




**Commonwealth of Massachusetts**  
**Executive Office of Health and Human Services**  
**Office of Medicaid**  
*www.mass.gov/masshealth*



MassHealth  
Transmittal Letter FPA-46  
June 2012

**TO:** Family Planning Agencies Participating in MassHealth

**FROM:** Julian J. Harris, M.D., Medicaid Director 

**RE:** *Family Planning Manual* (New Modifiers for Provider Preventable Conditions That Are National Coverage Determinations)

This letter transmits updates to Subchapter 6 of the *Family Planning Manual* to add modifiers for Provider Preventable Conditions (PPCs) that are National Coverage Determinations. For more information about PPCs and related billing instructions, see Transmittal Letter ALL-195.

These updates are effective for dates of service on or after July 1, 2012.

#### **MassHealth Website**

This transmittal letter and attached pages are available on the MassHealth website at [www.mass.gov/masshealth](http://www.mass.gov/masshealth).

#### **Questions**

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](mailto:providersupport@mahealth.net), or fax your inquiry to 617-988-8974.

#### **NEW MATERIAL**

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

##### **Family Planning Manual**

Pages vi, 6-13, and 6-14

#### **OBSOLETE MATERIAL**

(The pages listed here are no longer in effect.)

##### **Family Planning Manual**

Pages vi, 6-13, and 6-14 — transmitted by Transmittal Letter FPA-45

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>	<b>Subchapter Number and Title</b> Table of Contents	<b>Page</b> vi
	<b>Transmittal Letter</b> FPA-46	<b>Date</b> 07/01/12
Family Planning Agency Manual		

6. Service Codes and Descriptions

Definitions .....	6-1
Service Codes and Descriptions: Visits.....	6-1
Service Codes and Descriptions: Contraceptive Supplies and Drugs.....	6-3
Service Codes and Descriptions: Medical and Surgery Procedures .....	6-4
Service Codes and Descriptions: Laboratory Services.....	6-5
Modifiers for Provider Preventable Conditions That Are National Coverage Determinations .....	6-14
Appendix A. Directory .....	A-1
Appendix B. Enrollment Centers .....	B-1
Appendix C. Third-Party-Liability Codes.....	C-1
Appendix U. DPH-Designated Serious Reportable Events That Are Not Provider Preventable Conditions .....	U-1
Appendix V. MassHealth Billing Instructions for Provider Preventable Conditions .....	V-1
Appendix W. EPSDT Services: Medical and Dental Protocols and Periodicity Schedules.....	W-1
Appendix X. Family Assistance Copayments and Deductibles .....	X-1
Appendix Y. EVS Codes/Messages .....	Y-1
Appendix Z. EPSDT/PPHSD Screening Services Codes .....	Z-1

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>	<b>Subchapter Number and Title</b> 6. Service Codes and Descriptions	<b>Page</b> 6-13
	<b>Transmittal Letter</b> FPA-46	<b>Date</b> 07/01/12
Family Planning Agency Manual		

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

Service

Code      Service Description

- 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.)
- 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

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>  Family Planning Agency Manual	<b>Subchapter Number and Title</b> 6. Service Codes and Descriptions	<b>Page</b> 6-14
	<b>Transmittal Letter</b> FPA-46	<b>Date</b> 07/01/12

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

Service

Code      Service Description

**OTHER PROCEDURES**

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

606 Modifiers for Provider Preventable Conditions That Are National Coverage Determinations

PA    Surgical or other invasive procedure on wrong body part

PB    Surgical or other invasive procedure on wrong patient

PC    Wrong surgery or other invasive procedure on patient

For more information on the use of these modifiers, see Appendix V of your provider manual.

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 Physician's Current Procedural Terminology (CPT) code book.