




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



MassHealth
Transmittal Letter FPA-53
May 2016

TO: Family Planning Agencies (FPA) Participating in MassHealth
FROM: Daniel Tsai, Assistant Secretary for MassHealth 
RE: *Family Planning Agency Manual* (2016 HCPCS Codes)

This letter transmits revisions to the service codes in, and reflects certain technical corrections to, Subchapter 6 of the *Family Planning Agency Manual*. The Centers for Medicare & Medicaid Services (CMS) has revised the Healthcare Common Procedure Coding System (HCPCS) codes for 2016. The revised Subchapter 6 is effective for dates of service on or after January 1, 2016.

Providers must refer to the American Medical Association's *Current Procedural Terminology (CPT) 2016* codebook for the service descriptions listed in Subchapter 6 of the *Family Planning Agency Manual*.

Fee Schedule

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 Agency Services is 101 CMR 312.00.

MassHealth Website

This transmittal letter and attached pages also are available on the MassHealth website at www.mass.gov/eohhs/gov/laws-regs/masshealth/provider-library/.

Questions

If you have any questions about this transmittal letter, please contact the MassHealth Customer Service Center 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(The pages listed here are no longer in effect.)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 FPA-51

Pages 6-1 through 6-14 — transmitted by Transmittal Letter FPA-52

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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 (PA) for any medically necessary service reimbursable under the federal Medicaid Act, in accordance with 130 CMR 450.144, 42 U.S.C. 1396d(a) and 42 U.S.C. 1396d(r)(5) for a MassHealth Standard or 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 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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Service

Code Service Description

Established Patient

- 99211 Office or other outpatient visit for the evaluation and management of an established patient, which 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 or 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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Code Service Description

Preventive Medicine, Individual Counseling

- 99401 Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 15 minutes
- 99402 approximately 30 minutes (HIV pre- and post-test counseling only; two visits per day; maximum eight visits per year)

603 Contraceptive Supplies and Drugs

- 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 (I.C.)
- 90651 Vaccine for human papilloma virus (3 dose schedule) injection into muscle
- 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)
- J1050 Injection, medroxyprogesterone acetate, 1 mg (I.C.)
- J3490-FP Unclassified drugs (Use for medications and injectables related to family planning services, with the exception of (a) Rh₀(D) human immune globulin; and (b) contraceptive injectables such as Depo-Provera, items for which MassHealth will pay the provider's cost.) (I.C.)
- J7297 Levonorgestrel-releasing intrauterine contraceptive system, 52 mg, 3 year duration (I.C.)
- J7298 Levonorgestrel-releasing intrauterine contraceptive system, 52 mg, 5 year duration (I.C.)
- J7300 Intrauterine copper contraceptive (use for Paragard) (I.C.)
- J7301 Levonorgestrel-releasing intrauterine contraceptive system (Skyla), 13.5 mg (I.C.)
- J7303 Contraceptive supply, hormone-containing vaginal ring, each (I.C.)
- J7304 Contraceptive supply, hormone-containing patch, each (I.C.)
- J7307 Etonogestrel (contraceptive) implant system, including implant and supplies (must be billed with either 11981 or 11983) (I.C.)
- S0190 Mifepristone, oral, 200 mg (I.C.)
- S0191 Misoprostol, oral, 200 mcg (I.C.)
- S0199 Medically induced abortion by oral ingestion of medication including all associated services and supplies (e.g., patient counseling, office visits, confirmation of pregnancy by HCG, ultrasound to confirm duration of pregnancy, ultrasound to confirm completion of abortion) except drugs.
- S4989 Contraceptive intrauterine device (e.g., Progestacert IUD), including implants and supplies (I.C.)
- S4993 Contraceptive pills for birth control

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604 Medical and Surgery Procedures

Service

<u>Code</u>	<u>Service Description</u>
11976	Removal, implantable contraceptive capsules (S.P.)
11981	Insertion, non-biodegradable drug delivery implant
11982	Removal, non-biodegradable drug delivery implant
11983	Removal with reinsertion, non-biodegradable drug delivery implant
19100	Biopsy of breast; percutaneous, needle core, not using imaging guidance (separate procedure)
49082	Abdominal paracentesis (diagnostic or therapeutic); without imaging guidance
49083	with imaging guidance
49084	Peritoneal lavage, including imaging guidance, when performed
54050	Destruction of lesions(s), penis (e.g., condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; chemical
55250	Vasectomy, unilateral or bilateral (separate procedure), including postoperative semen examination(s) (Consent for Sterilization form CS-18 or CS-21 required)
55450	Ligation (percutaneous) of vas deferens, unilateral or bilateral (separate procedure) (Consent for Sterilization Form CS-18 or CS-21 required)
56420	Incision and drainage of Bartholin's gland abscess
56501	Destruction of lesion(s), vulva; simple (e.g., laser surgery, electrosurgery, cryosurgery, chemosurgery)
56605	Biopsy of vulva or perineum (separate procedure); one lesion
57061	Destruction of vaginal lesion(s); simple (e.g., laser surgery, electrosurgery, cryosurgery, chemosurgery)
57100	Biopsy of vaginal mucosa; simple (separate procedure)
57420	Colposcopy of the entire vagina, with cervix if present
57421	with biopsy(ies) 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 bilateral fallopian tube cannulation to induce occlusion by placement of permanent implants (Consent for Sterilization form CS-18 or CS-21 required.)

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605 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.

- 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).)
- 80081 Blood test panel for obstetrics (cbc, differential wbc count, hepatitis b, hiv, rubella, syphilis, antibody screening, rbc, blood typing)

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.

