




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

MASSHEALTH
TRANSMITTAL LETTER FPA-34
March 2003

TO: Family Planning Agencies Participating in MassHealth
FROM: Douglas S. Brown, Acting Commissioner 
RE: *Family Planning Agency Manual (2003 HCPCS)*

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

This letter transmits changes to your provider manual that contain the new and revised codes. The revised Subchapter 6 is effective for dates of service on or after April 1, 2003.

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 regulations available on disk. The regulation title is 114.3 CMR 16.00: Surgery and Related Anesthesia Care.

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

DMA Web Site

This transmittal letter and attached pages are available on the Division's Web site at www.mass.gov/dma.

Questions

If you have any questions about this transmittal letter, please contact MassHealth Provider Services at 617-628-4141 or 1-800-325-5231.

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(The pages listed here are no longer in effect.)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-33

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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 Rh ₀ (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
56606	each separate additional lesion (List separately in addition to code for primary procedure.)

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

<u>Service Code</u>	<u>Service Description</u>
57061	Destruction of vaginal lesion(s); simple (e.g., laser surgery, electrosurgery, cryosurgery, chemosurgery)
57100	Biopsy of vaginal mucosa; simple (separate procedure)
57420	Colposcopy of the entire vagina, with cervix if present
57421	with biopsy(ies)
57452	Colposcopy of the cervix including upper/adjacent vagina
57454	with biopsy(ies) of the cervix and/or endocervical curettage
57455	with biopsy(ies) of the cervix
57456	with endocervical curettage
57460	with loop electrode biopsy(ies) of the cervix
57461	with loop electrode conization 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.

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

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

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

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

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

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

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

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

<u>Service Code</u>	<u>Service Description</u>
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)
85041	red blood cell (RBC), automated
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, Sc170, 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
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.

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

Service
Code

Service Description

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)

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

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

Service
Code

Service Description

- 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 agents)
- 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 parasites (e.g., malaria, coccidia, microsporidia, trypanosomes, herpes viruses)
- 87210 wet mount for infectious agents (e.g., saline, India ink, KOH preps)
- 87220 Tissue examination by KOH slide of samples from skin, hair, or nails for fungi or ectoparasite ova or mites (e.g., scabies)
- 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
- 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

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

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

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

<u>Service Code</u>	<u>Service Description</u>
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
88147	Cytopathology smears, cervical or vaginal; screening by automated system under physician supervision
88148	screening by automated system with manual rescreening under physician supervision
88150	Cytopathology, slides, cervical or vaginal; manual screening under physician supervision
88152	with manual screening and computer-assisted rescreening under physician supervision
88153	with manual screening and rescreening under physician supervision
88154	with manual screening and computer-assisted rescreening using cell selection and review under physician supervision
88155	Cytopathology, slides, cervical or vaginal, definitive hormonal evaluation (e.g., maturation index, karyopyknotic index, estrogenic index) (List separately in addition to code(s) for other technical and interpretation services.)

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

Service

Code Service Description

- 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

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.