



Commonwealth of Massachusetts
Executive Office of Health and Human Services
Division of Medical Assistance
600 Washington Street
Boston, MA 02111
www.mass.gov/dma

MASSHEALTH
TRANSMITTAL LETTER FPA-33
August 2002

TO: Family Planning Agencies Participating in MassHealth
FROM: Wendy E. Warring, Commissioner 
RE: *Family Planning Agency Manual* (Family Planning HCPCS)

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

This letter transmits changes for your provider manual that contain the new and revised codes. The revised Subchapter 6 is effective for dates of service on or after June 1, 2002. The codes introduced under the 2002 HCPCS code book are effective for dates of service on or after June 1, 2002. We will accept either the new or the old codes for dates of service through August 31, 2002. For dates of service on or after September 1, 2002, you must use the new codes to receive payment.

If you wish to obtain a fee schedule, you may purchase Division of Health Care Finance and Policy regulations from either the Massachusetts State Bookstore or from the Division of Health Care Finance and Policy (see addresses and telephone numbers below). You must contact them first to find out the price of the publication. The Division of Health Care Finance and Policy also has the regulations available on disk. The regulation title is 114.3 CMR 12.00: Family Planning Services.

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

NEW MATERIAL

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

Family Planning Agency Manual

Pages vi and 6-1 through 6-12

OBSOLETE MATERIAL

(The pages listed here are no longer in effect.)

Family Planning Agency Manual

Pages vi and 6-1 through 6-12 — transmitted by Transmittal Letter FPA-32

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601 Definitions

(A) New Patient — a patient who has not received any professional services from the provider within the past three years.

(B) Established Patient — a patient who has received professional services from the provider within the past three years.

602 Service Codes and Descriptions: Visits

Service

Code Service Description

New Patient

99201 Office or other outpatient 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 decisionmaking (brief service)

99203 Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components:

- a detailed history;
- a detailed examination; and
- medical decisionmaking of low complexity

99205 Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components:

- a comprehensive history;
- a comprehensive examination; and
- medical decisionmaking of high complexity (comprehensive service)

Established Patient

99211 Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician (minimal service)

99213 Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components:

- an expanded problem-focused history;
- an expanded problem-focused examination;
- medical decisionmaking of low complexity (limited service)

99215 Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components:

- a comprehensive history;
- a comprehensive examination;
- medical decisionmaking of high complexity (comprehensive service)

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603 Service Codes and Descriptions: Contraceptive Supplies and Drugs

Service

Code Service Description

- A4261 Cervical cap (I.C.)
- J1055 Injection, medroxyprogesterone acetate for contraceptive use, 150 mg. (Depo-Provera) (I.C.)
- J1056 Injection, medroxyprogesterone acetate/estradiol cypionate, 5 mg./25 mg. (Lunelle) (I.C.)
- S4989 Contraceptive intrauterine device (I.C.)
- S4993 Contraceptive pills for birth control
- X1051 Diaphragm (including applicator and contraceptive cream or jelly)
- X1052 Condoms (three)
- X1054 Contraceptive jelly
- X1056 Contraceptive cream
- X1057 Contraceptive film (three)
- X1058 Contraceptive foam
- X1059 Female condoms with lubricant (three)
- X1060 Female condoms with lubricant (six)
- X1061 Contraceptive suppositories (package of 12)
- X1063 Cervical sponges (three)
- X1069 Medications and injectables related to family planning services, with the exception of Rh₀ (D) human immune globulin and contraceptive injectables, such as Depo-Provera (the Division will pay for these items at the provider's cost) (I.C.)

