



Commonwealth of Massachusetts
Executive Office of Health and Human Services
Office of Medicaid
www.mass.gov/masshealth



MassHealth
Transmittal Letter CHC-89
February 2011

TO: Community Health Centers Participating in MassHealth
FROM: Terence G. Dougherty, Medicaid Director
RE: *Community Health Center Manual* (2011 HCPCS)

This letter transmits revisions to the service codes and descriptions in the *Community Health Center Manual*. The Centers for Medicare & Medicaid Services (CMS) has revised the Healthcare Common Procedure Coding System (HCPCS) for 2011. The revised Subchapter 6 is effective for dates of service on or after January 1, 2011.

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 community health center (CHC) 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. 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, and 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

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

Reminder to Use a Modifier When Billing for Behavioral Health Screening Tools

The administration and scoring of standardized behavioral-health screening tools, selected from the approved menu of tools found in Appendix W of your MassHealth provider manual, is covered for members (except MassHealth Limited) from birth to 21 years of age. Service Code 96110 must be accompanied by one of the modifiers listed in Section 612 to indicate whether a behavioral-health need was identified. "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.

Digital Mammography

Effective January 1, 2011, digital mammography Service Codes G0202, G0204, and G0206 are payable under MassHealth. Providers are reminded to bill the professional and technical components individually on separate claim lines with the appropriate modifier 26 or TC. Any claims for such services that are not billed with modifier 26 or TC will be denied.

MassHealth Web Site

This transmittal letter and attached pages are available on the MassHealth Web site at 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, 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

Pages vi and 6-1 through 6-74 — transmitted by Transmittal Letter CHC-87

Commonwealth of Massachusetts MassHealth Provider Manual Series Community Health Center Manual	Subchapter Number and Title 6. Service Codes and Descriptions	Page vi
	Transmittal Letter CHC-89	Date 01/01/11

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.....	6-72
Tobacco Cessation Service Codes and Descriptions	6-72
Medical Nutrition Therapy and Diabetes Self-Management Training Service Codes and Descriptions	6-73
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

Commonwealth of Massachusetts MassHealth Provider Manual Series Community Health Center Manual	Subchapter Number and Title 6. Service Codes and Descriptions	Page 6-1
	Transmittal Letter CHC-89	Date 01/01/11

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 (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 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

Commonwealth of Massachusetts MassHealth Provider Manual Series Community Health Center Manual	Subchapter Number and Title 6. Service Codes and Descriptions	Page 6-2
	Transmittal Letter CHC-89	Date 01/01/11

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 material(s)
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

Commonwealth of Massachusetts MassHealth Provider Manual Series Community Health Center Manual	Subchapter Number and Title 6. Service Codes and Descriptions	Page 6-3
	Transmittal Letter CHC-89	Date 01/01/11

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

Commonwealth of Massachusetts MassHealth Provider Manual Series Community Health Center Manual	Subchapter Number and Title 6. Service Codes and Descriptions	Page 6-4
	Transmittal Letter CHC-89	Date 01/01/11

602 Radiology Service Codes and Descriptions (cont.)

Service

Code Service Description

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

Commonwealth of Massachusetts MassHealth Provider Manual Series Community Health Center Manual	Subchapter Number and Title 6. Service Codes and Descriptions	Page 6-5
	Transmittal Letter CHC-89	Date 01/01/11

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

Commonwealth of Massachusetts MassHealth Provider Manual Series Community Health Center Manual	Subchapter Number and Title 6. Service Codes and Descriptions	Page 6-6
	Transmittal Letter CHC-89	Date 01/01/11

602 Radiology Service Codes and Descriptions (cont.)

Service

Code Service Description

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
74176	Computed tomography, abdomen and pelvis; without contrast material
74177	with contrast material(s)
74178	without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions
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

Commonwealth of Massachusetts MassHealth Provider Manual Series Community Health Center Manual	Subchapter Number and Title 6. Service Codes and Descriptions	Page 6-7
	Transmittal Letter CHC-89	Date 01/01/11

602 Radiology Service Codes and Descriptions (cont.)

Service

Code Service Description

74245	with small intestine, includes multiple serial films
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; contrast (e.g., 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

Commonwealth of Massachusetts MassHealth Provider Manual Series Community Health Center Manual	Subchapter Number and Title 6. Service Codes and Descriptions	Page 6-8
	Transmittal Letter CHC-89	Date 01/01/11

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	Urethrocystography, retrograde, radiological supervision and interpretation
74455	Urethrocystography, 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	Dilation 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)

Commonwealth of Massachusetts MassHealth Provider Manual Series Community Health Center Manual	Subchapter Number and Title 6. Service Codes and Descriptions	Page 6-9
	Transmittal Letter CHC-89	Date 01/01/11

602 Radiology Service Codes and Descriptions (cont.)

Service

Code Service Description

AORTA AND ARTERIES

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 supraselective (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 supraselective, 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

Commonwealth of Massachusetts MassHealth Provider Manual Series Community Health Center Manual	Subchapter Number and Title 6. Service Codes and Descriptions	Page 6-10
	Transmittal Letter CHC-89	Date 01/01/11

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 sagittal) 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

Commonwealth of Massachusetts MassHealth Provider Manual Series Community Health Center Manual	Subchapter Number and Title 6. Service Codes and Descriptions	Page 6-11
	Transmittal Letter CHC-89	Date 01/01/11

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, using ilio-iliac tube endoprosthesis, 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, vertebral, iliac, and lower extremity artery), 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 other than cervical carotid, renal or other visceral artery, iliac or lower extremity, radiological supervision and interpretation
75964	Transluminal balloon angioplasty, each additional peripheral artery, other than cervical carotid, renal or other visceral artery, iliac and lower extremity, 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

Commonwealth of Massachusetts MassHealth Provider Manual Series Community Health Center Manual	Subchapter Number and Title 6. Service Codes and Descriptions	Page 6-12
	Transmittal Letter CHC-89	Date 01/01/11

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

Other Procedures

- R0070 Transportation of portable X-ray equipment and personnel to home or nursing home, per trip to facility or location, one patient seen
- 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 nonradiologic 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 computed 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
- 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

Commonwealth of Massachusetts MassHealth Provider Manual Series Community Health Center Manual	Subchapter Number and Title 6. Service Codes and Descriptions	Page 6-13
	Transmittal Letter CHC-89	Date 01/01/11

602 Radiology Service Codes and Descriptions (cont.)

Service

Code Service Description

- 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), real time with image documentation

CHEST

- 76604 Ultrasound, chest, (includes mediastinum), real time with image documentation
- 76645 Ultrasound, breast(s) (unilateral or bilateral), real time with image documentation

ABDOMEN AND RETROPERITONEUM

- 76700 Ultrasound, abdominal, real time with image documentation; complete
- 76705 limited (e.g., single organ, quadrant, follow-up)
- 76770 Ultrasound, retroperitoneal (e.g., renal, aorta, nodes), 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

