

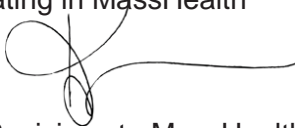


**Commonwealth of Massachusetts**  
**Executive Office of Health and Human Services**  
**Office of Medicaid**  
*www.mass.gov/masshealth*



MassHealth  
Transmittal Letter FPA-50  
December 2013

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

**FROM:** Kristin L. Thorn, Medicaid Director 

**RE:** *Family Planning Agency Manual* (Revisions to MassHealth Regulations-Affordable Care Act)

This letter transmits revised regulations and an updated Subchapter 6 of the *Family Planning Manual*.

The revised regulations and Subchapter 6 implement a change in coverage for the diagnosis of infertility. This change was prompted by requirements of the Affordable Care Act regarding coverage of Essential Health Benefits.

These regulations are effective January 1, 2014. The revised Subchapter 6 is effective for dates of service on or after January 1, 2014.

### **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 Agency Manual**

Pages 4-7, 4-8, and 6-1 through 6-14

### **OBSOLETE MATERIAL**

(The pages listed here are no longer in effect.)

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

Pages 4-7 and 4-8 — transmitted by Transmittal Letter FPA-39

Pages 6-1 through 6-14 — transmitted by Transmittal Letter FPA-49

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| <b>Commonwealth of Massachusetts<br/>MassHealth<br/>Provider Manual Series</b><br><br>Family Planning Manual | <b>Subchapter Number and Title</b><br>4. Program Regulations<br>(130 CMR 421.000) | <b>Page</b><br>4-7      |
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421.417: Noncovered Services

The MassHealth agency does not pay for the treatment of male or female infertility, including, but not limited to, laboratory tests, drugs, and procedures associated with such treatment; however, MassHealth does pay for the diagnosis of male or female infertility.

(130 CMR 421.418 through 421.420 Reserved)

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421.421: Coordination of Services

When a family planning agency is located in a community health center, a hospital, or another primary-care setting, the agency must demonstrate that family planning services are coordinated with and integrated into other services delivered on site. Such coordination includes at a minimum:

- (A) either one central medical record for each member in which all medical and health-care services are recorded, or a mechanism for transferring relevant information to medical records to ensure continuity of care;
- (B) avoidance of duplication of medical examinations and laboratory tests; and
- (C) in-house referrals, as appropriate.

421.422: Emergency Backup

A family planning agency must have provisions for 24-hour emergency backup. Each member must be given the emergency telephone number in writing at the time of initiation of services. The telephone number must also be displayed prominently in the family planning agency.

421.423: Recordkeeping Requirements

- (A) Payment for any service listed in 130 CMR 421.000 is conditioned upon its full and complete documentation in the member's medical record. A family planning agency must maintain a record of all medical and contraceptive services provided to a member for at least six years following the date of service. Every member visit or telephone call with the staff must be recorded. The documentation must include the reason for each visit or telephone call and any action taken.
- (B) The medical record must contain, but is not limited to, the following information:
  - (1) the member's name, address, telephone number, date of birth, and MassHealth identification number;
  - (2) the date of service;
  - (3) the name, title, and signature of the person performing the service or making the contact;
  - (4) the type of visit (for example, annual or routine);
  - (5) medical history and history update;
  - (6) pertinent findings on examination;
  - (7) laboratory tests and results;
  - (8) abnormal findings and follow-up treatment;
  - (9) drugs administered or prescribed, including strength, dosage, route, regimen, and number of refills;
  - (10) drugs dispensed, including strength, dosage, route, regimen, and number of units;
  - (11) the contraceptive method used and any special instructions;
  - (12) a summary of counseling; and
  - (13) plans for follow-up.
- (C) Basic information collected during previous visits with the member (for example, identifying data or medical history) does not need to be repeated in the medical record for subsequent visits as long as the entire medical record reflects continuity of care.

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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 injectables 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)

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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      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.

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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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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) |

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

Service

Code      Service Description

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, Sc170, 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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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 |
| 88143 | with manual screening and rescreening under physician supervision  |

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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 rescreeing under physician supervision
- 88150      Cytopathology, slides, cervical or vaginal; manual screening under physician supervision
- 88152      with manual screening and computer-assisted rescreeing under physician supervision
- 88153      with manual screening and rescreeing under physician supervision
- 88154      with manual screening and computer-assisted rescreeing 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 rescreeing under physician supervision
- 88166      with manual screening and computer-assisted rescreeing under physician supervision
- 86167      with manual screening and computer-assisted rescreeing 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

**REPRODUCTIVE MEDICINE PROCEDURES**

89300      Semen analysis; presence and/or motility of sperm including Huhner test (post coital)  
89310              motility and count (not including Huhner test)  
89320              volume, count, motility, and differential  
G0027      Semen analysis; presence and/or motility of sperm excluding Huhner

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.



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