



**Commonwealth of Massachusetts**  
**Executive Office of Health and Human Services**  
**Office of Medicaid**  
600 Washington Street  
Boston, MA 02111

MASSHEALTH  
TRANSMITTAL LETTER CHC-71  
May 2004

**TO:** Community Health Centers Participating in MassHealth  
**FROM:** Beth Waldman, Medicaid Director *BW*  
**RE:** *Community Health Center Manual* (Revisions to Service Codes and Descriptions)

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

This letter transmits revisions to the *Community Health Center Manual* service codes and descriptions. The revisions are effective for dates of service on or after April 30, 2004.

**Please note:** Providers may use either the new or obsolete service codes for dates of service from April 30, 2004, through June 30, 2004. Providers must use the new service codes for dates of service on or after July 1, 2004.

If you wish to obtain a fee schedule, you may purchase Division of Health Care Finance and Policy regulations from either the Massachusetts State Bookstore or from the Division of Health Care Finance and Policy (see addresses and telephone numbers below). You must contact them first to find out the price of the publication. The Division of Health Care Finance and Policy also has the regulations available on disk. The regulation title for The regulation title is 114.3 CMR 18.00: Radiology and 114.3 CMR 20.00: Laboratory.

Massachusetts State Bookstore  
State House, Room 116  
Boston, MA 02133  
Telephone: 617-727-2834  
[www.mass.gov/sec/spr](http://www.mass.gov/sec/spr)

Division of Health Care Finance and Policy  
Two Boylston Street  
Boston, MA 02116  
Telephone: 617-988-3100  
[www.mass.gov/dhcfp](http://www.mass.gov/dhcfp)

### **MassHealth Web Site**

This transmittal letter and attached pages are available on the MassHealth Web site at [www.mass.gov/masshealth](http://www.mass.gov/masshealth).

### **Questions**

Providers with questions about the information in this transmittal letter may contact MassHealth Provider Services at 617-628-4141 or 1-800-325-5231.

NEW MATERIAL

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

Community Health Center Manual

Pages vi, vii, 6.1-1 through 6.1-22, 6.2-1 through 6.2-36, 6.3-1, and 6.3-2

OBSOLETE MATERIAL

(The pages listed here are no longer in effect.)

Community Health Center Manual

Pages vi, vi-a, 6.1-1 through 6.1-20, and 6.2-1 through 6.2-36 — transmitted by Transmittal Letter CHC-67

Page vi-b — transmitted by Transmittal Letter CHC-57

Pages vii and viii — transmitted by Transmittal Letter CHC-66

Pages 6.3-1 and 6.3-2 — transmitted by Transmittal Letter CHC-69

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The regulations and instructions governing provider participation in MassHealth are published in the Provider Manual Series. MassHealth publishes a separate manual for each provider type.

Manuals in the series contain administrative regulations, billing regulations, program regulations, service codes, billing instructions, and general information. MassHealth's regulations are incorporated into the Code of Massachusetts Regulations (CMR), a collection of regulations promulgated by state agencies within the Commonwealth and by the Secretary of State. MassHealth regulations are assigned Title 130 of the Code. The regulations governing provider participation in MassHealth are assigned Chapters 400 through 499 within Title 130. Pages that contain regulatory material have a CMR chapter number in the banner beneath the subchapter number and title.

Administrative regulations and billing regulations apply to all providers and are contained in 130 CMR Chapter 450.000. These regulations are reproduced as Subchapters 1, 2, and 3 in this and all other manuals.

Program regulations cover matters that apply specifically to the type of provider for which the manual was prepared. For community health centers, those matters are covered in 130 CMR Chapter 405.000, reproduced as Subchapter 4 in the *Community Health Center Manual*.

Revisions and additions to the manual are made as needed by means of transmittal letters, which furnish instructions for making changes by hand ("pen-and-ink" revisions), and by substituting, adding, or removing pages. Some transmittal letters will be directed to all providers; others will be addressed to providers in specific provider types. In this way, a provider will receive all those transmittal letters that affect its manual, but no others.

The Provider Manual Series is intended for the convenience of providers. Neither this nor any other manual can or should contain every federal and state law and regulation that might affect a provider's participation in MassHealth. The provider manuals represent instead MassHealth's effort to give each provider a single convenient source for the essential information providers need in their routine interaction with MassHealth and its members.

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602 Laboratory Service Codes and Descriptions (cont.)

Service  
Code      Service Description

**PATHOLOGY AND LABORATORY**

**ORGAN OR DISEASE-ORIENTED PANELS**

These panels were developed for coding purposes only and should not be interpreted as clinical parameters. The tests listed with each panel identify the defined components of that panel. These panel components are not intended to limit the performance of other tests. If one performs tests in addition to those specifically indicated for a particular panel, those tests should be reported separately in addition to the panel code.

- 80048      Basic metabolic panel (This panel must include the following: Calcium (82310), Carbon dioxide (82374), Chloride (82435), Creatinine (82565), Glucose (82947), Potassium (84132), Sodium (84295), and Urea Nitrogen (BUN) (84520).)
- 80050      General health panel (This panel must include the following: Comprehensive metabolic panel (80053), Blood count, complete (CBC), automated and automated differential (85025 of 85027 and 85004) or Blood count, complete (CBC), automated (85027) and appropriate manual differential WBC count (85007 or 85009) and Thyroid stimulating hormone (TSH) (84443).)
- 80051      Electrolyte panel (This panel must include the following: Carbon dioxide (82374), Chloride (82435), Potassium (84132), and Sodium (84295).)
- 80053      Comprehensive metabolic panel (This panel must include the following: Albumin (82040), Bilirubin, total (82247), Calcium (82310), Carbon dioxide (bicarbonate) (82374), Chloride (82435), Creatinine (82565), Glucose (82947), Phosphatase, alkaline (84075), Potassium (84132), Protein, total (84155), Sodium (84295), Transferase, alanine amino (ALT) (SGPT) (84460), Transferase, aspartate amino (AST) (SGOT) (84450), and Urea Nitrogen (BUN) (84520).)
- 80055      Obstetric panel (This panel must include the following: Blood count, complete (CBC), automated and automated differential WBC count (85025 or 85027 and 85004) or Blood count, complete (CBC), automated (85027) and appropriate manual differential WBC count (85007 or 95009), Hepatitis B surface antigen (HbsAg) (87340), Antibody, rubella (86762), Syphilis test, qualitative (e.g., VDRL, RPR, ART) (86592), Antibody screen, RBC, each serum technique (86850), Blood typing, ABO (86900), and Blood typing, Rh (D) (86901).)
- 80061      Lipid panel (This panel must include the following: Cholesterol, serum, total (82465), Lipoprotein, direct measurement, high density cholesterol (HDL cholesterol) (83718), and Triglycerides (84478).)
- 80069      Renal function panel (This panel must include the following: Albumin (82040), Calcium (82310), Carbon dioxide (bicarbonate) (82374), Chloride (82435), Creatinine (82565), Glucose (82947), Phosphorus inorganic (phosphate) (84100), Potassium (84132), Sodium (84295), and Urea nitrogen (BUN) (84520).)
- 80074      Acute hepatitis panel (This panel must include the following: Hepatitis A antibody (HAAb), IgM antibody (86709), Hepatitis B core antibody (HBcAb), IgM antibody (86705), Hepatitis B surface antigen (HBsAg) (87340), and Hepatitis C antibody (86803).)
- 80076      Hepatic function panel (This panel must include the following: Albumin (82040), Bilirubin, total (82247), Bilirubin, direct (82248), Phosphatase, alkaline (84075), Protein, total (84155), Transferase, alanine amino (ALT) (SGPT) (84460), and Transferase, aspartate amino (AST) (SGOT) (84450).)

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602 Laboratory Service Codes and Descriptions (cont.)

Service

Code      Service Description

**DRUG TESTING**

The following list contains examples of drugs or classes of drugs that are commonly assayed by qualitative screen, followed by confirmation with a second method.

Alcohols  
 Amphetamines  
 Barbiturates  
 Benzodiazepines  
 Cocaine and metabolites  
 Methadones  
 Methaqualones  
 Opiates  
 Phencyclidines  
 Phenothiazines  
 Propoxyphenes  
 Tetrahydrocannabinoids  
 Tricyclic antidepressants

Confirmed drugs may also be quantitated.

Use 80100 for each multiple drug class chromatographic procedure. Use 80102 for each procedure necessary for confirmation. For chromatography, each combination of stationary and mobile phase is to be counted as one procedure. For example, if detection of three drugs by chromatography requires one stationary phase with three mobile phases, use 80100 three times. However, if multiple drugs can be detected using a single analysis (e.g., one stationary phase with one mobile phase), use 80100 only once.

For quantitation of drugs screened, use appropriate code in Chemistry section (82000-84999) or Therapeutic Drug Assay section (0150-80299).

80100 Drug screen, qualitative; multiple drug classes chromatographic method, each procedure  
 80101      single drug class method (e.g., immunoassay, enzyme assay), each drug class  
 80102 Drug confirmation, each procedure  
 80103 Tissue preparation for drug analysis

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Service  
Code

Service Description

**THERAPEUTIC DRUG ASSAYS**

The material for examination may be from any source. Examination is quantitative. For nonquantitative testing, see drug testing (80100-80103).

80150	Amikacin
80152	Amitriptyline
80154	Benzodiazepines
80156	Carbamazepine; total
80157	free
80158	Cyclosporine
80160	Desipramine
80162	Digoxin
80164	Dipropylacetic acid (valproic acid)
80166	Doxepin
80168	Ethosuximide
80170	Gentamicin
80172	Gold
80173	Haloperidol
80174	Imipramine
80176	Lidocaine
80178	Lithium
80182	Nortriptyline
80184	Phenobarbital
80185	Phenytoin; total
80186	free
80188	Primidone
80190	Procainamide
80192	with metabolites (e.g., n-acetyl procainamide)
80194	Quinidine
80196	Salicylate
80197	Tacrolimus
80198	Theophylline
80200	Tobramycin
80201	Topiramate
80202	Vancomycin
80299	Quantitation of drug, not elsewhere specified

**EVOCATIVE/SUPPRESSION TESTING**

80400	ACTH stimulation panel; for adrenal insufficiency (This panel must include the following: Cortisol (82533 x 2).)
80402	for 21 hydroxylase deficiency (This panel must include the following: Cortisol (82533 x 2) and 17 hydroxyprogesterone (83498 x 2).)

