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MassHealth  
Transmittal Letter CHC-87  
January 2010

**TO:** Community Health Centers Participating in MassHealth  
**FROM:** Terence G. Dougherty, Medicaid Director  
**RE:** *Community Health Center Manual (2010 HCPCS)*

This letter transmits revisions to the service codes and descriptions in Subchapter 6 of the *Community Health Center Manual*. The Centers for Medicare & Medicaid Services (CMS) has revised the Healthcare Common Procedure Coding System (HCPCS) for 2010. These changes are included in the attached Subchapter 6 of the *Community Health Center Manual* and are effective for dates of service on or after January 1, 2010.

**Please Note:** MassHealth pays for the services represented by the codes listed in Subchapter 6 in effect at the time of service, subject to all conditions and limitations in MassHealth regulations at 130 CMR 405.000 and 450.000. A CHC provider may request prior authorization (PA) for any medically necessary service reimbursable under the federal Medicaid Act in accordance with 130 CMR 450.144, 42 U.S.C. 1396d(a), and 42 U.S.C. 1396d(r)(5), for a MassHealth Standard or CommonHealth member younger than 21 years of age, even if it is not designated as covered or payable in the *Community Health Center Manual*.

For more information about payment, you may download the Division of Health Care Finance and Policy (DHCFP) regulations at no cost at [www.mass.gov/dhcfp](http://www.mass.gov/dhcfp). You may also purchase a paper copy of the DHCFP regulations from either the Massachusetts State Bookstore or from DHCFP (see addresses and telephone numbers below). You must contact them first to find out the price of the paper copy of the publication. The regulation titles are as follows: 114.3 CMR 18.00: Radiology; 114.3 CMR 20.00: Clinical Laboratory Services; 114.3 CMR 4.00: Rates for Community Health Centers; 114.3 CMR 17.00: Medicine.

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  
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[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**

If you have any questions about the information in this transmittal letter please contact MassHealth Customer Service at 1-800-841-2900, e-mail your inquiry to [providersupport@mahealth.net](mailto:providersupport@mahealth.net), or fax your inquiry to 617-988-8974.

## **NEW MATERIAL**

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

### **Community Health Center Manual**

Pages vi, and 6-1 through 6-74

## **OBSOLETE MATERIAL**

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

### **Community Health Center Manual**

Page vi — transmitted by Transmittal Letter CHC-86

Pages 6-1 through 6-16, 6-19, 6-20, 6-23 through 6-32, 6-37, 6-38, and 6-41 through 6-50 — transmitted by Transmittal Letter CHC-80

Pages 6-17, 6-18, 6-21, 6-22, 6-33 through 6-36, 6-39, 6-40, 6-51 through 6-60, and 6-63 through 6-74 — transmitted by Transmittal Letter CHC-83

Pages 6-61 and 6-62 — transmitted by Transmittal Letter CHC-85

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>  Community Health Center Manual	<b>Subchapter Number and Title</b> 6. Service Codes and Descriptions	<b>Page</b> vi
	<b>Transmittal Letter</b> CHC-87	<b>Date</b> 01/01/10

6. Service Codes and Descriptions

Introduction and Explanation of Abbreviations.....	6-1
Radiology Service Codes and Descriptions.....	6-1
Laboratory Service Codes and Descriptions.....	6-23
Visit Service Codes and Descriptions.....	6-62
Obstetrics and Surgery Service Codes and Descriptions.....	6-69
Nurse-Midwife Service Codes and Descriptions.....	6-70
Audiology Service Codes and Descriptions .....	6-71
Early and Periodic Screening, Diagnosis and Treatment (EPSDT): Health Assessment Service Codes and Descriptions.....	6-71
Early and Periodic Screening, Diagnosis and Treatment (EPSDT): Audiometric Hearing and Vision Tests Service Codes and Descriptions.....	6-71
Tobacco Cessation Service Codes and Descriptions .....	6-72
Medical Nutrition Therapy and Diabetes Self-Management Training Service Codes and Descriptions .....	6-72
Behavioral Health Screening Tool Service Codes and Descriptions.....	6-74
Appendix A. Directory .....	A-1
Appendix B. Enrollment Centers.....	B-1
Appendix C. Third-Party-Liability Codes .....	C-1
Appendix D. Supplemental Instructions for TPL Exceptions .....	D-1
Appendix E. Utilization Management Program .....	E-1
Appendix F. Admission Guidelines .....	F-1
Appendix W. EPSDT Services Medical and Dental Protocol and Periodicity Schedule .....	W-1
Appendix X. Family Assistance Copayment and Deductibles .....	X-1
Appendix Y. EVS/Codes Messages.....	Y-1
Appendix Z. EPSDT/PPHSD Screening Services Codes.....	Z-1

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>	<b>Subchapter Number and Title</b> 6. Service Codes and Descriptions	<b>Page</b> 6-1
	<b>Transmittal Letter</b> CHC-87	<b>Date</b> 01/01/10
Community Health Center Manual		

601 Introduction and Explanation of Abbreviations

MassHealth pays for the services represented by the codes listed in Subchapter 6 in effect at the time of service, subject to all conditions and limitations in MassHealth regulations at 130 CMR 405.000 and 450.000. A community health center may request prior authorization for any medically necessary service reimbursable under the federal Medicaid Act in accordance with 130 CMR 450.144, 42 U.S.C. § 1396d(a)(4)(B), and 42 U.S.C. § 1396d(r)(5) for a MassHealth Standard or CommonHealth member younger than 21 years of age, even if it is not designated as covered or payable in Subchapter 6 of the *Community Health Center Manual*.

The following abbreviations are used in Subchapter 6.

- (A) P.A. indicates that service-specific prior authorization is required (see 130 CMR 450.303).
- (B) I.C. indicates that the claim will receive individual consideration to determine payment. A descriptive report must accompany the claim (see 130 CMR 450.271).
- (C) S.P. indicates that the procedure is commonly performed as part of a total service and does not usually warrant a separate fee. The procedure must be performed separately to receive the separate fee.

602 Radiology Service Codes and Descriptions

Service

Code      Service Description

**DIAGNOSTIC RADIOLOGY (DIAGNOSTIC IMAGING)**

**HEAD AND NECK**

- 70010 Myelography, posterior fossa, radiological supervision and interpretation
- 70015 Cisternography, positive contrast, radiological supervision and interpretation
- 70030 Radiologic examination, eye, for detection of foreign body
- 70100 Radiologic examination, mandible; partial, less than four views
- 70110        complete, minimum of four views
- 70120 Radiologic examination, mastoids; less than three views per side
- 70130        complete, minimum of three views per side
- 70134 Radiologic examination, internal auditory meati, complete
- 70140 Radiologic examination, facial bones; less than three views
- 70150        complete, minimum of three views
- 70160 Radiologic examination, nasal bones, complete, minimum of three views
- 70170 Dacryocystography, nasolacrimal duct, radiological supervision and interpretation
- 70190 Radiologic examination; optic foramina
- 70200        orbits, complete, minimum of four views
- 70210 Radiologic examination, sinuses, paranasal, less than three views
- 70220 Radiologic examination, sinuses, paranasal, complete, minimum of three views
- 70240 Radiologic examination, sella turcica
- 70250 Radiologic examination, skull; less than four views

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>	<b>Subchapter Number and Title</b> 6. Service Codes and Descriptions	<b>Page</b> 6-2
	<b>Transmittal Letter</b> CHC-87	<b>Date</b> 01/01/10
Community Health Center Manual		

602 Radiology Service Codes and Descriptions (cont.)

Service

Code      Service Description

70260	complete, minimum of four views
70300	Radiologic examination, teeth; single view
70310	partial examination, less than full mouth
70320	complete, full mouth
70328	Radiologic examination, temporomandibular joint, open and closed mouth; unilateral
70330	bilateral
70332	Temporomandibular joint arthrography, radiological supervision and interpretation
70336	Magnetic resonance (e.g., proton) imaging, temporomandibular joint(s)
70350	Cephalogram, orthodontic
70355	Orthopantomogram
70360	Radiologic examination; neck, soft tissue
70370	pharynx or larynx, including fluoroscopy and/or magnification technique
70371	Complex dynamic pharyngeal and speech evaluation by cine or video recording
70373	Laryngography, contrast, radiological supervision and interpretation
70380	Radiologic examination, salivary gland for calculus
70390	Sialography, radiological supervision and interpretation
70450	Computed tomography, head or brain; without contrast material
70460	with contrast material(s)
70470	without contrast material, followed by contrast material(s) and further sections
70480	Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material
70481	with contrast material(s)
70482	without contrast material, followed by contrast material(s) and further sections
70486	Computed tomography, maxillofacial area; without contrast material
70487	with contrast material(s)
70488	without contrast material, followed by contrast material(s) and further sections
70490	Computed tomography, soft tissue neck; without contrast material
70491	with contrast material(s)
70492	without contrast material followed by contrast material(s) and further sections
70540	Magnetic resonance (e.g., proton) imaging, orbit, face, and neck; without contrast material(s)
70542	with contrast materials
70543	without contrast material(s), followed by contrast material(s) and further sequences
70551	Magnetic resonance (e.g., proton) imaging, brain (including brain stem); without contrast material
70552	with contrast material(s) (professional component only)
70553	without contrast material, followed by contrast material(s) and further sequences
70554	Magnetic resonance imaging, brain, functional MRI; including test selection and administration of repetitive body part movement and/or visual stimulation, not requiring physician or psychologist administration
70555	requiring physician or psychologist administration of entire neurofunctional testing
70557	Magnetic resonance (e.g., proton) imaging, brain (including brain stem and skull base), during open intracranial procedure (e.g., to assess for residual tumor or residual vascular malformation); without contrast material
70558	with contrast material(s)
70559	without contrast material(s), followed by contrast material(s) and further sequences

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>	<b>Subchapter Number and Title</b> 6. Service Codes and Descriptions	<b>Page</b> 6-3
	<b>Transmittal Letter</b> CHC-87	<b>Date</b> 01/01/10
Community Health Center Manual		

602 Radiology Service Codes and Descriptions (cont.)

Service

Code      Service Description

**CHEST**

- 71010 Radiologic examination, chest; single view, frontal
- 71015        stereo, frontal
- 71020 Radiologic examination, chest, two views, frontal and lateral
- 71021        with apical lordotic procedure
- 71022        with oblique projections
- 71023        with fluoroscopy
- 71030 Radiologic examination, chest, complete, minimum of four views
- 71034        with fluoroscopy
- 71035 Radiologic examination, chest, special views (e.g., lateral decubitus, Bucky studies)
- 71040 Bronchography, unilateral, radiological supervision and interpretation
- 71060 Bronchography, bilateral, radiological supervision and interpretation
- 71090 Insertion pacemaker, fluoroscopy and radiography, radiological supervision and interpretation
- 71100 Radiologic examination, ribs, unilateral; two views
- 71101        including posteroanterior chest, minimum of three views
- 71110 Radiologic examination, ribs, bilateral; three views
- 71111        including posteroanterior chest, minimum of four views
- 71120 Radiologic examination; sternum, minimum of two views
- 71130        sternoclavicular joint or joints, minimum of three views
- 71250 Computed tomography, thorax; without contrast material
- 71260        with contrast material(s)
- 71270        without contrast material, followed by contrast material(s) and further sections
- 71555 Magnetic resonance angiography, chest (excluding myocardium), with or without contrast material(s)

**SPINE AND PELVIS**

- 72010 Radiologic examination, spine, entire, survey study, anteroposterior and lateral
- 72020 Radiologic examination, spine, single view, specify level
- 72040 Radiologic examination, spine, cervical; two or three views
- 72050        minimum of four views
- 72052        complete, including oblique and flexion and/or extension studies
- 72069 Radiological examination, spine, thoracolumbar, standing (scoliosis)
- 72070 Radiologic examination, spine; thoracic, two views
- 72072        thoracic, three views
- 72074        thoracic, minimum of four views
- 72080        thoracolumbar, two views
- 72090        scoliosis study, including supine and erect studies
- 72100 Radiologic examination, spine, lumbosacral; two or three views
- 72110        minimum of four views
- 72114        complete, including bending views
- 72120 Radiologic examination, spine, lumbosacral, bending views only, minimum of four views
- 72125 Computed tomography, cervical spine; without contrast material
- 72126        with contrast material

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>	<b>Subchapter Number and Title</b> 6. Service Codes and Descriptions	<b>Page</b> 6-4
	<b>Transmittal Letter</b> CHC-87	<b>Date</b> 01/01/10
Community Health Center Manual		

602 Radiology Service Codes and Descriptions (cont.)

Service

<u>Code</u>	<u>Service Description</u>
72127	without contrast material, followed by contrast material(s) and further sections
72128	Computed tomography, thoracic spine; without contrast material
72129	with contrast material
72130	without contrast material, followed by contrast material(s) and further sections
72131	Computed tomography, lumbar spine; without contrast material
72132	with contrast material
72133	without contrast material, followed by contrast material(s) and further sections
72141	Magnetic resonance (e.g., proton) imaging, spinal canal and contents, cervical; without contrast material
72142	with contrast material(s)
72146	Magnetic resonance (e.g., proton) imaging, spinal canal and contents, thoracic; without contrast material
72147	with contrast material(s)
72148	Magnetic resonance (e.g., proton) imaging, spinal canal and contents, lumbar; without contrast material
72149	with contrast material(s)
72156	Magnetic resonance (e.g., proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; cervical
72157	thoracic
72158	lumbar
72170	Radiologic examination, pelvis; one or two views
72190	complete, minimum of three views
72192	Computed tomography, pelvis; without contrast material
72193	with contrast material(s)
72194	without contrast material, followed by contrast material(s) and further sections
72196	Magnetic resonance (e.g., proton) imaging, pelvis; with contrast material(s)
72200	Radiologic examination, sacroiliac joints; less than three views
72202	three or more views
72220	Radiologic examination, sacrum and coccyx, minimum of two views
72240	Myelography, cervical, radiological supervision and interpretation
72255	Myelography, thoracic, radiological supervision and interpretation
72265	Myelography, lumbosacral, radiological supervision and interpretation
72270	Myelography, two or more regions (e.g., lumbar/thoracic, cervical/thoracic, lumbar/cervical, lumbar/thoracic/cervical), radiological supervision and interpretation
72275	Epidurography, radiological supervision and interpretation
72285	Diskography, cervical or thoracic, radiological supervision and interpretation
72291	Radiological supervision and interpretation, percutaneous vertebroplasty, vertebral augmentation, or sacral augmentation (sacroplasty), including cavity creation, per vertebral body or sacrum; under fluoroscopic guidance
72292	under CT guidance
72295	Diskography, lumbar, radiological supervision and interpretation