604 Service Codes and Descriptions: Medical and Surgery Procedures

Service

Code Service Description

- 11975 Insertion, implantable contraceptive capsules (global rate for Norplant System of Contraception, includes counseling prior to insertion, the price of the Norplant device, the insertion procedure, and one follow-up visit)
- 11976 Removal, implantable contraceptive capsules (S.P.)
- 11977 Removal with reinsertion, implantable contraceptive capsules (global rate for Norplant System of Contraception, includes the price of the Norplant device, removal of an old device, insertion of a new device, and one follow-up visit)
- 19100 Biopsy of breast; percutaneous, needle core, not using imaging guidance (separate procedure)
- 49080 Peritoneocentesis, abdominal paracentesis, or peritoneal lavage (diagnostic or therapeutic); initial
- 55250 Vasectomy, unilateral or bilateral (separate procedure), including postoperative semen examination(s) (Consent for Sterilization form CS-18 or CS-21 required)
- 55450 Ligation (percutaneous) of vas deferens, unilateral or bilateral (separate procedure) (Consent for Sterilization form CS-18 or CS-21 required)
- 56420 Incision and drainage of Bartholin's gland abscess
- 56501 Destruction of lesion(s), vulva; simple (e.g., laser surgery, electrosurgery, cryosurgery, chemosurgery)
- 56605 Biopsy of vulva or perineum (separate procedure); one lesion
- 57061 Destruction of vaginal lesion(s); simple (e.g., laser surgery, electrosurgery, cryosurgery, chemosurgery)

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604 Service Codes and Descriptions: Medical and Surgery Procedures (cont.)

Service

Code Service Description

57100	Biopsy of vaginal mucosa; simple (separate procedure)
57452	Colposcopy (vaginocopy) (separate procedure)
57454	with biopsy(ies) of the cervix and/or endocervical curettage
57460	with loop electrode excision procedure of the cervix
57500	Biopsy, single or multiple, or local excision of lesion, with or without fulguration (separate procedure)
57505	Endocervical curettage (not done as part of a dilation and curettage)
57510	Cautery of cervix; electro or thermal
57511	cryocautery, initial or repeat
57513	laser ablation
57520	Conization of cervix, with or without fulguration, with or without dilation and curettage, with or without repair; cold knife or laser
57522	loop electrode excision
58100	Endometrial sampling (biopsy) with or without endocervical sampling (biopsy), without cervical dilation, any method (separate procedure)

605 Service Codes and Descriptions: Laboratory Services

ORGAN OR DISEASE-ORIENTED PANELS

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

Service

Code Service Description

80055	Obstetric panel (This panel must include the following: hemogram, automated, and manual differential WBC count (CBC) (85022) or hemogram and platelet count, automated, and automated complete differential WBC count (CBC) (85025), hepatitis B surface antigen (HBsAg) (87340), antibody, rubella (86762), syphilis test, qualitative (e.g., VDRL, RPR, ART) (86592), antibody screen, RBC, each serum technique (86850), blood typing, ABO (86900), and blood typing, Rh (D) (86901).)
80061	Lipid panel (This panel must include the following: cholesterol, serum, total (82465), lipoprotein, direct measurement, high density cholesterol (HDL cholesterol) (83718), and triglycerides (84478).)

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605 Service Codes and Descriptions: Laboratory Services (cont.)

Service

Code Service Description

- 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).)

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; nonautomated, with microscopy
- 81001 automated, with microscopy
- 81002 nonautomated, without microscopy
- 81003 automated, without microscopy
- 81005 Urinalysis; qualitative or semiquantitative, except immunoassays
- 81007 bacteriuria screen, except by culture or dipstick
- 81025 Urine pregnancy test, by visual color comparison methods
- 81099 Unlisted urinalysis procedure

CHEMISTRY

The material for examination may be from any source. The 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.

- 82040 Albumin; serum
- 82247 Bilirubin; total
- 82248 direct
- 82270 Blood, occult; by peroxidase activity (e.g., guaiac), qualitative; feces, 1-3 simultaneous determinations
- 82273 other sources
- 82310 Calcium; total
- 82465 Cholesterol, serum or whole blood, total
- 82540 Creatine
- 82550 Creatine kinase (CK), (CPK); total
- 82565 Creatinine; blood
- 82570 other source
- 82607 Cyanocobalamin (vitamin B-12)
- 82627 Dehydroepiandrosterone-sulfate (DHEA-S)
- 82670 Estradiol

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605 Service Codes and Descriptions: Laboratory Services (cont.)