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Service  
Code

Service Description

- 80406 for 3 beta-hydroxydehydrogenase deficiency (This panel must include the following: Cortisol (82533 x 2) and 17 hydroxypregnenolone (84143 x 2).)
- 80408 Aldosterone suppression evaluation panel (e.g., saline infusion) (This panel must include the following: Aldosterone (82088 x 2) and Renin (84244 x 2).)
- 80410 Calcitonin stimulation panel (e.g., calcium, pentagastrin) (This panel must include the following: Calcitonin (82308 x 3).)
- 80412 Corticotropin releasing hormone (CRH) stimulation panel (This panel must include the following: Cortisol (82533 x 6) and Adrenocorticotropin hormone (ACTH) (82024 x 6).)
- 80414 Chorionic gonadotropin stimulation panel; testosterone response (This panel must include the following: Testosterone (84403 x 2 on three pooled blood samples).)
- 80415 estradiol response (This panel must include the following: Estradiol (82670 x 2 on three pooled blood samples).)
- 80416 Renal vein renin stimulation panel (e.g., captopril) (This panel must include the following: Renin (84244 x 6).)
- 80417 Peripheral vein renin stimulation panel (e.g., captopril) (This panel must include the following: Renin (84244 x 2).)
- 80418 Combined rapid anterior pituitary evaluation panel (This panel must include the following: Adrenocorticotropin hormone (ACTH) (82024 x 4), Luteinizing hormone (LH) (83002 x 4), Follicle stimulating hormone (FSH) (83001 x 4), Prolactin (84146 x 4), Human growth hormone (HGH) (83003 x 4), Cortisol (82533 x 4), and Thyroid stimulating hormone (TSH) (84443 x 4).)
- 80420 Dexamethasone suppression panel, 48 hour (This panel must include the following: Free cortisol, urine (82530 x 2), Cortisol (82533 x 2), and Volume measurement for timed collection (81050 x 2).) (For single dose dexamethasone, use 82533.)
- 80422 Glucagon tolerance panel; for insulinoma (This panel must include the following: Glucose (82947 x 3) and Insulin (83525 x 3).)
- 80424 for pheochromocytoma (This panel must include the following: Catecholamines, fractionated (82384 x 2).)
- 80426 Gonadotropin releasing hormone stimulation panel (This panel must include the following: Follicle stimulating hormone (FSH) (83001 x 4) and Luteinizing hormone (LH) (83002 x 4).)
- 80428 Growth hormone stimulation panel (e.g., arginine infusion, l-dopa administration). (This panel must include the following: Human growth hormone (HGH) (83003 x 4).)
- 80430 Growth hormone suppression panel (glucose administration) (This panel must include the following: Glucose (82947 x 3) and Human growth hormone (HGH) (83003 x 4).)
- 80432 Insulin-induced C-peptide suppression panel (This panel must include the following: Insulin (83525), C-peptide (84681 x 5), and Glucose (82947 x 5).)
- 80434 Insulin tolerance panel; for ACTH insufficiency (This panel must include the following: Cortisol (82533 x 5) and Glucose (82947 x 5).)
- 80435 for growth hormone deficiency (This panel must include the following: Glucose (82947 x 5) and Human growth hormone (HGH) (83003 x 5).)
- 80436 Metyrapone panel (This panel must include the following: Cortisol (82533 x 2) and 11 deoxycortisol (82634 x 2).)
- 80438 Thyrotropin releasing hormone (TRH) stimulation panel; one hour (This panel must include the following: Thyroid stimulating hormone (TSH) (84443 x 3).)

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Service  
Code

Service Description

- 80439 two hour (This panel must include the following: Thyroid stimulating hormone (TSH) (84443 x 4).)  
80440 for hyperprolactinemia (This panel must include the following: Prolactin (84146 x 3).)

**URINALYSIS**

- 81000 Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; non-automated, with microscopy  
81001 automated, with microscopy  
81002 non-automated, without microscopy  
81003 automated, without microscopy  
81005 Urinalysis; qualitative or semiquantitative, except immunoassays  
81007 bacteriuria screen, except by culture or dipstick (specify type)  
81015 microscopic only  
81020 two or three glass test  
81025 Urine pregnancy test, by visual color comparison methods  
81050 Volume measurement for timed collection, each  
81099 Unlisted urinalysis procedure (I.C.)

**CHEMISTRY**

The material for examination may be from any source. Examination is quantitative unless specified.

Clinical information derived from the results of laboratory data that is mathematically calculated (e.g., free thyroxine index (T7)) is considered part of the test procedure and therefore is not a separately reportable service.

- 82000 Acetaldehyde, blood  
82003 Acetaminophen  
82009 Acetone or other ketone bodies, serum; qualitative  
82010 quantitative  
82013 Acetylcholinesterase  
82016 Acylcarnitines; qualitative, each specimen  
82017 quantitative, each specimen  
82024 Adrenocorticotrophic hormone (ACTH)  
82030 Adenosine; 5-monophosphate, cyclic (cyclic AMP)  
82040 Albumin; serum  
82042 urine or other source, quantitative, each specimen  
82043 urine, microalbumin, quantitative  
82044 urine, microalbumin, semiquantitative (e.g., reagent strip assay)  
82055 Alcohol (ethanol); any specimen except breath  
82085 Aldolase  
82088 Aldosterone



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Code

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82101	Alkaloids, urine, quantitative
82103	Alpha-1-antitrypsin; total
82104	phenotype
82105	Alpha-fetoprotein; serum
82106	amniotic fluid
82108	Aluminum
82120	Amines, vaginal fluid, qualitative
82127	Amino acids; single, qualitative, each specimen
82128	multiple, qualitative, each specimen
82131	single, quantitative, each specimen
82135	Aminolevulinic acid, delta (ALA)
82136	Amino acids, two to five amino acids, quantitative, each specimen
82139	Amino acids, six or more amino acids, quantitative, each specimen
82140	Ammonia
82143	Amniotic fluid scan (spectrophotometric)
82145	Amphetamine or methamphetamine
82150	Amylase
82154	Androstanediol glucuronide
82157	Androstenedione
82160	Androsterone
82163	Angiotensin II
82164	Angiotensin I - converting enzyme (ACE)
82172	Apolipoprotein, each
82175	Arsenic
82180	Ascorbic acid (vitamin C), blood
82190	Atomic absorption spectroscopy, each analyte
82205	Barbiturates, not elsewhere specified
82232	Beta-2 microglobulin
82239	Bile acids; total
82240	cholyglycine
82247	Bilirubin; total
82248	direct
82252	feces, qualitative
82261	Biotinidase, each specimen
82270	Blood, occult, by peroxidase activity (e.g., guaiac), qualitative; feces, one to three simultaneous determinations
82273	other sources
82274	Blood, occult, by fecal hemoglobin determination by immunoassay, qualitative, feces, one to three simultaneous determinations
82286	Bradykinin
82300	Cadmium
82306	Calcifediol (25-OH vitamin D-3)
82307	Calciferol (vitamin D)
82308	Calcitonin
82310	Calcium; total

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Service

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82330	ionized
82331	after calcium infusion test
82340	urine quantitative, timed specimen
82355	Calculus; qualitative analysis
82360	quantitative analysis, chemical
82365	infrared spectroscopy
82370	X-ray diffraction
82373	Carbohydrate deficient transferrin
82374	Carbon dioxide (bicarbonate)
82375	Carbon monoxide (carboxyhemoglobin); quantitative
82376	qualitative
82378	Carcinoembryonic antigen (CEA)
82379	Carnitine (total and free), quantitative, each specimen
82380	Carotene
82382	Catecholamines; total urine
82383	blood
82384	fractionated
82387	Cathepsin-D
82390	Ceruloplasmin
82397	Chemiluminescent assay
82415	Chloramphenicol
82435	Chloride; blood
82436	urine
82438	other source
82441	Chlorinated hydrocarbons, screen
82465	Cholesterol, serum or whole blood, total
82480	Cholinesterase; serum
82482	RBC
82485	Chondroitin B sulfate, quantitative
82486	Chromatography, qualitative; column (e.g., gas liquid or HPLC), analyte not elsewhere specified
82487	paper, one-dimensional, analyte not elsewhere specified
82488	paper, two-dimensional, analyte not elsewhere specified
82489	thin layer, analyte not elsewhere specified
82491	Chromatography, quantitative, column (e.g., gas liquid or HPLC); single analyte not elsewhere specified, single stationary and mobile phase
82492	multiple analytes, single stationary and mobile phase
82495	Chromium
82507	Citrate
82520	Cocaine or metabolite
82523	Collagen cross links, any method
82525	Copper
82528	Corticosterone
82530	Cortisol; free
82533	total
82540	Creatine

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Service  
Code

Service Description

82541	Column chromatography/mass spectrometry (e.g., GC/MS, or HPLC/MS), analyte not elsewhere specified; qualitative, single stationary and mobile phase
82542	quantitative, single stationary and mobile phase
82543	stable isotope dilution, single analyte, quantitative, single stationary and mobile phase
82544	stable isotope dilution, multiple analytes, quantitative, single stationary and mobile phase
82550	Creatine kinase (CK), (CPK); total
82552	isoenzymes
82553	MB fraction only
82554	isoforms
82565	Creatinine; blood
82570	other source
82575	clearance
82585	Cryofibrinogen
82595	Cryoglobulin, qualitative or semi-quantitative (e.g., cryocrit)
82600	Cyanide
82607	Cyanocobalamin (vitamin B-12)
82608	unsaturated binding capacity
82615	Cystine and homocystine, urine, qualitative
82626	Dehydroepiandrosterone (DHEA)
82627	Dehydroepiandrosterone-sulfate (DHEA-S)
82633	Desoxycorticosterone, 11-
82634	Deoxycortisol, 11-
82638	Dibucaine number
82646	Dihydrocodeinone
82649	Dihydromorphinone
82651	Dihydrotestosterone (DHT)
82652	Dihydroxyvitamin D, 1,25-
82654	Dimethadione
82657	Enzyme activity in blood cells, cultured cells, or tissue, not elsewhere specified; nonradioactive substrate, each specimen
82658	radioactive substrate, each specimen
82664	Electrophoretic technique, not elsewhere specified
82666	Epiandrosterone
82668	Erythropoietin
82670	Estradiol
82671	Estrogens; fractionated
82672	total
82677	Estriol
82679	Estrone
82690	Ethchlorvynol
82693	Ethylene glycol
82696	Etiocholanolone
82705	Fat or lipids, feces; qualitative
82710	quantitative
82715	Fat differential, feces, quantitative

