



Commonwealth of Massachusetts
Executive Office of Health and Human Services
Office of Medicaid
600 Washington Street
Boston, MA 02111
www.mass.gov/masshealth



MASSHEALTH
TRANSMITTAL LETTER FPA-41
March 2007

TO: Family Planning Agencies Participating in MassHealth
FROM: Thomas Dehner, Acting Medicaid Director TD
RE: *Family Planning Agency Manual* (Corrections to Subchapter 6)

This letter transmits revisions to the service codes and descriptions listed in Subchapter 6 of the *Family Planning Agency Manual*. Service Code S0180 has been added and resulting changes have been made to Service Codes 11975 and 11977. The language included clarifies how these codes are to be billed. These revisions are effective for dates of service on or after January 1, 2007. Also, Service Code 90649 was changed to include an I.C. designation.

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.)

Family Planning Agency Manual

Pages 6-1 and 6-2

OBSOLETE MATERIAL

(The pages listed here are no longer in effect.)

Family Planning Agency Manual

Pages 6-1 and 6-2 — transmitted by Transmittal Letter FPA-40

Commonwealth of Massachusetts MassHealth Provider Manual Series Family Planning Agency Manual	Subchapter Number and Title 6. Service Codes and Descriptions	Page 6-1
	Transmittal Letter FPA-41	Date 01/01/07

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)

Commonwealth of Massachusetts MassHealth Provider Manual Series Family Planning Agency Manual	Subchapter Number and Title 6. Service Codes and Descriptions	Page 6-2
	Transmittal Letter FPA-41	Date 01/01/07

602 Service Codes and Descriptions: Visits (cont.)

Service

Code Service Description

Preventive Medicine, Individual Counseling

99402 Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 30 minutes (HIV pre- and post-test counseling only; two visits per day; maximum eight visits per year)

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) Rh₀(D) human immune globulin; and (b) contraceptive injectables such as Depo-Provera, items for which MassHealth will pay the provider's cost.) (I.C.)
J7303 Contraceptive supply, hormone-containing vaginal ring, each
J7304 Contraceptive supply, hormone-containing patch, each
S0180 Etonogestrel (contraceptive) implant system, including implant and supplies (must be billed with either 11975 or 11977)
S4989 Contraceptive intrauterine device (e.g., Progestacert IUD), including implants and supplies (I.C.)
S4993 Contraceptive pills for birth control
90649 Human Papilloma virus (HPV) vaccine, types 6, 11, 16, 18 (quadrivalent), three-dose schedule, for intramuscular use (I.C.)

604 Service Codes and Descriptions: Medical and Surgery Procedures

Service

Code Service Description

11975 Insertion, implantable contraceptive capsules (must be billed with S0180)
11976 Removal, implantable contraceptive capsules (S.P.)
11977 Removal with reinsertion, implantable contraceptive capsules (must be billed with S0180)
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

Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title 6. Service Codes and Descriptions	Page 6-3
	Transmittal Letter FPA-40	Date 01/01/07

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

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).)

Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title 6. Service Codes and Descriptions	Page 6-4
	Transmittal Letter FPA-40	Date 01/01/07

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

Service

<u>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 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

Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title 6. Service Codes and Descriptions	Page 6-5
	Transmittal Letter FPA-40	Date 01/01/07
Family Planning Agency Manual		

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

Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title 6. Service Codes and Descriptions	Page 6-6
	Transmittal Letter FPA-40	Date 01/01/07

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)

Commonwealth of Massachusetts MassHealth Provider Manual Series Family Planning Agency Manual	Subchapter Number and Title 6. Service Codes and Descriptions	Page 6-7
	Transmittal Letter FPA-40	Date 01/01/07

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.

Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title 6. Service Codes and Descriptions	Page 6-8
	Transmittal Letter FPA-40	Date 01/01/07

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

Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title 6. Service Codes and Descriptions	Page 6-9
	Transmittal Letter FPA-40	Date 01/01/07
Family Planning Agency Manual		

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

Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title 6. Service Codes and Descriptions	Page 6-10
	Transmittal Letter FPA-40	Date 01/01/07
Family Planning Agency Manual		

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

Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title 6. Service Codes and Descriptions	Page 6-11
	Transmittal Letter FPA-40	Date 01/01/07
Family Planning Agency Manual		

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.)

Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title 6. Service Codes and Descriptions	Page 6-12
	Transmittal Letter FPA-40	Date 01/01/07
Family Planning Agency Manual		

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

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.