



**Commonwealth of Massachusetts**  
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**Office of Medicaid**  
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MASSHEALTH  
TRANSMITTAL LETTER FPA-37  
December 2004

**TO:** Family Planning Agencies Participating in MassHealth  
**FROM:** Beth Waldman, Medicaid Director *BW*  
**RE:** *Family Planning Agency Manual* (Revisions to Service Codes and Descriptions)

This letter transmits revisions to the service codes and descriptions listed in Subchapter 6 of the *Family Planning Agency Manual*. The revisions are effective for dates of service on or after January 1, 2005.

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 directly 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 regulation. The Division of Health Care Finance and Policy also has the regulations available on disk and on their Web site. The regulation title is 114.3 CMR 16.00 Surgery and Related Anesthesia Care and 114.3 CMR 20.00: Laboratory.

Massachusetts State Bookstore  
State House, Room 116  
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Two Boylston Street  
Boston, MA 02116  
Telephone: 617-988-3100  
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Providers with questions about the information in this transmittal letter may contact MassHealth Provider Services at 617-628-4141 or 1-800-325-5231.

**NEW MATERIAL**

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

**Family Planning Agency Manual**

Pages 6-1 through 6-12

**OBSOLETE MATERIAL**

(The pages listed here are no longer in effect.)

**Family Planning Agency Manual**

Pages 6-1 through 6-12 – transmitted by Transmittal Letter FPA-36

<b>Commonwealth of Massachusetts Division of Medical Assistance Provider Manual Series</b>  FAMILY PLANNING AGENCY MANUAL	<b>SUBCHAPTER NUMBER AND TITLE</b> 6 SERVICE CODES AND DESCRIPTIONS	<b>PAGE</b> 6-1
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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 decision making (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 decision making 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 decision making 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 decision making 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 decision making 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 for contraceptive use (I.C.)
- A4266      Diaphragm for contraceptive use (includes applicator and cream or jelly)
- A4267      Contraceptive supply, condom, male, each
- A4268      Contraceptive supply, condom, female, each
- A4269      Contraceptive supply, spermicide (e.g., foam, gel), each (per package/tube)
- J1055      Injection, medroxyprogesterone acetate for contraceptive use, 150 mg (Use for Depo-Provera.) (I.C.)
- J1056      Injection, medroxyprogesterone acetate/estradiol cypionate, 5 mg/25 mg (Use for Lunelle monthly contraceptive.) (I.C.)
- J3490-FP      Unclassified drugs (Use for medications and injectibles related to family planning services, with the exception of (a) Rh<sub>0</sub>(D) human immune globulin; and (b) contraceptive injectables such as Depo-Provera, items for which MassHealth will pay the provider's cost.) (I.C.)
- J7304      Contraceptive supply, hormone containing patch, each
- S4989      Contraceptive intrauterine device (e.g., Progestacert IUD), including implants and supplies (I.C.)
- S4993      Contraceptive pills for birth control

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.)

Service

<u>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)
57425	Laparoscopy, surgical, colpopexy (suspension of vaginal apex)
57452	Colposcopy of the cervix including upper/adjacent vagina
57454	with biopsy(ies) of the cervix and 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)
58565	Hysteroscopy, surgical; with bilateral fallopian tube cannulation to induce occlusion by placement of permanent implants (Do not report 58565 in conjunction with 58555 or 57800) (For unilateral procedure, use modifier 52)

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

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

Service

Code      Service Description

- 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 unless otherwise specified in the code description. 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.)

Service

<u>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.)

Service

<u>Code</u>	<u>Service Description</u>
84132	Potassium; serum
84144	Progesterone
84146	Prolactin
84155	Protein, total, except by refractometry; serum
84156	urine
84157	other source (e.g., synovial fluid, cerebrospinal fluid)
84160	Protein, total, by refractometry, any source
84163	Pregnancy-associated plasma Protein-A (PAPP-A)
84165	Protein; electrophoretic fractionation and quantitation, serum
84166	electrophoretic fractionation and quantitation, other fluids with concentration (e.g., urine, CSF)
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.)

Service

<u>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 otherwise 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  
 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  
 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, aerobic, with isolation and presumptive identification of isolates  
 87075      any source; except blood, 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.)

Service

Code      Service Description

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.)

Service

Code      Service Description

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)  
 88112      Cytopathology, selective cellular enhancement technique with interpretation (e.g., liquid based slide preparation method), except cervical or vaginal  
 88130      Sex chromatin identification; Barr bodies

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

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

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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, two karyotypes, with banding
- 88267      Chromosome analysis, amniotic fluid or chorionic villus, count 15 cells, one 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

**OTHER PROCEDURES**

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

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