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Service

<u>Code</u>	<u>Service Description</u>
82725	Fatty acids, nonesterified
82726	Very long chain fatty acids
82728	Ferritin
82731	Fetal fibronectin, cervicovaginal secretions, semi-quantitative
82735	Fluoride
82742	Flurazepam
82746	Folic acid; serum
82747	RBC
82757	Fructose, semen
82759	Galactokinase, RBC
82760	Galactose
82775	Galactose-1-phosphate uridyl transferase; quantitative
82776	screen
82784	Gammaglobulin; IgA, IgD, IgG, IgM, each
82785	IgE
82787	immunoglobulin subclasses (IgG1, 2, 3, or 4), each
82800	Gases, blood, pH only
82803	Gases, blood, any combination of pH, pCO <sub>2</sub> , pO <sub>2</sub> , CO <sub>2</sub> , HCO <sub>3</sub> (including calculated O <sub>2</sub> saturation)
82805	with O <sub>2</sub> saturation, by direct measurement, except pulse oximetry
82810	Gases, blood, O <sub>2</sub> saturation only, by direct measurement, except pulse oximetry
82820	Hemoglobin-oxygen affinity (pO <sub>2</sub> for 50% hemoglobin saturation with oxygen)
82926	Gastric acid, free and total, each specimen
82928	Gastric acid, free or total; each specimen
82938	Gastrin after secretin stimulation
82941	Gastrin
82943	Glucagon
82945	Glucose, body fluid, other than blood
82946	Glucagon tolerance test
82947	Glucose; quantitative, blood (except reagent strip)
82948	blood, reagent strip
82950	post-glucose dose (includes glucose)
82951	tolerance test (GTT), three specimens (includes glucose)
82952	tolerance test, each additional beyond three specimens
82953	tolbutamide tolerance test
82955	Glucose-6-phosphate dehydrogenase (G6PD); quantitative
82960	screen
82963	Glucosidase, beta
82965	Glutamate dehydrogenase
82975	Glutamine (glutamic acid amide)
82977	Glutamyltransferase, gamma (GGT)
82978	Glutathione
82979	Glutathione reductase, RBC
82980	Glutethimide
82985	Glycated protein

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Code

Service Description

83001	Gonadotropin; follicle-stimulating hormone (FSH)
83002	luteinizing hormone (LH)
83003	Growth hormone, human (HGH) (somatotropin)
83008	Guanosine monophosphate (GMP), cyclic
83010	Haptoglobin; quantitative
83012	phenotypes
83013	Helicobacter pylori; analysis for urease activity, non-radioactive isotope
83014	drug administration and sample collection
83015	Heavy metal (arsenic, barium, beryllium, bismuth, antimony, mercury); screen
83018	quantitative, each
83020	Hemoglobin fractionation and quantitation; electrophoresis (e.g., A2, S, C, and/or F)
83021	chromatography (e.g., A2, S, C, and/or F)
83026	Hemoglobin; by copper sulfate method, non-automated
83030	F (fetal), chemical
83033	F (fetal), qualitative
83036	glycated
83045	methemoglobin, qualitative
83050	methemoglobin, quantitative
83051	plasma
83055	sulfhemoglobin, qualitative
83060	sulfhemoglobin, quantitative
83065	thermolabile
83068	unstable, screen
83069	urine
83070	Hemosiderin; qualitative
83071	quantitative
83080	b-Hexosaminidase, each assay
83088	Histamine
83090	Homocystine
83150	Homovanillic acid (HVA)
83491	Hydroxycorticosteroids, 17- (17-OHCS)
83497	Hydroxyindolacetic acid, 5- (HIAA)
83498	Hydroxyprogesterone, 17-d
83499	Hydroxyprogesterone, 20-
83500	Hydroxyproline; free
83505	total
83516	Immunoassay for analyte other than infectious agent antibody or infectious agent antigen, qualitative or semiquantitative; multiple step method
83518	single step method (e.g., reagent strip)
83519	Immunoassay, analyte, quantitative; by radiopharmaceutical technique (e.g., RIA)
83520	not otherwise specified
83525	Insulin; total
83527	free
83528	Intrinsic factor
83540	Iron

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602 Laboratory Service Codes and Descriptions (cont.)

Service  
Code

Service Description

83550	Iron-binding capacity
83570	Isocitric dehydrogenase (IDH)
83582	Ketogenic steroids, fractionation
83586	Ketosteroids, 17- (17-KS); total
83593	fractionation
83605	Lactate (lactic acid)
83615	Lactate dehydrogenase (LD), (LDH);
83625	isoenzymes, separation and quantitation
83632	Lactogen, human placental (HPL) human chorionic somatomammotropin
83633	Lactose, urine; qualitative
83634	quantitative
83655	Lead
83661	Fetal lung maturity assessment; lecithin sphingomyelin (L/S) ratio
83662	foam stability test
83663	fluorescence polarization
83664	lamellar body density
83670	Leucine aminopeptidase (LAP)
83690	Lipase
83715	Lipoprotein, blood; electrophoretic separation and quantitation
83716	high resolution fractionation and quantitation of lipoproteins including lipoprotein subclasses when performed (e.g., electrophoresis, nuclear magnetic resonance, ultracentrifugation)
83718	Lipoprotein, direct measurement; high density cholesterol (HDL cholesterol)
83719	direct measurement, VLDL cholesterol
83721	direct measurement, LDL cholesterol
83727	Luteinizing-releasing factor (LRH)
83735	Magnesium
83775	Malate dehydrogenase
83785	Manganese
83788	Mass spectrometry and tandem mass spectrometry (MS, MS/MS), analyte not elsewhere specified;
	qualitative, each specimen
83789	quantitative, each specimen
83805	Meprobamate
83825	Mercury, quantitative
83835	Metanephrines
83840	Methadone
83857	Methemalbumin
83858	Methsuximide
83864	Mucopolysaccharides, acid; quantitative
83866	screen
83872	Mucin, synovial fluid (Ropes test)
83873	Myelin basic protein, cerebrospinal fluid
83874	Myoglobin
83880	Natriuretic peptide
83883	Nephelometry, each analyte not elsewhere specified
83885	Nickel

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602 Laboratory Service Codes and Descriptions (cont.)

Service

Code      Service Description

83887      Nicotine

**Molecular Diagnostics**

The series of codes 83890-83912 is intended for use with molecular diagnostic techniques for analysis of nucleic acids. These services are coded by procedure rather than analyte. Code separately for each procedure used in an analysis. For example, a procedure requiring isolation of DNA, restriction endonuclease digestion, electrophoresis, and nucleic acid probe amplification would be coded 83890, 83892, 83894, and 83898.

83890      Molecular diagnostics; molecular isolation or extraction  
83891           isolation or extraction of highly purified nucleic acid  
83892           enzymatic digestion  
83893           dot/slot blot production  
83894           separation by gel electrophoresis (e.g., agarose, polyacrylamide)  
83896           nucleic acid probe, each  
83897           nucleic acid transfer (e.g., Southern, Northern)  
83898           amplification of patient nucleic acid (e.g., PCR, LCR), single primer pair, each primer pair  
83901           amplification of patient nucleic acid, multiplex, each multiplex reaction  
83902           reverse transcription  
83903           mutation scanning, by physical properties (e.g., single strand conformational polymorphisms (SSCP), heteroduplex, denaturing gradient gel electrophoresis (DGGE), RNA'ase A), single segment, each  
83904           mutation identification by sequencing, single segment, each segment  
83905           mutation identification by allele specific transcription, single segment, each segment  
83906           mutation identification by allele specific translation, single segment, each segment  
83912           interpretation and report  
83915      Nucleotidase 5-  
83916      Oligoclonal immune (oligoclonal bands)  
83918      Organic acids; total, quantitative, each specimen  
83919           qualitative, each specimen  
83921      Organic acid, single, quantitative  
83925      Opiates (e.g., morphine, meperidine)  
83930      Osmolality; blood  
83935           urine  
83937      Osteocalcin (bone gla protein)  
83945      Oxalate  
83950      Oncoprotein, HER-2/neu  
83970      Parathormone (parathyroid hormone)  
83986      pH, body fluid, except blood  
83992      Phencyclidine (PCP)  
84022      Phenothiazine  
84030      Phenylalanine (PKU), blood  
84035      Phenylketones, qualitative  
84060      Phosphatase, acid; total

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602 Laboratory Service Codes and Descriptions (cont.)

Service  
Code

Service Description

84066	prostatic
84075	Phosphatase, alkaline
84078	heat stable (total not included)
84080	isoenzymes
84081	Phosphatidylglycerol
84085	Phosphogluconate, 6-, dehydrogenase, RBC
84087	Phosphohexose isomerase
84100	Phosphorus inorganic (phosphate);
84105	urine
84106	Porphobilinogen, urine; qualitative
84110	quantitative
84119	Porphyrins, urine; qualitative
84120	quantitation and fractionation
84126	Porphyrins, feces; quantitative
84127	qualitative
84132	Potassium; serum
84133	urine
84134	Prealbumin
84135	Pregnanediol
84138	Pregnanetriol
84140	Pregnenolone
84143	17-hydroxypregnenolone
84144	Progesterone
84146	Prolactin
84150	Prostaglandin, each
84152	Prostate specific antigen (PSA); complexed (direct measurement)
84153	total
84154	free
84155	Protein, total, except by refractometry; serum
84156	urine
84157	other source (e.g., synovial fluid, cerebrospinal fluid)
84160	Protein, total, by refractometry, any source
84165	Protein, electrophoretic fractionation and quantitation
84181	Western Blot, with interpretation and report, blood or other body fluid
84182	Western Blot, with interpretation and report, blood or other body fluid, immunological probe for band identification, each
84202	Protoporphyrin, RBC; quantitative
84203	screen
84206	Proinsulin
84207	Pyridoxal phosphate (vitamin B-6)
84210	Pyruvate
84220	Pyruvate kinase
84228	Quinine
84233	Receptor assay; estrogen
84234	progesterone



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602 Laboratory Service Codes and Descriptions (cont.)

Service  
Code

Service Description

84235	endocrine, other than estrogen or progesterone (specify hormone)
84238	non-endocrine (e.g., acetylcholine) (specify receptor)
84244	Renin
84252	Riboflavin (vitamin B-2)
84255	Selenium
84260	Serotonin
84270	Sex hormone binding globulin (SHBG)
84275	Sialic acid
84285	Silica
84295	Sodium; serum
84300	urine
84302	other source
84305	Somatomedin
84307	Somatostatin
84311	Spectrophotometry, analyte not elsewhere specified
84315	Specific gravity (except urine)
84375	Sugars, chromatographic, TLC or paper chromatography
84376	Sugars (mono-, di, and oligosaccharides); single qualitative, each specimen
84377	multiple qualitative, each specimen
84378	single quantitative, each specimen
84379	multiple quantitative, each specimen
84392	Sulfate, urine
84402	Testosterone; free
84403	total
84425	Thiamine (vitamin B-1)
84430	Thiocyanate
84432	Thyroglobulin
84436	Thyroxine; total
84437	requiring elution (e.g., neonatal)
84439	free
84442	Thyroxine binding globulin (TBG)
84443	Thyroid-stimulating hormone (TSH)
84445	Thyroid-stimulating immune globulins (TSI)
84446	Tocopherol alpha (vitamin E)
84449	Transcortin (cortisol binding globulin)
84450	Transferase; aspartate amino (AST) (SGOT)
84460	alanine amino (ALT) (SGPT)
84466	Transferrin
84478	Triglycerides
84479	Thyroid hormone (T3 or T4) uptake or thyroid hormone binding ratio (THBR)
84480	Triiodothyronine T3; total (TT-3)
84481	free
84482	reverse
84484	Troponin, quantitative
84485	Trypsin; duodenal fluid

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602 Laboratory Service Codes and Descriptions (cont.)

