



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



MassHealth
Transmittal Letter FPA-49
June 2013

TO: Family Planning Agencies Participating in MassHealth
FROM: Julian J. Harris, M.D., Medicaid Director
RE: *Family Planning Agency Manual* (2013 HCPCS)

This letter transmits revisions to the service codes in the *Family Planning Agency Manual*. The Centers for Medicare & Medicaid Services (CMS) have revised the Healthcare Common Procedure Coding System (HCPCS) codes for 2013. For dates of service on or after January 1, 2013, you must use the new codes in order to obtain reimbursement.

If you wish to obtain a fee schedule, you may download the Executive Office of Health and Human Services regulations at no cost at www.mass.gov/eohhs. The regulation title for Family Planning Services is 114.3 CMR 12.00.

Additional Service Codes for Utilization Management and Billing Accuracy

The following Evaluation and Management service codes have been added.

- 99204
- 99212
- 99214
- 99396

The following IUD service codes have been added and should be used when billing for the brand of device specified in parentheses.

- J7300 Intrauterine copper contraceptive (use for Paraguard)
- J7302 Levonorgestrel-releasing intrauterine contraceptive system, 52 mg (use for Mirena)

The following service codes should be used in conjunction with billing for the devices specified above.

- 58300 Insertion of intrauterine device (IUD)
- 58301 Removal of intrauterine device (IUD)

MassHealth Website

This transmittal letter and attached pages are available on the MassHealth website 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(The pages listed here are no longer in effect.)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

Page vi — transmitted by Transmittal Letter PFA-46

Pages 6-1, 6-2, and 6-5 through 6-12 — transmitted by Transmittal Letter FPA-44

Pages 6-3 and 6-4 — transmitted by Transmittal Letter FPA-47

Pages 6-13 and 6-14 — transmitted by Transmittal Letter FPA-48

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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; and
 - 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
- 99204 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 moderate 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

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602 Service Codes and Descriptions: Visits (cont.)

Service

Code Service Description

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 or other qualified health-care professional. Usually the presenting problem(s) are minimal. Typically, five minutes are spent performing and supervising these services (minimal service)
- 99212 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 problem-focused history;
 - a problem-focused examination;
 - straightforward medical decision making
- 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)
- 99214 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 detailed history;
 - a detailed examination;
 - medical decision making of moderate complexity
- 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 laboratory/diagnostic procedures, new patient; adolescent (age 12 through 17 years)
- 99385 18-39 years
- 99386 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 laboratory/diagnostic procedures, established patient; adolescent (age 12 through 17 years)
- 99395 18-39 years
- 99396 40-64 years

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603 Service Codes and Descriptions: Contraceptive Supplies and Drugs

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)
- 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)
- J3490-FP Unclassified drugs (Use for medications and injectibles related to family planning services, with the exception of (a) Rh_o(D) human immune globulin; and (b) contraceptive injectables such as Depo-Provera, items for which MassHealth will pay the provider's cost.) (I.C.)
- J7300 Intrauterine copper contraceptive (use for Paraguard)
- J7302 Levonorgestrel-releasing intrauterine contraceptive system, 52 mg (use for Mirena)
- 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 11981 or 11983)
- 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.)
- 90650 Human Papilloma virus (HPV) vaccine, types 16, 18, bivalent, three-dose schedule, for intramuscular use

604 Service Codes and Descriptions: Medical and Surgery Procedures

Service

Code Service Description

- 11976 Removal, implantable contraceptive capsules (S.P.)
- 11981 Insertion, non-biodegradable drug delivery implant
- 11983 Removal with reinsertion, nonbiodegradable drug delivery implant
- 19100 Biopsy of breast; percutaneous, needle core, not using imaging guidance (separate procedure)
- 49082 Adominal paracentesis (diagnostic or therapeutic); without imaging guidance
- 49083 with imaging guidance
- 49084 Peritoneal lavage, including imaging guidance, when performed
- 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)

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

Service

Code Service Description

- 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) of vagina/cervix
- 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 of cervix, 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)
- 58300 Insertion of intrauterine device (IUD)
- 58301 Removal of intrauterine device (IUD)
- 58340 Catherization and introduction of saline or contrast material for saline infusion sonohysterography (SIS) or hysterosalpingography
- 58565 Hysteroscopy, surgical; with sampling (biopsy) of endometrium and/or polypectomy, with bilateral fallopian tube cannulation to induce occlusion by placement of permanent implants

605 Service Codes and Descriptions: Laboratory Services

Service

Code Service Description

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.

