




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



MassHealth
 Transmittal Letter FPA 58
 April 2021

TO: Family Planning Agencies Participating in MassHealth
FROM: Daniel Tsai, Assistant Secretary for MassHealth 
RE: *Family Planning Agency Manual* (2021 HCPCS Updates to Subchapter 6)

This letter transmits revisions to the service codes in the *Family Planning Agency Manual*. The Centers for Medicare & Medicaid Services (CMS) has revised the Healthcare Common Procedure Coding System (HCPCS) codes for 2021. For dates of service on or after January 1, 2021, you must use the new codes in order to obtain reimbursement.

If you wish to obtain a fee schedule, you may download the Executive Office of Health and Human Services regulations at no cost at www.mass.gov/service-details/eohhs-regulations. The regulation title for Family Planning Agency Services is 101 CMR 312.00: *Family Planning Services*.

2021 HCPCS Code Updates to Subchapter 6

Deleted Code

99201

Vaccine Codes Added to Subchapter 6

The following vaccine codes have been added to the Subchapter 6 of the *Family Planning Manual*. Participating MassHealth family planning agencies are now able to bill for these codes when clinically appropriate. Codes are effective for dates of service on or after January 1, 2021.

90476	90654	90676	90732
90477	90656	90682	90733
90581	90658	90686	90734
90585	90660	90688	90736
90620	90661	90690	90738
90621	90664	90696	90739
90625	90666	90707	90746
90630	90667	90710	90749
90632	90668	90713	90750
90633	90670	90714	90756
90636	90672	90715	
90651	90673	90716	

The following COVID-19 vaccine codes have been added to the Family Planning Subchapter 6. Participating MassHealth family planning agencies will now be able to bill for these codes, per the effective dates.

Code	Description of Code	Effective for Dates of Service On or After
91300 SL	Pfizer-Biontech Covid-19 Vaccine (SARSCOV2 VAC 30MCG/0.3ML IM)	12/11/2020
0001A	Pfizer-Biontech Covid-19 Vaccine Administration – First Dose (ADM SARSCOV2 30MCG/0.3ML 1ST)	12/11/2020
0002A	Pfizer-Biontech Covid-19 Vaccine Administration – Second Dose (ADM SARSCOV2 30MCG/0.3ML 2ND)	12/11/2020
91301 SL	Moderna Covid-19 Vaccine (SARSCOV2 VAC 100MCG/0.5ML IM)	12/18/2020
0011A	Moderna Covid-19 Vaccine Administration – First Dose (ADM SARSCOV2 100MCG/0.5ML 1ST)	12/18/2020
0012A	Moderna Covid-19 Vaccine Administration – Second Dose (ADM SARSCOV2 100MCG/0.5ML 2ND)	12/18/2020
91303 SL	Janssen Covid-19 Vaccine (SARSCOV2 VAC AD26 0.5 ml IM)	02/27/2021
0031A	Janssen Covid-19 Vaccine Administration (ADM SARSCOV2 VAC AD26 0.5 ml)	02/27/2021

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Questions

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NEW MATERIAL

(The pages listed here contain new or revised language.)

Family Planning Agency Manual

Pages vi and 1-18

OBSOLETE MATERIAL

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

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Page vi — transmitted by Transmittal Letter FPA-51

Pages 1-16 — transmitted by Transmittal Letter FPA-57

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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 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

- 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

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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

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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

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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.)

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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/behavioral 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.

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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

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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

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Service

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

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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, Scl70, 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

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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

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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, immunofluorescence 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

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607 Laboratory Services (cont.)

Service

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

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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

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607 Laboratory Services (cont.)