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>	<b>Subchapter Number and Title</b> 6. Service Codes and Descriptions	<b>Page</b> 6-5
	<b>Transmittal Letter</b> CHC-87	<b>Date</b> 01/01/10
Community Health Center Manual		

602 Radiology Service Codes and Descriptions (cont.)

Service

Code      Service Description

**UPPER EXTREMITIES**

73000	Radiologic examination; clavicle, complete
73010	scapula, complete
73020	Radiologic examination, shoulder; one view
73030	complete, minimum of two views
73040	Radiologic examination, shoulder, arthrography, radiological supervision and interpretation
73050	Radiologic examination; acromioclavicular joints, bilateral, with or without weighted distraction
73060	humerus, minimum of two views
73070	Radiologic examination, elbow; two views
73080	complete, minimum of three views
73085	Radiologic examination, elbow, arthrography, radiological supervision and interpretation
73090	Radiologic examination; forearm, two views
73092	upper extremity, infant, minimum of two views
73100	Radiologic examination, wrist; two views
73110	complete, minimum of three views
73115	Radiologic examination, wrist, arthrography, radiological supervision and interpretation
73120	Radiologic examination, hand; two views
73130	minimum of three views
73140	Radiologic examination, finger(s), minimum of two views
73200	Computed tomography, upper extremity; without contrast material
73201	with contrast material(s)
73202	without contrast material, followed by contrast material(s) and further sections
73220	Magnetic resonance (e.g., proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences
73221	Magnetic resonance (e.g., proton) imaging, any joint of upper extremity; without contrast material(s)

**LOWER EXTREMITIES**

73500	Radiologic examination, hip, unilateral; one view
73510	complete, minimum of two views
73520	Radiologic examination, hips, bilateral, minimum of two views of each hip, including anteroposterior view of pelvis
73525	Radiologic examination, hip, arthrography, radiological supervision and interpretation
73530	Radiologic examination, hip, during operative procedure
73540	Radiologic examination, pelvis and hips, infant or child, minimum of two views
73542	Radiological examination, sacroiliac joint arthrography, radiological supervision and interpretation
73550	Radiologic examination, femur, two views
73560	Radiologic examination, knee; one or two views
73562	three views
73564	complete, four or more views
73565	both knees, standing, anteroposterior



<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>	<b>Subchapter Number and Title</b> 6. Service Codes and Descriptions	<b>Page</b> 6-6
	<b>Transmittal Letter</b> CHC-87	<b>Date</b> 01/01/10
Community Health Center Manual		

602 Radiology Service Codes and Descriptions (cont.)

Service

<u>Code</u>	<u>Service Description</u>
73580	Radiologic examination, knee, arthrography, radiological supervision and interpretation
73590	Radiologic examination; tibia and fibula, two views
73592	lower extremity, infant, minimum of two views
73600	Radiologic examination, ankle; two views
73610	complete, minimum of three views
73615	Radiologic examination, ankle, arthrography, radiological supervision and interpretation
73620	Radiologic examination, foot; two views
73630	complete, minimum of three views
73650	Radiologic examination; calcaneus, minimum of two views
73660	toe(s), minimum of two views
73700	Computed tomography, lower extremity; without contrast material
73701	with contrast material(s)
73702	without contrast material, followed by contrast material(s) and further sections
73720	Magnetic resonance (e.g., proton) imaging, lower extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences
73721	Magnetic resonance (e.g. proton) imaging, any joint of lower extremity; without contrast material
73725	Magnetic resonance angiography, lower extremity, with or without contrast material(s)

**ABDOMEN**

74000	Radiologic examination, abdomen; single anteroposterior view
74010	anteroposterior and additional oblique and cone views
74020	complete, including decubitus and/or erect views
74022	complete acute abdomen series, including supine, erect, and/or decubitus views, single view chest
74150	Computed tomography, abdomen; without contrast material
74160	with contrast material(s)
74170	without contrast material, followed by contrast material(s) and further sections
74181	Magnetic resonance (e.g., proton) imaging, abdomen; without contrast material(s)
74185	Magnetic resonance angiography, abdomen, with or without contrast material(s)
74190	Peritoneogram (e.g., after injection of air or contrast), radiological supervision and interpretation

**GASTROINTESTINAL TRACT**

74210	Radiologic examination; pharynx and/or cervical esophagus
74220	esophagus
74230	Swallowing function, with cineradiography/videoradiography
74235	Removal of foreign body(s), esophageal, with use of balloon catheter, radiological supervision and interpretation
74240	Radiologic examination, gastrointestinal tract, upper; with or without delayed films, without KUB
74241	with or without delayed films, with KUB
74245	with small intestine, includes multiple serial films

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>	<b>Subchapter Number and Title</b> 6. Service Codes and Descriptions	<b>Page</b> 6-7
	<b>Transmittal Letter</b> CHC-87	<b>Date</b> 01/01/10
Community Health Center Manual		

602 Radiology Service Codes and Descriptions (cont.)

Service

Code      Service Description

- 74246      Radiological examination, gastrointestinal tract, upper, air contrast, with specific high density barium, effervescent agent, with or without glucagon; with or without delayed films, without KUB
- 74247      with or without delayed films, with KUB
- 74249      with small intestine follow-through
- 74250      Radiologic examination, small intestine, includes multiple serial films
- 74251      via enteroclysis tube
- 74260      Duodenography, hypotonic
- 74261      Computed tomographic (CT) colonography, diagnostic, including image postprocessing; without contrast material (P.A.)
- 74262      with contrast material(s) including non-contrast images, if performed (P.A.)
- 74270      Radiologic examination, colon; barium enema, with or without KUB
- 74280      air contrast with specific high density barium, with or without glucagon
- 74283      Therapeutic enema, contrast or air, for reduction of intussusception or other intraluminal obstruction (e.g., meconium ileus)
- 74290      Cholecystography, oral contrast
- 74291      additional or repeat examination or multiple day examination
- 74300      Cholangiography and/or pancreatography; intraoperative, radiological supervision and interpretation
- 74301      additional set intraoperative, radiological supervision and interpretation (List separately in addition to code for primary procedure.)
- 74305      through existing catheter, radiological supervision and interpretation
- 74320      Cholangiography, percutaneous, transhepatic, radiological supervision and interpretation
- 74327      Postoperative biliary duct calculus removal, percutaneous via T-tube tract, basket or snare (e.g., Burhenne technique), radiological supervision and interpretation
- 74328      Endoscopic catheterization of the biliary ductal system, radiological supervision and interpretation
- 74329      Endoscopic catheterization of the pancreatic ductal system, radiological supervision and interpretation
- 74330      Combined endoscopic catheterization of the biliary and pancreatic ductal systems, radiological supervision and interpretation
- 74340      Introduction of long gastrointestinal tube (e.g., Miller-Abbott), including multiple fluoroscopies and films, radiological supervision and interpretation
- 74355      Percutaneous placement of enteroclysis tube, radiological supervision and interpretation
- 74360      Intraluminal dilation of strictures and/or obstructions (e.g., esophagus), radiological supervision and interpretation
- 74363      Percutaneous transhepatic dilatation of biliary duct stricture with or without placement of stent, radiological supervision and interpretation

**URINARY TRACT**

- 74400      Urography (pyelography), intravenous, with or without KUB, with or without tomography
- 74410      Urography, infusion, drip technique and/or bolus technique
- 74415      with nephrotomography
- 74420      Urography, retrograde, with or without KUB

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>	<b>Subchapter Number and Title</b> 6. Service Codes and Descriptions	<b>Page</b> 6-8
	<b>Transmittal Letter</b> CHC-87	<b>Date</b> 01/01/10
Community Health Center Manual		

602 Radiology Service Codes and Descriptions (cont.)

Service

Code      Service Description

- 74425      Urography, antegrade (pyelostogram, nephrostogram, loopogram), radiological supervision and interpretation
- 74430      Cystography, minimum of three views, radiological supervision and interpretation
- 74440      Vasography, vesiculography, or epididymography, radiological supervision and interpretation
- 74445      Corpora cavernosography, radiological supervision and interpretation
- 74450      Urethrocytography, retrograde, radiological supervision and interpretation
- 74455      Urethrocytography, voiding, radiological supervision and interpretation
- 74470      Radiologic examination, renal cyst study, translumbar, contrast visualization, radiological supervision and interpretation
- 74475      Introduction of intracatheter or catheter into renal pelvis for drainage and/or injection, percutaneous, radiological supervision and interpretation
- 74480      Introduction of ureteral catheter or stent into ureter through renal pelvis for drainage and/or injection, percutaneous, radiological supervision and interpretation
- 74485      Dilatation of nephrostomy, ureters, or urethra, radiological supervision and interpretation

**GYNECOLOGICAL AND OBSTETRICAL**

- 74710      Pelvimetry, with or without placental localization
- 74740      Hysterosalpingography, radiological supervision and interpretation
- 74742      Transcervical catheterization of fallopian tube, radiological supervision and interpretation
- 74775      Perineogram (e.g., vaginogram, for sex determination or extent of anomalies)

**HEART**

- 75557      Cardiac magnetic resonance imaging for morphology and function without contrast material;
- 75559      with stress imaging
- 75561      Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences;
- 75563      with stress imaging
- 75565      Cardiac magnetic resonance imaging for velocity flow mapping (List separately in addition to code for primary procedure.)
- 75572      Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology (including 3D image postprocessing, assessment of cardiac function, and evaluation of venous structures, if performed)
- 75573      Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology in the setting of congenital heart disease (including 3D image postprocessing, assessment of LV cardiac function, RV structure and function and evaluation of venous structures, if performed)
- 75574      Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>	<b>Subchapter Number and Title</b> 6. Service Codes and Descriptions	<b>Page</b> 6-9
	<b>Transmittal Letter</b> CHC-87	<b>Date</b> 01/01/10
Community Health Center Manual		

602 Radiology Service Codes and Descriptions (cont.)

**AORTA AND ARTERIES**

Service

Code      Service Description

- 75600 Aortography, thoracic, without serialography, radiological supervision and interpretation  
75605 Aortography, thoracic, by serialography, radiological supervision and interpretation  
75625 Aortography, abdominal, by serialography, radiological supervision and interpretation  
75630 Aortography, abdominal plus bilateral iliofemoral lower extremity, catheter, by serialography, radiological supervision and interpretation  
75650 Angiography, cervicocerebral, catheter, including vessel origin, radiological supervision and interpretation  
75658 Angiography, brachial, retrograde, radiological supervision and interpretation  
75660 Angiography, external carotid, unilateral, selective, radiological supervision and interpretation  
75662 Angiography, external carotid, bilateral, selective, radiological supervision and interpretation  
75665 Angiography, carotid, cerebral, unilateral, radiological supervision and interpretation  
75671 Angiography, carotid, cerebral, bilateral, radiological supervision and interpretation  
75676 Angiography, carotid, cervical, unilateral, radiological supervision and interpretation  
75680 Angiography, carotid, cervical, bilateral, radiological supervision and interpretation  
  
75685 Angiography, vertebral, cervical, and/or intracranial, radiological supervision and interpretation  
75705 Angiography, spinal, selective, radiological supervision and interpretation  
75710 Angiography, extremity, unilateral, radiological supervision and interpretation  
75716 Angiography, extremity, bilateral, radiological supervision and interpretation  
75722 Angiography, renal, unilateral, selective (including flush aortogram), radiological supervision and interpretation  
75724 Angiography, renal, bilateral, selective (including flush aortogram), radiological supervision and interpretation  
75726 Angiography, visceral, selective or supraseductive (with or without flush aortogram), radiological supervision and interpretation  
75731 Angiography, adrenal, unilateral, selective, radiological supervision and interpretation  
75733 Angiography, adrenal, bilateral, selective, radiological supervision and interpretation  
75736 Angiography, pelvic, selective or supraseductive, radiological supervision and interpretation  
75741 Angiography, pulmonary, unilateral, selective, radiological supervision and interpretation  
75743 Angiography, pulmonary, bilateral, selective, radiological supervision and interpretation  
75746 Angiography, pulmonary, by nonselective catheter or venous injection, radiological supervision and interpretation  
75756 Angiography, internal mammary, radiological supervision and interpretation  
75774 Angiography, selective, each additional vessel studied after basic examination, radiological supervision and interpretation (List separately in addition to code for primary procedure.)  
75791 Angiography, arteriovenous shunt (e.g., dialysis patient fistula/graft), complete evaluation of dialysis access, including fluoroscopy, image documentation and report (includes injections of contrast and all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava), radiological supervision and interpretation

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>	<b>Subchapter Number and Title</b> 6. Service Codes and Descriptions	<b>Page</b> 6-10
	<b>Transmittal Letter</b> CHC-87	<b>Date</b> 01/01/10
Community Health Center Manual		

