	82128
80152	80196	80434	82009	82131
80154	80197	80435	82010	82135
80156	80198	80436	82013	82136
80157	80200	80438	82016	82139
80158	80201	80439	82017	82140
80160	80202	80440	82024	82143
80162	80299	81000	82030	82145
80164	80400	81001	82040	82150
80166	80402	81002	82042	82154
80168	80406	81003	82043	82157
80170	80408	81005	82044	82160
80172	80410	81007	82045	82163

Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title	Page
	6. Service Codes	6-2
Independent Clinical Laboratory Manual	Transmittal Letter LAB-42	Date 01/01/14

602 Payable Laboratory Services (cont.)

82164	82465	82656	82950	83497
82172	82480	82657	82951	83498
82175	82482	82658	82952	83499
82180	82485	82664	82953	83500
82190	82486	82666	82955	83505
82205	82487	82668	82960	83516
82232	82488	82670	82963	83518
82239	82489	82671	82965	83519
82240	82491	82672	82975	83520
82247	82492	82677	82977	83525
82248	82495	82679	82978	83527
82252	82507	82690	82979	83528
82261	82520	82693	82980	83540
82270	82523	82696	82985	83550
82271	82525	82705	83001	83570
82272	82528	82710	83002	83582
82274	82530	82715	83003	83586
82286	82533	82725	83008	83593
82300	82540	82726	83009	83605
82306	82541	82728	83010	83615
82308	82542	82731	83012	83625
82310	82543	82735	83013	83630
82330	82544	82742	83014	83631
82331	82550	82746	83015	83632
82340	82552	82747	83018	83633
82355	82553	82757	83020	83634
82360	82554	82759	83021	83655
82365	82565	82760	83026	83661
82370	82570	82775	83030	83662
82373	82575	82776	83033	83663
82374	82585	82777	83036	83664
82375	82595	82784	83037	83670
82376	82600	82785	83045	83690
82378	82607	82787	83050	83695
82379	82608	82800	83051	83698
82380	82610	82803	83055	83700
82382	82615	82805	83060	83701
82383	82626	82810	83065	83704
82384	82627	82820	83068	83718
82387	82633	82930	83069	83719
82390	82634	82938	83070	83721
82397	82638	82941	83071	83727
82415	82646	82943	83080	83735
82435	82649	82945	83088	83775
82436	82651	82946	83090	83785
82438	82652	82947	83150	83788
82441	82654	82948	83491	83789

Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title	Page
	6. Service Codes	6-3
Independent Clinical Laboratory Manual	Transmittal Letter LAB-42	Date 01/01/14

602 Payable Laboratory Services (cont.)

83805	84110	84300	84580	85250
83825	84112	84302	84583	85260
83835	84119	84305	84585	85270
83840	84120	84307	84586	85280
83857	84126	84311	84588	85290
83858	84127	84315	84590	85291
83861	84132	84375	84591	85292
83864	84133	84376	84597	85293
83866	84134	84377	84600	85300
83872	84135	84378	84620	85301
83873	84138	84379	84630	85302
83874	84140	84392	84681	85303
83876	84143	84402	84702	85305
83880	84144	84403	84703	85306
83883	84146	84425	84704	85307
83885	84150	84430	84999 (IC)	85335
83887	84152	84432	85002	85337
83915	84153	84436	85004	85345
83916	84154	84437	85007	85347
83918	84155	84439	85008	85348
83919	84156	84442	85009	85360
83921	84157	84443	85013	85362
83925	84160	84445	85014	85366
83930	84163	84446	85018	85370
83935	84165	84449	85025	85378
83937	84166	84450	85027	85379
83945	84181	84460	85032	85380
83950	84182	84466	85041	85384
83951	84202	84478	85044	85385
83970	84203	84479	85045	85390
83986	84206	84480	85046	85396
83992	84207	84481	85048	85397
83993	84210	84482	85049	85400
84022	84220	84484	85055	85410
84030	84228	84485	85060	85415
84035	84233	84488	85097	85420
84060	84234	84490	85130	85421
84066	84235	84510	85170	85441
84075	84238	84512	85175	85445
84078	84244	84520	85210	85460
84080	84252	84525	85220	85461
84081	84255	84540	85230	85475
84085	84260	84545	85240	85520
84087	84270	84550	85244	85525
84100	84275	84560	85245	85530
84105	84285	84577	85246	85536
84106	84295	84578	85247	85540

Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title	Page
	6. Service Codes	6-4
Independent Clinical Laboratory Manual	Transmittal Letter LAB-42	Date 01/01/14

