The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Office of Medicaid
One Ashburton Place, Room 1109
Boston, Massachusetts 02108

CHARLES D. BAKER
Governor

KARYN E. POLITO
Lieutenant Governor

MARYLOU SUDDERS
Secretary

Administrative Bulletin 15-03

101 CMR 320.00: Clinical Laboratory Services

Effective January 1, 2015

Procedure Code Update

DANIEL TSAI
Assistant Secretary for MassHealth

Tel: (617) 573-1600
Fax: (617) 573-1891
www.mass.gov/eohhs

Under the authority of regulation 101 CMR 320.01(3), the Executive Office of Health and Human Services is adding new procedure codes and is deleting outdated codes. The rates for code additions are priced at 74.67% of the prevailing Medicare fee if available. The changes, effective January 1, 2015, are as follows.

Code	Change	Rate	Code Description (if applicable)
80100	Deletion		
80101	Deletion		
80103	Deletion		
80104	Deletion		
80163	Addition	$13.49	Digoxin; free
80165	Addition	$13.77	Valproic acid (dipropylacetic acid); total
80440	Deletion		
81246	Addition	I.C.	FLT3 (fms-related tyrosine kinase 3) (e.g., acute myeloid leukemia), gene analysis; internal tandem duplication (ITD) variants (IE, exons 14,15)
81288	Addition	I.C.	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (e.g., hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; promoter methylation analysis
81313	Addition	I.C.	PCA3/KLK3 (prostate cancer antigen 3 [non-protein coding]/kallikrien-related peptidase 3 [prostate specific antigen]) ratio (e.g., prostate cancer)
81410	Addition	I.C.	Aortic dysfunction or dilation (e.g., Marfan syndrome, Loeys Dietz syndrome, Ehler Danlos syndrome type IV, arterial tortuosity syndrome); genomic sequence analysis panel, must include sequencing of at least 9 genes, including FBN1, TGFBR1, TGFBR2, COL3A1, MYH11, ACTA2, SLC2A10, SMAD3, and MYLK
81411	Addition	I.C.	Aortic dysfunction or dilation (e.g., Marfan syndrome, Loeys Dietz syndrome, Ehler Danlos syndrome type IV, arterial tortuosity syndrome); duplication/deletion analysis panel, must include analysis for TGFBR1, TGFBR2, MYH11, and COL3A1
81415	Addition	I.C.	Exome (e.g., unexplained constitutional or heritable disorder or syndrome); sequence analysis
81416	Addition	I.C.	Exome (e.g., unexplained constitutional or heritable disorder or syndrome); sequence analysis, each comparator exome (e.g., parents, siblings) (List separately in addition to code for primary procedure)
81417	Addition	I.C.	Exome (e.g., unexplained constitutional or heritable disorder or