602 Radiology Service Codes and Descriptions (cont.)

Service

Code      Service Description

**VEINS AND LYMPHATICS**

- 75801 Lymphangiography, extremity only, unilateral, radiological supervision and interpretation
- 75803 Lymphangiography, extremity only, bilateral, radiological supervision and interpretation
- 75805 Lymphangiography, pelvic/abdominal, unilateral, radiological supervision and interpretation
- 75807 Lymphangiography, pelvic/abdominal, bilateral, radiological supervision and interpretation
- 75809 Shuntogram for investigation of previously placed indwelling nonvascular shunt (e.g., LeVeen shunt, ventriculoperitoneal shunt, indwelling infusion pump), radiological supervision and interpretation
- 75810 Splenoportography, radiological supervision and interpretation
- 75820 Venography, extremity, unilateral, radiological supervision and interpretation
- 75822 Venography, extremity, bilateral, radiological supervision and interpretation
- 75825 Venography, caval, inferior, with serialography, radiological supervision and interpretation
- 75827 Venography, caval, superior, with serialography, radiological supervision and interpretation
- 75831 Venography, renal, unilateral, selective, radiological supervision and interpretation
- 75833 Venography, renal, bilateral, selective, radiological supervision and interpretation
- 75840 Venography, adrenal, unilateral, selective, radiological supervision and interpretation
- 75842 Venography, adrenal, bilateral, selective, radiological supervision and interpretation
- 75860 Venography, venous sinus (e.g., petrosal and inferior saggital) or jugular, catheter, radiological supervision and interpretation
- 75870 Venography, superior sagittal sinus, radiological supervision and interpretation
- 75872 Venography, epidural, radiological supervision and interpretation
- 75880 Venography, orbital, radiological supervision and interpretation
- 75885 Percutaneous transhepatic portography with hemodynamic evaluation, radiological supervision and interpretation
- 75887 Percutaneous transhepatic portography without hemodynamic evaluation, radiological supervision and interpretation
- 75889 Hepatic venography, wedged or free, with hemodynamic evaluation, radiological supervision and interpretation
- 75891 Hepatic venography, wedged or free, without hemodynamic evaluation, radiological supervision and interpretation
- 75893 Venous sampling through catheter, with or without angiography (e.g., for parathyroid hormone, renin), radiological supervision and interpretation

**Transcatheter Procedures**

- 75894 Transcatheter therapy, embolization, any method, radiological supervision and interpretation
- 75896 Transcatheter therapy, infusion, any method (e.g., thrombolysis other than coronary), radiological supervision and interpretation
- 75898 Angiography through existing catheter for follow-up study for transcatheter therapy, embolization or infusion
- 75900 Exchange of a previously placed intravascular catheter during thrombolytic therapy with contrast monitoring, radiological supervision and interpretation

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>	<b>Subchapter Number and Title</b> 6. Service Codes and Descriptions	<b>Page</b> 6-11
	<b>Transmittal Letter</b> CHC-87	<b>Date</b> 01/01/10
Community Health Center Manual		

602 Radiology Service Codes and Descriptions (cont.)

Service

Code      Service Description

- 75901 Mechanical removal of pericatheter obstructive material (e.g., fibrin sheath) from central venous device via separate venous access, radiologic supervision and interpretation
- 75902 Mechanical removal of intraluminal (intracatheter) obstructive material from central venous device through device lumen, radiologic supervision and interpretation
- 75940 Percutaneous placement of IVC filter, radiological supervision and interpretation
- 75945 Intravascular ultrasound (non-coronary vessel), radiological supervision and interpretation; initial vessel
- 75946 each additional non-coronary vessel (List separately in addition to code for primary procedure.)
- 75952 Endovascular repair of infrarenal abdominal aortic aneurysm or dissection, radiological supervision and interpretation
- 75953 Placement of proximal or distal extension prosthesis for endovascular repair of infrarenal aortic or iliac artery aneurysm, pseudoaneurysm, or dissection, radiological supervision and interpretation
- 75954 Endovascular repair of iliac artery aneurysm, pseudoaneurysm, arteriovenous malformation, or trauma, radiological supervision and interpretation
- 75956 Endovascular repair of descending thoracic aorta (e.g., aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); involving coverage of left subclavian artery origin, initial endoprosthesis plus descending thoracic aortic extension(s), if required, to level of celiac artery origin, radiological supervision and interpretation
- 75957 not involving coverage of left subclavian artery origin, initial endoprosthesis plus descending thoracic aortic extension(s), if required, to level of celiac artery origin, radiological supervision and interpretation
- 75958 Placement of proximal extension prosthesis for endovascular repair of descending thoracic aorta (e.g., aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption), radiological supervision and interpretation
- 75959 Placement of distal extension prosthesis(s) (delayed) after endovascular repair of descending thoracic aorta, as needed, to level of celiac origin, radiological supervision and interpretation
- 75960 Transcatheter introduction of intravascular stent(s), (except coronary, carotid, and vertebral vessel), percutaneous and/or open, radiological supervision and interpretation, each vessel
- 75961 Transcatheter retrieval, percutaneous, of intravascular foreign body (e.g., fractured venous or arterial catheter), radiological supervision and interpretation
- 75962 Transluminal balloon angioplasty, peripheral artery, radiological supervision and interpretation
- 75964 Transluminal balloon angioplasty, each additional peripheral artery, radiological supervision and interpretation (List separately in addition to code for primary procedure.)
- 75966 Transluminal balloon angioplasty, renal or other visceral artery, radiological supervision and interpretation
- 75968 Transluminal balloon angioplasty, each additional visceral artery, radiological supervision and interpretation (List separately in addition to code for primary procedure.)
- 75970 Transcatheter biopsy, radiological supervision and interpretation
- 75978 Transluminal balloon angioplasty, venous (e.g., subclavian stenosis), radiological supervision and interpretation

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>	<b>Subchapter Number and Title</b> 6. Service Codes and Descriptions	<b>Page</b> 6-12
	<b>Transmittal Letter</b> CHC-87	<b>Date</b> 01/01/10
Community Health Center Manual		

602 Radiology Service Codes and Descriptions (cont.)

Service

Code      Service Description

- 75980 Percutaneous transhepatic biliary drainage with contrast monitoring, radiological supervision and interpretation
- 75982 Percutaneous placement of drainage catheter for combined internal and external biliary drainage or of a drainage stent for internal biliary drainage in patients with an inoperable mechanical biliary obstruction, radiological supervision and interpretation
- 75984 Change of percutaneous tube or drainage catheter with contrast monitoring (e.g., genitourinary system, abscess), radiological supervision and interpretation
- 75989 Radiological guidance (i.e., fluoroscopy, ultrasound, or computed tomography), for percutaneous drainage (e.g., abscess, specimen collection), with placement of catheter, radiological supervision and interpretation

**Transluminal Atherectomy**

- 75992 Transluminal atherectomy, peripheral artery, radiological supervision and interpretation
- 75993 Transluminal atherectomy, each additional peripheral artery, radiological supervision and interpretation (List separately in addition to code for primary procedure.)
- 75994 Transluminal atherectomy, renal, radiological supervision and interpretation
- 75995 Transluminal atherectomy, visceral, radiological supervision and interpretation
- 75996 Transluminal atherectomy, each additional visceral artery, radiological supervision and interpretation (List separately in addition to code for primary procedure.)

**Other Procedures**

- R0070 Transportation of portable X-ray equipment and personnel to home or nursing facility, per trip to facility or location, more than one patient seen, per patient (one or more patients)
- 76000 Fluoroscopy (separate procedure), up to one hour physician time, other than 71023 or 71034 (e.g., cardiac fluoroscopy)
- 76001 Fluoroscopy, physician time more than one hour, assisting a non-radiologic physician (e.g., nephrostolithotomy, ERCP, bronchoscopy, transbronchial biopsy)
- 76010 Radiologic examination from nose to rectum for foreign body, single view, child
- 76080 Radiologic examination, abscess, fistula or sinus tract study, radiological supervision and interpretation
- 76098 Radiological examination, surgical specimen
- 76100 Radiologic examination, single plane body section (e.g., tomography), other than with urography
- 76101 Radiologic examination, complex motion (i.e., hypercycloidal) body section (e.g., mastoid polytomography), other than with urography; unilateral
- 76102                      bilateral
- 76120 Cineradiography/videoradiography, except where specifically included
- 76125 Cineradiography/videoradiography to complement routine examination (List separately in addition to code for primary procedure.)
- 76376 3D rendering with interpretation and reporting of computer tomography, magnetic resonance imaging, ultrasound, or other tomographic modality; not requiring image postprocessing on an independent workstation
- 76377                      requiring image postprocessing on an independent workstation

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>	<b>Subchapter Number and Title</b> 6. Service Codes and Descriptions	<b>Page</b> 6-13
	<b>Transmittal Letter</b> CHC-87	<b>Date</b> 01/01/10
Community Health Center Manual		

602 Radiology Service Codes and Descriptions (cont.)

Service

Code      Service Description

76380      Computed tomography, limited or localized follow-up study  
76499      Unlisted diagnostic radiographic procedure (I.C.)

**DIAGNOSTIC ULTRASOUND**

**HEAD AND NECK**

76506      Echoencephalography, real time with image documentation (gray scale) (for determination of ventricular size, delineation of cerebral contents and detection of fluid masses or other intracranial abnormalities), including A-mode encephalography as secondary component where indicated

76510      Ophthalmic ultrasound, diagnostic; B-scan and quantitative A-scan performed during the same patient encounter

76511      quantitative A-scan only

76512      B-scan (with or without superimposed non-quantitative A-scan)

76513      anterior segment ultrasound, immersion (water bath) B-scan or high resolution biomicroscopy

76514      corneal pachymetry, unilateral or bilateral (determination of corneal thickness)

76516      Ophthalmic biometry by ultrasound echography, A-scan

76519      with intraocular lens power calculation

76529      Ophthalmic ultrasonic foreign body localization

76536      Ultrasound, soft tissues of head and neck (e.g., thyroid, parathyroid, parotid), B-scan and/or real time with image documentation

**CHEST**

76604      Ultrasound, chest, B-scan (includes mediastinum) and/or real time with image documentation

76645      Ultrasound, breast(s) (unilateral or bilateral), B-scan and/or real time with image documentation

**ABDOMEN AND RETROPERITONEUM**

76700      Ultrasound, abdominal, B-scan and/or real time with image documentation; complete

76705      limited (e.g., single organ, quadrant, follow-up)

76770      Ultrasound, retroperitoneal (e.g., renal, aorta, nodes), B-scan and/or real time with image documentation; complete

76775      limited

76776      Ultrasound, transplanted kidney, real time and duplex Doppler with image documentation

**SPINAL CANAL**

76800      Ultrasound, spinal canal and contents



<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>	<b>Subchapter Number and Title</b> 6. Service Codes and Descriptions	<b>Page</b> 6-14
	<b>Transmittal Letter</b> CHC-87	<b>Date</b> 01/01/10
Community Health Center Manual		

602 Radiology Service Codes and Descriptions (cont.)

Service

Code      Service Description

**PELVIS**

- 76801      Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, first trimester (<14 weeks 0 days), transabdominal approach; single or first gestation
- 76802      each additional gestation (List separately in addition to code for primary procedure.)
- 76805      Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, after first trimester (> or = 14 weeks 0 days), transabdominal approach; single or first gestation
- 76810      each additional gestation (List separately in addition to code for primary procedure)
- 76811      Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation plus detailed fetal anatomic examination, transabdominal approach, single or first gestation
- 76812      each additional gestation (List separately in addition to code for primary procedure.)
- 76813      Ultrasound, pregnant uterus, real time with image documentation, first trimester fetal nuchal translucency measurement, transabdominal or transvaginal approach; single or first gestation
- 76814      each additional gestation (List separately in addition to code for primary procedure)
- 76815      Ultrasound, pregnant uterus, real time with image documentation, limited (e.g., fetal heart beat, placental location, fetal position and/or qualitative amniotic fluid volume), one or more fetuses
- 76816      Ultrasound, pregnant uterus, real time with image documentation, follow-up (e.g., reevaluation of fetal size by measuring standard growth parameters and amniotic fluid volume, reevaluation of organ system(s) suspected or confirmed to be abnormal on a previous scan), transabdominal approach, per fetus
- 76817      Ultrasound, pregnant uterus, real time with image documentation, transvaginal
- 76818      Fetal biophysical profile; with non-stress testing
- 76820      Doppler velocimetry, fetal; umbilical artery
- 76821      middle cerebral artery
- 76825      Echocardiography, fetal, cardiovascular system, real time with image documentation (2D), with or without M-mode recording
- 76826      follow-up or repeat study
- 76827      Doppler echocardiography, fetal, pulsed wave and/or continuous wave with spectral display; complete
- 76828      follow-up or repeat study

**NONOBSTETRICAL**

- 76830      Ultrasound, transvaginal
- 76831      Saline infusion sonohysterography (SIS), including color flow Doppler, when performed
- 76856      Ultrasound, pelvic (nonobstetric), B-scan and/or real time with image documentation; complete
- 76857      limited or follow-up (e.g., for follicles)

**GENITALIA**

- 76870      Ultrasound, scrotum and contents
- 76872      transrectal
- 76873      prostate volume study for brachytherapy treatment planning (separate procedure)

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>  Community Health Center Manual	<b>Subchapter Number and Title</b> 6. Service Codes and Descriptions	<b>Page</b> 6-15
	<b>Transmittal Letter</b> CHC-87	<b>Date</b> 01/01/10

602 Radiology Service Codes and Descriptions (cont.)

Service

Code      Service Description

**EXTREMITIES**

- 76880      Ultrasound, extremity, non-vascular, B-scan and/or real time with image documentation
- 76885      Ultrasound, infant hips, real time with imaging documentation; dynamic (requiring physician manipulation)
- 76886      limited, static (not requiring physician manipulation)

**ULTRASONIC GUIDANCE PROCEDURES**

- 76930      Ultrasonic guidance for pericardiocentesis, imaging supervision and interpretation
- 76932      Ultrasonic guidance for endomyocardial biopsy, imaging supervision and interpretation
- 76936      Ultrasound guided compression repair of arterial pseudoaneurysm or arteriovenous fistulae (includes diagnostic ultrasound evaluation, compression of lesion and imaging)
- 76937      Ultrasound guidance for vascular access requiring ultrasound evaluation of potential access sites, documentation of selected vessel patency, concurrent realtime ultrasound visualization of vascular needle entry, with permanent recording and reporting (List separately in addition to code for primary procedure.)
- 76940      Ultrasonic guidance for, and monitoring of, visceral tissue ablation
- 76941      Ultrasonic guidance for intrauterine fetal transfusion or cordocentesis, imaging supervision and interpretation
- 76942      Ultrasonic guidance for needle placement (e.g., biopsy, aspiration, injection, localization device), imaging supervision and interpretation
- 76945      Ultrasonic guidance for chorionic villus sampling, imaging supervision and interpretation
- 76946      Ultrasonic guidance for amniocentesis, imaging supervision and interpretation
- 76948      Ultrasonic guidance for aspiration of ova, imaging supervision and interpretation
- 76950      Ultrasonic guidance for placement of radiation therapy fields

**Other Procedures**

- 76965      Ultrasonic guidance for interstitial radioelement application
- 76970      Ultrasound study follow-up (specify)
- 76975      Gastrointestinal endoscopic ultrasound, supervision and interpretation
- 76977      Ultrasound bone density measurement and interpretation, peripheral site(s), any method
- 76998      Ultrasonic guidance, intraoperative
- 76999      Unlisted ultrasound procedure (e.g., diagnostic, interventional) (I.C.)

