



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



MassHealth
Transmittal Letter FPA 59
August 2022

TO: Family Planning Agencies Participating in MassHealth
FROM: Amanda Cassel Kraft, Assistant Secretary for MassHealth
RE: *Family Planning Agency Manual* (2022 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 2022. For dates of service on or after January 1, 2022, Family Planning Agency providers must use the new codes to obtain reimbursement.

As part of MassHealth's ongoing response to the COVID-19 pandemic, Family Planning Agency providers may also bill and receive payment for vaccine administration codes identified below. Rates and billing codes are formally codified through the appropriate All Provider Bulletins.

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*.

2022 HCPCS Code Updates to Subchapter 6

Deleted Code

J7303

Added Codes

J2794, J2795

Code-Modifier	Effective for Dates of Service On or After	Code-Modifier	Effective for Dates of Service On or After
0003A	08/12/21	91307-SL	10/29/21
0004A	09/22/21	0071A	10/29/21
0013A	08/12/21	0072A	10/29/21
0034A	10/20/21	0073A	01/03/22
91305-SL	01/03/22	91309-SL	03/29/22
0051A	01/03/22	0094A	03/29/22
0052A	01/03/22		
0053A	01/03/22		
0054A	01/03/22		

91306-SL	10/20/21		
0064A	10/20/21		

MassHealth Website

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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 vi, 6-1 through 6-18

OBSOLETE MATERIAL

(The pages listed here are no longer in effect.)

Family Planning Agency Manual

Pages vi, 6-1 through 6-18 transmitted by Transmittal Letter FPA-58

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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:
<ul style="list-style-type: none"> - 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:
<ul style="list-style-type: none"> - 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:
<ul style="list-style-type: none"> - 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:
<ul style="list-style-type: none"> - 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.)
- J7294 Segesterone acetate and ethinyl estradiol 0.15 mg, 0.013 mg per 24 hours; yearly vaginal system, each
- J7295 Ethinyl estradiol and etonogestrel 0.015 mg, 0.12 mg per 24 hours; monthly vaginal ring, each
- 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.)
- 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	Injection, 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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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)

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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, 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

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

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

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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

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

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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 \geq 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 \geq 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 \geq 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 \geq 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 (ccIV4), 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)
0003A	08/12/21	Pfizer-BioNTech Covid-19 Vaccine Administration – Third Dose
0004A	09/22/21	Pfizer-BioNTech Covid-19 Vaccine Administration – Booster
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)
0013A	08/12/21	Moderna Covid-19 Vaccine Administration – Third Dose
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)
0034A	10/20/21	Janssen Covid-19 Vaccine Administration - Booster
91305SL	01/03/22	Pfizer-BioNTech Covid-19 Vaccine Pre-Diluted (Gray Cap)
0051A	01/03/22	Pfizer-BioNTech Covid-19 Vaccine Pre-Diluted (Gray Cap) Administration - First dose
0052A	01/03/22	Pfizer-BioNTech Covid-19 Vaccine Pre-Diluted (Gray Cap) Administration - Second dose
0053A	01/03/22	Pfizer-BioNTech Covid-19 Vaccine Pre-Diluted (Gray Cap) Administration - Third dose

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608 Vaccines/Toxoids (cont.)

Service

Code Service Description

0054A	01/03/22	Pfizer-BioNTech Covid-19 Vaccine Pre-Diluted (Gray Cap) Administration – Booster
91306SL	10/20/21	Moderna Covid-19 Vaccine (Low Dose)
0064A	10/20/21	Moderna Covid-19 Vaccine (Low Dose) Administration – Booster
91307SL	10/29/21	Moderna Covid-19 Vaccine (Low Dose)
0071A	10/29/21	Pfizer-BioNTech Covid-19 Pediatric Vaccine - Administration – First dose
0072A	10/29/21	Pfizer-BioNTech Covid-19 Pediatric Vaccine - Administration – Second dose
0073A	01/03/22	Pfizer-BioNTech Covid-19 Pediatric Vaccine (Orange Cap) – Administration Third dose
91309SL	03/29/22	Moderna Covid-19 Vaccine (Blue Cap) 50 mcg/0.5ml (Booster)
0094A	03/29/22	Moderna Covid-19 Vaccine (Blue Cap) 50 mcg/0.5ml – Administration - Booster

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.