



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](http://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](http://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](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 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(The pages listed here are no longer in effect.)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

<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-49	<b>Date</b> 01/01/13
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 .....	6-13
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>  Family Planning Agency Manual	<b>Subchapter Number and Title</b> 6. Service Codes and Descriptions	<b>Page</b> 6-1
	<b>Transmittal Letter</b> FPA-49	<b>Date</b> 01/01/13

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

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>	<b>Subchapter Number and Title</b> 6. Service Codes and Descriptions	<b>Page</b> 6-2
	<b>Transmittal Letter</b> FPA-49	<b>Date</b> 01/01/13
Family Planning Agency Manual		

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

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>	<b>Subchapter Number and Title</b> 6. Service Codes and Descriptions	<b>Page</b> 6-3
	<b>Transmittal Letter</b> FPA-49	<b>Date</b> 01/01/13

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<sub>o</sub>(D) human immune globulin; and (b) contraceptive injectables such as Depo-Provera, items for which MassHealth will pay the provider's cost.) (I.C.)
- 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)

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>	<b>Subchapter Number and Title</b> 6. Service Codes and Descriptions	<b>Page</b> 6-4
	<b>Transmittal Letter</b> FPA-49	<b>Date</b> 01/01/13

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      Catheterization 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.

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>	<b>Subchapter Number and Title</b> 6. Service Codes and Descriptions	<b>Page</b> 6-5
	<b>Transmittal Letter</b> FPA-49	<b>Date</b> 01/01/13

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

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>	<b>Subchapter Number and Title</b> 6. Service Codes and Descriptions	<b>Page</b> 6-6
	<b>Transmittal Letter</b> FPA-49	<b>Date</b> 01/01/13

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

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)

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>	<b>Subchapter Number and Title</b> 6. Service Codes and Descriptions	<b>Page</b> 6-7
	<b>Transmittal Letter</b> FPA-49	<b>Date</b> 01/01/13

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

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

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>	<b>Subchapter Number and Title</b> 6. Service Codes and Descriptions	<b>Page</b> 6-8
	<b>Transmittal Letter</b> FPA-49	<b>Date</b> 01/01/13

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

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>	<b>Subchapter Number and Title</b> 6. Service Codes and Descriptions	<b>Page</b> 6-9
	<b>Transmittal Letter</b> FPA-49	<b>Date</b> 01/01/13

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

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>	<b>Subchapter Number and Title</b> 6. Service Codes and Descriptions	<b>Page</b> 6-10
	<b>Transmittal Letter</b> FPA-49	<b>Date</b> 01/01/13
Family Planning Agency Manual		

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

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>	<b>Subchapter Number and Title</b> 6. Service Codes and Descriptions	<b>Page</b> 6-11
	<b>Transmittal Letter</b> FPA-49	<b>Date</b> 01/01/13
Family Planning Agency Manual		

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

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

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>	<b>Subchapter Number and Title</b> 6. Service Codes and Descriptions	<b>Page</b> 6-12
	<b>Transmittal Letter</b> FPA-49	<b>Date</b> 01/01/13
Family Planning Agency Manual		

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

<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> 6-13
	<b>Transmittal Letter</b> FPA-49	<b>Date</b> 01/01/13

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.

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.

<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-49	<b>Date</b> 01/01/13

This page is reserved.