



EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES
COMMONWEALTH OF MASSACHUSETTS
ONE ASHBURTON PLACE, BOSTON, MA 02108
(617) 573-1600



MAURA T. HEALEY
GOVERNOR

KATHLEEN E. WALSH
SECRETARY

KIMBERLEY DRISCOLL
LIEUTENANT GOVERNOR

MIKE LEVINE
ASSISTANT SECRETARY
FOR MASSHEALTH

Administrative Bulletin 25-06

101 CMR 320.00: Rates for Clinical Laboratory Services

Effective January 1, 2025

2025 CPT Coding Updates

Summary

Under the authority of 101 CMR 320.01(4): *Coding Updates and Corrections*, the Executive Office of Health and Human Services (EOHHS) is adding new service codes and deleting outdated codes, effective for dates of service on and after January 1, 2025.

For entirely new codes that require new pricing and have Medicare fees, rates are calculated according to the rate methodology used in setting rates under [101 CMR 320.00: Rates for Clinical Laboratory Services](#). Rates listed in this administrative bulletin are applicable until revised rates are issued by EOHHS. When Medicare fees are not available, EOHHS may apply individual consideration (I.C.) in reimbursing for these codes until appropriate rates can be developed. Deleted codes are not available for use for dates of service after December 31, 2024.

Added Codes

Codes	Rate	Description
81515	\$231.93	Infectious disease, bacterial vaginosis and vaginitis, real-time PCR amplification of DNA markers for Atopobium vaginae, Atopobium species, Megaspheera type 1, and Bacterial Vaginosis Associated Bacteria-2 (BVAB-2), utilizing vaginal-fluid specimens, algorithm reported as positive or negative for high likelihood of bacterial vaginosis, includes separate detection of Trichomonas vaginalis

Codes	Rate	Description
		and Candida species (C. albicans, C. tropicalis, C. parapsilosis, C. dubliniensis), Candida glabrata/Candida krusei, when reported
82233	\$0.00	Beta-amyloid; 1-40 (Abeta 40)
82234	\$0.00	Beta-amyloid; 1-42 (Abeta 42)
83884	\$0.00	Neurofilament light chain (NfL)
84393	\$0.00	Tau, phosphorylated (eg, pTau 181, pTau 217), each
84394	\$0.00	Tau, total (tTau)
86581	\$0.00	Streptococcus pneumoniae antibody (IgG), serotypes, multiplex immunoassay, quantitative
87513	\$30.95	Infectious agent detection by nucleic acid (DNA or RNA); Helicobacter pylori (H. pylori), clarithromycin resistance, amplified probe technique
87564	\$67.70	Infectious agent detection by nucleic acid (DNA or RNA); Mycobacterium tuberculosis, rifampin resistance, amplified probe technique
87594	\$30.95	Infectious agent detection by nucleic acid (DNA or RNA); Pneumocystis jirovecii, amplified probe technique
87626	\$61.91	Infectious agent detection by nucleic acid (DNA or RNA); Human Papillomavirus (HPV), separately reported high-risk types (e.g., 16, 18, 31, 45, 51, 52) and high-risk pooled result(s)

Deleted Codes

Codes	Description
81433	Hereditary breast cancer-related disorders (e.g., hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer); duplication/deletion analysis panel, must include analyses for BRCA1, BRCA2, MLH1, MSH2, and STK11
81436	Hereditary colon cancer disorders (e.g., Lynch syndrome, PTEN hamartoma syndrome, Cowden syndrome, familial adenomatosis polyposis); duplication/deletion analysis panel, must include analysis of at least 5 genes, including MLH1, MSH2, EPCAM, SMAD4, and STK11

Codes	Description
81438	Hereditary neuroendocrine tumor disorders (e.g., medullary thyroid carcinoma, parathyroid carcinoma, malignant pheochromocytoma or paraganglioma); duplication/deletion analysis panel, must include analyses for SDHB, SDHC, SDHD, and VHL
86327	Immunoelectrophoresis; crossed (2-dimensional assay)
86490	Skin test; coccidioidomycosis
88388	Macroscopic examination, dissection, and preparation of tissue for non-microscopic analytical studies (e.g., nucleic acid-based molecular studies); in conjunction with a touch imprint, intraoperative consultation, or frozen section, each tissue preparation (e.g., a single lymph node) (List separately in addition to code for primary procedure)