Service

Code Service Description

82671	Estrogens; fractionated
82672	total
82677	Estriol
82679	Estrone
82746	Folic acid; serum
82947	Glucose; quantitative, blood (except reagent strip)
82950	post-glucose dose (includes glucose)
82951	tolerance test (GTT), three specimens (includes glucose)
82955	Glucose-6-phosphate dehydrogenase (G6PD); quantitative
82960	screen
83001	Gonadotropin; follicle-stimulating hormone (FSH)
83002	luteinizing hormone (LH)
83003	Growth hormone, human (HGH) (somatotropin)
83036	Hemoglobin; glycated
83491	Hydroxycorticosteroids, 17- (17-OHCS)
83540	Iron
83550	Iron-binding capacity
83586	Ketosteroids, 17- (17-KS); total
83593	fractionation
83615	Lactate dehydrogenase (LD), (LDH)
83625	isoenzymes, separation and quantitation
83718	Lipoprotein, direct measurement; high density cholesterol (HDL cholesterol)
84060	Phosphatase, acid; total
84066	prostatic
84075	Phosphatase, alkaline
84078	heat stable (total not included)
84080	isoenzymes
84132	Potassium; serum
84144	Progesterone
84146	Prolactin
84155	Protein; total, except refractometry
84160	refractometric
84165	electrophoretic fractionation and quantitation
84295	Sodium; serum
84300	urine
84402	Testosterone; free
84403	total
84436	Thyroxine; total
84437	requiring elution (e.g., neonatal)
84439	free
84443	Thyroid-stimulating hormone (TSH)
84450	Transferase; aspartate amino (AST) (SGOT)
84460	alanine amino (ALT) (SGPT)

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605 Service Codes and Descriptions: Laboratory Services (cont.)

Service

Code Service Description

84478 Triglycerides
 84479 Thyroid hormone (T3 or T4) uptake or thyroid hormone binding ratio (THBR)
 84480 Triiodothyronine T3; total (TT-3)
 84520 Urea nitrogen; quantitative
 84550 Uric acid; blood
 84590 Vitamin A
 84702 Gonadotropin, chorionic (hCG); quantitative
 84703 qualitative

HEMATOLOGY AND COAGULATION

85007 Blood count; manual differential WBC count (includes RBC morphology and platelet estimation)
 85008 manual blood smear examination without differential parameters
 85009 differential WBC count, buffy coat
 85013 spun microhematocrit
 85014 other than spun hematocrit
 85018 hemoglobin
 85021 hemogram, automated (RBC, WBC, Hgb, Hct, and indices only)
 85022 hemogram, automated, and manual differential WBC count (CBC)
 85023 hemogram and platelet count, automated, and manual differential WBC count (CBC)
 85024 hemogram and platelet count, automated, and automated partial differential WBC count (CBC)
 85025 hemogram and platelet count, automated, and automated complete differential WBC count (CBC)
 85027 hemogram and platelet count, automated
 85031 Blood count; hemogram, manual, complete CBC (RBC, WBC, Hgb, Hct, differential and indices)
 85041 red blood cell (RBC) only
 85610 Prothrombin time
 85651 Sedimentation rate, erythrocyte; nonautomated
 85652 automated
 85660 Sickling of RBC, reduction

IMMUNOLOGY

86038 Antinuclear antibodies (ANA)
 86171 Complement fixation tests, each antigen
 86235 Extractable nuclear antigen, antibody to, any method (e.g., nRNP, SS-A, SS-B, Sm, RNP, Scl70, J01), each antibody
 86280 Hemagglutination inhibition test (HAI)
 86308 Heterophile antibodies; screening
 86309 titer
 86310 titers after absorption with beef cells and guinea pig kidney
 86317 Immunoassay for infectious agent antibody, quantitative, not elsewhere specified

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605 Service Codes and Descriptions: Laboratory Services (cont.)