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>	<b>Subchapter Number and Title</b> 6. Service Codes and Descriptions	<b>Page</b> 6-16
	<b>Transmittal Letter</b> CHC-87	<b>Date</b> 01/01/10
Community Health Center Manual		

602 Radiology Service Codes and Descriptions (cont.)

Service

Code      Service Description

**RADIATION ONCOLOGY**

**CLINICAL TREATMENT PLANNING (EXTERNAL AND INTERNAL SOURCES)**

- 77001      Fluoroscopic guidance for central venous access device placement, replacement (catheter only or complete), or removal (includes fluoroscopic guidance for vascular access and catheter manipulation, any necessary contrast injections through access site or catheter with related venography radiologic supervision and interpretation, and radiographic documentation of final catheter position) (List separately in addition to code for primary procedure)
- 77002      Fluoroscopic guidance for needle placement (e.g., biopsy, aspiration, injection, localization device)
- 77003      Fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinal diagnostic or therapeutic injection procedures (epidural, transforaminal epidural, subarachnoid, or sacroiliac joint), including neurolytic agent destruction
- 77011      Computed tomography guidance for stereotactic localization
- 77012      Computed tomography guidance for needle placement (e.g., biopsy, aspiration, injection, localization device), radiological supervision and interpretation
- 77013      Computerized tomography guidance for, and monitoring of, parenchymal tissue ablation
- 77014      Computed tomography guidance for placement of radiation therapy fields
- 77021      Magnetic resonance guidance for needle placement (e.g., for biopsy, needle aspiration, injection, or placement of localization device) radiological supervision and interpretation
- 77022      Magnetic resonance guidance for, and monitoring of, parenchymal tissue ablation
- 77031      Stereotactic localization guidance for breast biopsy or needle placement (e.g., for wire localization or for injection), each lesion, radiological supervision and interpretation
- 77032      Mammographic guidance for needle placement, breast (e.g., for wire localization or for injection), each lesion, radiological supervision and interpretation
- 77051      Computer-aided detection (computer algorithm analysis of digital image data for lesion detection) with further physician review for interpretation, with or without digitization of film radiographic images; diagnostic mammography (List separately in addition to code for primary procedure.)
- 77052      screening mammography (List separately in addition to code for primary procedure.)
- 77053      Mammary ductogram or galactogram, single duct, radiological supervision and interpretation
- 77054      Mammary ductogram or galactogram, multiple ducts, radiological supervision and interpretation
- 77055      Mammography; unilateral
- 77056                   bilateral
- 77057      Screening mammography, bilateral (two-view film study of each breast)
- 77058      Magnetic resonance imaging, breast, without and/or with contrast material(s); unilateral (P.A.)
- 77059                   bilateral (P.A.)
- 77071      Manual application of stress performed by physician for joint radiography, including contralateral joint if indicated
- 77072      Bone age studies
- 77073      Bone length studies
- 77074      Radiologic examination, osseous survey; limited (e.g., for metastases)
- 77075                   complete (axial and appendicular skeleton)

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>	<b>Subchapter Number and Title</b> 6. Service Codes and Descriptions	<b>Page</b> 6-17
	<b>Transmittal Letter</b> CHC-87	<b>Date</b> 01/01/10
Community Health Center Manual		

602 Radiology Service Codes and Descriptions (cont.)

Service

<u>Code</u>	<u>Service Description</u>
77076	Radiologic examination, osseous survey, infant
77077	Joint survey, single view, 2 or more joints (specify)
77078	Computed tomography, bone mineral density study, 1 or more sites; axial skeleton (e.g., hips, pelvis, spine)
77079	appendicular skeleton (peripheral) (e.g., radius, wrist, heel)
77080	Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; axial skeleton (e.g., hips, pelvis, spine)
77081	appendicular skeleton (peripheral) (e.g., radius, wrist, heel)
77082	vertebral fracture assessment
77083	Radiographic absorptiometry (e.g., photodensitometry, radiogrammetry), 1 or more sites
77084	Magnetic resonance (e.g., proton) imaging, bone marrow blood supply
77261	Therapeutic radiology treatment planning; simple
77262	intermediate
77263	complex
77280	Therapeutic radiology simulation-aided field setting; simple
77285	intermediate
77290	complex
77295	three-dimensional
77299	Unlisted procedure, therapeutic radiology clinical treatment planning (I.C.)
77338	Multi-leaf collimator (MLC) device(s) for intensity modulated radiation therapy (IMRT), design and construction per IMRT plan
77399	Unlisted procedure, medical radiation physics, dosimetry and treatment devices, and special services (I.C.)

**RADIATION TREATMENT MANAGEMENT**

77427	Radiation treatment management, five treatments
77431	Radiation therapy management with complete course of therapy consisting of one or two fractions only
77432	Stereotactic radiation treatment management of cranial lesion(s) (complete course of treatment consisting of one session)
77435	Stereotactic body radiation therapy, treatment management, per treatment course, to one or more lesions, including image guidance, entire course not to exceed five fractions
77470	Special treatment procedure (e.g., total body irradiation, hemibody radiation, per oral, endocavitary, or intraoperative cone irradiation)
77499	Unlisted procedure, therapeutic radiology treatment management (I.C.)

**Hyperthermia**

Hyperthermia is used **only** as an adjunct to radiation therapy or chemotherapy.

77600	Hyperthermia, externally generated; superficial (i.e., heating to a depth of four cm or less)
77605	deep (i.e., heating to depths greater than four cm)

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>	<b>Subchapter Number and Title</b> 6. Service Codes and Descriptions	<b>Page</b> 6-18
	<b>Transmittal Letter</b> CHC-87	<b>Date</b> 01/01/10
Community Health Center Manual		

602 Radiology Service Codes and Descriptions (cont.)

Service

Code      Service Description

77610      Hyperthermia generated by interstitial probe(s); five or fewer interstitial applicators  
77615      more than five interstitial applicators

**Clinical Intracavitary Hyperthermia**

Clinical intracavitary hyperthermia is used **only** as an adjunct to radiation therapy or chemotherapy.

77620      Hyperthermia generated by intracavitary probe(s)

**Clinical Brachytherapy**

77750      Infusion or instillation of radioelement solution (includes three months follow-up care)  
77761      Intracavitary radiation source application; simple  
77762      intermediate  
77763      complex  
77776      Interstitial radiation source application; simple  
77777      intermediate  
77778      complex  
77785      Remote afterloading high dose rate radionuclide brachytherapy; 1 channel  
77786      2-12 channels  
77787      over 12 channels  
77789      Surface application of radiation source  
77799      Unlisted procedure, clinical brachytherapy (I.C.)

**NUCLEAR MEDICINE**

**DIAGNOSTIC**

**Endocrine System**

78000      Thyroid uptake; single determination  
78001      multiple determinations  
78003      stimulation, suppression or discharge (not including initial uptake studies)  
78006      Thyroid imaging, with uptake; single determination  
78007      multiple determinations  
78010      Thyroid imaging; only  
78011      with vascular flow  
78015      Thyroid carcinoma metastases imaging; limited area (e.g., neck and chest only)  
78016      with additional studies (e.g., urinary recovery)  
78018      whole body  
78020      Thyroid carcinoma metastases uptake (List separately in addition to code for primary procedure.)  
78070      Parathyroid imaging  
78075      Adrenal imaging, cortex and/or medulla  
78099      Unlisted endocrine procedure, diagnostic nuclear medicine (I.C.)

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>	<b>Subchapter Number and Title</b> 6. Service Codes and Descriptions	<b>Page</b> 6-19
	<b>Transmittal Letter</b> CHC-87	<b>Date</b> 01/01/10
Community Health Center Manual		

602 Radiology Service Codes and Descriptions (cont.)

Service

Code      Service Description

**Hematopoietic, Reticuloendothelial and Lymphatic System**

- 78102 Bone marrow imaging; limited area
- 78103        multiple areas
- 78104        whole body
- 78110 Plasma volume, radiopharmaceutical volume-dilution technique (separate procedure); single sampling
- 78111        multiple samplings
- 78120 Red cell volume determination (separate procedure); single sampling
- 78121        multiple samplings
- 78122 Whole blood volume determination, including separate measurement of plasma volume and red cell volume (radiopharmaceutical volume-dilution technique)
- 78130 Red cell survival study
- 78135        differential organ/tissue kinetics (e.g., splenic and/or hepatic sequestration)
- 78140 Labeled red cell sequestration, differential organ/tissue (e.g., splenic and/or hepatic)
- 78185 Spleen imaging only, with or without vascular flow
- 78190 Kinetics, study of platelet survival, with or without differential organ/tissue localization
- 78191 Platelet survival study
- 78195 Lymphatics and lymph nodes imaging
- 78199 Unlisted hematopoietic, reticuloendothelial and lymphatic procedure, diagnostic nuclear medicine (I.C.)

**Gastrointestinal System**

- 78201 Liver imaging; static only
- 78202        with vascular flow
- 78205 Liver imaging (SPECT)
- 78206        with vascular flow
- 78215 Liver and spleen imaging; static only
- 78216        with vascular flow
- 78220 Liver function study with hepatobiliary agents, with serial images
- 78223 Hepatobiliary ductal system imaging, including gallbladder, with or without pharmacologic intervention, with or without quantitative measurement of gallbladder function
- 78230 Salivary gland imaging
- 78231        with serial images
- 78232 Salivary gland function study
- 78258 Esophageal motility
- 78261 Gastric mucosa imaging
- 78262 Gastroesophageal reflux study
- 78264 Gastric emptying study
- 78270 Vitamin B-12 absorption study (e.g., Schilling test); without intrinsic factor
- 78271        with intrinsic factor
- 78272 Vitamin B-12 absorption studies combined, with and without intrinsic factor

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>	<b>Subchapter Number and Title</b> 6. Service Codes and Descriptions	<b>Page</b> 6-20
	<b>Transmittal Letter</b> CHC-87	<b>Date</b> 01/01/10
Community Health Center Manual		

602 Radiology Service Codes and Descriptions (cont.)

Service

Code      Service Description

- 78278      Gastrointestinal protein loss
- 78282      Gastrointestinal protein loss
- 78290      Intestine imaging (e.g., ectopic gastric mucosa, Meckel's localization, volvulus)
- 78291      Peritoneal-venous shunt patency test (e.g., for LeVeen, Denver shunt)
- 78299      Unlisted gastrointestinal procedure, diagnostic nuclear medicine (I.C.)

**Musculoskeletal System**

- 78300      Bone and/or joint imaging; limited area
- 78305          multiple areas
- 78306          whole body
- 78315          three phase study
- 78320          tomographic (SPECT)
- 78350      Bone density (bone mineral content) study, one or more sites; single photon absorptiometry
- 78399      Unlisted musculoskeletal procedure, diagnostic nuclear medicine (I.C.)

**Cardiovascular System**

- 78414      Determination of central c-v hemodynamics (non-imaging) (e.g., ejection fraction with probe technique) with or without pharmacologic intervention or exercise, single or multiple determinations
- 78428      Cardiac shunt detection
- 78445      Non-cardiac vascular flow imaging (i.e., angiography, venography)
- 78451      Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)
- 78452      multiple studies, at rest and/or stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection
- 78453      Myocardial perfusion imaging, planar (including qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)
- 78454      multiple studies, at rest and/or stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection
- 78456      Acute venous thrombosis imaging, peptide
- 78457      Venous thrombosis imaging, venogram; unilateral
- 78458          bilateral
- 78459      Myocardial imaging, positron emission tomography (PET), metabolic evaluation
- 78466      Myocardial imaging, infarct avid, planar; qualitative or quantitative
- 78468          with ejection fraction by first pass technique
- 78469          tomographic SPECT with or without quantification
- 78472      Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without additional quantitative processing

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>	<b>Subchapter Number and Title</b> 6. Service Codes and Descriptions	<b>Page</b> 6-21
	<b>Transmittal Letter</b> CHC-87	<b>Date</b> 01/01/10
Community Health Center Manual		

602 Radiology Service Codes and Descriptions (cont.)

Service

Code      Service Description

- 78473      multiple studies, wall motion study plus ejection fraction, at rest and stress (exercise and/or pharmacologic), with or without additional quantification
- 78481      Cardiac blood pool imaging, (planar), first pass technique; single study, at rest or with stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without quantification
- 78483      multiple studies, at rest and with stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without quantification
- 78491      Myocardial imaging, positron emission tomography (PET), perfusion; single study at rest or stress
- 78492      multiple studies at rest and/or stress
- 78494      Cardiac blood pool imaging, gated equilibrium, SPECT, at rest, wall motion study plus ejection fraction, with or without quantitative processing
- 78496      Cardiac blood pool imaging, gated equilibrium, single study, at rest, with right ventricular ejection fraction by first pass technique (List separately in addition to code for primary procedure.)
- 78499      Unlisted cardiovascular procedure, diagnostic nuclear medicine (I.C.)