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)

Commonwealth of Massachusetts MassHealth Provider Manual Series Community Health Center Manual	Subchapter Number and Title 6. Service Codes and Descriptions	Page 6-14
	Transmittal Letter CHC-89	Date 01/01/11

602 Radiology Service Codes and Descriptions (cont.)

Service

Code Service Description

- 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), real time with image documentation; complete
- 76857 limited or follow-up (e.g., for follicles)

GENITALIA

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

EXTREMITIES

- 76881 Ultrasound, extremity, nonvascular, real-time with image documentation; complete
- 76882 limited, anatomic specific
- 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)

Commonwealth of Massachusetts MassHealth Provider Manual Series Community Health Center Manual	Subchapter Number and Title 6. Service Codes and Descriptions	Page 6-15
	Transmittal Letter CHC-89	Date 01/01/11

602 Radiology Service Codes and Descriptions (cont.)

Service

Code Service Description

- 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, parenchymal 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
- 76965 Ultrasonic guidance for interstitial radioelement application

Other Procedures

- 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.)

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, 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

Commonwealth of Massachusetts MassHealth Provider Manual Series Community Health Center Manual	Subchapter Number and Title 6. Service Codes and Descriptions	Page 6-16
	Transmittal Letter CHC-89	Date 01/01/11

602 Radiology Service Codes and Descriptions (cont.)

Service

Code Service Description

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 (orthoroentgenogram, scanogram)
77074	Radiologic examination, osseous survey; limited (e.g., for metastases)
77075	complete (axial and appendicular skeleton)
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.)

Commonwealth of Massachusetts MassHealth Provider Manual Series Community Health Center Manual	Subchapter Number and Title 6. Service Codes and Descriptions	Page 6-17
	Transmittal Letter CHC-89	Date 01/01/11

602 Radiology Service Codes and Descriptions (cont.)

Service

Code Service Description

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)
- 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-month 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.)

Commonwealth of Massachusetts MassHealth Provider Manual Series Community Health Center Manual	Subchapter Number and Title 6. Service Codes and Descriptions	Page 6-18
	Transmittal Letter CHC-89	Date 01/01/11

602 Radiology Service Codes and Descriptions (cont.)

Service

Code Service Description

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.)

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.)

Commonwealth of Massachusetts MassHealth Provider Manual Series Community Health Center Manual	Subchapter Number and Title 6. Service Codes and Descriptions	Page 6-19
	Transmittal Letter CHC-89	Date 01/01/11

602 Radiology Service Codes and Descriptions (cont.)

Service

Code Service Description

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
78278 Acute gastrointestinal blood loss imaging
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)

Commonwealth of Massachusetts MassHealth Provider Manual Series Community Health Center Manual	Subchapter Number and Title 6. Service Codes and Descriptions	Page 6-20
	Transmittal Letter CHC-89	Date 01/01/11

602 Radiology Service Codes and Descriptions (cont.)

Service

Code Service Description

- 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
- 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

Commonwealth of Massachusetts MassHealth Provider Manual Series Community Health Center Manual	Subchapter Number and Title 6. Service Codes and Descriptions	Page 6-21
	Transmittal Letter CHC-89	Date 01/01/11

602 Radiology Service Codes and Descriptions (cont.)

Service

Code Service Description

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)
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 morphology
78701 with vascular flow
78707 with vascular flow and function, single study without pharmacological intervention
78708 with vascular flow and function, single study, with pharmacological intervention (e.g., angiotensin converting enzyme inhibitor and/or diuretic)
78709 with vascular flow and function, multiple studies, with and without pharmacological intervention (e.g., angiotensin converting enzyme inhibitor and/or diuretic)
78710 tomographic (SPECT)
78725 Kidney function study, non-imaging radioisotopic study
78730 Urinary bladder residual study (List separately in addition to code for primary procedure.)
78740 Ureteral reflux study (radiopharmaceutical voiding cystogram)
78761 Testicular imaging 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

Commonwealth of Massachusetts MassHealth Provider Manual Series Community Health Center Manual	Subchapter Number and Title 6. Service Codes and Descriptions	Page 6-22
	Transmittal Letter CHC-89	Date 01/01/11

602 Radiology Service Codes and Descriptions (cont.)

Service

Code Service Description

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 (e.g., 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.)

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.)

SCREENING SERVICES

G0202	Screening mammography, producing direct digital image, bilateral, all views
G0204	Diagnostic mammography, producing direct digital image, bilateral, all views
G0206	Diagnostic mammography, producing direct digital image, unilateral, all views

Commonwealth of Massachusetts MassHealth Provider Manual Series Community Health Center Manual	Subchapter Number and Title 6. Service Codes and Descriptions	Page 6-23
	Transmittal Letter CHC-89	Date 01/01/11

603 Laboratory Service Codes and Descriptions

Service

Code Service Description

PATHOLOGY AND LABORATORY

ORGAN OR DISEASE-ORIENTED PANELS

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

- 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 WBC count (85025 or 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, total (82310), Carbon dioxide (bicarbonate) (82374), Chloride (82435), Creatinine (82565), Glucose (82947), Phosphatase, alkaline (84075), Potassium (84132), Protein, total (84155), Sodium (84295), Transferase, alanine amino (ALT) (SGPT) (84460), Transferase, aspartate amino (AST) (SGOT) (84450), and Urea nitrogen (BUN) (84520).)
- 80055 Obstetric panel (This panel must include the following: blood count, complete (CBC), automated and automated differential WBC count (85025 or 85027 and 85004) or blood count, complete (CBC), automated (85027) and appropriate manual differential WBC count (85007 or 85009), Hepatitis B surface antigen (HbsAg) (87340), Antibody, rubella (86762), Syphilis test, non-treponemal antibody;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).)

Commonwealth of Massachusetts MassHealth Provider Manual Series Community Health Center Manual	Subchapter Number and Title 6. Service Codes and Descriptions	Page 6-24
	Transmittal Letter CHC-89	Date 01/01/11

603 Laboratory Service Codes and Descriptions (cont.)

Service

Code Service Description

- 80069 Renal function panel (This panel must include the following: Albumin (82040), Calcium, total (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.