Service

<u>Code</u>	<u>Service Description</u>
84488	feces, qualitative
84490	feces, quantitative, 24-hour collection
84510	Tyrosine
84512	Troponin, qualitative
84520	Urea nitrogen; quantitative
84525	semiquantitative (e.g., reagent strip test)
84540	Urea nitrogen, urine
84545	Urea nitrogen, clearance
84550	Uric acid; blood
84560	other source
84577	Urobilinogen, feces, quantitative
84578	Urobilinogen, urine; qualitative
84580	quantitative, timed specimen
84583	semiquantitative
84585	Vanillylmandelic acid (VMA), urine
84586	Vasoactive intestinal peptide (VIP)
84588	Vasopressin (antidiuretic hormone, ADH)
84590	Vitamin A
84591	Vitamin, not otherwise specified
84597	Vitamin K
84600	Volatiles (e.g., acetic anhydride, carbon tetrachloride, dichloroethane, dichloromethane, diethylether, isopropyl alcohol, methanol)
84620	Xylose absorption test, blood and/or urine
84630	Zinc
84681	C-peptide
84702	Gonadotropin, chorionic (hCG); quantitative
84703	qualitative
84999	Unlisted chemistry procedure (I.C.)

**HEMATOLOGY AND COAGULATION**

85002	Bleeding time
85004	Blood count; automated differential WBC count
85007	blood smear, microscopic examination with manual differential WBC count
85008	blood smear, microscopic examination without manual differential WBC count
85009	manual differential WBC count, buffy coat
85013	spun microhematocrit
85014	hematocrit (Hct)
85018	hemoglobin (Hgb)
85025	complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count
85027	complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count)
85032	manual cell count (erythrocyte, leukocyte, or platelet) each
85041	red blood cell (RBC), automated
85044	reticulocyte, manual

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602 Laboratory Service Codes and Descriptions (cont.)

Service  
Code

Service Description

85045	reticulocyte, automated
85046	reticulocytes, hemoglobin concentration
85048	leukocyte (WBC), automated
85049	platelet, automated
85055	Reticulated platelet assay
85060	Blood smear, peripheral, interpretation by physician with written report
85097	Bone marrow, smear interpretation
85130	Chromogenic substrate assay
85170	Clot retraction
85175	Clot lysis time, whole blood dilution
85210	Clotting; factor II, prothrombin, specific
85220	factor V (AcG or proaccelerin), labile factor
85230	factor VII (proconvertin, stable factor)
85240	factor VIII (AHG), one stage
85244	factor VIII related antigen
85245	factor VIII, VW factor, ristocetin cofactor
85246	factor VIII, VW factor antigen
85247	factor VIII, von Willebrand factor, multimetric analysis
85250	factor IX (PTC or Christmas)
85260	factor X (Stuart-Prower)
85270	factor XI (PTA)
85280	factor XII (Hageman)
85290	factor XIII (fibrin stabilizing)
85291	factor XIII (fibrin stabilizing), screen solubility
85292	prekallikrein assay (Fletcher factor assay)
85293	high molecular weight kininogen assay (Fitzgerald factor assay)
85300	Clotting inhibitors or anticoagulants; antithrombin III, activity
85301	antithrombin III, antigen assay
85302	protein C, antigen
85303	protein C, activity
85305	protein S, total
85306	protein S, free
85307	Activated Protein C (APC) resistance assay
85335	Factor inhibitor test
85337	Thrombomodulin
85345	Coagulation time; Lee and White
85347	activated
85348	other methods
85360	Euglobulin lysis
85362	Fibrin(ogen) degradation (split) products (FDP)(FSP); agglutination slide; semiquantitative
85366	paracoagulation
85370	quantitative
85378	Fibrin degradation products, D-dimer; qualitative or semiquantitative
85379	quantitative
85380	ultrasensitive (e.g., for evaluation for venous thromboembolism), qualitative or semiquantitative

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602 Laboratory Service Codes and Descriptions (cont.)

Service  
Code

Service Description

85384	Fibrinogen; activity
85385	antigen
85390	Fibrinolysins or coagulopathy screen, interpretation and report
85396	Coagulation/fibrinolysis assay, whole blood (e.g., viscoelastic clot assessment), including use of any pharmacologic additive(s), as indicated, including interpretation and written report, per day
85400	Fibrinolytic factors and inhibitors; plasmin
85410	alpha-2 antiplasmin
85415	plasminogen activator
85420	plasminogen, except antigenic assay
85421	plasminogen, antigenic assay
85441	Heinz bodies; direct
85445	induced, acetyl phenylhydrazine
85460	Hemoglobin or RBCs, fetal, for fetomaternal hemorrhage; differential lysis (Kleihauer-Betke)
85461	rosette
85475	Hemolysin, acid
85520	Heparin assay
85525	Heparin neutralization
85530	Heparin-protamine tolerance test
85536	Iron stain, peripheral blood
85540	Leukocyte alkaline phosphatase with count
85547	Mechanical fragility, RBC
85549	Muramidase
85555	Osmotic fragility, RBC; unincubated
85557	incubated
85576	Platelet; aggregation (in vitro), each agent
85597	Platelet neutralization
85610	Prothrombin time
85611	substitution, plasma fractions, each
85612	Russell viper venom time (includes venom); undiluted
85613	diluted
85635	Reptilase test
85651	Sedimentation rate, erythrocyte; non-automated
85652	automated
85660	Sickling of RBC, reduction
85670	Thrombin time; plasma
85675	titer
85705	Thromboplastin inhibition; tissue
85730	Thromboplastin time, partial (PTT); plasma or whole blood
85732	substitution, plasma fractions, each
85810	Viscosity
85999	Unlisted hematology and coagulation procedure (I.C.)

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602 Laboratory Service Codes and Descriptions (cont.)

Service  
Code

Service Description

**IMMUNOLOGY**

86000	Agglutinins, febrile (e.g., Brucella, Francisella, Murine typhus, Q fever, Rocky Mountain spotted fever, scrub typhus), each antigen
86001	Allergen specific IgG; quantitative or semiquantitative, each allergen
86003	Allergen specific IgE; quantitative or semiquantitative, each allergen
86005	qualitative, multiallergen screen (dipstick, paddle, or disk)
86021	Antibody identification; leukocyte antibodies
86022	platelet antibodies
86023	platelet-associated immunoglobulin assay
86038	Antinuclear antibodies (ANA)
86039	titer
86060	Antistreptolysin O; titer
86063	screen
86140	C-reactive protein
86141	high sensitivity (hsCRP)
86146	Beta 2 Glycoprotein I antibody, each
86147	Cardiolipin (phospholipid) antibody, each Ig class
86148	Anti-phosphatidylserine (phospholipid) antibody
86155	Chemotaxis assay, specify method
86156	Cold agglutinin; screen
86157	titer
86160	Complement; antigen, each component
86161	functional activity, each component
86162	total hemolytic (CH50)
86171	Complement fixation tests, each antigen
86185	Counterimmunoelectrophoresis, each antigen
86215	Deoxyribonuclease, antibody
86225	Deoxyribonucleic acid (DNA), antibody; native or double stranded
86226	single stranded
86235	Extractable nuclear antigen, antibody to, any method (e.g., nRNP, SS-A, SS-B, Sm, RNP, Sc170, J01), each antibody
86243	Fc receptor
86255	Fluorescent noninfectious agent antibody; screen, each antibody
86256	titer, each antibody
86277	Growth hormone, human (HGH), antibody
86280	Hemagglutination inhibition test (HAI)
86294	Immunoassay for tumor antigen, qualitative or semiquantitative (e.g., bladder tumor antigen)
86300	Immunoassay for tumor antigen, quantitative; CA 15-3 (27.29)
86301	CA 19-9
86304	CA 125
86308	Heterophile antibodies; screening
86309	titer
86310	titers after absorption with beef cells and guinea pig kidney

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602 Laboratory Service Codes and Descriptions (cont.)

Service

<u>Code</u>	<u>Service Description</u>
86316	Immunoassay for tumor antigen; other antigen, quantitative (e.g., CA 50, 72-4, 549), each
86317	Immunoassay for infectious agent antibody, quantitative, not otherwise specified
86318	Immunoassay for infectious agent antibody, qualitative or semiquantitative, single step method (e.g., reagent strip)
86320	Immuno-electrophoresis; serum
86325	other fluids (e.g., urine, cerebrospinal fluid) with concentration
86327	crossed (two-dimensional assay)
86329	Immunodiffusion; not elsewhere specified
86331	gel diffusion, qualitative (Ouchterlony), each antigen or antibody
86332	Immune complex assay
86334	Immunofixation electrophoresis
86336	Inhibin A
86337	Insulin antibodies
86340	Intrinsic factor antibodies
86341	Islet cell antibody
86343	Leukocyte histamine release test (LHR)
86344	Leukocyte phagocytosis
86353	Lymphocyte transformation, mitogen (phyto mitogen) or antigen-induced blastogenesis
86359	T cells; total count
86360	absolute CD4 and CD8 count, including ratio
86361	absolute CD4 count
86376	Microsomal antibodies (e.g., thyroid or liver-kidney), each
86378	Migration inhibitory factor test (MIF)
86382	Neutralization test, viral
86384	Nitroblue tetrazolium dye test (NTD)
86403	Particle agglutination; screen, each antibody
86406	titer, each antibody
86430	Rheumatoid factor; qualitative
86431	quantitative
86485	Skin test; candida
86490	coccidioidomycosis
86510	histoplasmosis
86586	unlisted antigen, each
86590	Streptokinase, antibody
86592	Syphilis test; qualitative (e.g., VDRL, RPR, ART)
86593	quantitative

The following codes (86602-86804) are qualitative or semiquantitative immunoassays performed by multiple step methods for the detection of antibodies to infectious agents. For immunoassays by single step method (e.g., reagent strips), use code 86318. Procedures for the identification of antibodies should be coded as precisely as possible. For example, an antibody to a virus could be coded with increasing specificity for virus, family, genus, species, or type. In some cases, further precision may be added to codes by specifying the class of immunoglobulin being detected. When multiple tests are done to detect antibodies to organisms classified more precisely than the specificity allowed by available codes, it is appropriate to code each as a separate service. For

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602 Laboratory Service Codes and Descriptions (cont.)

Service  
Code

Service Description

example, a test for antibody to an enterovirus is coded as 86658. Coxsackieviruses are enteroviruses, but there are no codes for the individual species of enterovirus. If assays are performed for antibodies to coxsackie A and B species, each assay should be separately coded. Similarly, if multiple assays are performed for antibodies of different immunoglobulin classes, each assay should be coded separately.