Service

Code Service Description

- 86318 Immunoassay for infectious agent antibody, qualitative or semiquantitative, single step method
 (e.g., reagent strip)
- 86592 Syphilis test; qualitative (e.g., VDRL, RPR, ART)
- 86593 quantitative

The following codes (86628-86804) 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.

- 86628 Antibody; candida
- 86631 chlamydia
- 86632 chlamydia, IgM
- 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
- 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
- 86762 Antibody; rubella
- 86781 treponema pallidum, confirmatory test (e.g., FTA-abs)
- 86803 Hepatitis C antibody
- 86804 confirmatory test (e.g., immunoblot)

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605 Service Codes and Descriptions: Laboratory Services (cont.)

Service
Code Service Description

TRANSFUSION MEDICINE

86850 Antibody screen, RBC, each serum technique
 86900 Blood typing; ABO
 86901 Rh (D) (I.C.)
 86906 Rh phenotyping, complete

MICROBIOLOGY

87070 Culture, bacterial; any other source except urine, blood or stool, with isolation and presumptive identification of isolates
 87075 any source; anaerobic with isolation and presumptive identification of isolates
 87081 Culture, presumptive, pathogenic organisms, screening only
 87086 Culture, bacterial; quantitative colony count, urine
 87088 with isolation and presumptive identification of isolates, urine
 87101 Culture, fungi (mold or yeast) isolation, with presumptive identification of isolates; skin, hair, or nail
 87102 other source (except blood)
 87103 blood
 87110 Culture, chlamydia, any source
 87140 Culture, typing; immunofluorescent method, each antiserum
 87164 Dark field examination, any source (e.g., penile, vaginal, oral, skin); includes specimen collection
 87177 Ova and parasites, direct smears, concentration and identification
 87181 Susceptibility studies, antimicrobial agent; agar dilution method, per agent (e.g., antibiotic gradient strip)
 87184 disk method, per plate (12 or fewer disks)
 87186 microdilution or agar dilution (minimum inhibitory concentration (MIC) or breakpoint), each multiantimicrobial, per plate
 87188 macrobroth dilution method, each agent
 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 intracellular parasites (e.g., malaria, coccidia, microsporidia, cytomegalovirus, herpes viruses)
 87210 wet mount for infectious agents (e.g., saline, India ink, KOH preps)
 87220 Tissue examination by KOH slide of samples from skin, hair, or nails for fungi or ectoparasite ova or mites (e.g., scabies)
 87252 Virus isolation; 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

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605 Service Codes and Descriptions: Laboratory Services (cont.)

Service

Code Service Description

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. For identification of antibodies to many of the listed infectious agents, see 86602-86804.

87270	Infectious agent antigen detection by immunofluorescent technique; chlamydia trachomatis
87273	herpes simplex virus type 2
87274	herpes simplex virus type 1
87285	treponema pallidum
87320	Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple step method; chlamydia trachomatis
87340	hepatitis B surface antigen (HBsAg)
87350	hepatitis Be antigen (HBeAg)
87380	hepatitis, delta agent
87390	HIV-1
87391	HIV-2
87480	Infectious agent detection by nucleic acid (DNA or RNA); candida species, direct probe technique
87481	candida species, amplified probe technique
87482	candida species, quantification
87490	chlamydia trachomatis, direct probe technique
87491	chlamydia trachomatis, amplified probe technique
87492	chlamydia trachomatis, quantification
87510	gardnerella vaginalis, direct probe technique
87511	gardnerella vaginalis, amplified probe technique
87512	gardnerella vaginalis, quantification
87515	hepatitis B virus, direct probe technique
87516	hepatitis B virus, amplified probe technique
87517	hepatitis B virus, quantification
87520	hepatitis C, direct probe technique
87521	hepatitis C, amplified probe technique
87522	hepatitis C, quantification
87528	herpes simplex virus, direct probe technique
87529	herpes simplex virus, amplified probe technique
87530	herpes simplex virus, quantification
87534	HIV-1, direct probe technique
87535	HIV-1, amplified probe technique
87536	HIV-1, quantification
87537	HIV-2, direct probe technique
87538	HIV-2, amplified probe technique
87539	HIV-2, quantification

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605 Service Codes and Descriptions: Laboratory Services (cont.)