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

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

- 80100 Drug screen, qualitative; multiple drug classes chromatographic method, each procedure (P.A. for tests with greater than 8 units)
- 80101 single drug class method (e.g., immunoassay, enzyme assay), each drug class (P.A. for tests with greater than 8 units)

Commonwealth of Massachusetts MassHealth Provider Manual Series Community Health Center Manual	Subchapter Number and Title 6. Service Codes and Descriptions	Page 6-25
	Transmittal Letter CHC-89	Date 01/01/11

603 Laboratory Service Codes and Descriptions (cont.)

Service

Code Service Description

80102 Drug confirmation, each procedure
80103 Tissue preparation for drug analysis
80104 Drug screen, qualitative; multiple drug classes other than chromatographic method, each procedure

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
80196 Salicylate
80197 Tacrolimus
80198 Theophylline
80200 Tobramycin
80201 Topiramate
80202 Vancomycin
80299 Quantitation of drug, not elsewhere specified

Commonwealth of Massachusetts MassHealth Provider Manual Series Community Health Center Manual	Subchapter Number and Title 6. Service Codes and Descriptions	Page 6-26
	Transmittal Letter CHC-89	Date 01/01/11

603 Laboratory Service Codes and Descriptions (cont.)

Service

Code Service Description

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	Corticotrophic releasing hormone (CRH) stimulation panel (This panel must include the following: Cortisol (82533 x 6) and Adrenocorticotrophic 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: Adrenocorticotrophic 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	Gonadatropin releasing hormone stimulation panel (This panel must include the following: Follicle stimulating hormone (FSH) (83001 x 4) and Luteinizing hormone (LH) (83002 x 4).)
80428	Growth hormone stimulation panel (e.g., arginine infusion, l-dopa administration). (This panel must include the following: Human growth hormone (HGH) (83003 x 4).)
80430	Growth hormone suppression panel (glucose administration) (This panel must include the following: Glucose (82947 x 3) and Human growth hormone (HGH) (83003 x 4).)

Commonwealth of Massachusetts MassHealth Provider Manual Series Community Health Center Manual	Subchapter Number and Title 6. Service Codes and Descriptions	Page 6-27
	Transmittal Letter CHC-89	Date 01/01/11

603 Laboratory Service Codes and Descriptions (cont.)

Service

Code Service Description

- 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 Metirapone 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
- 82009 Acetone or other ketone bodies, serum; qualitative
- 82010 quantitative
- 82013 Acetylcholinesterase
- 82016 Acylcarnitines; qualitative, each specimen

Commonwealth of Massachusetts MassHealth Provider Manual Series Community Health Center Manual	Subchapter Number and Title 6. Service Codes and Descriptions	Page 6-28
	Transmittal Letter CHC-89	Date 01/01/11

603 Laboratory Service Codes and Descriptions (cont.)

Service

Code Service Description

82017	quantitative, each specimen
82024	Adrenocorticotrophic hormone (ACTH)
82030	Adenosine; 5-monophosphate, cyclic (cyclic AMP)
82040	Albumin; serum, plasma or whole blood
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 (AFP); serum
82106	amniotic fluid
82108	Aluminum
82120	Amines, vaginal fluid, qualitative
82127	Amino acids; single, qualitative, each specimen
82128	multiple, qualitative, each specimen
82131	single, quantitative, each specimen
82135	Aminolevulinic acid, delta (ALA)
82136	Amino acids, two to five amino acids, quantitative, each specimen
82139	Amino acids, six or more amino acids, quantitative, each specimen
82140	Ammonia
82143	Amniotic fluid scan (spectrophotometric)
82145	Amphetamine or methamphetamine
82150	Amylase
82154	Androstanediol glucuronide
82157	Androstenedione
82160	Androsterone
82163	Angiotensin II
82164	Angiotensin I - converting enzyme (ACE)
82172	Apolipoprotein, each
82175	Arsenic
82180	Ascorbic acid (vitamin C), blood
82190	Atomic absorption spectroscopy, each analyte
82205	Barbiturates, not elsewhere specified
82232	Beta-2 microglobulin
82239	Bile acids; total
82240	cholyglycine
82247	Bilirubin; total
82248	direct
82252	feces, qualitative

Commonwealth of Massachusetts MassHealth Provider Manual Series Community Health Center Manual	Subchapter Number and Title 6. Service Codes and Descriptions	Page 6-29
	Transmittal Letter CHC-89	Date 01/01/11

603 Laboratory Service Codes and Descriptions (cont.)

Service

Code Service Description

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 (i.e., 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	Carboxyhemoglobin; quantitative
82376	qualitative
82378	Carcinoembryonic antigen (CEA)
82379	Carnitine (total and free), quantitative, each specimen
82380	Carotene
82382	Catecholamines; total urine
82383	blood
82384	fractionated
82387	Cathepsin-D
82390	Ceruloplasmin
82397	Chemiluminescent assay
82415	Chloramphenicol
82435	Chloride; blood
82436	urine
82438	other source
82441	Chlorinated hydrocarbons, screen
82465	Cholesterol, serum or whole blood, total
82480	Cholinesterase; serum
82482	RBC
82485	Chondroitin B sulfate, quantitative
82486	Chromatography, qualitative; column (e.g., gas liquid or HPLC), analyte not elsewhere specified
82487	paper, one-dimensional, analyte not elsewhere specified

Commonwealth of Massachusetts MassHealth Provider Manual Series Community Health Center Manual	Subchapter Number and Title 6. Service Codes and Descriptions	Page 6-30
	Transmittal Letter CHC-89	Date 01/01/11

603 Laboratory Service Codes and Descriptions (cont.)

Service

Code Service Description

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
82649	Dihydromorphinone
82651	Dihydrotestosterone (DHT)
82652	Vitamin D; 1, 25 dihydroxy, includes fraction(s), if performed
82654	Dimethadione

Commonwealth of Massachusetts MassHealth Provider Manual Series Community Health Center Manual	Subchapter Number and Title 6. Service Codes and Descriptions	Page 6-31
	Transmittal Letter CHC-89	Date 01/01/11

603 Laboratory Service Codes and Descriptions (cont.)

Service

Code Service Description

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	Etiocholanolone
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 ₂ , pO ₂ , CO ₂ , HCO ₃ (including calculated O ₂ saturation)
82805	with O ₂ saturation, by direct measurement, except pulse oximetry
82810	Gases, blood, O ₂ saturation only, by direct measurement, except pulse oximetry
82820	Hemoglobin-oxygen affinity (pO ₂ for 50% hemoglobin saturation with oxygen)
82930	Gastric acid analysis, includes pH if performed, each specimen
82938	Gastrin after secretin stimulation
82941	Gastrin
82943	Glucagon
82945	Glucose, body fluid, other than blood
82946	Glucagon tolerance test

Commonwealth of Massachusetts MassHealth Provider Manual Series Community Health Center Manual	Subchapter Number and Title 6. Service Codes and Descriptions	Page 6-32
	Transmittal Letter CHC-89	Date 01/01/11