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Service

<u>Code</u>	<u>Service Description</u>
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
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

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Service

<u>Code</u>	<u>Service Description</u>
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)
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

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Service

Code Service Description

IMMUNOLOGY

86038	Antinuclear antibodies (ANA)
86171	Complement fixation tests, each antigen
86235	Extractable nuclear antigen, antibody to, any method (e.g., nRNP, SS-A, SS-B, Sm, RNP, Sc170, J01), each antibody
86280	Hemagglutination inhibition test (HAI)
86308	Heterophile antibodies; screening
86309	titer
86310	titers after absorption with beef cells and guinea pig kidney
86317	Immunoassay for infectious agent antibody, quantitative, not otherwise specified
86318	Immunoassay for infectious agent antibody, qualitative or semiquantitative, single step method (e.g., reagent strip)
86592	Syphilis test, nontreponemal antibody; qualitative (e.g., VDRL, RPR, ART)
86593	quantitative

The following codes (86628–86804) are qualitative or semi-quantitative 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, 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 or for antibodies of different immunoglobulin classes, each assay should be separately coded. 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

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Service

Code Service Description

86706 Hepatitis B surface antibody (HBsAb)
86707 Hepatitis Be antibody (HBeAb)
86708 Hepatitis A antibody (HAAb); total
86709 IgM antibody
86762 Antibody; rubella
86780 Treponema pallidum
86803 Hepatitis C antibody
86804 confirmatory test (e.g., immunoblot)

TRANSFUSION MEDICINE

86850 Antibody screen, RBC, each serum technique
86900 Blood typing, serologic; ABO
86901 Rh (D) (I.C.)
86906 Rh phenotyping, complete

MICROBIOLOGY

87070 Culture, bacterial; any other source except urine, blood, or stool, aerobic, with isolation and presumptive identification of isolates
87075 any source, except blood, anaerobic with isolation and presumptive identification of isolates
87081 Culture, presumptive, pathogenic organisms, screening only
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

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Service

Code Service Description

87253 tissue culture, additional studies or definitive identification (e.g., hemabsorption, neutralization, immunofluorescence stain), each isolate

Infectious agents by antigen detection, immunofluorescence microscopy, or nucleic acid probe techniques should be reported as precisely as possible. The most specific code possible should be reported. For identification of antibodies to many of the listed infectious agents, see 86602-86804.

- 87270 Infectious agent antigen detection by immunofluorescent technique; chlamydia trachomatis
- 87273 Herpes simplex virus type 2
- 87274 Herpes simplex virus type 1
- 87285 Treponema 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, amplified probe technique, includes reverse transcription when performed
- 87522 hepatitis C, quantification, includes reverse transcription when performed
- 87528 Herpes simplex virus, direct probe technique
- 87529 Herpes simplex virus, amplified probe technique
- 87530 Herpes simplex virus, quantification
- 87534 HIV-1, direct probe technique
- 87535 HIV-1, amplified probe technique, includes reverse transcription when performed
- 87536 HIV-1, quantification, includes reverse transcription when performed
- 87537 HIV-2, direct probe technique
- 87538 HIV-2, amplified probe technique, includes reverse transcription when performed
- 87539 HIV-2, quantification, includes reverse transcription when performed
- 87590 Neisseria gonorrhoeae, direct probe technique
- 87591 Neisseria gonorrhoeae, amplified probe technique

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Service

Code Service Description

87592	Neisseria gonorrhoeae, quantification
87623	Human Papillomavirus (HPV), low-risk types (e.g., 6, 11, 42, 43, 44)
87624	Human Papillomavirus (HPV), high-risk types (e.g., 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 68)
87625	Human Papillomavirus (HPV), types 16 and 18 only, includes 45, if performed
87631	respiratory virus (e.g., adenovirus, influenza virus, coronavirus, metapneumovirus, parainfluenza virus, respiratory syncytial virus, rhinovirus), includes multiplex reverse transcription, when performed, and multiplex 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), includes multiplex reverse transcription, when performed, and multiplex 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), includes multiplex reverse transcription, when performed, and multiplex amplified probe technique, multiple types or subtypes, 12-25 targets
87806	HIV-1 antigen(s), with HIV-1 and HIV-2 antibodies
87808	Trichomonas vaginalis
87810	Infectious agent antigen detection by immunoassay with direct optical observation; Chlamydia trachomatis
87850	Neisseria gonorrhoeae
87905	Infectious agent enzymatic activity other than virus (e.g., sialidase activity in vaginal fluid)
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). Use codes 88174 and 88175 to report automated screening of liquid based specimens that are examined using any system of reporting (Bethesda or non-Bethesda).

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605 Laboratory Services (cont.)

Service

Code Service Description

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
- 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

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605 Laboratory Services (cont.)

SURGICAL PATHOLOGY

Codes 88300 through 88309 are further clarified in the *Current Procedural Terminology* (CPT) codebook.

Service

Code Service Description

88300 Level I - Surgical pathology, gross examination only
 88302 Level II - Surgical pathology, gross and microscopic examination
 88304 Level III - Surgical pathology, gross and microscopic examination
 88305 Level IV - Surgical pathology, gross and microscopic examination
 88307 Level V - Surgical pathology, gross and microscopic examination
 88309 Level VI - Surgical pathology, gross and microscopic examination

OTHER PROCEDURES

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

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.

Modifier Description

24 Unrelated evaluation and management service by the same physician or other qualified health care professional during a postoperative period
 25 Significant, separately identifiable evaluation and management service by the same physician or other qualified health care professional on the same day of the procedure or other service
 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)

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606 Modifiers

The following modifiers are for Provider Preventable Conditions (PPCs) that are National Coverage Determinations.

Modifier Description

- 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 *Current Procedural Terminology* (CPT) codebook.