86602	Antibody; actinomyces
86603	adenovirus
86606	Aspergillus
86609	bacterium, not elsewhere specified
86611	Bartonella
86612	Blastomyces
86615	Bordetella
86617	Borrelia burgdorferi (Lyme disease) confirmatory test (e.g., Western blot or immunoblot)
86618	Borrelia burgdorferi (Lyme disease)
86619	Borrelia (relapsing fever)
86622	Brucella
86625	Campylobacter
86628	Candida
86631	Chlamydia
86632	Chlamydia, IgM
86635	Coccidioides
86638	Coxiella Brunetii (Q fever)
86641	Cryptococcus
86644	cytomegalovirus (CMV)
86645	cytomegalovirus (CMV), IgM
86648	Diphtheria
86651	encephalitis, California (La Crosse)
86652	encephalitis, Eastern equine
86653	encephalitis, St. Louis
86654	encephalitis, Western equine
86658	enterovirus (e.g., coxsackie, echo, polio)
86663	Epstein-Barr (EB) virus, early antigen (EA)
86664	Epstein-Barr (EB) virus, nuclear antigen (EBNA)
86665	Epstein-Barr (EB) virus, viral capsid (VCA)
86666	Ehrlichia
86668	Francisella tularensis
86671	fungus, not elsewhere specified
86674	Giardia lamblia
86677	Helicobacter pylori
86682	helminth, not elsewhere specified
86684	Haemophilus influenza
86687	HTLV-I
86688	HTLV-II
86689	HTLV or HIV antibody, confirmatory test (e.g., Western blot)

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Service  
Code

Service Description

86692	hepatitis, delta agent
86694	herpes simplex, non-specific type test
86695	herpes simplex, type 1
86696	herpes simplex, type 2
86698	histoplasma
86701	HIV-1
86702	HIV-2
86703	HIV-1 and HIV-2, single assay
86704	Hepatitis B core antibody (HBcAb); total
86705	IgM antibody
86706	Hepatitis B surface antibody (HBsAb)
86707	Hepatitis Be antibody (HBeAb)
86708	Hepatitis A antibody (HAAb); total
86709	IgM antibody
86710	Antibody; influenza virus
86713	Legionella
86717	Leishmania
86720	Leptospira
86723	Listeria monocytogenes
86727	lymphocytic choriomeningitis
86729	Lymphogranuloma venereum
86732	mucormycosis
86735	mumps
86738	mycoplasma
86741	Neisseria meningitidis
86744	Nocardia
86747	parvovirus
86750	Plasmodium (malaria)
86753	protozoa, not elsewhere specified
86756	respiratory syncytial virus
86757	Rickettsia
86759	rotavirus
86762	rubella
86765	rubeola
86768	Salmonella
86771	Shigella
86774	tetanus
86777	Toxoplasma
86778	Toxoplasma, IgM
86781	Treponema pallidum, confirmatory test (e.g., FTA-abs)
86784	trichinella
86787	varicella-zoster
86790	virus, not elsewhere specified
86793	Yersinia
86800	Thyroglobulin antibody



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602 Laboratory Service Codes and Descriptions (cont.)

Service

Code      Service Description

86803      Hepatitis C antibody  
86804      confirmatory test (e.g., immunoblot)

**Tissue Typing**

86805      Lymphocytotoxicity assay, visual crossmatch; with titration  
86806      without titration  
86807      Serum screening for cytotoxic percent reactive antibody (PRA); standard method  
86808      quick method  
86812      HLA typing; A, B, or C (e.g., A10, B7, B27), single antigen  
86813      A, B, or C, multiple antigens  
86816      DR/DQ, single antigen  
86817      DR/DQ, multiple antigens  
86821      lymphocyte culture, mixed (MLC)  
86822      lymphocyte culture, primed (PLC)  
86849      Unlisted immunology procedure (I.C.)

**TRANSFUSION MEDICINE**

86850      Antibody screen, RBC, each serum technique  
86860      Antibody elution (RBC), each elution  
86870      Antibody identification, RBC antibodies, each panel for each serum technique  
86880      Antihuman globulin test (Coombs test); direct, each antiserum  
86885      indirect, qualitative, each antiserum  
86886      indirect, titer, each antiserum  
86900      Blood typing; ABO  
86901      Rh (D) (I.C.)  
86903      antigen screening for compatible blood unit using reagent serum, per unit screened  
86904      antigen screening for compatible unit using patient serum, per unit screened  
86905      RBC antigens, other than ABO or Rh (D), each  
86906      Rh phenotyping, complete  
86920      Compatibility test each unit; immediate spin technique  
86921      incubation technique  
86922      antiglobulin technique  
86940      Hemolysins and agglutinins; auto, screen, each  
86941      incubated  
86970      Pretreatment of RBCs for use in RBC antibody detection, identification, and/or compatibility testing; incubation with chemical agents or drugs, each  
86971      incubation with enzymes, each  
86972      by density gradient separation  
86975      Pretreatment of serum for use in RBC antibody identification; incubation with drugs, each  
86976      by dilution  
86977      incubation with inhibitors, each  
86978      by differential red-cell absorption using patient RBCs or RBCs of known phenotype, each absorption

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602 Laboratory Service Codes and Descriptions (cont.)

Service  
Code

Service Description

86999 Unlisted transfusion medicine procedure (I.C.)

**MICROBIOLOGY**

87001 Animal inoculation, small animal; with observation

87003 with observation and dissection

87015 Concentration (any type), for infectious agents

87040 Culture, bacterial; blood, aerobic, with isolation and presumptive identification of isolates  
(includes anaerobic culture, if appropriate)

87045 stool, aerobic, with isolation and preliminary examination (e.g., KIA, LIA), Salmonella and Shigella species

87046 stool, aerobic, additional pathogens, isolation and presumptive identification of pathogens

87070 any other source except urine, blood, or stool, aerobic, with isolation and presumptive identification of isolates

87071 quantitative, aerobic with isolation and presumptive identification of isolates, any source except urine, blood, or stool

87073 quantitative, anaerobic with isolation and presumptive identification of isolates, any source except urine, blood, or stool

87075 any source, except blood, anaerobic with isolation and presumptive identification of isolates

87076 anaerobic isolate, additional methods required for definitive identification, each isolate

87077 aerobic isolate, additional methods required for definitive identification, each isolate

87081 Culture, presumptive, pathogenic organisms, screening only

87084 with colony estimation from density chart

87086 Culture, bacterial; quantitative colony count, urine

87088 with isolation and presumptive identification of isolates, urine

87101 Culture, fungi (mold or yeast) isolation, with presumptive identification of isolates; skin, hair, or nail

87102 other source (except blood)

87103 blood

87106 Culture, fungi, definitive identification, each organism; yeast (Use in addition to codes 87101, 87102, or 87103 when appropriate.)

87107 mold

87109 Culture, mycoplasma, any source

87110 Culture, chlamydia, any source

87116 Culture, tubercle or other acid-fast bacilli (e.g., TB, AFB, mycobacteria) any source, with isolation and presumptive identification of isolates

87118 Culture, mycobacteria, definitive identification, each isolate

87140 Culture, typing; immunofluorescent method, each antiserum

87143 gas-liquid chromatography (GLC) or high pressure liquid chromatography (HPLC) method

87147 immunologic method, other than immunofluorescence (e.g., agglutination grouping), per antiserum

87149 identification by nucleic acid probe

87152 identification by pulse field gel typing

87158 other methods

87164 Dark field examination, any source (e.g., penile, vaginal, oral, skin); includes specimen collection

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602 Laboratory Service Codes and Descriptions (cont.)

Service  
Code

Service Description

87166	without collection
87168	Macroscopic examination; arthropod
87169	parasite
87172	Pinworm exam (e.g., cellophane tape prep)
87176	Homogenization, tissue, for culture
87177	Ova and parasites, direct smears, concentration and identification
87181	Susceptibility studies, antimicrobial agent; agar dilution method, per agent (e.g., antibiotic gradient strip)
87184	disk method, per plate (12 or fewer agents)
87185	enzyme detection (e.g., beta lactamase), per enzyme
87186	microdilution or agar dilution (minimum inhibitory concentration (MIC) or breakpoint), each multiantimicrobial, per plate
87187	microdilution or agar dilution, minimum lethal concentration (MLC), each plate (List separately in addition to code for primary procedure.)
87188	macrobroth dilution method, each agent
87190	mycobacteria, proportion method, each agent
87197	Serum bactericidal titer (Schlichter test)
87205	Smear, primary source with interpretation; Gram or Giemsa stain for bacteria, fungi, or cell types
87206	fluorescent and/or acid-fast stain for bacteria, fungi, parasites, viruses, or cell types
87207	special stain for inclusion bodies or parasites (e.g., malaria, coccidia, microsporidia, trypanosomes, herpes viruses)
87210	wet mount for infectious agents (e.g., saline, India ink, KOH preps)
87220	Tissue examination by KOH slide of samples from skin, hair, or nails for fungi or ectoparasite ova or mites (e.g., scabies)
87230	Toxin or antitoxin assay, tissue culture (e.g., Clostridium difficile toxin)
87250	Virus isolation; inoculation of embryonated eggs, or small animal, includes observation and dissection
87252	tissue culture inoculation, observation, and presumptive identification by cytopathic effect
87253	tissue culture, additional studies or definitive identification (e.g., hemabsorption, neutralization, immunofluorescence stain), each isolate
87254	centrifuge enhanced (shell vial) technique, includes identification with immunofluorescence stain, each virus
87255	including identification by non-immunologic method, other than by cytopathic effect (e.g., virus specific enzymatic activity)
	Infectious agents by antigen detection, immunofluorescence microscopy; or nucleic acid probe techniques should be reported as precisely as possible. The most specific code possible should be reported. If there is no specific agent code, the general methodology code (e.g., 87299, 87449, 87450, 87797, 87798, 87799, 87899) should be used. For identification of antibodies to many of the listed infectious agents, see 86602-86804.
87260	Infectious agent antigen detection by immunofluorescent technique; adenovirus
87265	Bordetella pertussis/parapertussis
87267	Enterovirus, direct fluorescent antibody (DFA)
87269	giardia

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602 Laboratory Service Codes and Descriptions (cont.)