603 Laboratory Service Codes and Descriptions (cont.)

Service

Code Service Description

82947	Glucose; quantitative, blood (except reagent strip)
82948	blood, reagent strip
82950	postglucose dose (includes glucose)
82951	tolerance test (GTT), three specimens (includes glucose)
82952	tolerance test, each additional beyond three specimens (List separately in addition to code for primary procedure.)
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-radioactive isotope (e.g., C-13)
83010	Haptoglobin; quantitative
83012	phenotypes
83013	Helicobacter pylori; breath test analysis for urease activity, non-radioactive isotope (e.g., C-13)
83014	drug administration
83015	Heavy metal (e.g., 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 (A1C)
83037	glycosylated (A1C) by device cleared by FDA for home use
83045	methemoglobin, qualitative
83050	methemoglobin, quantitative
83051	plasma
83055	sulfhemoglobin, qualitative
83060	sulfhemoglobin, quantitative
83065	thermolabile
83068	unstable, screen
83069	urine

Commonwealth of Massachusetts MassHealth Provider Manual Series Community Health Center Manual	Subchapter Number and Title 6. Service Codes and Descriptions	Page 6-33
	Transmittal Letter CHC-89	Date 01/01/11

603 Laboratory Service Codes and Descriptions (cont.)

Service

<u>Code</u>	<u>Service Description</u>
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	Ironbinding 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
83695	Lipoprotein (a)

Commonwealth of Massachusetts MassHealth Provider Manual Series Community Health Center Manual	Subchapter Number and Title 6. Service Codes and Descriptions	Page 6-34
	Transmittal Letter CHC-89	Date 01/01/11

603 Laboratory Service Codes and Descriptions (cont.)

Service

Code Service Description

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	VLDL cholesterol
83721	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
83861	Microfluidic analysis utilizing an integrated collection and analysis device, tear osmolarity
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, each nucleic acid type (i.e., DNA or RNA)
83891	isolation or extraction of highly purified nucleic acid, each nucleic acid type (i.e., DNA or RNA)

Commonwealth of Massachusetts MassHealth Provider Manual Series Community Health Center Manual	Subchapter Number and Title 6. Service Codes and Descriptions	Page 6-35
	Transmittal Letter CHC-89	Date 01/01/11

603 Laboratory Service Codes and Descriptions (cont.)

Service

Code Service Description

83892	enzymatic digestion, each enzyme treatment
83893	dot/slot blot production, each nucleic acid preparation
83894	separation by gel electrophoresis (e.g., agarose, polyacrylamide), each nucleic acid preparation
83896	nucleic acid probe, each
83897	nucleic acid transfer (e.g., Southern, Northern), each nucleic acid preparation
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), each specimen
83908	amplification, signal, each nucleic acid sequence
83909	separation and identification by high resolution technique (e.g., capillary electrophoresis), each nucleic acid preparation
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	Opiate(s), drug and metabolites, each procedure
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

Commonwealth of Massachusetts MassHealth Provider Manual Series Community Health Center Manual	Subchapter Number and Title 6. Service Codes and Descriptions	Page 6-36
	Transmittal Letter CHC-89	Date 01/01/11

603 Laboratory Service Codes and Descriptions (cont.)

Service

<u>Code</u>	<u>Service Description</u>
84035	Phenylketones, qualitative
84060	Phosphatase, acid; total
84066	prostatic
84075	Phosphatase, alkaline
84078	heat stable (total not included)
84080	isoenzymes
84081	Phosphatidylglycerol
84085	Phosphogluconate, 6-, dehydrogenase, RBC
84087	Phosphohexose isomerase
84100	Phosphorus inorganic (phosphate)
84105	urine
84106	Porphobilinogen, urine; qualitative
84110	quantitative
84112	Placental alpha microglobulin-1 (PAMG-1), cervicovaginal secretion, qualitative
84119	Porphyrins, urine; qualitative
84120	quantitation and fractionation
84126	Porphyrins, feces; quantitative
84127	qualitative
84132	Potassium; serum, plasma or whole blood
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, plasma or whole blood
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

Commonwealth of Massachusetts MassHealth Provider Manual Series Community Health Center Manual	Subchapter Number and Title 6. Service Codes and Descriptions	Page 6-37
	Transmittal Letter CHC-89	Date 01/01/11

603 Laboratory Service Codes and Descriptions (cont.)

Service

Code Service Description

84182	Western Blot, with interpretation and report, blood or other body fluid, immunological probe for band identification, each
84202	Protoporphyrin, RBC; quantitative
84203	screen
84206	Proinsulin
84207	Pyridoxal phosphate (vitamin B-6)
84210	Pyruvate
84220	Pyruvate kinase
84228	Quinine
84233	Receptor assay; estrogen
84234	progesterone
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, plasma or whole blood
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)

Commonwealth of Massachusetts MassHealth Provider Manual Series Community Health Center Manual	Subchapter Number and Title 6. Service Codes and Descriptions	Page 6-38
	Transmittal Letter CHC-89	Date 01/01/11

603 Laboratory Service Codes and Descriptions (cont.)

Service

Code Service Description

84449	Transcortin (cortisol binding globulin)
84450	Transferase; aspartate amino (AST) (SGOT)
84460	alanine amino (ALT) (SGPT)
84466	Transferrin
84478	Triglycerides
84479	Thyroid hormone (T3 or T4) uptake or thyroid hormone binding ratio (THBR)
84480	Triiodothyronine T3; total (TT-3)
84481	free
84482	reverse
84484	Troponin, quantitative
84485	Trypsin; duodenal fluid
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.)

Commonwealth of Massachusetts MassHealth Provider Manual Series Community Health Center Manual	Subchapter Number and Title 6. Service Codes and Descriptions	Page 6-39
	Transmittal Letter CHC-89	Date 01/01/11

603 Laboratory Service Codes and Descriptions (cont.)

Service

Code Service Description

HEMATOLOGY AND COAGULATION

85002	Bleeding time
85004	Blood count; automated differential WBC count
85007	blood smear, microscopic examination with manual differential WBC count
85008	blood smear, microscopic examination without manual differential WBC count
85009	manual differential WBC count, buffy coat
85013	spun microhematocrit
85014	hematocrit (Hct)
85018	hemoglobin (Hgb)
85025	complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count
85027	complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count)
85032	manual cell count (erythrocyte, leukocyte, or platelet) each
85041	red blood cell (RBC), automated
85044	reticulocyte, manual
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, multimetric analysis
85250	factor IX (PTC or Christmas)
85260	factor X (Stuart-Prower)
85270	factor XI (PTA)
85280	factor XII (Hageman)
85290	factor XIII (fibrin stabilizing)
85291	factor XIII (fibrin stabilizing), screen solubility
85292	prekallikrein assay (Fletcher factor assay)
85293	high molecular weight kininogen assay (Fitzgerald factor assay)
85300	Clotting inhibitors or anticoagulants; antithrombin III, activity
85301	antithrombin III, antigen assay
85302	protein C, antigen

Commonwealth of Massachusetts MassHealth Provider Manual Series Community Health Center Manual	Subchapter Number and Title 6. Service Codes and Descriptions	Page 6-40
	Transmittal Letter CHC-89	Date 01/01/11