**Respiratory System**

- 78580      Pulmonary perfusion imaging; particulate
- 78584      Pulmonary perfusion imaging, particulate, with ventilation; single breath
- 78585      rebreathing and washout, with or without single breath
- 78586      Pulmonary ventilation imaging, aerosol; single projection
- 78587      multiple projections (e.g., anterior, posterior, lateral views)
- 78588      Pulmonary perfusion imaging, particulate, with ventilation imaging, aerosol, one or multiple projections
- 78591      Pulmonary ventilation imaging, gaseous, single breath, single projection
- 78593      Pulmonary ventilation imaging, gaseous, with rebreathing and washout with or without single breath; single projection
- 78594      multiple projections (e.g., anterior, posterior, lateral views)
- 78596      Pulmonary quantitative differential function (ventilation/perfusion) study
- 78599      Unlisted respiratory procedure, diagnostic nuclear medicine (I.C.)

**Nervous System**

- 78600      Brain imaging, less than four static views
- 78601      with vascular flow
- 78605      Brain imaging, minimum four static views
- 78607      Brain imaging, tomographic (SPECT)
- 78608      Brain imaging, positron emission tomography (PET); metabolic evaluation
- 78609      perfusion evaluation
- 78610      Brain imaging, vascular flow only
- 78630      Cerebrospinal fluid flow, imaging (not including introduction of material); cisternography
- 78635      ventriculography
- 78645      shunt evaluation
- 78647      tomographic (SPECT)



<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>	<b>Subchapter Number and Title</b> 6. Service Codes and Descriptions	<b>Page</b> 6-22
	<b>Transmittal Letter</b> CHC-87	<b>Date</b> 01/01/10
Community Health Center Manual		

602 Radiology Service Codes and Descriptions (cont.)

Service

Code      Service Description

- 78650      Cerebrospinal fluid leakage detection and localization
- 78660      Radiopharmaceutical dacryocystography
- 78699      Unlisted nervous system procedure, diagnostic nuclear medicine (I.C.)

**Genitourinary System**

- 78700      Kidney imaging; static only
- 78701          with vascular flow
- 78707      Kidney imaging with vascular flow and function; single study without pharmacological intervention
- 78708          single study, with pharmacological intervention (e.g., angiotensin converting enzyme inhibitor and/or diuretic)
- 78709          multiple studies, with and without pharmacological intervention (e.g., angiotensin converting enzyme inhibitor and/or diuretic)
- 78710      Kidney imaging, tomographic (SPECT)
- 78725      Kidney function study, non-imaging radioisotopic study
- 78730      Urinary bladder residual study
- 78740      Ureteral reflux study (radiopharmaceutical voiding cystogram)
- 78761          with vascular flow
- 78799      Unlisted genitourinary procedure, diagnostic nuclear medicine (I.C.)

**Other Procedures**

- 78800      Radiopharmaceutical localization of tumor or distribution of radiopharmaceutical agent(s); limited area
- 78801          multiple areas
- 78802          whole body, single day imaging
- 78803          tomographic (SPECT)
- 78804          whole body, requiring two or more days imaging
- 78805      Radiopharmaceutical localization of inflammatory process; limited area
- 78806          whole body
- 78807          tomographic (SPECT)
- 78808      Injection procedure for radiopharmaceutical localization by non-imaging probe study, intravenous (eg, parathyroid adenoma)
- 78811      Positron emission tomography (PET) imaging; limited area (e.g., chest, head/neck)
- 78812          skull base to mid-thigh
- 78813          whole body
- 78814      Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; limited area (e.g., chest, head/neck)
- 78815          skull base to mid-thigh
- 78816          whole body
- 78999      Unlisted miscellaneous procedure, diagnostic nuclear medicine (I.C.)

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>	<b>Subchapter Number and Title</b> 6. Service Codes and Descriptions	<b>Page</b> 6-23
	<b>Transmittal Letter</b> CHC-87	<b>Date</b> 01/01/10
Community Health Center Manual		

602 Radiology Service Codes and Descriptions (cont.)

Service

Code      Service Description

**THERAPEUTIC**

- 79005      Radiopharmaceutical therapy, by oral administration
- 79101      Radiopharmaceutical therapy, by intravenous administration
- 79200      Radiopharmaceutical therapy by intracavitary administration
- 79300      Radiopharmaceutical therapy by interstitial radioactive colloid administration
- 79403      Radiopharmaceutical therapy, radiolabeled monoclonal antibody by intravenous infusion
- 79440      Radiopharmaceutical therapy, by intra-articular administration
- 79999      Radiopharmaceutical therapy, unlisted procedure (I.C.)

603 Laboratory Service Codes and Services

**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.

Service

Code      Service Description

- 80047      Basic metabolic panel (Calcium, ionized) (This panel must include the following: Calcium, ionized (82330), Carbon dioxide (82374), Chloride (82435), Creatinine (82565), Glucose (82947), Potassium (84132), Sodium (84295), and Urea Nitrogen (BUN) (84520).)
- 80048      Basic metabolic panel (Calcium, total) (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).)

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>	<b>Subchapter Number and Title</b> 6. Service Codes and Descriptions	<b>Page</b> 6-24
	<b>Transmittal Letter</b> CHC-87	<b>Date</b> 01/01/10
Community Health Center Manual		

603 Laboratory Service Codes and Services (cont.)

Service

Code      Service Description

- 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).)

**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.

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>	<b>Subchapter Number and Title</b> 6. Service Codes and Descriptions	<b>Page</b> 6-25
	<b>Transmittal Letter</b> CHC-87	<b>Date</b> 01/01/10
Community Health Center Manual		

603 Laboratory Service Codes and Services (cont.)

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).

Service

<u>Code</u>	<u>Service Description</u>
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

**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
80195	Sirolimus

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>	<b>Subchapter Number and Title</b> 6. Service Codes and Descriptions	<b>Page</b> 6-26
	<b>Transmittal Letter</b> CHC-87	<b>Date</b> 01/01/10
Community Health Center Manual		

603 Laboratory Service Codes and Services (cont.)

Service

Code      Service Description

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).)
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).)

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>	<b>Subchapter Number and Title</b> 6. Service Codes and Descriptions	<b>Page</b> 6-27
	<b>Transmittal Letter</b> CHC-87	<b>Date</b> 01/01/10
Community Health Center Manual		

603 Laboratory Service Codes and Services (cont.)

Service

<u>Code</u>	<u>Service Description</u>
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).)
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

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>	<b>Subchapter Number and Title</b> 6. Service Codes and Descriptions	<b>Page</b> 6-28
	<b>Transmittal Letter</b> CHC-87	<b>Date</b> 01/01/10
Community Health Center Manual		

603 Laboratory Service Codes and Services (cont.)

Service

<u>Code</u>	<u>Service Description</u>
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)
82045	Ischemia modified
82055	Alcohol (ethanol); any specimen except breath
82085	Aldolase
82088	Aldosterone
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

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>	<b>Subchapter Number and Title</b> 6. Service Codes and Descriptions	<b>Page</b> 6-29
	<b>Transmittal Letter</b> CHC-87	<b>Date</b> 01/01/10
Community Health Center Manual		

603 Laboratory Service Codes and Services (cont.)

Service

<u>Code</u>	<u>Service Description</u>
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, consecutive collected specimens with single determination, for colorectal neoplasm screening (ie, patient was provided three cards or single triple card for consecutive collection)
82271	other sources
82272	Blood, occult, by peroxidase activity (e.g., guaiac), qualitative, feces, one to three simultaneous determinations, performed for other than colorectal neoplasm screening
82274	Blood, occult, by fecal hemoglobin determination by immunoassay, qualitative, feces, one to three simultaneous determinations
82286	Bradykinin
82300	Cadmium
82306	Vitamin D; 25 hydroxy, include fraction(s), if performed
82308	Calcitonin
82310	Calcium; total
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



<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>	<b>Subchapter Number and Title</b> 6. Service Codes and Descriptions	<b>Page</b> 6-30
	<b>Transmittal Letter</b> CHC-87	<b>Date</b> 01/01/10
Community Health Center Manual		

603 Laboratory Service Codes and Services (cont.)

Service

<u>Code</u>	<u>Service Description</u>
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
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
82610	Cystatin C
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

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>	<b>Subchapter Number and Title</b> 6. Service Codes and Descriptions	<b>Page</b> 6-31
	<b>Transmittal Letter</b> CHC-87	<b>Date</b> 01/01/10
Community Health Center Manual		

603 Laboratory Service Codes and Services (cont.)

Service

<u>Code</u>	<u>Service Description</u>
82649	Dihydromorphinone
82651	Dihydrotestosterone (DHT)
82652	Vitamin D; 1,25 hydroxy, includes fraction(s), if performed
82654	Dimethadione
82656	Elastase, pancreatic (EL-1), fecal, qualitative or semiquantitative
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	Etiocolanolone
82705	Fat or lipids, feces; qualitative
82710	quantitative
82715	Fat differential, feces, quantitative
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 (immunoglobulin); IgA, IgD, IgG, IgM, each
82785	IgE
82787	immunoglobulin subclasses (e.g., 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

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>	<b>Subchapter Number and Title</b> 6. Service Codes and Descriptions	<b>Page</b> 6-32
	<b>Transmittal Letter</b> CHC-87	<b>Date</b> 01/01/10
Community Health Center Manual		

603 Laboratory Service Codes and Services (cont.)

Service

<u>Code</u>	<u>Service Description</u>
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
83001	Gonadotropin; follicle-stimulating hormone (FSH)
83002	luteinizing hormone (LH)
83003	Growth hormone, human (HGH) (somatotropin)
83008	Guanosine monophosphate (GMP), cyclic
83009	Helicobacter pylori, blood test analysis for urease activity, non-reactive isotope (eg, C-12)
83010	Haptoglobin; quantitative
83012	phenotypes
83013	Helicobacter pylori; breath test analysis for urease activity, non-radioactive isotope
83014	drug administration
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	glycosylated (AIC)
83037	Glycosylated (AIC) by device cleared by FDA for home use
83045	methemoglobin, qualitative
83050	methemoglobin, quantitative
83051	plasma
83055	sulfhemoglobin, qualitative
83060	sulfhemoglobin, quantitative

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>	<b>Subchapter Number and Title</b> 6. Service Codes and Descriptions	<b>Page</b> 6-33
	<b>Transmittal Letter</b> CHC-87	<b>Date</b> 01/01/10
Community Health Center Manual		

603 Laboratory Service Codes and Services (cont.)

Service

<u>Code</u>	<u>Service Description</u>
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	qualitative or semiquantitative, single step method (e.g., reagent strip)
83519	quantitative, by radioimmunoassay (e.g., RIA)
83520	quantitative, not otherwise specified
83525	Insulin; total
83527	free
83528	Intrinsic factor
83540	Iron
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
83630	Lactoferrin, fecal, qualitative
83631	quantitative
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

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>	<b>Subchapter Number and Title</b> 6. Service Codes and Descriptions	<b>Page</b> 6-34
	<b>Transmittal Letter</b> CHC-87	<b>Date</b> 01/01/10
Community Health Center Manual		

603 Laboratory Service Codes and Services (cont.)

Service

Code      Service Description

83695	Lipoprotein (a)
83700	Lipoprotein, blood, electrophoretic separation and quantitation
83701	High resolution fractionation and quantitation of lipoproteins including lipoprotein subclasses when performed (e.g., electrophoresis, ultracentrifugation)
83704	Quantitation of lipoprotein particle numbers and lipoprotein particle subclasses (e.g., by nuclear magnetic resonance spectroscopy)
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
83876	Myeloperoxidase (MPO)
83880	Natriuretic peptide
83883	Nephelometry, each analyte not elsewhere specified
83885	Nickel
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

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>	<b>Subchapter Number and Title</b> 6. Service Codes and Descriptions	<b>Page</b> 6-35
	<b>Transmittal Letter</b> CHC-87	<b>Date</b> 01/01/10
Community Health Center Manual		

603 Laboratory Service Codes and Services (cont.)

Service

<u>Code</u>	<u>Service Description</u>
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, target, each nucleic acid sequence
83900	amplification, target, multiplex, first two nucleic acid sequences
83901	amplification, target, multiplex, each additional nucleic acid sequence beyond two (List separately in addition to code for primary procedure)
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
83907	lysis of cells prior to nucleic acid extraction (e.g., stool specimens, paraffin embedded tissue)
83908	amplification, signal, each nucleic acid sequence
83909	separation and identification by high resolution technique (e.g., capillary electrophoresis)
83912	interpretation and report
83914	Mutation identification by enzymatic ligation or primer extension, single segment, each segment (e.g., oligonucleotide ligation assay (OLA), single base chain extension (SBCE), or allele-specific primer extension (ASPE))
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
83951	des-gamma-carboxy-prothrombin (DCP)
83970	Parathormone (parathyroid hormone)
83986	pH, body fluid, not otherwise specified
83992	Phencyclidine (PCP)
83993	Calprotectin, fecal
84022	Phenothiazine
84030	Phenylalanine (PKU), blood
84035	Phenylketones, qualitative
84060	Phosphatase, acid; total
84066	prostatic
84075	Phosphatase, alkaline

