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

MassHealth

Transmittal Letter FPA-57

July 2020

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

 **FROM:** Amanda Cassel Kraft, Acting Medicaid Director [Signature of Amanda Cassel Kraft]

 **RE:** *Family Planning Agency* *Manual* Subchapter 6 (Specimen Collection for COVID-19)

**Updates to Subchapter 6**

This letter transmits a revision to Subchapter 6 in the *Family Planning Agency Manual.* The Centers for Medicare & Medicaid Services (CMS) has revised the Healthcare Common Procedures Coding System (HCPCS) for 2020. MassHealth has updated Subchapter 6 to add two HCPCS codes below for clinical laboratory services specimen collection for the 2019 novel Coronavirus Disease (COVID-19). Providers will be able to bill MassHealth for the codes G2023 and G2024 **beginning April 1, 2020, for dates of service on or after March 12, 2020**.

MassHealth providers must refer to the American Medical Association’s 2020 *Current Procedural Terminology* (CPT) codebook or the *Healthcare Common Procedure Coding System (HCPCS) Level II* codebook for service descriptions of the codes listed in Subchapter 6 of the *Family Planning Agency Manual.*

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/service-details/eohhs-regulations](https://www.mass.gov/service-details/eohhs-regulations). The regulation title for Clinical Laboratory Services is 101 CMR 320.00; for Medicine, 101 CMR 317.00; and for Surgery and Anesthesia, 101 CMR 316.00.

**COVID-19 HCPCS Code Additions:**

|  |  |
| --- | --- |
| HCPCS/CPT Codes | Description |
| G2023 | specimen collection for severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), any specimen source |
| G2024 | specimen collection for severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), from an individual in a SNF or by a laboratory on behalf of a HHA, any specimen source |

MassHealth

Transmittal Letter FPA-57

July 2020

Page 2 of 2

**MassHealth Website**

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

To sign up to receive email alerts when MassHealth issues new transmittal letters and provider bulletins, send a blank email to join-masshealth-provider-pubs@listserv.state.ma.us. No text in the body or subject line is needed.

**Questions**

If you have any questions about this transmittal letter, please contact the MassHealth Customer Service Center at (800) 841-2900, email 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 6-1 to 6-16

OBSOLETE MATERIAL

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

Family Planning Agency Manual

Pages 6-1 to 6-16 — transmitted by Transmittal Letter FPA-56

|  |  |  |
| --- | --- | --- |
| **Commonwealth of Massachusetts****MassHealth****Provider Manual Series** | **Subchapter Number and Title**6. Service Codes and Descriptions | **Page**6-1 |
| Family Planning Agency Manual | **Transmittal Letter**FPA-57 | **Date**04/01/20 |

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 3 years.

(B) Established Patient–a patient who has received professional services from the provider within the past 3 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 3 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 3 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 3 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 3 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 3 key components:

- a comprehensive history;

- a comprehensive examination; and

- medical decision making of high complexity

|  |  |  |
| --- | --- | --- |
| **Commonwealth of Massachusetts****MassHealth****Provider Manual Series** | **Subchapter Number and Title**6. Service Codes and Descriptions | **Page**6-2 |
| Family Planning Agency Manual | **Transmittal Letter**FPA-57 | **Date**04/01/20 |

602 Visits (cont.)

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, 5 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 2 of these 3 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 2 of these 3 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 2 of these 3 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 2 of these 3 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

|  |  |  |
| --- | --- | --- |
| **Commonwealth of Massachusetts****MassHealth****Provider Manual Series** | **Subchapter Number and Title**6. Service Codes and Descriptions | **Page**6-3 |
| Family Planning Agency Manual | **Transmittal Letter**FPA-57 | **Date**04/01/20 |

602 Visits (cont.)

Service

Code Service Description

**Preventive Medicine, Individual Counseling**

99401 Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure (S.P.)); approximately 15 minutes

99402 approximately 30 minutes (HIV pre- and post-test counseling only; 2 visits per day; maximum eight visits per year)

99406 Smoking and tobacco use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes

99408 Alcohol and/or substance (other than tobacco) abuse structured screening (eg, AUDIT, DAST), and brief intervention (SBI) services; 15 to 30 minutes

603 Contraceptive Supplies and Drugs

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 (eg, 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) Rho(D) human immune globulin; and (b) contraceptive injectables such as Depo-Provera, items for which MassHealth will pay the provider’s cost.) (I.C.)