603 Laboratory Service Codes and Descriptions (cont.)

Service

Code Service Description

85303	protein C, activity
85305	protein S, total
85306	protein S, free
85307	Activated Protein C (APC) resistance assay
85335	Factor inhibitor test
85337	Thrombomodulin
85345	Coagulation time; Lee and White
85347	activated
85348	other methods
85360	Euglobulin lysis
85362	Fibrin(ogen) degradation (split) products (FDP) (FSP); agglutination slide; semiquantitative
85366	paracoagulation
85370	quantitative
85378	Fibrin degradation products, D-dimer; qualitative or semiquantitative
85379	quantitative
85380	ultrasensitive (e.g., for evaluation for venous thromboembolism), qualitative or semiquantitative
85384	Fibrinogen; activity
85385	antigen
85390	Fibrinolysins or coagulopathy screen, interpretation and report
85396	Coagulation/fibrinolysis assay, whole blood (e.g., viscoelastic clot assessment), including use of any pharmacologic additive(s), as indicated, including interpretation and written report, per day
85397	Coagulation and fibrinolysis, functional activity, not otherwise specified (e.g., 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	Phospholipid neutralization; platelet

Commonwealth of Massachusetts MassHealth Provider Manual Series Community Health Center Manual	Subchapter Number and Title 6. Service Codes and Descriptions	Page 6-41
	Transmittal Letter CHC-89	Date 01/01/11

603 Laboratory Service Codes and Descriptions (cont.)

Service

Code Service Description

85598 hexagonal phospholipid
85610 Prothrombin time
85611 substitution, plasma fractions, each
85612 Russell viper venom time (includes venom); undiluted
85613 diluted
85635 Reptilase test
85651 Sedimentation rate, erythrocyte; non-automated
85652 automated
85660 Sickling of RBC, reduction
85670 Thrombin time; plasma
85675 titer
85705 Thromboplastin inhibition; tissue
85730 Thromboplastin time, partial (PTT); plasma or whole blood
85732 substitution, plasma fractions, each
85810 Viscosity
85999 Unlisted hematology and coagulation procedure (I.C.)

IMMUNOLOGY

86000 Agglutinins, febrile (e.g., Brucella, Francisella, Murine typhus, Q fever, Rocky Mountain
 spotted fever, scrub typhus), each antigen
86001 Allergen specific IgG; quantitative or semiquantitative, each allergen
86003 Allergen specific IgE; quantitative or semiquantitative, each allergen
86005 qualitative, multiallergen screen (dipstick, paddle, or disk)
86021 Antibody identification; leukocyte antibodies
86022 platelet antibodies
86023 platelet-associated immunoglobulin assay
86038 Antinuclear antibodies (ANA)
86039 titer
86060 Antistreptolysin O; titer
86063 screen
86140 C-reactive protein
86141 high sensitivity (hsCRP)
86146 Beta 2 Glycoprotein I antibody, each
86147 Cardiolipin (phospholipid) antibody, each Ig class
86148 Anti-phosphatidylserine (phospholipid) antibody
86155 Chemotaxis assay, specify method
86156 Cold agglutinin; screen
86157 titer
86160 Complement; antigen, each component
86161 functional activity, each component
86162 total hemolytic (CH50)
86171 Complement fixation tests, each antigen
86185 Counterimmunoelectrophoresis, each antigen

Commonwealth of Massachusetts MassHealth Provider Manual Series Community Health Center Manual	Subchapter Number and Title 6. Service Codes and Descriptions	Page 6-42
	Transmittal Letter CHC-89	Date 01/01/11

603 Laboratory Service Codes and Descriptions (cont.)

Service

Code Service Description

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)
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 (phyto mitogen) 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

Commonwealth of Massachusetts MassHealth Provider Manual Series Community Health Center Manual	Subchapter Number and Title 6. Service Codes and Descriptions	Page 6-43
	Transmittal Letter CHC-89	Date 01/01/11

603 Laboratory Service Codes and Descriptions (cont.)

Service

Code Service Description

86367	Stem cells (i.e., 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 antigen response measurement; gamma interferon
86481	enumeration of gamma interferon-producing T-cells in cell suspension
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 ono-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)

Commonwealth of Massachusetts MassHealth Provider Manual Series Community Health Center Manual	Subchapter Number and Title 6. Service Codes and Descriptions	Page 6-44
	Transmittal Letter CHC-89	Date 01/01/11

603 Laboratory Service Codes and Descriptions (cont.)

Service

Code Service Description

86619	Borrelia (relapsing fever)
86622	Brucella
86625	Campylobacter
86628	Candida
86631	Chlamydia
86632	Chlamydia, IgM
86635	Coccidioides
86638	Coxiella burnetii (Q fever)
86641	Cryptococcus
86644	cytomegalovirus (CMV)
86645	cytomegalovirus (CMV), IgM
86648	Diphtheria
86651	encephalitis, California (La Crosse)
86652	encephalitis, Eastern equine
86653	encephalitis, St. Louis
86654	encephalitis, Western equine
86658	enterovirus (e.g., coxsackie, echo, polio)
86663	Epstein-Barr (EB) virus, early antigen (EA)
86664	Epstein-Barr (EB) virus, nuclear antigen (EBNA)
86665	Epstein-Barr (EB) virus, viral capsid (VCA)
86666	Ehrlichia
86668	Francisella tularensis
86671	fungus, not elsewhere specified
86674	Giardia lamblia
86677	Helicobacter pylori
86682	helminth, not elsewhere specified
86684	Haemophilus influenza
86687	HTLV-I
86688	HTLV-II
86689	HTLV or HIV antibody, confirmatory test (e.g., Western Blot)
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

Commonwealth of Massachusetts MassHealth Provider Manual Series Community Health Center Manual	Subchapter Number and Title 6. Service Codes and Descriptions	Page 6-45
	Transmittal Letter CHC-89	Date 01/01/11

603 Laboratory Service Codes and Descriptions (cont.)

Service

Code Service Description

86713	Legionella
86717	Leishmania
86720	Leptospira
86723	Listeria monocytogenes
86727	lymphocytic choriomeningitis
86729	lymphogranuloma venereum
86732	mucormycosis
86735	mumps
86738	mycoplasma
86741	Neisseria meningitidis
86744	Nocardia
86747	parvovirus
86750	Plasmodium (malaria)
86753	protozoa, not elsewhere specified
86756	respiratory syncytial virus
86757	Rickettsia
86759	rotavirus
86762	rubella
86765	rubeola
86768	Salmonella
86771	Shigella
86774	tetanus
86777	Toxoplasma
86778	Toxoplasma, IgM
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)

Commonwealth of Massachusetts MassHealth Provider Manual Series Community Health Center Manual	Subchapter Number and Title 6. Service Codes and Descriptions	Page 6-46
	Transmittal Letter CHC-89	Date 01/01/11

603 Laboratory Service Codes and Descriptions (cont.)

Service

Code Service Description

- 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.)