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>	<b>Subchapter Number and Title</b> 6. Service Codes and Descriptions	<b>Page</b> 6-36
	<b>Transmittal Letter</b> CHC-87	<b>Date</b> 01/01/10
Community Health Center Manual		

603 Laboratory Service Codes and Services (cont.)

Service

<u>Code</u>	<u>Service Description</u>
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
84163	Pregnancy-associated plasma protein-A (PAPP-A) (I.C.)
84165	Protein, electrophoretic fractionation and quantitation, serum
84166	electrophoretic fractionation and quantitation, other fluids with concentration (e.g., urine, CSF)
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

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>	<b>Subchapter Number and Title</b> 6. Service Codes and Descriptions	<b>Page</b> 6-37
	<b>Transmittal Letter</b> CHC-87	<b>Date</b> 01/01/10
Community Health Center Manual		

603 Laboratory Service Codes and Services (cont.)

Service

<u>Code</u>	<u>Service Description</u>
84234	progesterone
84235	endocrine, other than estrogen or progesterone (specify hormone)
84238	non-endocrine (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



<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>	<b>Subchapter Number and Title</b> 6. Service Codes and Descriptions	<b>Page</b> 6-38
	<b>Transmittal Letter</b> CHC-87	<b>Date</b> 01/01/10
Community Health Center Manual		

603 Laboratory Service Codes and Services (cont.)

Service

<u>Code</u>	<u>Service Description</u>
84484	Troponin, quantitative
84485	Trypsin; duodenal fluid
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
84704	free beta chain
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

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>	<b>Subchapter Number and Title</b> 6. Service Codes and Descriptions	<b>Page</b> 6-39
	<b>Transmittal Letter</b> CHC-87	<b>Date</b> 01/01/10
Community Health Center Manual		

603 Laboratory Service Codes and Services (cont.)

Service

<u>Code</u>	<u>Service Description</u>
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
85045	reticulocyte, automated
85046	reticulocytes, automated, including one or more cellular parameters (e.g., reticulocyte hemoglobin content (CHr), immature reticulocyte fraction (IRF), reticulocyte volume (MRV), RNA content), direct measurement
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, multimeric 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

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>	<b>Subchapter Number and Title</b> 6. Service Codes and Descriptions	<b>Page</b> 6-40
	<b>Transmittal Letter</b> CHC-87	<b>Date</b> 01/01/10
Community Health Center Manual		

603 Laboratory Service Codes and Services (cont.)

Service

<u>Code</u>	<u>Service Description</u>
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
85384	Fibrinogen; activity
85385	antigen
85390	Fibrinolytics 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
85397	Coagulation and fibrinolysis, functional activity, not otherwise specified (eg, ADAMTS-13), each analyte
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

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>	<b>Subchapter Number and Title</b> 6. Service Codes and Descriptions	<b>Page</b> 6-41
	<b>Transmittal Letter</b> CHC-87	<b>Date</b> 01/01/10
Community Health Center Manual		

603 Laboratory Service Codes and Services (cont.)

Service

Code      Service Description

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.)

**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 0; 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  
86200      Cyclic citrullinated peptide (CCP), antibody  
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)

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>	<b>Subchapter Number and Title</b> 6. Service Codes and Descriptions	<b>Page</b> 6-42
	<b>Transmittal Letter</b> CHC-87	<b>Date</b> 01/01/10
Community Health Center Manual		

603 Laboratory Service Codes and Services (cont.)

Service

Code      Service Description

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
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	Immunoelectrophoresis; 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; serum
86335	other fluids with concentration (e.g., urine, CSF)
86336	Inhibin A
86337	Insulin antibodies
86340	Intrinsic factor antibodies
86341	Islet cell antibody
86343	Leukocyte histamine release test (LHR)
86344	Leukocyte phagocytosis
86352	Cellular function assay involving stimulation (e.g., mitogen or antigen) and detection of biomarker (e.g., ATP)
86353	Lymphocyte transformation, mitogen (phytomitogen) or antigen-induced blastogenesis
86355	B cells, total count
86356	Mononuclear cell antigen, quantitative (e.g., flow cytometry), not otherwise specified, each antigen
86357	Natural killer (NK) cells, total count
86359	T cells; total count
86360	absolute CD4 and CD8 count, including ratio
86361	absolute CD4 count
86367	Stem cells (ie, CD34), total 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
86480	Tuberculosis test, cell mediated immunity measurement of gamma interferon antigen response

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>	<b>Subchapter Number and Title</b> 6. Service Codes and Descriptions	<b>Page</b> 6-43
	<b>Transmittal Letter</b> CHC-87	<b>Date</b> 01/01/10
Community Health Center Manual		

603 Laboratory Service Codes and Services (cont.)

Service

Code      Service Description

86485      Skin test; candida  
86486          unlisted antigen, each  
86490          coccidioidomycosis  
86510          histoplasmosis  
86590      Streptokinase, antibody  
86592      Syphilis test (non-treponemal antibody); 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 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. When a coding option exists for reporting IgM specific antibodies (e.g., 86632) the corresponding onco-specific code (e.g., 86631) may be reported for performance of either an antibody analysis not specific for a particular immunoglobulin class or an IgG analysis.

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

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>	<b>Subchapter Number and Title</b> 6. Service Codes and Descriptions	<b>Page</b> 6-44
	<b>Transmittal Letter</b> CHC-87	<b>Date</b> 01/01/10
Community Health Center Manual		

603 Laboratory Service Codes and Services (cont.)

Service

<u>Code</u>	<u>Service Description</u>
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)
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

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>	<b>Subchapter Number and Title</b> 6. Service Codes and Descriptions	<b>Page</b> 6-45
	<b>Transmittal Letter</b> CHC-87	<b>Date</b> 01/01/10
Community Health Center Manual		

603 Laboratory Service Codes and Services (cont.)

Service

<u>Code</u>	<u>Service Description</u>
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
86780	Treponema pallidum
86784	trichinella
86787	varicella-zoster
86790	virus, not elsewhere specified
86793	Yersinia
86800	Thyroglobulin antibody
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)
86825	Human leukocyte antigen (HLA) crossmatch, non-cytotoxic (e.g., using flow cytometry); first serum sample or dilution
86826	each additional serum sample or sample dilution (List separately in addition to primary procedure)
86849	Unlisted immunology procedure (I.C.)



<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>	<b>Subchapter Number and Title</b> 6. Service Codes and Descriptions	<b>Page</b> 6-46
	<b>Transmittal Letter</b> CHC-87	<b>Date</b> 01/01/10
Community Health Center Manual		

603 Laboratory Service Codes and Services (cont.)

Service

Code      Service Description

**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 reagent red cell
- 86886          indirect, each antibody titer
- 86900      Blood typing; ABO
- 86901          Rh (D)
- 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 (I.C.)
- 86921          incubation technique (I.C.)
- 86922          antiglobulin technique (I.C.)
- 86923          electronic (I.C.)
- 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
- 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 isolates, each plate
- 87070      any other source except urine, blood, or stool, aerobic, with isolation and presumptive identification of isolates

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>	<b>Subchapter Number and Title</b> 6. Service Codes and Descriptions	<b>Page</b> 6-47
	<b>Transmittal Letter</b> CHC-87	<b>Date</b> 01/01/10
Community Health Center Manual		

603 Laboratory Service Codes and Services (cont.)

Service

<u>Code</u>	<u>Service Description</u>
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 (DNA or RNA) probe, direct probe technique, per culture or isolate, each organism probed
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
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

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>	<b>Subchapter Number and Title</b> 6. Service Codes and Descriptions	<b>Page</b> 6-48
	<b>Transmittal Letter</b> CHC-87	<b>Date</b> 01/01/10
Community Health Center Manual		

603 Laboratory Service Codes and Services (cont.)

Service

<u>Code</u>	<u>Service Description</u>
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 (Schlicter 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)
87209	complex special stain (e.g., trichrome, iron hemotoxylin) for ova and parasites (I.C.)
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
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

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>	<b>Subchapter Number and Title</b> 6. Service Codes and Descriptions	<b>Page</b> 6-49
	<b>Transmittal Letter</b> CHC-87	<b>Date</b> 01/01/10
Community Health Center Manual		

603 Laboratory Service Codes and Services (cont.)

Service

<u>Code</u>	<u>Service Description</u>
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
87305	Aspergillus
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
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

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>	<b>Subchapter Number and Title</b> 6. Service Codes and Descriptions	<b>Page</b> 6-50
	<b>Transmittal Letter</b> CHC-87	<b>Date</b> 01/01/10
Community Health Center Manual		

603 Laboratory Service Codes and Services (cont.)

Service

Code      Service Description

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
87498	enterovirus, amplified probe technique
87500	vancomycin resistance (e.g., enterococcus species van A, van B), amplified probe technique
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
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

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>	<b>Subchapter Number and Title</b> 6. Service Codes and Descriptions	<b>Page</b> 6-51
	<b>Transmittal Letter</b> CHC-87	<b>Date</b> 01/01/10
Community Health Center Manual		

603 Laboratory Service Codes and Services (cont.)

Service

Code      Service Description

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
87807	respiratory syncytial virus
87809	adenovirus
87810	Infectious agent detection by immunoassay with direct optical observation; Chlamydia trachomatis
87850	Neisseria gonorrhoeae
87880	Streptococcus, group A
87899	not otherwise specified
87902	Hepatitis C virus
87905	Infectious agent enzymatic activity other than virus (e.g., sialidase activity in vaginal fluid)
87999	Unlisted microbiology procedure (I.C.)

**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)

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>	<b>Subchapter Number and Title</b> 6. Service Codes and Descriptions	<b>Page</b> 6-52
	<b>Transmittal Letter</b> CHC-87	<b>Date</b> 01/01/10
Community Health Center Manual		

603 Laboratory Service Codes and Services (cont.)

Service

Code      Service Description

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

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

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>	<b>Subchapter Number and Title</b> 6. Service Codes and Descriptions	<b>Page</b> 6-53
	<b>Transmittal Letter</b> CHC-87	<b>Date</b> 01/01/10
Community Health Center Manual		

603 Laboratory Service Codes and Services (cont.)

Service

Code      Service Description

- 88175      with screening by automated system and manual rescreening or review, under physician supervision
- 88180      Flow cytometry; each cell surface, cytoplasmic or nuclear
- 88182      cell cycle or DNA analysis
- 88184      Flow cytometry, cell surface, cytoplasmic, or nuclear marker, technical component only; first marker
- 88185      each additional marker (List separately in addition to code for first marker)
- 88187      Flow cytometry, interpretation; two to 8 markers
- 88188      nine to 15 markers
- 88189      16 or more markers
- 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, two 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 five cells, one karyotype, with banding
- 88262      count 15-20 cells, two karyotypes, with banding
- 88263      count 45 cells for mosaicism, two karyotypes, with banding
- 88264      analyze 20-25 cells
- 88267      Chromosome analysis, amniotic fluid or chorionic villus, count 15 cells, one karyotype, with banding
- 88269      Chromosome analysis, in situ for amniotic fluid cells, count cells from 6-12 colonies, one karyotype, with banding
- 88271      Molecular cytogenetics; DNA probe, each (e.g., FISH)
- 88272      chromosomal in situ hybridization, analyze three to five 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
- 88289      additional high resolution study



<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>	<b>Subchapter Number and Title</b> 6. Service Codes and Descriptions	<b>Page</b> 6-54
	<b>Transmittal Letter</b> CHC-87	<b>Date</b> 01/01/10
Community Health Center Manual		

603 Laboratory Service Codes and Services (cont.)

Service

Code      Service Description

- 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; Group I for microorganisms (e.g., Gridley, acid fast, methenamine silver), including interpretation and report, each  
88313      Group II, all other (e.g., iron, trichrome), except immunocytochemistry and immunoperoxidase stains, including interpretation and report, each  
88314      histochemical staining with frozen section(s), including interpretation and report, (List separately in addition to code for primary procedure.)  
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)  
88360      Morphometric analysis, tumor immunohistochemistry (e.g., Her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, each antibody; manual  
88361      using computer-assisted technology  
88362      Nerve-teasing preparations  
88365      In situ hybridization, (e.g., FISH), each probe  
88367      Morphometric analysis, in situ hybridization, (quantitative or semi-quantitative) each probe; using computer-assisted technology  
88368      manual  
88371      Protein analysis of tissue by Western Blot, with interpretation and report  
88372      immunological probe for band identification, each  
88380      Microdissection (i.e., sample preparation of microscopically identified target); laser capture  
88381      manual

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>	<b>Subchapter Number and Title</b> 6. Service Codes and Descriptions	<b>Page</b> 6-55
	<b>Transmittal Letter</b> CHC-87	<b>Date</b> 01/01/10
Community Health Center Manual		

603 Laboratory Service Codes and Services (cont.)

Service

Code      Service Description

- 88384      Array-based evaluation of multiple molecular probes; 11 through 50 probes (I.C.)
- 88385          51 through 250 probes
- 88386          251 through 500 probes
- 88387      Macroscopic examination, dissection, and preparation of tissue for non-microscopic analytical studies (e.g., nucleic acid-based molecular studies); each tissue preparation (e.g., a single lymph node)
- 88388          in conjunction with a touch imprint, intraoperative consultation, or frozen section, each tissue preparation (e.g., a single lymph node) (List separately in addition to code for primary procedure.)
- 88399      Unlisted surgical pathology procedure (I.C.)
- 88720      Bilirubin, total, transcutaneous
- 88740      Hemoglobin, quantitative, transcutaneous, per day; carboxyhemoglobin
- 88741          methemoglobin

**OTHER PROCEDURES**

- 89049      Caffeine halothane contracture test (CHCT) for malignant hyperthermia susceptibility, including interpretation and report
- 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
- 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
- 89225      Starch granules, feces
- 89230      Sweat collection by iontophoresis
- 89235      Water load test
- 89240      Unlisted miscellaneous pathology test (I.C.)