			syndrome); re-evaluation of previously obtained exome sequence (e.g., updated knowledge or unrelated condition/syndrome)
81420	Addition	I.C.	Fetal chromosomal aneuploidy (e.g., trisomy 21, monosomy X) genomic sequence analysis panel, circulating cell-free fetal DNA in maternal blood, must include analysis of chromosomes 13, 18, and 21
81425	Addition	I.C.	Genome (e.g., unexplained constructional or heritable disorder or syndrome); sequence analysis
81426	Addition	I.C.	Genome (e.g., unexplained constructional or heritable disorder or syndrome); sequence analysis, each comparator genome (e.g., parents, siblings) (List separately in addition to code for primary procedure)
81427	Addition	I.C.	Genome (e.g., unexplained constructional or heritable disorder or syndrome); re-evaluation of previously obtained genome sequence (e.g., updated knowledge or unrelated condition/syndrome)
81430	Addition	I.C.	Hearing loss (e.g., nonsyndromic hearing loss, Usher syndrome, Pendred syndrome); genomic sequence analysis panel, must include sequencing of at least 60 genes, including CDH23, CLRN1, GJB2, GPR98, MTRNR1, MYO7A, MYO15A, PCDH15, OTOF, SLC26A4, TMC1, TMPRSS3, USH1C, USH1G, USH2A, and WFS1
81431	Addition	I.C.	Hearing loss (e.g., nonsyndromic hearing loss, Usher syndrome, Pendred syndrome); duplication/deletion analysis panel, must include copy number analysis for STRC and DFNB1 deletions in GJB2 and GJB6 genes
81435	Addition	I.C.	Hereditary colon cancer syndromes (e.g., Lynch syndrome, familial adenomatosis polyposis; genomic sequence analysis panel, must include analysis of at least 7 genes, including APC, CHEK2, MLH1, MSH2, MSH6, MUTYH, and PMS2
81436	Addition	I.C.	Hereditary colon cancer syndromes (e.g., Lynch syndrome, familial adenomatosis polyposis; duplication/deletion gene analysis panel, must include analysis of at least 8 genes including APC, MLH1, MSH2, MSH6, PMS2, EPCAM, CHEK2, and MUTYH
81440	Addition	I.C.	Nuclear encoded mitochondrial genes (e.g., neurologic or myopathic phenotypes), genomic sequence panel, must include analysis of at least 100 genes, including BCS1L, COQ2, C10orf2, COX10, DGUOK, MPV17, OPA1, PDSS2, POLG, POLG2, RRM2B, SCO1, SCO2, SLC25A4, SUCLA2, SUCLG1, TAZ, TK2, and TYMP
81445	Addition	I.C.	Targeted genomic sequence analysis panel, solid organ neoplasm, DNA analysis, 5-50 genes (e.g., ALK, BRAF, CDKN2A, EGFR, ERBB2, KIT, KRAS, NRAS, MET, PDGFRA, PDGFRB, PGR, PIK3CA, PTEN, RET), interrogation for sequence variants and copy number variants or rearrangements, if performed
81450	Addition	I.C.	Targeted genomic sequence analysis panel, hematolymphoid neoplasm or disorder, DNA and RNA analysis when performed, 5-50 genes (e.g., BRAF, CEBPA, DNMT3A, EZH2, FLT3, IDH1, IDH2, JAK2, KRAS, KIT, MLL, NRAS, NPM1, NOTCH1), interrogation for sequence variants and copy number variants or rearrangements, or isoform expression or mRNA expression levels, if performed
81455	Addition	I.C.	Targeted genomic sequence analysis panel, solid organ or hematolymphoid neoplasm, DNA and RNA analysis when performed, 51 or greater genes (e.g., ALK, BRAF,CDKN2A, CEBPA, DNMT3A, EGFR, ERBB2, EZH2, FLT3, IDH1, IDH2, JAK2, KRAS, KIT, MLL, NRAS, NPM1, NRAS, MET, NOTCH1, PDGFRA, PDGFRB, PGR, PIK3CA, PTEN, RET), interrogation for sequence variants and copy number variants or rearrangements, if performed

81460	Addition	I.C.	Whole mitochondrial genome (e.g., Leigh syndrome, mitochondrial encephalomyopathy, lactic acidosis, and stroke like episodes (MELAS), myoclonic epilepsy with ragged red fibers (MERFF), neuropathy, ataxia, and retinas pigmentosa (NAP), Leber hereditary optic neuropathy (LHON) genomic sequence, must include sequence analysis of entire mitochondrial genome with heteroplasmy detection)
81465	Addition	I.C.	Whole mitochondrial genome large deletion analysis panel (e.g., Kearns-Sayre syndrome, chronic progressive external opthalmoplegia), including heteroplasmy detection, if performed
81470	Addition	I.C.	X-linked intellectual disability (XLID) (e.g., syndromic and non-syndromic XLID); genomic sequence analysis panel, must include sequencing of at least 60 genes, including ARX, ATRX, CDKL5, FGD1, FMR1, HUWE1, 1L1RAPL, KDM5C, L1CAM, MECP2, MED12, MID1, OCRL, RPS6KA3, and SLC16A2
81471	Addition	I.C.	X-linked intellectual disability (XLID) (e.g., syndromic and non-syndromic XLID); duplication/depletion analysis, must include sequencing of at least 60 genes, including ARX, ATRX, CDKl5, FGD1, FMR1, HUWE1, 1LRAPL, KDM5C, L1CAM, MECP2, MED12, MID1, OCRL, RPS6KA3, and SLC16A2
81519	Addition	I.C.	Oncology (breast) mRNA, gene expression profiling by real time RT-PCR of 21 genes, utilizing formalin-fixed paraffin embedded tissue, algorithm reported as recurrence score
82000	Deletion		
82101	Deletion		
82145	Deletion		
82205	Deletion		
82953	Deletion		
82975	Deletion		
82980	Deletion		
83006	Addition	$22.35	Growth stimulation expressed gene 2 (ST2, Interleukin 1 receptor like-1)
83008	Deletion		
83055	Deletion		
83071	Deletion		
83634	Deletion		
83866	Deletion		
84127	Deletion		
87001	Deletion		
87505	Addition	$76.98	Infectious agent detection by nucleic acid (DNA or RNA); gastrointestinal pathogen (e.g., Clostridium difficile, E. coli, salmonella, Shigella, norovirus, Giardia), includes multiplex reverse transcription, when performed, and multiplex amplified probe technique, multiple types or subtypes, 3-5 targets
87506	Addition	$116.73	Infectious agent detection by nucleic acid (DNA or RNA); gastrointestinal pathogen (e.g., Clostridium difficile, E. coli, salmonella, Shigella, norovirus, Giardia), includes multiplex reverse transcription, when performed, and multiplex amplified probe technique, multiple types or subtypes, 6-11 targets
87507	Addition	$216.08	Infectious agent detection by nucleic acid (DNA or RNA); gastrointestinal pathogen (e.g., Clostridium difficile, E. coli, salmonella, Shigella, norovirus, Giardia), includes multiplex reverse transcription, when performed, and multiplex amplified probe technique, multiple types or subtypes, 12-25 targets
87620	Deletion		