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)
- 86902 antigen testing of donor blood using reagent serum, each antigen test
- 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)

Commonwealth of Massachusetts MassHealth Provider Manual Series Community Health Center Manual	Subchapter Number and Title 6. Service Codes and Descriptions	Page 6-47
	Transmittal Letter CHC-89	Date 01/01/11

603 Laboratory Service Codes and Descriptions (cont.)

Service

Code Service Description

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
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 each isolate, 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

Commonwealth of Massachusetts MassHealth Provider Manual Series Community Health Center Manual	Subchapter Number and Title 6. Service Codes and Descriptions	Page 6-48
	Transmittal Letter CHC-89	Date 01/01/11

603 Laboratory Service Codes and Descriptions (cont.)

Service

Code Service Description

87181	Susceptibility studies, antimicrobial agent; agar dilution method, per agent (e.g., antibiotic gradient strip)
87184	disk method, per plate (12 or fewer agents)
87185	enzyme detection (e.g., beta lactamase), per enzyme
87186	microdilution or agar dilution (minimum inhibitory concentration (MIC) or breakpoint), each multiantimicrobial, per plate
87187	microdilution or agar dilution, minimum lethal concentration (MLC), each plate (List separately in addition to code for primary procedure.)
87188	macrobroth dilution method, each agent
87190	mycobacteria, proportion method, each agent
87197	Serum bactericidal titer (Schlichter test)
87205	Smear, primary source with interpretation; Gram or Giemsa stain for bacteria, fungi, or cell types
87206	fluorescent and/or acid-fast stain for bacteria, fungi, parasites, viruses, or cell types
87207	special stain for inclusion bodies or parasites (e.g., malaria, coccidia, microsporidia, trypanosomes, herpes viruses)
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

Commonwealth of Massachusetts MassHealth Provider Manual Series Community Health Center Manual	Subchapter Number and Title 6. Service Codes and Descriptions	Page 6-49
	Transmittal Letter CHC-89	Date 01/01/11

603 Laboratory Service Codes and Descriptions (cont.)

Service

Code Service Description

87275	influenza B virus
87276	influenza A virus
87277	Legionella micdadei
87278	Legionella pneumophila
87279	Parainfluenza virus, each type
87280	respiratory syncytial virus
87281	Pneumocystis carinii
87283	Rubeola
87285	Treponema pallidum
87290	Varicella zoster virus
87299	not otherwise specified, each organism
87300	Infectious agent antigen detection by immunofluorescent technique, polyvalent for multiple organisms, each polyvalent antiserum
87301	Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple step method; adenovirus enteric types 40/41
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

Commonwealth of Massachusetts MassHealth Provider Manual Series Community Health Center Manual	Subchapter Number and Title 6. Service Codes and Descriptions	Page 6-50
	Transmittal Letter CHC-89	Date 01/01/11

603 Laboratory Service Codes and Descriptions (cont.)

Service

Code Service Description

87471	Bartonella henselae and Bartonella quintana, amplified probe technique
87472	Bartonella henselae and Bartonella quintana, quantification
87475	Borrelia burgdorferi, direct probe technique
87476	Borrelia burgdorferi, amplified probe technique
87477	Borrelia burgdorferi, quantification
87480	Candida species, direct probe technique
87481	Candida species, amplified probe technique
87482	Candida species, quantification
87485	Chlamydia pneumoniae, direct probe technique
87486	Chlamydia pneumoniae, amplified probe technique
87487	Chlamydia pneumoniae, quantification
87490	Chlamydia trachomatis, direct probe technique
87491	Chlamydia trachomatis, amplified probe technique
87492	Chlamydia trachomatis, quantification
87495	cytomegalovirus, direct probe technique
87496	cytomegalovirus, amplified probe technique
87497	cytomegalovirus, quantification
87498	enterovirus, amplified probe technique
87500	vancomycin resistance (e.g., enterococcus species van A, van B), amplified probe technique
87501	influenza virus, reverse transcription and amplified probe technique, each type or subtype
87502	influenza virus, for multiple types or sub-types, reverse transcription and amplified probe technique, first 2 types or sub-types
87503	influenza virus, for multiple types or sub-types, multiple reverse transcription and amplified probe technique, each additional influenza virus type or sub-type beyond 2 (List separately in addition to code for primary procedure.)
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

Commonwealth of Massachusetts MassHealth Provider Manual Series Community Health Center Manual	Subchapter Number and Title 6. Service Codes and Descriptions	Page 6-51
	Transmittal Letter CHC-89	Date 01/01/11

603 Laboratory Service Codes and Descriptions (cont.)

Service

Code Service Description

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
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	Chlamydia trachomatis
87850	Neisseria gonorrhoeae
87880	Streptococcus, group A
87899	not otherwise specified

Commonwealth of Massachusetts MassHealth Provider Manual Series Community Health Center Manual	Subchapter Number and Title 6. Service Codes and Descriptions	Page 6-52
	Transmittal Letter CHC-89	Date 01/01/11

603 Laboratory Service Codes and Descriptions (cont.)

Service

<u>Code</u>	<u>Service Description</u>
87900	Infectious agent drug susceptibility phenotype prediction using regularly updated genotypic bioinformatics
87901	Infectious agent genotype analysis by nucleic acid (DNA or RNA); HIV-1, reverse transcriptase and protease regions
87902	Hepatitis C virus
87903	Infectious agent phenotype analysis by nucleic acid (DNA or RNA) with drug resistance tissue culture analysis, HIV 1; first through 10 drugs tested
87904	each additional drug tested (List separately in addition to code for primary procedure.)
87905	Infectious agent enzymatic activity other than virus (e.g., sialidase activity in vaginal fluid)
87906	Infectious agent genotype analysis by nucleic acid (DNA or RNA); HIV-1, other region (e.g., integrase, fusion)
87999	Unlisted microbiology procedure (I.C.)