Service

Code Service Description

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
87810	Infectious agent detection by immunoassay with direct optical observation; chlamydia trachomatis
87850	neisseria gonorrhoeae

ANATOMIC PATHOLOGY

Cytopathology

88104	Cytopathology, fluids, washings or brushings, except cervical or vaginal; smears with interpretation
88106	filter method only with interpretation
88107	smears and filter preparation with interpretation
88108	Cytopathology, concentration technique, smears and interpretation (e.g., Saccomanno technique)
88130	Sex chromatin identification; Barr bodies

Codes 88141-88155, 88164-88167 are used to report cervical or vaginal screening by various methods and to report physician interpretation services. Use codes 88150-88154 to report Pap smears that are examined using non-Bethesda reporting. Use codes 88164-88167 to report Pap smears that are examined using the Bethesda System of reporting. Use codes 88142-88145 to report specimens collected in fluid medium with automated thin layer preparation that are examined using any system of reporting (Bethesda or non-Bethesda). Within each of these three code families choose the one code that describes the screening method(s) used. Codes 88141 and 88155 should be reported in addition to the screening code chosen when the additional services are provided.

88141	Cytopathology, cervical or vaginal (any reporting system); requiring interpretation by physician (List separately in addition to code for technical service.)
88142	Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; manual screening under physician supervision
88143	with manual screening and rescreening under physician supervision
88144	with manual screening and computer-assisted rescreening under physician supervision
88145	with manual screening and computer-assisted rescreening using cell selection and review 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

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605 Service Codes and Descriptions: Laboratory Services (cont.)

Service

Code Service Description

- 88150 Cytopathology, slides, cervical or vaginal; manual screening under physician supervision
 88152 with manual screening and computer-assisted rescreening under physician supervision
 88153 with manual screening and rescreening under physician supervision
 88154 with manual screening and computer-assisted rescreening using cell selection and review
 under physician supervision
 88155 Cytopathology, slides, cervical or vaginal, definitive hormonal evaluation (e.g., maturation index,
 karyopyknotic index, estrogenic index) (List separately in addition to code(s) for other
 technical and interpretation services.)
 88160 Cytopathology, smears, any other source; screening and interpretation
 88161 preparation, screening, and interpretation
 88162 extended study involving over 5 slides and/or multiple stains (I.C.)
 88164 Cytopathology, slides, cervical or vaginal (the Bethesda System); manual screening under
 physician supervision
 88165 with manual screening and rescreening under physician supervision
 88166 with manual screening and computer-assisted rescreening under physician supervision
 86167 with manual screening and computer-assisted rescreening using cell selection and review
 under physician supervision
 88199 Unlisted cytopathology procedure (I.C.)

Cytogenetic Studies

- 88261 Chromosome analysis; count five cells, one karyotype, with banding
 88262 count 15 to 20 cells, 2 karyotypes, with banding
 88267 Chromosome analysis, amniotic fluid or chorionic villus, count 15 cells, 1 karyotype, with
 banding
 88280 Chromosome analysis; additional karyotypes, each study
 88285 additional cells counted, each study

SURGICAL PATHOLOGY

Codes 88300 through 88309 are further clarified in the 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

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605 Service Codes and Descriptions: Laboratory Services (cont.)

Service
Code Service Description

MISCELLANEOUS

89050 Cell count, miscellaneous body fluids (e.g., cerebrospinal fluid, joint fluid), except blood

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