Service

<u>Code</u>	<u>Service Description</u>
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
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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 Vaccines/Toxoids

Service

Code Service Description

90476 Adenovirus vaccine, type 4, live, for oral use (IC)
 90477 Adenovirus vaccine, type 7, live, for oral use (IC)
 90581 Anthrax vaccine, for subcutaneous or intramuscular use (IC)
 90585 Bacillus Calmette-Guerin vaccine (BCG) for tuberculosis, live, for percutaneous use
 90620 Meningococcal recombinant protein and outer membrane vesicle vaccine, serogroup B
 (MenB-4C), 2 dose schedule, for intramuscular use. (IC)
 90621 Meningococcal recombinant lipoprotein vaccine, serogroup B (MenB-FHbp), 3 dose schedule,
 for intramuscular use. (IC)
 90625 Cholera vaccine, live, adult dosage, 1 dose schedule, for oral use. (IC)
 90630 Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, for intradermal use
 (Covered for members \geq 19; available free of charge through the Massachusetts
 Immunization Program for children younger than 19 years of age) (IC)
 90632 Hepatitis A vaccine (HepA), adult dosage, for intramuscular use (Covered for adults \geq 19;
 available free of charge through the Massachusetts Immunization Program for children
 younger than 19 years of age)
 90633 Hepatitis A vaccine (HepA), pediatric/adolescent dosage-2 dose schedule, for intramuscular
 use (Covered for members \geq 19; available free of charge through the Massachusetts
 Immunization Program for children younger than 19 years of age; IC)
 90636 Hepatitis A and hepatitis B vaccine (HepA-HepB), adult dosage, for intramuscular use
 (Covered for members \geq 19; available free of charge through the Massachusetts
 Immunization Program for children younger than 19 years of age)
 90651 Human Papillomavirus vaccine types 6, 11, 16, 18, 31, 33, 45, 52, 58 nonavalent (9vHPV), 2
 or 3 dose schedule, for intramuscular use (Covered for members aged 19 to 45 years;
 available free of charge through the Massachusetts Immunization Program for children
 younger than 19 years of age; IC)
 90654 Influenza virus vaccine, trivalent (IIV3), split virus, preservative-free, for intradermal use
 (Covered for members \geq 19; available free of charge through the Massachusetts
 Immunization Program for children younger than 19 years of age; IC)
 90656 Influenza virus vaccine, trivalent (IIV3), split virus, preservative free, 0.5 mL dosage, for
 intramuscular use (Covered for members \geq 19; available free of charge through the
 Massachusetts Immunization Program for children younger than 19 years of age; IC)
 90658 Influenza virus vaccine, trivalent (IIV3), split virus, 0.5 mL dosage, for intramuscular use
 (Covered for members \geq 19; available free of charge through the Massachusetts
 Immunization Program for children younger than 19 years of age; IC)

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608 Vaccines/Toxoids (cont.)

Service

Code Service Description

90660	Influenza virus vaccine, trivalent, live (LAIV3), for intranasal use (Covered for members ≥ 19; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age; IC)
90661	Influenza virus vaccine, trivalent (ccIIV3), derived from cell cultures, subunit, preservative and antibiotic free, 0.5 mL dosage, for intramuscular use (Covered for members ≥ 19; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age; IC)
90664	Influenza virus vaccine, live (LAIV), pandemic formulation, for intranasal use (IC)
90666	Influenza virus vaccine (IIV), pandemic formulation, split virus, preservative free, for intramuscular use (IC)
90667	Influenza virus vaccine (IIV), pandemic formulation, split virus, adjuvanted, for intramuscular use (IC)
90668	Influenza virus vaccine (IIV), pandemic formulation, split virus, for intramuscular use (IC)
90670	Pneumococcal conjugate vaccine, 13 valent (PCV13), for intramuscular use (Covered for members ≥ 19; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age)
90672	Influenza virus vaccine, quadrivalent, live (LAIV4), for intranasal use (Covered for members > 19 < 49; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age)
90673	Influenza virus vaccine, trivalent (RIV3), derived from recombinant DNA, hemagglutinin (HA) protein only, preservative and antibiotic free, for intramuscular use (Covered for members ≥ 19; available free of charge through the Massachusetts Immunization Program for children younger than 19 years of age)
90676	Rabies vaccine, for intradermal use (IC)
90682	Influenza virus vaccine, quadrivalent (RIV4), derived from recombinant DNA, hemagglutinin (HA) protein only, preservative and antibiotic free, for intramuscular use (IC)
90686	Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, 0.5 mL dosage, for intramuscular use (IC)
90688	Influenza virus vaccine, quadrivalent (IIV4), split virus, 0.5 mL dosage, for intramuscular use (IC)
90690	Typhoid vaccine, live, oral (IC)
90696	Diphtheria, tetanus toxoids, acellular pertussis vaccine and inactivated poliovirus vaccine (DTaP-IPV), when administered to children 4 through 6 years of age, for intramuscular use (IC)
90707	Measles, mumps and rubella virus vaccine (MMR), live, for subcutaneous use (IC)
90710	Measles, mumps, rubella, and varicella vaccine (MMRV), live, for subcutaneous use (IC)
90713	Poliovirus vaccine, inactivated (IPV), for subcutaneous or intramuscular use (IC)
90714	Tetanus and diphtheria toxoids adsorbed (Td), preservative free, when administered to individuals 7 years or older, for intramuscular use (IC)
90715	Tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap), when administered to individuals 7 years or older, for intramuscular use (IC)
90716	Varicella virus vaccine (VAR), live, for subcutaneous use (IC)
90732	Pneumococcal polysaccharide vaccine, 23-valent (PPSV23), adult or immunosuppressed patient dosage, when administered to individuals 2 years or older, for subcutaneous or intramuscular use (IC)