ANATOMIC PATHOLOGY

Cytopathology

88104	Cytopathology, fluids, washings or brushings, except cervical or vaginal; smears with interpretation
88106	simple filter method with interpretation
88107	smears and simple filter preparation with interpretation
88108	Cytopathology, concentration technique, smears and interpretation (e.g., Saccomanno technique)
88112	Cytopathology, selective cellular enhancement technique with interpretation (e.g., liquid based slide preparation method), except cervical or vaginal
88120	Cytopathology, in situ hybridization (e.g., FISH), urinary tract specimen with morphometric analysis, 3-5 molecular probes, each specimen; manual
88121	using computer-assisted technology
88130	Sex chromatin identification; Barr bodies
88140	peripheral blood smear, polymorphonuclear drumsticks

Codes 88141-88155 and 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
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

Commonwealth of Massachusetts MassHealth Provider Manual Series Community Health Center Manual	Subchapter Number and Title 6. Service Codes and Descriptions	Page 6-53
	Transmittal Letter CHC-89	Date 01/01/11

603 Laboratory Service Codes and Descriptions (cont.)

Service

Code Service Description

88150	Cytopathology, slides, cervical or vaginal; manual screening under physician supervision
88152	with manual screening and computer-assisted rescreeing under physician supervision
88153	with manual screening and rescreeing under physician supervision
88154	with manual screening and computer-assisted rescreeing 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 rescreeing under physician supervision
88166	with manual screening and computer-assisted rescreeing under physician supervision
86167	with manual screening and computer-assisted rescreeing using cell selection and review under physician supervision
88172	Cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy for diagnosis, first evaluation episode, each site
88173	interpretation and report
88174	Cytopathology, cervical or vaginal (any reported system), collected in preservative fluid, automated thin layer preparation; screening by automated system, under physician supervision
88175	with screening by automated system and manual rescreeing or review, under physician supervision
88177	Cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy for diagnosis, each separate additional evaluation episode, same site (List separately in addition to code for primary procedure.)
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

Commonwealth of Massachusetts MassHealth Provider Manual Series Community Health Center Manual	Subchapter Number and Title 6. Service Codes and Descriptions	Page 6-54
	Transmittal Letter CHC-89	Date 01/01/11

603 Laboratory Service Codes and Descriptions (cont.)

Service

Code Service Description

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
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

Commonwealth of Massachusetts MassHealth Provider Manual Series Community Health Center Manual	Subchapter Number and Title 6. Service Codes and Descriptions	Page 6-55
	Transmittal Letter CHC-89	Date 01/01/11

603 Laboratory Service Codes and Descriptions (cont.)

Service

Code Service Description

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
88363	Examination and selection of retrieved archival (i.e., previously diagnosed) tissue(s) for molecular analysis (e.g., KRAS mutational analysis)
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
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

Commonwealth of Massachusetts MassHealth Provider Manual Series Community Health Center Manual	Subchapter Number and Title 6. Service Codes and Descriptions	Page 6-56
	Transmittal Letter CHC-89	Date 01/01/11

603 Laboratory Service Codes and Descriptions (cont.)

Service

Code Service Description

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)
89125	Fat stain, feces, urine, or respiratory secretions
89160	Meat fibers, feces
89190	Nasal smear for eosinophils
89220	Sputum, obtaining specimen, aerosol induced technique (Separate procedure)
89230	Sweat collection by iontophoresis
89240	Unlisted miscellaneous pathology test (I.C.)

MEDICINE

CARDIOVASCULAR

Cardiography

93000	Electrocardiogram, routine ECG with at least 12 leads; with interpretation and report
93005	tracing only, without interpretation and report
93010	interpretation and report only
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	External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; includes recording, scanning analysis with report, physician review and interpretation
93225	recording (includes connection, recording, and disconnection)
93226	scanning analysis with report
93227	physician review and interpretation
93228	External 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

Commonwealth of Massachusetts MassHealth Provider Manual Series Community Health Center Manual	Subchapter Number and Title 6. Service Codes and Descriptions	Page 6-57
	Transmittal Letter CHC-89	Date 01/01/11

603 Laboratory Service Codes and Descriptions (cont.)

Service

Code Service Description

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.)
93268	External patient and, when performed, auto activated electrocardiographic rhythm derived event recording with symptom-related memory loop with remote download capability up to 30 days, 24-hour attended monitoring; 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)

Commonwealth of Massachusetts MassHealth Provider Manual Series Community Health Center Manual	Subchapter Number and Title 6. Service Codes and Descriptions	Page 6-58
	Transmittal Letter CHC-89	Date 01/01/11

603 Laboratory Service Codes and Descriptions (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
- 93886 Transcranial Doppler study of the intracranial arteries; complete study
- 93888 limited study

Commonwealth of Massachusetts MassHealth Provider Manual Series Community Health Center Manual	Subchapter Number and Title 6. Service Codes and Descriptions	Page 6-59
	Transmittal Letter CHC-89	Date 01/01/11

603 Laboratory Service Codes and Descriptions (cont.)

Service

Code Service Description

Extremity Arterial Studies (Including Digits)

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)

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

Commonwealth of Massachusetts MassHealth Provider Manual Series Community Health Center Manual	Subchapter Number and Title 6. Service Codes and Descriptions	Page 6-60
	Transmittal Letter CHC-89	Date 01/01/11

603 Laboratory Service Codes and Descriptions (cont.)

Service

Code Service Description

94013	Measurement of lung volumes (i.e., 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 ₂ (CO ₂ 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 ₂ production, O ₂ uptake, and electrocardiographic recordings)
94640	Pressurized or nonpressurized inhalation treatment for acute airway obstruction or for sputum induction for diagnostic purposes (e.g., with an aerosol generator, nebulizer, metered dose inhaler or intermittent positive pressure breathing (IPPB) device)
94642	Aerosol inhalation of pentamidine for pneumocystis carinii pneumonia treatment or prophylaxis
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 ₂ 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

Commonwealth of Massachusetts MassHealth Provider Manual Series Community Health Center Manual	Subchapter Number and Title 6. Service Codes and Descriptions	Page 6-61
	Transmittal Letter CHC-89	Date 01/01/11

603 Laboratory Service Codes and Descriptions (cont.)

Service

Code Service Description

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

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.)

604 Visit Service Codes and Descriptions

Service

Code Modifier Service Description

CHC Visits

D1206		Topical fluoride varnish; therapeutic application for moderate-to-high caries risk patients.
D9450		Case presentation, detailed and extensive treatment planning (use only for dental enhancement fee . 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.)

Commonwealth of Massachusetts MassHealth Provider Manual Series Community Health Center Manual	Subchapter Number and Title 6. Service Codes and Descriptions	Page 6-62
	Transmittal Letter CHC-89	Date 01/01/11

604 Visit Service Codes and Descriptions (cont.)

Service

Code Modifier Service Description

90632		Hepatitis A vaccine, adult dosage, for intramuscular use (Covered for adults >19; available free of charge through the Massachusetts Immunization Program for children under 19 years of age)
90746		Hepatitis B vaccine, adult dosage, for intramuscular use (Covered for adults >19; available free of charge through the Massachusetts Immunization Program for children under 19 years of age)
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.
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.
-------	--	---

Commonwealth of Massachusetts MassHealth Provider Manual Series Community Health Center Manual	Subchapter Number and Title 6. Service Codes and Descriptions	Page 6-63
	Transmittal Letter CHC-89	Date 01/01/11

604 Visit Service Codes and Descriptions (cont.)

Service

Code Modifier Service Description

- 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.
- 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.

