# 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and Corrections*, the Executive Office of Health and Human Services (EOHHS) is adding new service codes and deleting outdated codes, effective for dates of service on and after January 1, 2025.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*](https://www.mass.gov/regulations/101-CMR-32000-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, Megasphaera 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 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 |
| 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) |