Service  
Code

Service Description

87270	Chlamydia trachomatis
87271	Cytomegalovirus, direct fluorescent antibody (DFA)
87272	cryptosporidium
87273	Herpes simplex virus type 2
87274	Herpes simplex virus type 1
87275	influenza B virus
87276	influenza A virus
87277	Legionella micdadei
87278	Legionella pneumophila
87279	Parainfluenza virus, each type
87280	respiratory syncytial virus
87281	Pneumocystis carinii
87283	Rubeola
87285	Treponema pallidum
87290	Varicella zoster virus
87299	not otherwise specified, each organism
87300	Infectious agent antigen detection by immunofluorescent technique, polyvalent for multiple organisms, each polyvalent antiserum
87301	Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple step method; adenovirus enteric types 40/41
87320	Chlamydia trachomatis
87324	Clostridium difficile toxin(s)
87327	Cryptococcus neoformans
87328	cryptosporidium
87329	giardia
87332	cytomegalovirus
87335	Escherichia coli 0157
87336	Entamoeba histolytica dispar group
87337	Entamoeba histolytica group
87338	Helicobacter pylori, stool
87339	Helicobacter pylori
87340	hepatitis B surface antigen (HBsAg)
87341	hepatitis B surface antigen (HBsAg) neutralization
87350	hepatitis Be antigen (HBeAg)
87380	hepatitis, delta agent
87385	Histoplasma capsulatum
87390	HIV-1
87391	HIV-2
87400	influenza, A or B, each
87420	respiratory syncytial virus
87425	rotavirus
87427	Shiga-like toxin
87430	Streptococcus, group A
87449	Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative; multiple step method, not otherwise specified, each organism

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602 Laboratory Service Codes and Descriptions (cont.)

Service  
Code

Service Description

87450	single step method, not otherwise specified, each organism
87451	multiple step method, polyvalent for multiple organisms, each polyvalent antiserum
87470	Infectious agent detection by nucleic acid (DNA or RNA); Bartonella henselae and Bartonella quintana, direct probe technique
87471	Bartonella henselae and Bartonella quintana, amplified probe technique
87472	Bartonella henselae and Bartonella quintana, quantification
87475	Borrelia burgdorferi, direct probe technique
87476	Borrelia burgdorferi, amplified probe technique
87477	Borrelia burgdorferi, quantification
87480	Candida species, direct probe technique
87481	Candida species, amplified probe technique
87482	Candida species, quantification
87485	Chlamydia pneumoniae, direct probe technique
87486	Chlamydia pneumoniae, amplified probe technique
87487	Chlamydia pneumoniae, quantification
87490	Chlamydia trachomatis, direct probe technique
87491	Chlamydia trachomatis, amplified probe technique
87492	Chlamydia trachomatis, quantification
87495	cytomegalovirus, direct probe technique
87496	cytomegalovirus, amplified probe technique
87497	cytomegalovirus, quantification
87510	Gardnerella vaginalis, direct probe technique
87511	Gardnerella vaginalis, amplified probe technique
87512	Gardnerella vaginalis, quantification
87515	hepatitis B virus, direct probe technique
87516	hepatitis B virus, amplified probe technique
87517	hepatitis B virus, quantification
87520	hepatitis C, direct probe technique
87521	hepatitis C, amplified probe technique
87522	hepatitis C, quantification
87525	hepatitis G, direct probe technique
87526	hepatitis G, amplified probe technique
87527	hepatitis G, quantification
87528	herpes simplex virus, direct probe technique
87529	herpes simplex virus, amplified probe technique
87530	herpes simplex virus, quantification
87531	herpes virus-6, direct probe technique
87532	herpes virus-6, amplified probe technique
87533	herpes virus-6, quantification
87534	HIV-1, direct probe technique
87535	HIV-1, amplified probe technique
87536	HIV-1, quantification
87537	HIV-2, direct probe technique
87538	HIV-2, amplified probe technique
87539	HIV-2, quantification

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602 Laboratory Service Codes and Descriptions (cont.)

Service  
Code

Service Description

87540	Legionella pneumophila, direct probe technique
87541	Legionella pneumophila, amplified probe technique
87542	Legionella pneumophila, quantification
87550	Mycobacteria species, direct probe technique
87551	Mycobacteria species, amplified probe technique
87552	Mycobacteria species, quantification
87555	Mycobacteria tuberculosis, direct probe technique
87556	Mycobacteria tuberculosis, amplified probe technique
87557	Mycobacteria tuberculosis, quantification
87560	Mycobacteria avium-intracellulare, direct probe technique
87561	Mycobacteria avium-intracellulare, amplified probe technique
87562	Mycobacteria avium-intracellulare, quantification
87580	Mycoplasma pneumoniae, direct probe technique
87581	Mycoplasma pneumoniae, amplified probe technique
87582	Mycoplasma pneumoniae, quantification
87590	Neisseria gonorrhoeae, direct probe technique
87591	Neisseria gonorrhoeae, amplified probe technique
87592	Neisseria gonorrhoeae, quantification
87620	papillomavirus, human, direct probe technique
87621	papillomavirus, human, amplified probe technique
87622	papillomavirus, human, quantification
87650	Streptococcus, group A, direct probe technique
87651	Streptococcus, group A, amplified probe technique
87652	Streptococcus, group A, quantification
87660	Trichomonas vaginalis, direct probe technique
87797	Infectious agent detection by nucleic acid (DNA or RNA), not otherwise specified; direct probe technique, each organism
87798	amplified probe technique, each organism
87799	quantification, each organism
87800	Infectious agent detection by nucleic acid (DNA or RNA), multiple organisms; direct probe(s) technique
87801	amplified probe(s) technique
87802	Infectious agent antigen detection by immunoassay with direct optical observation; Streptococcus, group B
87803	Clostridium difficile toxin A
87804	influenza
87810	Infectious agent detection by immunoassay with direct optical observation; Chlamydia trachomatis
87850	Neisseria gonorrhoeae
87880	Streptococcus, group A
87899	not otherwise specified
87901	Infectious agent genotype analysis by nucleic acid (DNA or RNA); HIV 1, reverse transcriptase and protease (P.A. required for third and subsequent tests performed within a calendar year)
87902	Hepatitis C virus
87903	Infectious agent phenotype analysis by nucleic acid (DNA or RNA) with drug resistance tissue culture analysis, HIV 1; first through 10 drugs tested (P.A.)
87904	each additional one through five drugs tested (List separately in addition to code for primary procedure.) (Use 87904 in conjunction with 87903.) (P.A.)
87999	Unlisted microbiology procedure (I.C.) (P.A.)

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602 Laboratory Service Codes and Descriptions (cont.)

Service  
Code      Service Description

**ANATOMIC PATHOLOGY**

**Cytopathology**

- 88104      Cytopathology, fluids, washings or brushings, except cervical or vaginal; smears with interpretation
- 88106      filter method only with interpretation
- 88107      smears and filter preparation with interpretation
- 88108      Cytopathology, concentration technique, smears and interpretation (e.g., Saccomanno technique)
- 88112      Cytopathology, selective cellular enhancement technique with interpretation (e.g., liquid based slide preparation method), except cervical or vaginal
- 88130      Sex chromatin identification; Barr bodies
- 88140      peripheral blood smear, polymorphonuclear drumsticks

Codes 88141-88155, 88164-88167 are used to report cervical or vaginal screening by various methods and to report physician interpretation services. Use codes 88150-88154 to report Pap smears that are examined using non-Bethesda reporting. Use codes 88164-88167 to report Pap smears that are examined using the Bethesda System of reporting. Use codes 88142-88143 to report specimens collected in fluid medium with automated thin layer preparation that are examined using any system of reporting (Bethesda or non-Bethesda). Within each of these three code families choose the one code that describes the screening method(s) used. Codes 88141 and 88155 should be reported in addition to the screening code chosen when the additional services are provided.

- 88141      Cytopathology, cervical or vaginal (any reporting system); requiring interpretation by physician (List separately in addition to code for technical service.)
- 88142      Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; manual screening under physician supervision
- 88143      with manual screening and rescreening under physician supervision
- 88147      Cytopathology smears, cervical or vaginal; screening by automated system under physician supervision
- 88148      screening by automated system with manual rescreening under physician supervision
- 88150      Cytopathology, slides, cervical or vaginal; manual screening under physician supervision
- 88152      with manual screening and computer-assisted rescreening under physician supervision
- 88153      with manual screening and rescreening under physician supervision
- 88154      with manual screening and computer-assisted rescreening using cell selection and review under physician supervision
- 88155      Cytopathology, slides, cervical or vaginal, definitive hormonal evaluation (e.g., maturation index, karyopyknotic index, estrogenic index) (List separately in addition to code(s) for other technical and interpretation services.)
- 88160      Cytopathology, smears, any other source; screening and interpretation
- 88161      preparation, screening, and interpretation
- 88162      extended study involving over five slides and/or multiple stains
- 88164      Cytopathology, slides, cervical or vaginal (the Bethesda System); manual screening under physician supervision

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602 Laboratory Service Codes and Descriptions (cont.)

Service

Code      Service Description

88165	with manual screening and rescreening under physician supervision
88166	with manual screening and computer-assisted rescreening under physician supervision
86167	with manual screening and computer-assisted rescreening using cell selection and review under physician supervision
88172	Cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy of specimen(s)
88173	interpretation and report
88174	Cytopathology, cervical or vaginal (any reported system), collected in preservative fluid, automated thin layer preparation, screening by automated system, under physician supervision
88175	with screening by automated system and manual rescreening, under physician supervision
88180	Flow cytometry; each cell surface, cytoplasmic or nuclear
88182	cell cycle or DNA analysis
88199	Unlisted cytopathology procedure (I.C.)

**Cytogenetic Studies**

88230	Tissue culture for non-neoplastic disorders; lymphocyte
88233	skin or other solid tissue biopsy
88235	amniotic fluid or chorionic villus cells
88237	Tissue culture for neoplastic disorders; bone marrow, blood cells
88239	solid tumor
88240	Cryopreservation, freezing and storage of cells, each cell line
88241	Thawing and expansion of frozen cells, each aliquot
88245	Chromosome analysis for breakage syndromes; baseline Sister Chromatid Exchange (SCE), 20-25 cells
88248	baseline breakage, score 50-100 cells, count 20 cells, 2 karyotypes, (e.g., for ataxia telangiectasia, Fanconi anemia, fragile X)
88249	score 100 cells, clastogen stress (e.g., diepoxybutane, mitomycin C, ionizing radiation, UV radiation)
88261	Chromosome analysis; count 5 cells, 1 karyotype, with banding
88262	count 15-20 cells, 2 karyotypes, with banding
88263	count 45 cells for mosaicism, 2 karyotypes, with banding
88264	analyze 20-25 cells
88267	Chromosome analysis, amniotic fluid or chorionic villus, count 15 cells, 1 karyotype, with banding
88269	Chromosome analysis, in situ for amniotic fluid cells, count cells from 6-12 colonies, 1 karyotype, with banding
88271	Molecular cytogenetics; DNA probe, each (e.g., FISH)
88272	chromosomal in situ hybridization, analyze 3-5 cells (e.g., for derivatives and markers)
88273	chromosomal in situ hybridization, analyze 10-30 cells (e.g., for microdeletions)
88274	interphase in situ hybridization, analyze 25-99 cells
88275	interphase in situ hybridization, analyze 100-300 cells
88280	Chromosome analysis; additional karyotypes, each study
88283	additional specialized banding technique (e.g., NOR, C-banding)
88285	additional cells counted, each study



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Service  
Code

Service Description

- 88289 additional high resolution study  
88291 Cytogenetics and molecular cytogenetics, interpretation and report  
88299 Unlisted cytogenetic study (I.C.)