J7296 Levonorgestrel-releasing intrauterine contraceptive system, (Kyleena), 19.5 mg

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 (eg, 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 (eg, Progestacert IUD), including implants and supplies (I.C.)

S4993 Contraceptive pills for birth control

|  |  |  |
| --- | --- | --- |
| **Commonwealth of Massachusetts****MassHealth****Provider Manual Series** | **Subchapter Number and Title**6. Service Codes and Descriptions | **Page**6-4 |
| Family Planning Agency Manual | **Transmittal Letter**FPA-57 | **Date**04/01/20 |

604 Medical and Surgery Procedures

Service

Code Service Description

11976 Removal, implantable contraceptive capsules (S.P.) (Can be billed with all implantable contraceptive systems, eg, Nexplanon)

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 (S.P.)

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 (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; chemical

55250 Vasectomy, unilateral or bilateral (S.P.), including postoperative semen examination(s) (Consent for Sterilization form CS-18 or CS-21 required)

56420 Incision and drainage of Bartholin’s gland abscess

56440 Marsupialization of Bartholin’s gland cyst

56501 Destruction of lesion(s), vulva; simple (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)

56605 Biopsy of vulva or perineum (S.P.); 1 lesion

57061 Destruction of vaginal lesion(s); simple (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)

57100 Biopsy of vaginal mucosa; simple (S.P.)

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 (S.P.)

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

57800 Dilation of cervical canal, instrumental (S.P.)

58100 Endometrial sampling (biopsy) with or without endocervical sampling (biopsy), without cervical dilation, any method (S.P.)

|  |  |  |
| --- | --- | --- |
| **Commonwealth of Massachusetts****MassHealth****Provider Manual Series** | **Subchapter Number and Title**6. Service Codes and Descriptions | **Page**6-5 |
| Family Planning Agency Manual | **Transmittal Letter**FPA-57 | **Date**04/01/20 |

604 Medical and Surgery Procedures (cont.)

Service

Code Service Description

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

58555 Hysteroscopy, diagnostic (S.P.)

58562 Hysteroscopy, surgical; with sampling (biopsy) of endometrium and/or polypectomy, with or without D&C with removal of impacted foreign body

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.)

605 Radiology/Diagnostic Ultrasound Procedures

76817 Ultrasound, pregnant uterus, real time with image documentation, transvaginal

76830 Ultrasound, transvaginal (For obstetrical transvaginal ultrasound, use 76817)

76857 Ultrasound, pelvic (nonobstetrical), real time with image documentation; limited or follow-up (eg, for follicles)

606 Medicine

90471 Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); 1 vaccine (single or combination vaccine/toxoid)

90651 Human Papillomavirus vaccine types 6, 11, 16, 18, 31, 33, 45, 52, 58 nonavalent (9vHPV), 2 or 3 dose schedule, for intramuscular use

96127 Brief emotional/behavorial assessment (eg, depression inventory, attention-deficit/hyperactivity disorder [ADHD] scale), with scoring and documentation, per standardized instrument

96372 Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular

J0461 Injection, atropine sulfate, 0.01 mg

J0696 Inection, ceftriaxone sodium, per 250 mg

J2210 Injection, methylergonovine maleate, up to 0.2 mg

607 Laboratory Services

**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.

|  |  |  |
| --- | --- | --- |
| **Commonwealth of Massachusetts****MassHealth****Provider Manual Series** | **Subchapter Number and Title**6. Service Codes and Descriptions | **Page**6-6 |
| Family Planning Agency Manual | **Transmittal Letter**FPA-57 | **Date**04/01/20 |

607 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 (eg, 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 Obstetric panel (includes HIV testing)(This panel must include the following: Blood count, complete (CBC), 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); HIV-1 antigen(s), with HIV-1 and HIV-2 antibodies, single result (87389); antibody, rubella (86762); syphilis test, non-treponemal antibody, qualitative (eg, VDRL, RPR, ART)(86592); antibody screen, RBC, each serum technique (86850); Blood typing, ABO (86900); AND Blood typing Rh (D)(86901).