Subsequent Observation Care

- 99224 Subsequent observation care, per day, for the evaluation and management of a patient, which requires at least two of these three key components:
- problem focused interval history;
 - problem focused examination;
 - Medical decision making that is straightforward or of low complexity.
- 99225 Subsequent observation 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.

Commonwealth of Massachusetts MassHealth Provider Manual Series Community Health Center Manual	Subchapter Number and Title 6. Service Codes and Descriptions	Page 6-64
	Transmittal Letter CHC-89	Date 01/01/11

604 Visit Service Codes and Descriptions (cont.)

Service

Code Modifier Service Description

99226 Subsequent observation 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.

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.

Commonwealth of Massachusetts MassHealth Provider Manual Series Community Health Center Manual	Subchapter Number and Title 6. Service Codes and Descriptions	Page 6-65
	Transmittal Letter CHC-89	Date 01/01/11

604 Visit Service Codes and Descriptions (cont.)

Service

Code Modifier Service Description

Subsequent Nursing Facility Care

99307	<p>Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least two of these three key components:</p> <ul style="list-style-type: none"> - a problem focused interval history; - a problem focused examination; - straightforward medical decision making. <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 patient is stable, recovering, or improving. Physicians typically spend 10 minutes with the patient and/or family or caregiver.</p>
99308	<p>Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least two of these three key components:</p> <ul style="list-style-type: none"> - an expanded problem-focused interval history; - an expanded problem-focused examination; - medical decision making of low complexity. <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 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.</p>
99309	<p>Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least two of these three key components:</p> <ul style="list-style-type: none"> - a detailed interval history; - a detailed examination; - medical decision making of moderate complexity. <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 patient has developed a significant complication or a significant new problem. Physicians typically spend 25 minutes with the patient and/or family or caregiver.</p>
99310	<p>Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least two of these three key components:</p> <ul style="list-style-type: none"> - a comprehensive interval history; - a comprehensive examination; - medical decision making of high complexity. <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. 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.</p>

Commonwealth of Massachusetts MassHealth Provider Manual Series Community Health Center Manual	Subchapter Number and Title 6. Service Codes and Descriptions	Page 6-66
	Transmittal Letter CHC-89	Date 01/01/11

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 Domicillary or rest 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.
- 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.
- 99325 Domicillary or rest home visit for the evaluation and management of a new patient, which requires these three components:
- an expanded problem-focused history;
 - an expanded problem-focused examination; and
 - 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 moderate severity. Physicians typically spend 30 minutes with the patient and/or family or caregiver.
- 99326 Domicillary or rest 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.
- 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.
- 99327 Domicillary or rest 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 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 high severity. Physicians typically spend 60 minutes with the patient and/or family or caregiver.

Commonwealth of Massachusetts MassHealth Provider Manual Series Community Health Center Manual	Subchapter Number and Title 6. Service Codes and Descriptions	Page 6-67
	Transmittal Letter CHC-89	Date 01/01/11

604 Visit Service Codes and Descriptions (cont.)

Service

Code Modifier Service Description

Established Patient

99334		<p>Domicillary or rest home visit for the evaluation and management of an established patient, which requires at least two these three key components:</p> <ul style="list-style-type: none"> - a problem-focused interval history; - a problem-focused examination; - straightforward medical decision making. <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 self-limited or minor. Physicians typically spend 15 minutes with the patient and/or family or caregiver.</p>
99335		<p>Domicillary or rest home visit for the evaluation and management of an established patient, which requires at least two of these three components:</p> <ul style="list-style-type: none"> - an expanded problem-focused interval history; - an expanded problem-focused examination; - medical decision making of low complexity. <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 to moderate severity. Physicians typically spend 25 minutes with the patient and/or family or caregiver.</p>
99336		<p>Domicillary or rest home visit for the evaluation and management of an established patient, which requires at least two of these three components:</p> <ul style="list-style-type: none"> - a detailed interval history; - a detailed examination; - medical decision making of moderate complexity. <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 to high severity. Physicians typically spend 40 minutes with the patient and/or family or caregiver.</p>
99337		<p>Domicillary or rest home visit for the evaluation and management of an established patient, which requires these three components:</p> <ul style="list-style-type: none"> - a comprehensive interval history; - a comprehensive examination; - medical decision making of moderate to high complexity. <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 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.</p>

Commonwealth of Massachusetts MassHealth Provider Manual Series Community Health Center Manual	Subchapter Number and Title 6. Service Codes and Descriptions	Page 6-68
	Transmittal Letter CHC-89	Date 01/01/11

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:
<ul style="list-style-type: none"> - 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:
<ul style="list-style-type: none"> - 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:
<ul style="list-style-type: none"> - 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:
<ul style="list-style-type: none"> - 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:
<ul style="list-style-type: none"> - 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:
<ul style="list-style-type: none"> - 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:
<ul style="list-style-type: none"> - a detailed interval history; - a detailed examination; - medical decision making of moderate complexity. |

Commonwealth of Massachusetts MassHealth Provider Manual Series Community Health Center Manual	Subchapter Number and Title 6. Service Codes and Descriptions	Page 6-69
	Transmittal Letter CHC-89	Date 01/01/11

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.)
 55450 Ligation (percutaneous) of vas deferens, unilateral or bilateral (separate procedure) (Consent for Sterilization Form (CS-18 or CS-21) required) (S.P.)

Commonwealth of Massachusetts MassHealth Provider Manual Series Community Health Center Manual	Subchapter Number and Title 6. Service Codes and Descriptions	Page 6-70
	Transmittal Letter CHC-89	Date 01/01/11

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

Service

Code Service Description

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

Code Modifier Service Description

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

Commonwealth of Massachusetts MassHealth Provider Manual Series Community Health Center Manual	Subchapter Number and Title 6. Service Codes and Descriptions	Page 6-71
	Transmittal Letter CHC-89	Date 01/01/11

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.

Service

Code Service Description

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

Commonwealth of Massachusetts MassHealth Provider Manual Series Community Health Center Manual	Subchapter Number and Title 6. Service Codes and Descriptions	Page 6-72
	Transmittal Letter CHC-89	Date 01/01/11

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.

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.)

Commonwealth of Massachusetts MassHealth Provider Manual Series Community Health Center Manual	Subchapter Number and Title 6. Service Codes and Descriptions	Page 6-73
	Transmittal Letter CHC-89	Date 01/01/11

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
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

Service

Code Modifier Service Description

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.

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 no 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 no 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 no behavioral health need identified* (eligible providers are nurse practitioners employed by community health centers)

Commonwealth of Massachusetts MassHealth Provider Manual Series Community Health Center Manual	Subchapter Number and Title 6. Service Codes and Descriptions	Page 6-74
	Transmittal Letter CHC-89	Date 01/01/11

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

Service

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