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>	<b>Subchapter Number and Title</b> 6. Service Codes and Descriptions	<b>Page</b> 6-56
	<b>Transmittal Letter</b> CHC-87	<b>Date</b> 01/01/10
Community Health Center Manual		

603 Laboratory Service Codes and Services (cont.)

Service

Code      Service Description

**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
- 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
- 93228      Wearable mobile cardiovascular telemetry with electrocardiographic recording, concurrent computerized real time data analysis and greater than 24 hours of accessible ECG data storage (retrievable with query) with ECG triggered and patient selected events transmitted to a remote attended surveillance center for up to 30 days; physician review and interpretation with report
- 93229      technical support for connection and patient instructions for use, attended surveillance, analysis and physician prescribed transmission of daily and emergent data reports (I.C.)
- 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

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>	<b>Subchapter Number and Title</b> 6. Service Codes and Descriptions	<b>Page</b> 6-57
	<b>Transmittal Letter</b> CHC-87	<b>Date</b> 01/01/10
Community Health Center Manual		

603 Laboratory Service Codes and Services (cont.)

Service

<u>Code</u>	<u>Service Description</u>
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
93279	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and selected optimal permanent programmed values with physician analysis, review and report; single lead pacemaker system
93280	dual lead pacemaker system
93281	multiple lead pacemaker system
93282	single lead implantable cardioverter-defibrillator system
93283	dual lead implantable cardioverter-defibrillator system
93284	multiple lead implantable cardioverter-defibrillator system
93285	implantable loop recorder system
93286	Peri-procedural device evaluation (in person) and programming of device system parameters before or after a surgery, procedure, or test with physician analysis, review and report; single, dual, or multiple lead pacemaker system
93287	single, dual, or multiple lead implantable cardioverter-defibrillator system
93288	Interrogation device evaluation (in person) with physician analysis, review and report, includes connection, recording and disconnection per patient encounter; single, dual, or multiple lead pacemaker system
93289	single, dual, or multiple lead implantable cardioverter-defibrillator system, including analysis of heart rhythm derived data elements
93290	implantable cardiovascular monitor system, including analysis of 1 or more recorded physiologic cardiovascular data elements from all internal and external sensors
93291	implantable loop recorder system, including heart rhythm derived data analysis
93292	wearable defibrillator system
93293	Transtelephonic rhythm strip pacemaker evaluation(s) single, dual, or multiple lead pacemaker system, includes recording with or without magnet application with physician analysis, review and report(s), up to 90 days
93294	Interrogation device evaluation(s) (remote) up to 90 days; single, dual, or multiple lead pacemaker system with interim physician analysis, review(s) and report(s)
93295	single, dual, or multiple lead implantable cardioverter-defibrillator system with interim physician analysis, review(s) and report(s)
93296	single, dual, or multiple lead pacemaker system or implantable cardioverter-defibrillator system, remote data acquisition(s), receipt of transmissions and technician review, technical support and distribution of results
93297	Interrogation device evaluation(s), (remote) up to 30 days; implantable cardiovascular monitor system, including analysis of 1 or more recorder physiologic cardiovascular data elements from all internal and external sensors, physician analysis, review(s) and report(s)
93298	implantable loop recorder system, including analysis of recorded heart rhythm data, physician analysis, review(s) and report(s)

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>	<b>Subchapter Number and Title</b> 6. Service Codes and Descriptions	<b>Page</b> 6-58
	<b>Transmittal Letter</b> CHC-87	<b>Date</b> 01/01/10
Community Health Center Manual		

603 Laboratory Service Codes and Services (cont.)

Service

Code      Service Description

- 93299      implantable cardiovascular monitor system or implantable loop recorder system, remote data acquisition(s), receipt of transmissions and technician review, technical support and distribution of results (I.C.)
- 93306      Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, with spectral Doppler echocardiography, and with color flow Doppler echocardiography
- 93351      Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically reduced stress, with interpretation and report; including performance of continuous electrocardiographic monitoring, with physician supervision
- 93352      Use of echocardiographic contrast agent during stress echocardiography (List separately in addition to code for primary procedure)

**Other Vascular Studies**

- 93701      Bioimpedance - derived physiologic cardiovascular analysis
- 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)
- 93745      Initial set-up and programming by a physician of wearable cardioverter-defibrillator includes initial programming of system, establishing baseline electronic ECG, transmission of data to data repository, patient instruction in wearing system and patient reporting of problems or events (I.C.)
- 93750      Interrogation of ventricular assist device (VAD), in person, with physician analysis of device parameters (e.g., drivelines, alarms, power surges), review of device function (e.g., flow and volume status, septum status, recovery), with programming, if performed, and report

**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

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>	<b>Subchapter Number and Title</b> 6. Service Codes and Descriptions	<b>Page</b> 6-59
	<b>Transmittal Letter</b> CHC-87	<b>Date</b> 01/01/10
Community Health Center Manual		

603 Laboratory Service Codes and Services (cont.)

Service

Code      Service Description

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

**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)

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>	<b>Subchapter Number and Title</b> 6. Service Codes and Descriptions	<b>Page</b> 6-60
	<b>Transmittal Letter</b> CHC-87	<b>Date</b> 01/01/10
Community Health Center Manual		

603 Laboratory Service Codes and Services (cont.)

Service

Code      Service Description

**Extremity Arterial—Venous Studies**

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

**PULMONARY**

94002      Ventilation assist and management, initiation of pressure or volume preset ventilators for assisted or controlled breathing; hospital inpatient/observation, initial day

94003      hospital inpatient/observation, each subsequent day

94004      nursing facility, per day

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)

94011      Measurement of spirometric forced expiratory flows in an infant or child through 2 years of age

94012      Measurement of spirometric forced expiratory flows, before and after bronchodilator, in an infant or child through 2 years of age

94013      Measurement of lung volumes (ie, functional residual capacity (FRC), forced vital capacity (FVC), and expiratory reserve volume (ERV) in an infant or child through 2 years of age

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      Bronchodilation responsiveness, spirometry as in 94010, pre- and post-bronchodilator administration (S.P. to 94070 and 94620)

94070      Bronchospasm provocation evaluation, multiple spirometric determinations as in 94010, with administered agents (e.g., antigen(s), cold air, methacholine)

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., 6-minute walk test, prolonged exercise test for bronchospasm with pre- and post-spirometry and oximetry)

94621      complex (including measurements of CO<sub>2</sub> production, O<sub>2</sub> uptake, and electrocardiographic recordings)

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>	<b>Subchapter Number and Title</b> 6. Service Codes and Descriptions	<b>Page</b> 6-61
	<b>Transmittal Letter</b> CHC-87	<b>Date</b> 01/01/10
Community Health Center Manual		

603 Laboratory Service Codes and Services (cont.)

Service

Code      Service Description

- 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
- 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 (I.C.)
- 94774 Pediatric home apnea monitoring event recording including respiratory rate, pattern and heart rate per 30-day period of time; includes monitor attachment, download of data, physician review, interpretation, and preparation of a report (I.C.)
- 94775 monitor attachment only (includes hook-up, initiation of recording and disconnection) (I.C.)
- 94776 monitoring, download of information, receipt of transmission(s) and analyses by computer only (I.C.)
- 94777 physician review, interpretation, and preparation of report only (I.C.)
- 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 – centrifuging required



<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>  Community Health Center Manual	<b>Subchapter Number and Title</b> 6. Service Codes and Descriptions	<b>Page</b> 6-62
	<b>Transmittal Letter</b> CHC-87	<b>Date</b> 01/01/10

604 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**

90470		H1N1 immunization administration (intramuscular, intranasal), including counseling when performed
90472		each additional vaccine (single or combination vaccine/toxoid) (List separately in
		addition to code for primary procedure.)
90474		Immunization administration by intranasal or oral route; each additional vaccine (single or combination vaccine/toxoid) (List separately in addition to code for primary procedure.)
90660		Influenza virus vaccine, live, for intranasal use (P.A.)
D1206		Topical fluoride varnish; therapeutic application for moderate-to-high caries risk patients.
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.) (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.) (I.C.)
99050		Services provided in the office at times other than regularly scheduled office hours, or days when the office is normally closed (e.g., holidays, Saturday, and Sunday), 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 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.
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<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>	<b>Subchapter Number and Title</b> 6. Service Codes and Descriptions	<b>Page</b> 6-63
	<b>Transmittal Letter</b> CHC-87	<b>Date</b> 01/01/10
Community Health Center Manual		

604 Visit Service Codes and Descriptions (cont.)

Service

Code      Modifier      Service Description

- 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.
- 99460                      Initial hospital or birthing center care, per day, for evaluation and management of normal newborn infant

**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.
- 99462                      Subsequent hospital care, per day, for evaluation and management of normal newborn

**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.

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>  Community Health Center Manual	<b>Subchapter Number and Title</b> 6. Service Codes and Descriptions	<b>Page</b> 6-64
	<b>Transmittal Letter</b> CHC-87	<b>Date</b> 01/01/10

604 Visit Service Codes and Descriptions (cont.)

Service

Code      Modifier      Service Description

- 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.

**Nursing Facility Services**

- 99304                      Initial nursing facility 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.
- Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of low severity. Physicians typically spend 25 minutes with the patient and/or family or caregiver.
- 99305                      Initial nursing facility 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.
- Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of moderate severity. Physicians typically spend 35 minutes with the patient and/or family or caregiver.
- 99306                      Initial nursing facility 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.
- Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of high severity. Physicians typically spend 45 minutes with the patient and/or family or caregiver.

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>  Community Health Center Manual	<b>Subchapter Number and Title</b> 6. Service Codes and Descriptions	<b>Page</b> 6-65
	<b>Transmittal Letter</b> CHC-87	<b>Date</b> 01/01/10

604 Visit Service Codes and Descriptions (cont.)

Service

Code      Modifier      Service Description

**Subsequent Nursing Facility Care**

- 99307      Subsequent nursing facility 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;  
                     -straightforward medical decision making.  
 Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually the patient is stable, recovering, or improving. Physicians typically spend 10 minutes with the patient and/or family or caregiver.
- 99308      Subsequent nursing facility 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 low complexity.  
 Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually the patient is responding inadequately to therapy or has developed a minor complication. Physicians typically spend 15 minutes with the patient and/or family or caregiver.
- 99309      Subsequent nursing facility 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 moderate complexity.  
 Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually the patient has developed a significant complication or a significant new problem. Physicians typically spend 25 minutes with the patient and/or family or caregiver.
- 99310      Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least two of these three key components:  
                     -a comprehensive interval history;  
                     -a comprehensive examination;  
                     -medical decision making of high complexity.  
 Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. The patient may be unstable or may have developed a significant new problem requiring immediate physician attention. Physicians typically spend 35 minutes with the patient and/or family or caregiver.

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>  Community Health Center Manual	<b>Subchapter Number and Title</b> 6. Service Codes and Descriptions	<b>Page</b> 6-66
	<b>Transmittal Letter</b> CHC-87	<b>Date</b> 01/01/10

604 Visit Service Codes and Descriptions (cont.)

Service

Code      Modifier      Service Description

**DOMICILIARY, REST HOME (E.G., BOARDING HOME), OR CUSTODIAL CARE SERVICES**

**New Patient**

99324	<p>Domicillary or rest home visit for the evaluation and management of a new patient, which requires these three key components:</p> <ul style="list-style-type: none"> <li>-a problem-focused history;</li> <li>-a problem-focused examination; and</li> <li>-straightforward medical decision making.</li> </ul> <p>Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient’s and/or family’s needs. Usually the presenting problem(s) are of low severity. Physicians typically spend 20 minutes with the patient and/or family or caregiver.</p>
99325	<p>Domicillary or rest home visit for the evaluation and management of a new patient, which requires these three components:</p> <ul style="list-style-type: none"> <li>-an expanded problem-focused history;</li> <li>-an expanded problem-focused examination; and</li> <li>-medical decision making of low complexity.</li> </ul> <p>Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient’s and/or family’s needs. Usually the presenting problem(s) are of moderate severity. Physicians typically spend 30 minutes with the patient and/or family or caregiver.</p>
99326	<p>Domicillary or rest home visit for the evaluation and management of a new patient, which requires these three key components:</p> <ul style="list-style-type: none"> <li>-a detailed history;</li> <li>-a detailed examination; and</li> <li>-medical decision making of moderate complexity.</li> </ul> <p>Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient’s and/or family’s needs. Usually the presenting problem(s) are of moderate severity. Physicians typically spend 45 minutes with the patient and/or family or caregiver.</p>
99327	<p>Domicillary or rest home visit for the evaluation and management of a new patient, which requires these three key components:</p> <ul style="list-style-type: none"> <li>-a comprehensive history;</li> <li>-a comprehensive examination; and</li> <li>-medical decision making of moderate complexity.</li> </ul> <p>Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient’s and/or family’s needs. Usually the presenting problem(s) are of high severity. Physicians typically spend 60 minutes with the patient and/or family or caregiver.</p>

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>  Community Health Center Manual	<b>Subchapter Number and Title</b> 6. Service Codes and Descriptions	<b>Page</b> 6-67
	<b>Transmittal Letter</b> CHC-87	<b>Date</b> 01/01/10

604 Visit Service Codes and Descriptions (cont.)

Service

Code      Modifier      Service Description

**Established Patient**

- 99334      Domicillary or rest home visit for the evaluation and management of an established patient, which requires at least two these three key components:  
                  -a problem-focused interval history;  
                  -a problem-focused examination;  
                  -straightforward medical decision making.  
                  Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient’s and/or family’s needs. Usually the presenting problem(s) are of self-limited or minor. Physicians typically spend 15 minutes with the patient and/or family or caregiver.
- 99335      Domicillary or rest home visit for the evaluation and management of an established patient, which requires at least two of these three components:  
                  -an expanded problem-focused interval history;  
                  -an expanded problem-focused examination;  
                  -medical decision making of low complexity.  
                  Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient’s and/or family’s needs. Usually the presenting problem(s) are of low to moderate severity. Physicians typically spend 25 minutes with the patient and/or family or caregiver.
- 99336      Domicillary or rest home visit for the evaluation and management of an established patient, which requires at least two of these three components:  
                  -a detailed interval history;  
                  -a detailed examination;  
                  -medical decision making of moderate complexity.  
                  Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient’s and/or family’s needs. Usually the presenting problem(s) are of moderate to high severity. Physicians typically spend 40 minutes with the patient and/or family or caregiver.
- 99337      Domicillary or rest home visit for the evaluation and management of an established patient, which requires these three components:  
                  -a comprehensive interval history;  
                  -a comprehensive examination;  
                  -medical decision making of moderate to high complexity.  
                  Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient’s and/or family’s needs. Usually the presenting problem(s) are of moderate to high severity. The patient may be unstable or may have developed a significant new problem requiring immediate physician attention. Physicians typically spend 60 minutes with the patient and/or family or caregiver.