G2023 Specimen collection for severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), any specimen source

G2024 Specimen collection for severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), from an individual in a SNF or by a laboratory on behalf of a HHA, any specimen source

**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

|  |  |  |
| --- | --- | --- |
| **Commonwealth of Massachusetts****MassHealth****Provider Manual Series** | **Subchapter Number and Title**6. Service Codes and Descriptions | **Page**6-7 |
| Family Planning Agency Manual | **Transmittal Letter**FPA-57 | **Date**04/01/20 |

607 Laboratory Services (cont.)

Service

Code Service Description

**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 (eg, 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 (eg, guaiac), qualitative; feces, consecutive collected specimens with single determination, for colorectal neoplasm screening (ie, patient was provided 3 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), 3 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

|  |  |  |
| --- | --- | --- |
| **Commonwealth of Massachusetts****MassHealth****Provider Manual Series** | **Subchapter Number and Title**6. Service Codes and Descriptions | **Page**6-8 |
| Family Planning Agency Manual | **Transmittal Letter**FPA-57 | **Date**04/01/20 |

607 Laboratory Services (cont.)

Service

Code Service Description

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 (eg, 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 (eg,urine, CSF)

84295 Sodium; serum, plasma or whole blood

84300 urine

84402 Testosterone; free

84403 total

84436 Thyroxine; total

84437 requiring elution (eg, 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)

|  |  |  |
| --- | --- | --- |
| **Commonwealth of Massachusetts****MassHealth****Provider Manual Series** | **Subchapter Number and Title**6. Service Codes and Descriptions | **Page**6-9 |
| Family Planning Agency Manual | **Transmittal Letter**FPA-57 | **Date**04/01/20 |

607 Laboratory Services (cont.)

Service

Code Service Description

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 (eg, 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 (eg, reagent strip)

86592 Syphilis test, nontreponemal antibody; qualitative (eg, 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 (eg, 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 (eg, 86632), the corresponding nonspecific code (eg, 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

|  |  |  |
| --- | --- | --- |
| **Commonwealth of Massachusetts****MassHealth****Provider Manual Series** | **Subchapter Number and Title**6. Service Codes and Descriptions | **Page**6-10 |
| Family Planning Agency Manual | **Transmittal Letter**FPA-57 | **Date**04/01/20 |

607 Laboratory Services (cont.)

Service

Code Service Description

86687 HTLV-I

86688 HTLV-II

86689 HTLV or HIV antibody, confirmatory test (eg, 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 Antibody; rubella

86780 Treponema pallidum

86794 Zika virus IgM

86803 Hepatitis C antibody

86804 confirmatory test (eg, 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

|  |  |  |
| --- | --- | --- |
| **Commonwealth of Massachusetts****MassHealth****Provider Manual Series** | **Subchapter Number and Title**6. Service Codes and Descriptions | **Page**6-11 |
| Family Planning Agency Manual | **Transmittal Letter**FPA-57 | **Date**04/01/20 |

607 Laboratory Services (cont.)

Service

Code Service Description

87164 Dark field examination, any source (eg, 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 (eg, 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 (eg, malaria, coccidia, microsporidia, trypanosomes, herpes viruses)

87210 wet mount for infectious agents (eg, 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 (eg, scabies)

87252 Virus isolation; tissue culture inoculation, observation, and presumptive identification by cytopathic effect

87253 tissue culture, additional studies or definitive identification (eg, hemabsorption, neutralization, immunofluoresence stain), each isolate

87255 Virus isolation; including identification by non-immunologic method, other than by cytopathic effect (eg, virus specific enzymatic activity)