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

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).)
- 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, plasma, or whole blood
- 82247 Bilirubin; total
- 82248 direct
- 82270 Blood, occult; by peroxidase activity (e.g., guaiac), qualitative; feces, consecutive collected specimens with single determination, for colorectal neoplasm screening (i.e., patient was provided three cards or single triple card for consecutive collection)
- 82310 Calcium; total
- 82465 Cholesterol, serum or whole blood, total

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Service

<u>Code</u>	<u>Service Description</u>
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	glycosylated (A1C)
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
84132	Potassium; serum, plasma, or whole blood
84144	Progesterone
84146	Prolactin
84155	Protein, total, except by refractometry; serum, plasma, or whole blood
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)

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Service

<u>Code</u>	<u>Service Description</u>
84295	Sodium; serum, plasma, or whole blood
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)
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, Scl70, J01), each antibody
86280	Hemagglutination inhibition test (HAI)
86308	Heterophile antibodies; screening
86309	titer

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

Service

Code Service Description

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, nontreponemal 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 nonspecific 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.

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, nonspecific 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 result
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 rubella

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

Service

Code Service Description

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, 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 each isolate, 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 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

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

Service

Code Service Description

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
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
87389	HIV-1 antigen(s), with HIV-1 and HIV-2 antibodies, single result
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, reverse transcription and amplified probe technique
87522	hepatitis C, reverse transcription and 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, reverse transcription and amplified probe technique
87536	HIV-1, reverse transcription and quantification
87537	HIV-2, direct probe technique
87538	HIV-2, reverse transcription and amplified probe technique
87539	HIV-2, reverse transcription and 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

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Service

<u>Code</u>	<u>Service Description</u>
87622	papillomavirus, human, quantification
87631	respiratory virus (e.g., adenovirus, influenza virus, coronavirus, metapneumovirus, parainfluenza virus, respiratory syncytial virus, rhinovirus), multiplex reverse transcription and amplified probe technique, multiple types or subtypes, 3-5 targets
87632	respiratory virus (e.g., adenovirus, influenza virus, coronavirus, metapneumovirus, parainfluenza virus, respiratory syncytial virus, rhinovirus), multiplex reverse transcription and amplified probe technique, multiple types or subtypes, 6-11 targets
87633	respiratory virus (e.g., adenovirus, influenza virus, coronavirus, metapneumovirus, parainfluenza virus, respiratory syncytial virus, rhinovirus), multiplex reverse transcription and amplified probe technique, multiple types or subtypes, 12-25 targets
87810	Infectious agent antigen detection by immunoassay with direct optical observation; Chlamydia trachomatis
87850	Neisseria gonorrhoeae
87910	Infectious agent genotype analysis by nucleic acid (DNA or RNA); cytomegalovirus
87912	Hepatitis B virus

ANATOMIC PATHOLOGY

CYTOPATHOLOGY

88104	Cytopathology, fluids, washings or brushings, except cervical or vaginal; smears with interpretation
88106	simple filter method 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, and 88174-88175 are used to report cervical or vaginal screening by various methods and to report physician interpretation services. Use codes 88150-88154 to report conventional Pap smears that are examined using non-Bethesda reporting. Use codes 88164-88167 to report conventional Pap smears that are examined using the Bethesda System of reporting. Use codes 88142-88143 to report liquid-based specimens processed as thin-layer preparations 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. Manual rescreening requires a complete visual assessment of the entire slide initially screened by either an automated or manual process. Manual review represents as assessment of selected cells or regions of a slide identified by initial automated review.

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

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88143 with manual screening and rescreening under physician supervision
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 five 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

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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

The following service code modifiers are allowed for billing under MassHealth.

- 24 Unrelated evaluation and management service by the same physician or other qualified health care professional during a postoperative period
- 59 Distinct procedural service
- LT Left side (used to identify procedures performed on the left side of the body)
- RT Right side (used to identify procedures performed on the right side of the body)

The following modifiers are for Provider Preventable Conditions (PPCs) 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.

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