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608 Vaccines/Toxoids (cont)

Service

<u>Code</u>	<u>Service Description</u>
90733	Meningococcal polysaccharide vaccine, serogroups A, C, Y, W-135, quadrivalent (MPSV4), for subcutaneous use (IC)
90734	Meningococcal conjugate vaccine, serogroups A, C, W, Y, quadrivalent, diphtheria toxoid carrier (MenACWY-D) or CRM197 carrier (MenACWY-CRM), for intramuscular use (IC)
90736	Zoster (shingles) vaccine (HZV), live, for subcutaneous injection (PA is required for members < age 50.) (IC)
90738	Japanese encephalitis virus vaccine, inactivated, for intramuscular use (IC)
90739	Hepatitis B vaccine (HepB), adult dosage, 2 dose schedule, for intramuscular use (IC)
90746	Hepatitis B vaccine (HepB), adult dosage, 3 dose schedule, for intramuscular use (IC)
90749	Unlisted vaccine/toxoid (IC)
90750	Zoster (shingles) vaccine (HZV), recombinant, subunit, adjuvanted, for intramuscular use (PA is required for members < age 50.) (IC)
90756	Influenza virus vaccine, quadrivalent (ccIIV4), derived from cell cultures, subunit, antibiotic free, 0.5mL dosage, for intramuscular use (IC)

The following COVID-19 vaccine codes have been added to this Subchapter 6. Participating MassHealth family planning agencies may bill for these codes, effective for dates of service on or after the dates specified below.

<u>Service Code</u>	<u>Effective Date</u>	<u>Service Description</u>
91300SL	12/11/20	Pfizer-Biontech Covid-19 Vaccine (SARSCOV2 VAC 30MCG/0.3ML IM)
0001A	12/11/20	Pfizer-Biontech Covid-19 Vaccine Administration – First Dose (ADM SARSCOV2 30MCG/0.3ML 1ST)
0002A	12/11/20	Pfizer-Biontech Covid-19 Vaccine Administration – Second Dose (ADM SARSCOV2 30MCG/0.3ML 2ND)
91301SL	12/18/20	Moderna Covid-19 Vaccine (SARSCOV2 VAC 100MCG/0.5ML IM)
0011A	12/18/20	Moderna Covid-19 Vaccine Administration – First Dose (ADM SARSCOV2 100MCG/0.5ML 1ST)
0012A	12/18/20	Moderna Covid-19 Vaccine Administration – Second Dose (ADM SARSCOV2 100MCG/0.5ML 2ND)
91303SL	02/27/21	Janssen Covid-19 Vaccine (SARSCOV2 VAC AD26 0.5 ml IM)
0031A	02/27/21	Janssen Covid-19 Vaccine Administration (ADM SARSCOV2 VAC AD26 0.5 ml)

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609 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 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.