602 Payable Laboratory Services (cont.)

85547	86185	86384	86674	86780
85549	86200	86386	86677	86784
85555	86215	86403	86682	86787
85557	86225	86406	86684	86788
85576	86226	86430	86687	86789
85597	86235	86431	86688	86790
85598	86243	86480	86689	86793
85610	86255	86481	86692	86800
85611	86256	86485	86694	86803
85612	86277	86486	86695	86804
85613	86280	86490	86696	86805
85635	86294	86510	86698	86806
85651	86300	86590	86701	86807
85652	86301	86592	86702	86808
85660	86304	86593	86703	86812
85670	86308	86602	86704	86813
85675	86309	86603	86705	86816
85705	86310	86606	86706	86817
85730	86316	86609	86707	86821
85732	86317	86611	86708	86822
85810	86318	86612	86709	86825
85999 (IC)	86320	86615	86710	86826
86000	86325	86617	86711	86828
86001	86327	86618	86713	86829
86003	86329	86619	86717	86830
86005	86331	86622	86720	86831
86021	86332	86625	86723	86832
86022	86334	86628	86727	86833
86023	86335	86631	86729	86834
86038	86336	86632	86732	86835
86039	86337	86635	86735	86849 (IC)
86060	86340	86638	86738	86850
86063	86341	86641	86741	86860
86140	86343	86644	86744	86870
86141	86344	86645	86747	86880
86146	86352	86648	86750	86885
86147	86353	86651	86753	86886
86148	86355	86652	86756	86900
86152	86356	86653	86757	86901
86153	86357	86654	86759	86902
86155	86359	86658	86762	86904
86156	86360	86663	86765	86905
86157	86361	86664	86768	86906
86160	86367	86665	86771	86920
86161	86376	86666	86774	86921
86162	86378	86668	86777	86922
86171	86382	86671	86778	86923

Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title	Page
	6. Service Codes	6-5
Independent Clinical Laboratory Manual	Transmittal Letter LAB-42	Date 01/01/14

602 Payable Laboratory Services (cont.)

86940	87177	87328	87510	87633
86941	87181	87329	87511	87640
86970	87184	87332	87512	87641
86971	87185	87335	87515	87650
86972	87186	87336	87516	87651
86975	87187	87337	87517	87652
86976	87188	87338	87520	87653
86977	87190	87339	87521	87660
86978	87197	87340	87522	87797
86999 (IC)	87205	87341	87525	87798
87001	87206	87350	87526	87799
87003	87207	87380	87527	87800
87015	87209	87385	87528	87801
87040	87210	87389	87529	87802
87045	87220	87390	87530	87803
87046	87230	87391	87531	87804
87070	87250	87400	87532	87807
87071	87252	87420	87533	87808
87073	87253	87425	87534	87809
87075	87254	87427	87535	87810
87076	87255	87430	87536	87850
87077	87260	87449	87537	87880
87081	87265	87450	87538	87899
87084	87267	87451	87539	87900
87086	87269	87470	87540	87901
87088	87270	87471	87541	87902
87101	87271	87472	87542	87903
87102	87272	87475	87550	87904
87103	87273	87476	87551	87905
87106	87274	87477	87552	87906
87107	87275	87480	87555	87910
87109	87276	87481	87556	87912
87110	87277	87482	87557	87999 (PA)(IC)
87116	87278	87485	87560	88104
87118	87279	87486	87561	88106
87140	87280	87487	87562	88108
87143	87281	87490	87580	88112
87147	87283	87491	87581	88120
87149	87285	87492	87582	88121
87152	87290	87495	87590	88130
87158	87299	87496	87591	88140
87164	87300	87497	87592	88141
87166	87301	87498	87620	88142
87168	87305	87500	87621	88143
87169	87320	87501	87622	88147
87172	87324	87502	87631	88148
87176	87327	87503	87632	88150

Commonwealth of Massachusetts MassHealth Provider Manual Series Independent Clinical Laboratory Manual	Subchapter Number and Title 6. Service Codes	Page 6-6
	Transmittal Letter LAB-42	Date 01/01/14

602 Payable Laboratory Services (cont.)

88152	88237	88304	88380 (IC)	93016
88153	88239	88305	88381	93017
88154	88240	88307	88387	93018
88155	88241	88309	88388	93024
88160	88245	88311	88399 (IC)	93040
88161	88248	88312	88720	93041
88162	88249	88313	88740	93042
88164	88261	88314	88741	93224
88165	88262	88319	89049	93225
88166	88263	88342	89050	93226
88167	88264	88346	89051	93227
88172	88267	88347	89055	93228
88173	88269	88348	89060	93229 (IC)
88174	88271	88349	89125	93268
88175	88272	88355	89160	93278
88177	88273	88356	89190	93724
88182	88274	88358	89220 (IC)	93799 (IC)
88184	88275	88360	89230 (IC)	G0027
88185	88280	88361	89240 (IC)	G0431
88187	88283	88362	89300	G0434
88188	88285	88363	89310	P9604
88189	88289	88365	89320	
88199 (IC)	88291	88367	93000	
88230	88299 (IC)	88368	93005	
88233	88300	88371	93010	
88235	88302	88372	93015	

603 Modifiers

The following service code modifiers are allowed for billing under MassHealth.

<u>Modifier</u>	<u>Description</u>
91	Repeat clinical diagnostic laboratory test
59	Distinct procedural service (May be used only with service code 81211)