**SURGICAL PATHOLOGY**

Complete descriptions for codes 88300 through 88309 are listed in the American Medical Association's Current Procedural Terminology (CPT) code book.

- 88300 Level I - surgical pathology, gross examination only  
88302 Level II - surgical pathology, gross and microscopic examination  
88304 Level III - surgical pathology, gross and microscopic examination  
88305 Level IV - surgical pathology, gross and microscopic examination  
88307 Level V - surgical pathology, gross and microscopic examination  
88309 Level VI - surgical pathology, gross and microscopic examination  
88311 Decalcification procedure (List separately in addition to code for surgical pathology examination.)  
88312 Special stains (List separately in addition to code for primary service); Group I for microorganisms (e.g., Gridley, acid fast, methenamine silver), each  
88313 Group II, all other (e.g., iron, trichrome), except immunocytochemistry and immunoperoxidase stains, each  
88314 histochemical staining with frozen section(s)  
88318 Determinative histochemistry to identify chemical components (e.g., copper, zinc)  
88319 Determinative histochemistry or cytochemistry to identify enzyme constituents, each  
88342 Immunohistochemistry (including tissue immunoperoxidase), each antibody  
88346 Immunofluorescent study, each antibody; direct method  
88347 indirect method  
88348 Electron microscopy; diagnostic  
88349 scanning  
88355 Morphometric analysis; skeletal muscle  
88356 nerve  
88358 tumor (e.g., DNA ploidy)  
88361 tumor immunohistochemistry (e.g., Her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative  
88362 Nerve-teasing preparations  
88365 Tissue in situ hybridization, interpretation and report  
88371 Protein analysis of tissue by Western Blot, with interpretation and report  
88372 immunological probe for band identification, each  
88380 Microdissection (e.g., mechanical, laser capture) (I.C.)  
88399 Unlisted surgical pathology procedure (I.C.)

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Service  
Code

Service Description

**OTHER PROCEDURES**

89050	Cell count, miscellaneous body fluids (e.g., cerebrospinal fluid, joint fluid), except blood
89051	with differential count
89055	Leukocyte assessment, fecal, qualitative or semiquantitative
89060	Crystal identification by light microscopy with or without polarizing lens analysis, any body fluid (except urine)
89100	Duodenal intubation and aspiration; single specimen (e.g., simple bile study or afferent loop culture) plus appropriate test procedure (I.C.)
89105	collection of multiple fractional specimens with pancreatic or gallbladder stimulation, single or double lumen tube
89125	Fat stain, feces, urine, or respiratory secretions
89130	Gastric intubation and aspiration, diagnostic, each specimen, for chemical analyses or cytopathology
89132	after stimulation
89135	Gastric intubation, aspiration, and fractional collections (e.g., gastric secretory study); one hour
89136	two hours
89140	two hours including gastric stimulation (e.g., histalog, pentagastrin)
89141	three hours, including gastric stimulation
89160	Meat fibers, feces
89190	Nasal smear for eosinophils
89220	Sputum, obtaining specimen, aerosol induced technique (I.C.)
89225	Starch granules, feces
89230	Sweat collection by iontophoresis (I.C.)
89235	Water load test
89240	Unlisted miscellaneous pathology test (I.C.)

**MEDICINE**

**CARDIOVASCULAR**

**Cardiography**

93000	Electrocardiogram, routine ECG with at least 12 leads; with interpretation and report
93005	tracing only, without interpretation and report
93010	interpretation and report only
93012	Telephonic transmission of post-symptom electrocardiogram rhythm strip(s), 24-hour attended monitoring, per 30-day period of time; tracing only
93014	physician review with interpretation and report only
93015	Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; with physician supervision, with interpretation and report
93018	interpretation and report only
93024	Ergonovine provocation test

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602 Laboratory Service Codes and Descriptions (cont.)

Service  
Code

Service Description

93040	Rhythm ECG, one to three leads; with interpretation and report
93041	tracing only without interpretation and report
93042	interpretation and report only
93224	Electrocardiographic monitoring for 24 hours by continuous original ECG waveform recording and storage, with visual superimposition scanning; includes recording, scanning analysis with report, physician review and interpretation
93225	recording (includes hook-up, recording, and disconnection)
93226	scanning analysis with report
93227	physician review and interpretation
93230	Electrocardiographic monitoring for 24 hours by continuous original ECG waveform recording and storage without superimposition scanning utilizing a device capable of producing a full miniaturized printout; includes recording, microprocessor-based analysis with report, physician review and interpretation
93231	recording (includes hook-up, recording, and disconnection)
93232	microprocessor-based analysis with report
93233	physician review and interpretation
93235	Electrocardiographic monitoring for 24 hours by continuous computerized monitoring and non-continuous recording, and real-time data analysis utilizing a device capable of producing intermittent full-sized waveform tracings, possibly patient activated; includes monitoring and real-time data analysis with report, physician review and interpretation
93236	monitoring and real-time data analysis with report
93237	physician review and interpretation
93268	Patient demand single or multiple event recording with presymptom memory loop, 24-hour attended monitoring, per 30-day period of time; includes transmission, physician review and interpretation
93278	Signal-averaged electrocardiography (SAECG), with or without ECG

**Other Vascular Studies**

93701	Bioimpedance, thoracic, electrical
93724	Electronic analysis of antitachycardia pacemaker system (includes electrocardiographic recording, programming of device, induction and termination of tachycardia via implanted pacemaker, and interpretation of recordings)
93731	Electronic analysis of dual-chamber pacemaker system (includes evaluation of programmable parameters at rest and during activity where applicable, using electrocardiographic recording and interpretation of recordings at rest and during exercise, analysis of event markers and device response); without reprogramming
93732	with reprogramming
93734	Electronic analysis of single-chamber pacemaker system (includes evaluation of programmable parameters at rest and during activity where applicable, using electrocardiographic recording and interpretation of recordings at rest and during exercise, analysis of event markers and device response); without reprogramming
93735	with reprogramming

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602 Laboratory Service Codes and Descriptions (cont.)

Service  
Code

Service Description

**Other Procedures**

- 93797 Physician services for outpatient cardiac rehabilitation; without continuous ECG monitoring (per session)  
 93798 with continuous ECG monitoring (per session)  
 93799 Unlisted cardiovascular service or procedure (I.C.)

**NONINVASIVE VASCULAR DIAGNOSTIC STUDIES**

**Cerebrovascular Arterial Studies**

- 93875 Noninvasive physiologic studies of extracranial arteries, complete bilateral study (e.g., periorbital flow direction with arterial compression, ocular pneumoplethysmography, Doppler ultrasound spectral analysis) (S.P. to 93880 and 93882)  
 93880 Duplex scan of extracranial arteries; complete bilateral study  
 93882 unilateral or limited study  
 93886 Transcranial Doppler study of the intracranial arteries; complete study  
 93888 limited study

**Extremity Arterial Studies (Including Digits)**

- 93922 Noninvasive physiologic studies of upper or lower extremity arteries, single level, bilateral (e.g., ankle/brachial indices, Doppler waveform analysis, volume plethysmography, transcutaneous oxygen tension measurement) (S.P. to 93924, 93925, 93926, 93930, and 93931)  
 93923 Noninvasive physiologic studies of upper or lower extremity arteries, multiple levels or with provocative functional maneuvers, complete bilateral study (e.g., segmental blood pressure measurements, segmental Doppler waveform analysis, segmental volume plethysmography, segmental transcutaneous oxygen tension measurements, measurements with postural provocative tests, measurements with reactive hyperemia) (S.P. to 93924, 93925, 93926, 93930, and 93931)  
 93924 Noninvasive physiologic studies of lower extremity arteries, at rest and following treadmill stress testing, complete bilateral study (S.P. to 93925, 93926, 93930, and 93931)  
 93925 Duplex scan of lower extremity arteries or arterial bypass grafts; complete bilateral study  
 93926 unilateral or limited study  
 93930 Duplex scan of upper extremity arteries or arterial bypass grafts; complete bilateral study  
 93931 unilateral or limited study

**Extremity Venous Studies (Including Digits)**

- 93965 Noninvasive physiologic studies of extremity veins, complete bilateral study (e.g., Doppler waveform analysis with responses to compression and other maneuvers, phleborheography, impedance plethysmography) (S.P. to 93970 and 93976)  
 93970 Duplex scan of extremity veins including responses to compression and other maneuvers; complete bilateral study  
 93971 unilateral or limited study

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602 Laboratory Service Codes and Descriptions (cont.)

Service  
Code

Service Description

**Visceral and Penile Vascular Studies**

- 93975 Duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and/or retroperitoneal organs; complete study  
93976 limited study (S.P. to 93975)  
93978 Duplex scan of aorta, inferior vena cava, iliac vasculature, or bypass grafts; complete study (S.P. to 93975)  
93979 unilateral or limited study (S.P. to 93975)  
93980 Duplex scan of arterial inflow and venous outflow of penile vessels; complete study  
93981 follow-up or limited study (S.P. to 93980)

**Extremity Arterial—Venous Studies**

- 93990 Duplex scan of hemodialysis access (including arterial inflow, body of access and venous outflow)

**PULMONARY**

- 94010 Spirometry, including graphic record, total and timed vital capacity, expiratory flow rate measurement(s), with or without maximal voluntary ventilation (S.P. to 94060, 94070, and 94620)  
94014 Patient-initiated spirometric recording per 30-day period of time; includes reinforced education, transmission of spirometric tracing, data capture, analysis of transmitted data, periodic recalibration, and physician review and interpretation  
94016 physician review and interpretation only  
94060 Bronchospasm evaluation: spirometry as in 94010, before and after bronchodilator (aerosol or parenteral) (S.P. to 94070 and 94620)  
94070 Prolonged postexposure evaluation of bronchospasm with multiple spirometric determinations after antigen, cold air, methacholine or other chemical agent, with subsequent spirometrics  
94150 Vital capacity, total (separate procedure) (S.P. to 94010, 94060, 94070, and 94620)  
94200 Maximum breathing capacity, maximal voluntary ventilation (S.P. to 94010, 94060, 94070, and 94620)  
94240 Functional residual capacity or residual volume: helium method, nitrogen open circuit method, or other method  
94250 Expired gas collection, quantitative, single procedure (separate procedure)  
94260 Thoracic gas volume  
94350 Determination of maldistribution of inspired gas: multiple breath nitrogen washout curve including alveolar nitrogen or helium equilibration time  
94360 Determination of resistance to airflow, oscillatory or plethysmographic methods  
94370 Determination of airway closing volume, single breath tests  
94375 Respiratory flow volume loop (S.P. to 94010, 94060, and 94070)  
94400 Breathing response to CO<sub>2</sub> (CO<sub>2</sub> response curve)  
94450 Breathing response to hypoxia (hypoxia response curve)  
94620 Pulmonary stress testing; simple (e.g., prolonged exercise test for bronchospasm with pre- and post-spirometry)  
94621 complex (including measurements of CO<sub>2</sub> production, O<sub>2</sub> uptake, and electrocardiographic

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602 Laboratory Service Codes and Descriptions (cont.)