87621	Deletion		
87622	Deletion		
87623	Addition	$26.47	Human papillomavirus (HPV), low risk types (eg 6, 11, 42, 43, 44)
87624	Addition	$26.47	Human papillomavirus (HPV), high risk types (eg 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 68)
87625	Addition	$26.47	Human papillomavirus (HPV), types 16 and 18 only, includes type 45, if performed
87806	Addition	$22.85	HIV-1 antigen(s), with HIV-1 and HIV-2 antibodies

In addition to the above coding changes, the Executive Office of Health and Human Services has also cross-referenced outdated codes to replacement codes when there is a one-to-one code mapping. Under the authority of regulation 101 CMR 320.01(3)(a), the replacement codes have been priced at the rate formally adopted for the outdated code.

Replacement Code	Description	Deleted Code	Rate eff. 1/1/2015 – 7/31/2015	Rate eff. 8/1/2015
G6058	Drug confirmation, each procedure	80102	$13.53	$13.65
G6030	Assay of amitriptyline	80152	$18.29	$18.46
G6031	Assay of benzodiazepines	80154	$18.90	$19.07
G6032	Assay of desipramine	80160	$17.58	$17.74
G6034	Assay of doxepin	80166	$15.84	$15.99
G6035	Assay of gold	80172	$16.64	$16.79
G6036	Assay of imipramine	80174	$17.58	$17.74
G6037	Assay of nortriptyline	80182	$13.85	$13.98
G6038	Assay of salicylate	80196	$7.25	$7.32
G6039	Assay of acetaminophen	82003	$20.68	$20.87
G6040	Assay of alcohol (ethanol); any specimen except for breath	82055	$11.04	$11.14
G6041	Alkaloids, urine, quantitative	82101	$28.49	$28.75
G6042	Assay of amphetamine or methamphetamine	82145	$15.88	$16.03
G6043	Assay of barbituates, not elsewhere specified	82205	$11.70	$11.81
G6044	Assay of cocaine or metabolite	82520	$15.49	$15.63
G6045	Assay of dihydrocodeinone	82646	$21.09	$21.28
G6046	Assay of dihydromorphinone	82649	$26.27	$26.51
G6047	Assay of dihydrotestosterone	82651	$26.38	$26.62
G6048	Assay of dimethadione	82654	$14.15	$14.28
G6049	Assay of epiandrosterone	82666	$21.57	$21.77
G6050	Assay of etchlorvynol	82690	$17.66	$17.82
G6051	Assay of flurazepam	82742	$20.22	$20.41
G6052	Assay of meprobamate	83805	$18.00	$18.16
G6053	Assay of methadone	83840	$16.69	$16.84
G6054	Assay of methsuximide	83858	$15.14	$15.28
G6055	Assay of nicotine	83887	$24.20	$24.42
G6056	Opiate(s), drug and metabolites, each procedure	83925	$19.88	$20.06
G6057	Assay of phenothiazine	84022	$15.92	$16.07