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>	<b>Subchapter Number and Title</b> 6. Service Codes and Descriptions	<b>Page</b> 6-68
	<b>Transmittal Letter</b> CHC-87	<b>Date</b> 01/01/10
Community Health Center Manual		

604 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. (I.C.)

**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.
- 99349      Home visit for the evaluation and management of an established patient, which requires at least two of these three key components:  
                  -a detailed interval history;  
                  -a detailed examination;  
                  -medical decision making of moderate complexity.

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>  Community Health Center Manual	<b>Subchapter Number and Title</b> 6. Service Codes and Descriptions	<b>Page</b> 6-69
	<b>Transmittal Letter</b> CHC-87	<b>Date</b> 01/01/10

604 Visit Service Codes and Descriptions (cont.)

Service

Code      Modifier      Service Description

99350                      Home visit for the evaluation and management of an established patient, which requires at least two of these three key components:  
                                     -a comprehensive interval history;  
                                     -a comprehensive examination;  
                                     -medical decision making of moderate to high complexity. (I.C.)

605 Obstetrics and Surgery Service Codes and Descriptions

See 130 CMR 405.422 through 405.426 for other requirements.

Service

Code                      Service Description

**Fee-for-Service Deliveries**

59409                      Vaginal delivery only (with or without episiotomy and /or forceps  
 59410                      Vaginal delivery only (with or without episiotomy and/or forceps); including postpartum care  
 59414                      Delivery of placenta (separate procedure)  
 59515                      Cesarean delivery only; including postpartum care  
 59525                      Subtotal or total hysterectomy after cesarean delivery (List separately in addition to 59510 or  
                                     59515.) (Hysterectomy Information (HI-1) form required)  
 59612                      Vaginal delivery only, after previous cesarean delivery (with or without episiotomy and/or  
                                     forceps)  
 59614                      including postpartum care  
 59620                      Cesarean delivery only, following attempted vaginal delivery after previous cesarean  
                                     delivery  
 59622                      including postpartum care

**Global Deliveries**

59400                      Routine obstetric care, including antepartum care, vaginal delivery (with or without  
                                     episiotomy and/or forceps) and postpartum care  
 59510                      Routine obstetric care including antepartum care, cesarean delivery, and postpartum care  
 59610                      Routine obstetric care including antepartum care, vaginal delivery (with or without  
                                     episiotomy, and/or forceps) and postpartum care, after previous cesarean delivery  
 59618                      Routine obstetric care, including antepartum care, cesarean delivery, and postpartum care,  
                                     following attempted vaginal delivery after previous cesarean delivery

**Surgery Services**

54150                      Circumcision, using clamp or other device; newborn  
 54160                      Circumcision, surgical excision other than clamp, device or dorsal slit; newborn  
 55250                      Vasectomy, unilateral or bilateral (separate procedure), including postoperative semen  
                                     examination(s) (Consent for Sterilization Form (CS-18 or CS-21) required) (S.P.)



<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>	<b>Subchapter Number and Title</b> 6. Service Codes and Descriptions	<b>Page</b> 6-70
	<b>Transmittal Letter</b> CHC-87	<b>Date</b> 01/01/10
Community Health Center Manual		

605 Obstetrics and Surgery Service Codes and Descriptions (cont.)

Service

<u>Code</u>	<u>Service Description</u>
55450	Ligation (percutaneous) of vas deferens, unilateral or bilateral (separate procedure) (Consent for Sterilization Form (CS-18 or CS-21) required) (S.P.)
58600	Ligation or transection of fallopian tube(s), abdominal or vaginal approach, unilateral or bilateral (Consent for Sterilization Form (CS-18 or CS-21) required)
58605	Ligation or transection of fallopian tube(s), abdominal or vaginal approach, postpartum, unilateral or bilateral, during same hospitalization (separate procedure) (Consent for Sterilization Form (CS-18 or CS-21) required) (S.P.)
58611	Ligation or transection of fallopian tube(s) when done at the time of cesarean section or intra-abdominal surgery (not a separate procedure) (Consent for Sterilization Form (CS-18 or CS-21) required) (List separately in addition to code for primary procedure.)
58615	Occlusion of fallopian tube(s) by device (e.g., band, clip, Falope ring), vaginal or suprapubic approach (Consent for Sterilization Form (CS-18 or CS-21) required)
58670	Laparoscopy, surgical; with fulguration of oviducts (with or without transection) (Consent for Sterilization Form (CS-18 or CS-21) required)
58671	with occlusion of oviducts by device (e.g., band, clip, or Falope ring) (Consent for Sterilization Form (CS-18 or CS-21) required)
59000	Amniocentesis, any method
59012	Cordocentesis (intrauterine), any method
59015	Chorionic villus sampling, any method
59025	Fetal non-stress test

606 Nurse-Midwife Service Codes and Descriptions

See 130 CMR 405.427 for requirements. When billing for delivery services performed by a nurse midwife, the provider must use a modifier.

Service

<u>Code-Modifier</u>	<u>Service Description</u>
T1015-TH	Clinic visit/encounter, all-inclusive – obstetrical treatment/services, prenatal or postpartum (use for a medical visit with a nurse midwife for a prenatal or postpartum service)
59400	Routine obstetric care, including antepartum care, vaginal delivery (with or without episiotomy, and/or forceps) and postpartum care
59409	Vaginal delivery only (with or without episiotomy and/or forceps)
59410	Vaginal delivery only (with or without episiotomy and/or forceps); including postpartum care (Hysterectomy Information (HI-1) form required)
59414	Delivery of placenta (separate procedure)
59610	Routine obstetric care including antepartum care, vaginal delivery (with or without episiotomy, and/or forceps) and postpartum care, after previous cesarean delivery
59612	Vaginal delivery only, after previous cesarean delivery (with or without episiotomy and/or forceps)
59614	including postpartum care

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>	<b>Subchapter Number and Title</b> 6. Service Codes and Descriptions	<b>Page</b> 6-71
	<b>Transmittal Letter</b> CHC-87	<b>Date</b> 01/01/10
Community Health Center Manual		

607 Audiology Service Codes and Descriptions

See 130 CMR 405.461 through 405.463 for other requirements.

Service

Code      Service Description

- 92551      Screening test, pure tone, air only
- 92552      Pure tone audiometry (threshold); air only
- 92553              air and bone
- 92567      Tympanometry (impedance testing)

608 Early and Periodic Screening, Diagnosis and Treatment (EPSDT): Health Assessment Service Codes and Descriptions

See 130 CMR 450.140 through 450.149 for other requirements.

**New Patient**

- 99381      Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of appropriate immunization(s), laboratory/diagnostic procedures, new patient; infant (age younger than one year)
- 99382      early childhood (age one through four years)
- 99383      late childhood (age five through 11 years)
- 99384      adolescent (age 12 through 17 years)
- 99385      18 through 39 years

**Established Patient**

- 99391      Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of appropriate immunization(s), laboratory/diagnostic procedures, established patient; infant (age younger than one year)
- 99392      early childhood (age one through four years)
- 99393      late childhood (age five through 11 years)
- 99394      adolescent (age 12 through 17 years)
- 99395      18 through 39 years

609 Early and Periodic Screening, Diagnosis and Treatment (EPSDT): Audiometric Hearing and Vision Tests Service Codes and Descriptions

Service

Code      Service Description

- 92551      Screening test, pure tone, air only
- 92552      Pure tone audiometry (threshold); air only
- 92587      Evoked otoacoustic emissions; limited (single stimulus level, either transient or distortion products)
- 99173      Screening test of visual acuity, quantitative, bilateral.

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>	<b>Subchapter Number and Title</b> 6. Service Codes and Descriptions	<b>Page</b> 6-72
	<b>Transmittal Letter</b> CHC-87	<b>Date</b> 01/01/10
Community Health Center Manual		

610 Tobacco Cessation Service Codes and Descriptions

Service

Code-Modifier      Service Description

99407	Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes (at least 30 minutes). (Eligible providers are physicians employed by community health centers.)
99407-HN	Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes (at least 30 minutes). (Eligible providers are physicians employed by community health centers.)
99407-HQ	Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes (for an individual in a group setting, 60-90 minutes). (Eligible providers are physicians employed by community health centers.)
99407-SA	Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes (at least 30 minutes). (Eligible providers are nurse practitioners employed by community health centers.)
99407-SB	Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes (at least 30 minutes). (Eligible providers are nurse midwives employed by community health centers.)
99407-TD	Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes (at least 30 minutes). (Eligible providers are registered nurses employed by community health centers.)
99407-TF	Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes (intake assessment for an individual, at least 45 minutes). (Eligible providers are physicians employed by community health centers.)
99407-U1	Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes (at least 30 minutes). Eligible providers are tobacco cessation counselors employed by community health centers.)
99407-U2	Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes (intake assessment for an individual, at least 45 minutes). (Eligible providers are nurse practitioner, nurse midwife, physician assistant, registered nurse, and tobacco cessation counselor.)
99407-U3	Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes (for an individual in a group setting, 60-90 minutes). (Eligible providers are nurse practitioners, nurse midwives, physician assistants, registered nurses, and tobacco cessation counselors.)

611 Medical Nutrition Therapy and Diabetes Self-Management Training Service Codes and Descriptions

Service

Code      Service Description

G0108	Diabetes self-management training services, individual, per 30 minutes
G0109	Diabetes outpatient self-management training services, group session (two or more), per 30 minutes
G0270	Medical nutrition therapy; reassessment and subsequent intervention(s) following second referral in same year for change in diagnosis, medical condition, or treatment regimen (including additional hours needed for renal disease), individual, face-to-face with the patient, each 15 minutes

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>  Community Health Center Manual	<b>Subchapter Number and Title</b> 6. Service Codes and Descriptions	<b>Page</b> 6-73
	<b>Transmittal Letter</b> CHC-87	<b>Date</b> 01/01/10

611 Medical Nutrition Therapy and Diabetes Self-Management Training Service Codes and Descriptions  
(cont.)

Service

Code      Service Description

G0271	Medical nutrition therapy; reassessment and subsequent intervention(s) following second referral in same year for change in diagnosis, medical condition, or treatment regimen (including additional hours needed for renal disease), group (two or more individuals), each 30 minutes
97802	Medical nutrition therapy, initial assessment and intervention, individual, face-to-face with the patient, each 15 minutes
97803	reassessment and intervention, individual, face-to-face with the patient, each 15 minutes
97804	group (two or more individuals), each 30 minutes

612 Behavioral Health Screening Tool Service Codes and Descriptions

The administration and scoring of standardized behavioral-health screening tools selected from the approved menu of tools found in Appendix W of your provider manual is covered for members (except MassHealth Limited) from birth to 21 years of age.

Service

Code-Modifier      Service Description

96110-U1	Completed behavioral health screening using a standardized behavioral health screening tool selected from the approved menu of tools found in Appendix W with <b>no</b> behavioral health need identified* (eligible providers are physicians employed by community health centers)
96110-U2	Completed behavioral health screening using a standardized behavioral health screening tool selected from the approved menu of tools found in Appendix W and behavioral health need identified* (eligible providers are physicians employed by community health centers)
96110-U3	Completed behavioral health screening using a standardized behavioral health screening tool selected from the approved menu of tools found in Appendix W with <b>no</b> behavioral health need identified* (eligible providers are nurse midwives employed by community health centers)
96110-U4	Completed behavioral health screening using a standardized behavioral health screening tool selected from the approved menu of tools found in Appendix W and behavioral health need identified* (eligible providers are nurse midwives employed by community health centers)
96110-U5	Completed behavioral health screening using a standardized behavioral health screening tool selected from the approved menu of tools found in Appendix W with <b>no</b> behavioral health need identified* (eligible providers are nurse practitioners employed by community health centers)
96110-U6	Completed behavioral health screening using a standardized behavioral health screening tool selected from the approved menu of tools found in Appendix W and behavioral health need identified* (eligible providers are nurse practitioners employed by community health centers)

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>  Community Health Center Manual	<b>Subchapter Number and Title</b> 6. Service Codes and Descriptions	<b>Page</b> 6-74
	<b>Transmittal Letter</b> CHC-87	<b>Date</b> 01/01/10

612 Behavioral Health Screening Tool Service Codes and Descriptions (cont.)

Service

Code-Modifier

Service Description

96110-U7      Completed behavioral health screening using a standardized behavioral health screening tool selected from the approved menu of tools found in Appendix W with **no** behavioral health need identified\* (eligible providers are physician assistants employed by community health centers)

96110-U8      Completed behavioral health screening using a standardized behavioral health screening tool selected from the approved menu of tools found in Appendix W and behavioral health need identified\* (eligible providers are physician assistants employed by community health centers)

*\* "Behavioral health need identified" means the provider administering the screening tool, in his or her professional judgment identifies a child with a potential behavioral health services need.*

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