Service

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	recordings)
94640	Pressurized or nonpressurized inhalation treatment for acute airway obstruction or for sputum induction for diagnostic purposes (e.g., with an aerosol generator, nebulizer, metered dose inhaler or intermittent positive pressure breathing (IPPB) device)
94642	Aerosol inhalation of pentamidine for pneumocystis carinii pneumonia treatment or prophylaxis
94656	Ventilation assist and management, initiation of pressure or volume preset ventilators for assisted or controlled breathing; first day
94657	subsequent days
94660	Continuous positive airway pressure ventilation (CPAP), initiation and management
94662	Continuous negative pressure ventilation (CNP), initiation and management
94664	Demonstration and/or evaluation of patient utilization of an aerosol generator, nebulizer, metered dose inhaler or IPPB device
94667	Manipulation chest wall, such as cupping, percussing, and vibration to facilitate lung function; initial demonstration and/or evaluation
94668	subsequent
94680	Oxygen uptake, expired gas analysis; rest and exercise, direct, simple (S.P. to 94620)
94681	including CO <sub>2</sub> output, percentage oxygen extracted (S.P. to 94620 and 94680)
94690	rest, indirect (separate procedure) (S.P. to 94620)
94720	Carbon monoxide diffusing capacity (e.g., single breath, steady state) (S.P. to 94725)
94725	Membrane diffusion capacity
94750	Pulmonary compliance study (e.g., plethysmography, volume and pressure measurements) (with report only) (S.P. to 94010, 94060, 94070, and 94620)
94760	Noninvasive ear or pulse oximetry for oxygen saturation; single determination (no professional component) (S.P. to 94620)
94761	multiple determinations (e.g., during exercise) (no professional component) (S.P. to 94620)
94762	by continuous overnight monitoring (separate procedure) (no professional component) (S.P. to 94620)
94770	Carbon dioxide, expired gas determination by infrared analyzer (with report only) (S.P. to 94620)
94772	Circadian respiratory pattern recording (pediatric pneumogram), 12 to 24 hour continuous recording, infant
94799	Unlisted pulmonary service or procedure (I.C.)

**SUPPLEMENTARY**

99000      Handling and/or conveyance of specimen for transfer from the physician's office to a laboratory

This publication contains codes that are copyrighted by the American Medical Association. Certain terms used in the service descriptions for HCPCS codes are defined in the Current Procedural Terminology (CPT) code book.

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603 Visit Service Codes and Descriptions

When claiming payment for visits, a CHC must bill according to the following service codes. A visit during which a member sees more than one professional for the same medical problem or general purpose must be claimed as only one visit. (See 130 CMR 405.421 for other requirements.)

Service

Code      Modifier      Service Description

**CHC Visits**

90660		Influenza virus vaccine, live, for intranasal use (P.A.)
D9450		Case presentation, detailed and extensive treatment planning (use only for <b>dental enhancement fee</b> . This code may only be billed once per date of service for each member receiving dental services on that date.)
J3490		Unclassified drugs (Use for injectable and infusible drugs and devices supplied in the clinic. Do not use for medications and injectables related to family planning services.) (P.A.) (I.C.)
T1015		Clinic visit/encounter, all-inclusive (Use for individual medical visit.)
T1015	HQ	Clinic visit/encounter, all-inclusive, group setting (Use for group clinic visit.)
90899		Unlisted psychiatric service or procedure (Use for individual mental health visit.)
99050		Services requested after posted office hours in addition to basic service (Use for urgent care Monday through Friday from 5:00 P.M. to 6:59 A.M., and Saturday 7:00 A.M. to 4:00 P.M. This code may be billed in addition to the individual medical visit.)
99054		Services requested on Sundays and holidays in addition to basic service (Use for urgent care Saturday 4:01 P.M. to Monday 6:59 A.M. This code may be billed in addition to the individual medical visit.)
99402		Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 30 minutes (Use for HIV counseling visits.)

**Hospital Inpatient Services**

99221		Initial hospital care, per day, for the evaluation and management of a patient, which requires these three key components: - detailed or comprehensive history; - detailed or comprehensive examination; and - medical decision making that is straightforward or of low complexity
99222		Initial hospital care, per day, for the evaluation and management of a patient, which requires these three key components: - a comprehensive history; - a comprehensive examination; and - medical decision making of moderate complexity
99223		Initial hospital care, per day, for the evaluation and management of a patient, which requires these three key components: - a comprehensive history; - a comprehensive examination; and - medical decision making of high complexity



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603 Visit Service Codes and Descriptions (cont.)

Service

Code

Modifier

Service Description

99431 History and examination of the normal newborn infant, initiation of diagnostic and treatment programs and preparation of hospital records (This code should also be used for birthing room deliveries.)

**Subsequent Hospital Care**

99231 Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least two of these three key components:

- a problem focused interval history;
- a problem focused examination;
- medical decision making that is straightforward or of low complexity

99232 Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least two of these three key components:

- an expanded problem focused interval history;
- an expanded problem focused examination;
- medical decision making of moderate complexity

99233 Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least two of these three key components:

- a detailed interval history;
- a detailed examination;
- medical decision making of high complexity

99433 Subsequent hospital care, for the evaluation and management of a normal newborn, per day

**Hospital Observation Services**

**Initial Observation Care (New or Established Patient)**

99218 Initial observation care, per day, for the evaluation and management of a patient, which requires these three key components:

- a detailed or comprehensive history;
- a detailed or comprehensive examination; and
- medical decision making that is straightforward or of low complexity

99219 Initial observation care, per day, for the evaluation and management of a patient, which requires these three key components:

- a comprehensive history;
- a comprehensive examination; and
- medical decision making of moderate complexity

99220 Initial observation care, per day, for the evaluation and management of a patient, which requires these three key components:

- a comprehensive history;
- a comprehensive examination; and
- medical decision making of high complexity

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603 Visit Service Codes and Descriptions (cont.)

Service

Code      Modifier      Service Description

**Nursing Facility Services**

- 99301      Evaluation and management of a new or established patient involving an annual nursing facility assessment, which requires these three key components:
- a detailed interval history;
  - a comprehensive examination; and
  - medical decision making that is straightforward or of low complexity
- 99302      Evaluation and management of a new or established patient involving a nursing facility assessment, which requires these three key components:
- a detailed interval history;
  - a comprehensive examination; and
  - medical decision making of moderate to high complexity
- 99303      Evaluation and management of a new or established patient involving a nursing facility assessment at the time of initial admission or readmission to the facility, which requires these three key components:
- a comprehensive history;
  - a comprehensive examination; and
  - medical decision making of moderate to high complexity

**Subsequent Nursing Facility Care**

- 99311      Subsequent nursing facility care, per day, for the evaluation and management of a new or established patient, which requires at least two of these three key components:
- a problem focused interval history;
  - a problem focused examination;
  - medical decision making that is straightforward or of low complexity
- 99312      Subsequent nursing facility care, per day, for the evaluation and management of a new or established patient, which requires at least two of these three key components:
- an expanded problem focused interval history;
  - an expanded problem focused examination;
  - medical decision making of moderate complexity
- 99313      Subsequent nursing facility care, per day, for the evaluation and management of a new or established patient, which requires at least two of these three key components:
- a detailed interval history;
  - a detailed examination;
  - medical decision making of moderate to high complexity

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603 Visit Service Codes and Descriptions (cont.)

Service  
Code

Modifier

Service Description

**Domiciliary, Rest Home (e.g., Boarding Home), or Custodial Care Services**

**New Patient**

- |       |   |
|-------|---|
| 99321 | Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these three key components:<br>- a problem focused history;<br>- a problem focused examination; and<br>- medical decision making that is straightforward or of low complexity |
| 99322 | Domiciliary or rest home visit for the evaluation and management of a patient, which requires these three key components:<br>- an expanded problem focused history;<br>- an expanded problem focused examination; and<br>- medical decision making of moderate complexity       |
| 99323 | Domiciliary or rest home visit for the evaluation and management of a patient, which requires these three key components:<br>- a detailed history;<br>- a detailed examination; and<br>- medical decision making of high complexity   |

**Established Patient**

- |       |   |
|-------|---|
| 99331 | Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least two of these three key components:<br>- a problem focused interval history;<br>- a problem focused examination;<br>- medical decision making that is straightforward or of low complexity |
| 99332 | Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least two of these three key components:<br>- an expanded problem focused interval history;<br>- an expanded problem focused examination;<br>- medical decision making of moderate complexity   |
| 99333 | Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least two of these three key components:<br>- a detailed interval history;<br>- a detailed examination;<br>- medical decision making of high complexity   |

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603 Visit Service Codes and Descriptions (cont.)

Service

Code      Modifier      Service Description

**Home Services**

**New Patient**

- 99341      Home visit for the evaluation and management of a new patient, which requires these three key components:  
- a problem focused history;  
- a problem focused examination; and  
- straightforward medical decision making
- 99342      Home visit for the evaluation and management of a new patient, which requires these three key components:  
- an expanded problem focused history;  
- an expanded problem focused examination; and  
- medical decision making of low complexity
- 99343      Home visit for the evaluation and management of a new patient, which requires these three key components:  
- a detailed history;  
- a detailed examination; and  
- medical decision making of moderate complexity
- 99345      Home visit for the evaluation and management of a new patient, which requires these three key components:  
- a comprehensive history;  
- a comprehensive examination; and  
- medical decision making of high complexity

**Established Patient**

- 99347      Home visit for the evaluation and management of an established patient, which requires at least two of these three key components:  
- a problem focused interval history;  
- a problem focused examination;  
- straightforward medical decision making
- 99348      Home visit for the evaluation and management of an established patient, which requires at least two of these three key components:  
- an expanded problem focused interval history;  
- an expanded problem focused examination;  
- medical decision making of low complexity

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603 Visit Service Codes and Descriptions (cont.)

Service

Code      Modifier      Service Description

- |       |  |  |
|-------|--|--|
| 99349 |  | Home visit for the evaluation and management of an established patient, which requires at least two of these three key components: <ul style="list-style-type: none"> <li>- a detailed interval history;</li> <li>- a detailed examination;</li> <li>- medical decision making of moderate complexity</li> </ul>                   |
| 99350 |  | Home visit for the evaluation and management of an established patient, which requires at least two of these three key components: <ul style="list-style-type: none"> <li>- a comprehensive interval history;</li> <li>- a comprehensive examination;</li> <li>- medical decision making of moderate to high complexity</li> </ul> |