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

|  |  |  |
| --- | --- | --- |
| **Commonwealth of Massachusetts****MassHealth****Provider Manual Series** | **Subchapter Number and Title**6. Service Codes and Descriptions | **Page**6-12 |
| Family Planning Agency Manual | **Transmittal Letter**FPA-57 | **Date**04/01/20 |

607 Laboratory Services (cont.)

Service

Code Service Description

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

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

87592 Neisseria gonorrhoeae, quantification

87623 Human Papillomavirus (HPV), low-risk types (eg, 6, 11, 42, 43, 44)

87624 Human Papillomavirus (HPV), high-risk types (eg, 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 68)

87625 Human Papillomavirus (HPV), types 16 and 18 only, includes type 45, if performed

87631 respiratory virus (eg, 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 (eg, 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 (eg, 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

87662 Zika virus, amplified probe technique

87806 HIV-1 antigen(s), with HIV-1 and HIV-2 antibodies

87808 Trichomonas vaginalis

|  |  |  |
| --- | --- | --- |
| **Commonwealth of Massachusetts****MassHealth****Provider Manual Series** | **Subchapter Number and Title**6. Service Codes and Descriptions | **Page**6-13 |
| Family Planning Agency Manual | **Transmittal Letter**FPA-57 | **Date**04/01/20 |

607 Laboratory Services (cont.)

Service

Code Service Description

87810 Infectious agent antigen detection by immunoassay with direct optical observation; Chlamydia trachomatis

87850 Neisseria gonorrhoeae

87905 Infectious agent enzymatic activity other than virus (eg, 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 (eg, Saccomanno technique)

88112 Cytopathology, selective cellular enhancement technique with interpretation (eg, 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, 88152, and 88153 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).

Within each of these 3 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

|  |  |  |
| --- | --- | --- |
| **Commonwealth of Massachusetts****MassHealth****Provider Manual Series** | **Subchapter Number and Title**6. Service Codes and Descriptions | **Page**6-14 |
| Family Planning Agency Manual | **Transmittal Letter**FPA-57 | **Date**04/01/20 |

607 Laboratory Services (cont.)

Service

Code Service Description

88155 Cytopathology, slides, cervical or vaginal, definitive hormonal evaluation (eg, maturation index, karyopyknotic index, estrogenic index) (List separately in addition to code(s) for other technical and interpretation services)

88160 Cytopathology, smears, any other source; screening and interpretation

88161 preparation, screening and interpretation

88162 extended study involving over 5 slides and/or multiple stains (I.C.)

88164 Cytopathology, slides, cervical or vaginal (the Bethesda System); manual screening under physician supervision

88165 with manual screening and rescreening under physician supervision

88166 with manual screening and computer-assisted rescreening under physician supervision

86167 with manual screening and computer-assisted rescreening using cell selection and review under physician supervision

88199 Unlisted cytopathology procedure (I.C.)

**CYTOGENETIC STUDIES**

88261 Chromosome analysis; count 5 cells, 1 karyotype, with banding

88262 count 15 to 20 cells, 2 karyotypes, with banding

88267 Chromosome analysis, amniotic fluid or chorionic villus, count 15 cells, 1 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)

codebook.

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 (eg, cerebrospinal fluid, joint fluid), except blood

|  |  |  |
| --- | --- | --- |
| **Commonwealth of Massachusetts****MassHealth****Provider Manual Series** | **Subchapter Number and Title**6. Service Codes and Descriptions | **Page**6-15 |
| Family Planning Agency Manual | **Transmittal Letter**FPA-57 | **Date**04/01/20 |

607 Laboratory Services (cont.)

Service

Code Service Description

**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

608 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)

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](http://www.mass.gov/eohhs/docs/masshealth/providermanual/appx-v-all.pdf) 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.

|  |  |  |
| --- | --- | --- |
| **Commonwealth of Massachusetts****MassHealth****Provider Manual Series** | **Subchapter Number and Title**6. Service Codes and Descriptions | **Page**6-16 |
| Family Planning Agency Manual | **Transmittal Letter**FPA-57 | **Date**04/01/20 |

This page is reserved.