



Commonwealth of Massachusetts
Executive Office of Health and Human Services
Office of Medicaid
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Boston, MA 02111
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MassHealth
Transmittal Letter FPA-44
January 2010

TO: Family Planning Agencies Participating in MassHealth

FROM: Terence G. Dougherty, Medicaid Director *TGD*

RE: *Family Planning Agency Manual* (Revisions to Service Codes and Descriptions)

This letter transmits revisions to the service codes in the *Family Planning Agency Manual*, and includes information regarding Early and Periodic Screening, Diagnosis and Treatment (EPSDT). The Centers for Medicare & Medicaid Services (CMS) have revised the Healthcare Common Procedure Coding System (HCPCS) for 2010. The revised Subchapter 6 is effective for dates of service on or after January 1, 2010.

A family planning agency provider may request prior authorization (PA) for any medically necessary service reimbursable under the federal Medicaid Act in accordance with 130 CMR 450.144, 42 U.S.C.1396d(a), and 42 U.S.C. 1396d(r)(5), for a MassHealth Standard or Commonwealth member younger than 21 years of age, even if it is not designated as covered or payable in the *Family Planning Agency Manual*.

If you wish to obtain a fee schedule, you may purchase Division of Health Care Finance and Policy regulations at no cost from www.mass.gov/dhcfp. You may also purchase a paper copy of 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 publication. The regulation title is 114.3 CMR 12.00: Family Planning Services.

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This transmittal letter and attached pages are available on the MassHealth Web site at www.mass.gov/masshealth.

Questions

If you have any questions about 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 vi and 6-1 through 6-14

OBSOLETE MATERIAL

(The pages listed here are no longer in effect.)

Family Planning Agency Manual

Pages vi and 6-1 through 6-14 — transmitted by Transmittal Letter FPA-43

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601 Definitions and Early Periodic Screening, Diagnosis and Treatment (EPSDT) Services

(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.

(C) Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Services – MassHealth pays for the services represented by the codes listed in Subchapter 6 in effect at the time of service, subject to all conditions and limitations in MassHealth regulations at 130 CMR 421.000 and 450.000. A family planning agency provider may request prior authorization for any medically necessary service reimbursable under the federal Medicaid Act in accordance with 130 CMR 450.144, 42 U.S.C. 1396d(a), and 42 U.S.C. 1396d(r)(5) for a MassHealth Standard or CommonHealth member younger than 21 years of age, even if it is not designated as covered or payable in Subchapter 6 of the *Family Planning Agency Manual*.

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
- 99202 Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components:
- an expanded problem focused history;
- an expanded problem focused examination;
- straightforward medical decision making
- 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

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

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- 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)

602 Service Codes and Descriptions: Visits (cont.)

- 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)

Preventive Medicine, New Patient

- 99384 Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of appropriate immunization(s), laboratory/diagnostic procedures, new patient; adolescent (age 12 through 17 years)
- 99385 Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of appropriate immunization(s), laboratory/diagnostic procedures, new patient; 18-39 years
- 99386 Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of appropriate immunization(s), laboratory/diagnostic procedures, new patient; 40-64 years

Preventive Medicine, Established Patient

- 99394 Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of appropriate immunization(s), laboratory/diagnostic procedures, established patient; adolescent (age 12 through 17 years)
- 99395 Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of appropriate immunization(s), laboratory/diagnostic procedures, established patient; 18-39 years
- 99396 Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of appropriate immunization(s), laboratory/diagnostic procedures, established patient; 40-64 years

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)

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603 Service Codes and Descriptions: Contraceptive Supplies and Drugs

Service

<u>Code</u>	<u>Service Description</u>
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 ₀ (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
J7307	Etonogestrel (contraceptive) implant system, including implants 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

<u>Code</u>	<u>Service Description</u>
11975	Insertion, implantable contraceptive capsules (must be billed with J7307)
11976	Removal, implantable contraceptive capsules (S.P.)
11977	Removal with reinsertion, implantable contraceptive capsules (must be billed with J7307)
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)
57100	Biopsy of vaginal mucosa; simple (separate procedure)
57420	Colposcopy of the entire vagina, with cervix if present
57421	with biopsy(ies)

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

- 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)
- 58340 Catherization and introduction of saline or contrast material for saline infusion sonohysterography (SIS) or hysterosalpingography
- 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

Code Service Description

- 80055 Obstetric panel (This panel must include the following: blood count, complete (CBC), automated, and automated differential WBC count (85025 or 85027 and 85004) or blood count, complete (CBC), automated (85027), and appropriate manual differential WBC count (85007 or 85009); hepatitis B surface antigen (HBsAg) (87340); antibody, rubella (86762); syphilis test, non-treponemal antibody, qualitative (e.g., VDRL, RPR, ART) (86592), antibody screen, RBC, each serum technique (86850); blood typing, ABO (86900); and blood typing, Rh (D) (86901).)
- 80061 Lipid panel (This panel must include the following: cholesterol, serum, total (82465); lipoprotein, direct measurement, high density cholesterol (HDL cholesterol) (83718); and triglycerides (84478).)

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

- 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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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, non-treponemal antibody; 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. For example, a test for antibody to an enterovirus is coded as 86658. Coxsackieviruses are enteroviruses, but there are no codes for the individual species of enterovirus. If assays are performed for antibodies to coxsackie A and B species, each assay should be separately coded. Similarly, if multiple assays are performed for antibodies of different immunoglobulin classes, each assay should be coded separately. When a coding option exists for reporting IgM specific antibodies (e.g., 86632) the corresponding onco-specific code (e.g., 86631) may be reported for performance of either an antibody analysis not specific for a particular immunoglobulin class or an IgG analysis.

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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

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

Service

<u>Code</u>	<u>Service Description</u>
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 agents)
87186	microdilution or agar dilution (minimum inhibitory concentration (MIC) or breakpoint), each multi-antimicrobial, 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 pallidum605
87320	Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple step method; Chlamydia trachomatis

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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

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

Service

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

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