Commonwealth of Massachusetts
Executive Office of Health and Human Services
Division of Medical Assistance
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MASSHEALTH
TRANSMITTAL LETTER LAB-21
January 2002

TO: Independent Clinical Laboratories Participating in MassHealth

FROM: Wendy E. Warring, Commissioner

RE: *Independent Clinical Laboratory Manual* (New Service Codes)

Effective January 1, 2002, the Division is providing coverage for HIV genotype and phenotype resistance tests. These services are payable with prior authorization (PA) from the Division and only when provided by independent clinical laboratories with appropriate certifications from the Centers for Medicare and Medicaid Services under the Clinical Laboratory Improvement Act (CLIA). The new service codes are listed below.

> 87901   Infectious agent genotype analysis by nucleic acid (DNA or RNA), HIV 1, reverse transcriptase and protease (P.A. required for third and subsequent tests performed within a calendar year)
>
> 87903   Infectious agent phenotype analysis by nucleic acid (DNA or RNA) with drug resistance tissue culture analysis, HIV 1; up to 10 drugs (P.A.)
>
> 87904   each additional drug, up to 5 drugs (List separately in addition to code for primary procedure.) (P.A.)

Physicians who want to order these specialized tests to help them manage their HIV patients' treatment must request PA from the Division. The Division will notify the physician of its decision by mail.

In order for the independent clinical laboratory to submit a bill for the above tests, the laboratory must obtain from the physician the PA number that appears on the approval letter from the Division. Independent laboratories must enter the six-character PA number in Item 4 on the claim form no. 9, or in its equivalent data field if the claim is submitted electronically.

This letter transmits updates to Subchapter 6 of the *Independent Clinical Laboratory Manual*. Independent clinical laboratories with appropriate CLIA certifications may begin using these three new codes effective January 1, 2002.

Please note that the Division has prioritized the addition of these codes, which were added to the HCPCS series in 2001, due to a perceived medical need in the patient population. The remaining 2001 updates will be issued at a later date.

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

Independent Clinical Laboratory Manual

Pages 6-29 and 6-30

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

Independent Clinical Laboratory Manual

Pages 6-29 and 6-30 — transmitted by Transmittal Letter LAB-20

601   LABORATORY SERVICE CODES AND DESCRIPTIONS (cont.)

Service
Code   Service Description

87522	hepatitis C, quantification
87525	hepatitis G, direct probe technique
87526	hepatitis G, amplified probe technique
87527	hepatitis G, quantification
87528	herpes simplex virus, direct probe technique
87529	herpes simplex virus, amplified probe technique
87530	herpes simplex virus, quantification
87531	herpes virus-6, direct probe technique
87532	herpes virus-6, amplified probe technique
87533	herpes virus-6, quantification
87534	HIV-1, direct probe technique
87535	HIV-1, amplified probe technique
87536	HIV-1, quantification
87537	HIV-2, direct probe technique
87538	HIV-2, amplified probe technique
87539	HIV-2, quantification
87540	Legionella pneumophila, direct probe technique
87541	Legionella pneumophila, amplified probe technique
87542	Legionella pneumophila, quantification
87550	Mycobacteria species, direct probe technique
87551	Mycobacteria species, amplified probe technique
87552	Mycobacteria species, quantification
87555	Mycobacteria tuberculosis, direct probe technique
87556	Mycobacteria tuberculosis, amplified probe technique
87557	Mycobacteria tuberculosis, quantification
87560	Mycobacteria avium-intracellulare, direct probe technique
87561	Mycobacteria avium-intracellulare, amplified probe technique
87562	Mycobacteria avium-intracellulare, quantification
87580	Mycoplasma pneumoniae, direct probe technique
87581	Mycoplasma pneumoniae, amplified probe technique
87582	Mycoplasma pneumoniae, quantification
87590	Neisseria gonorrhoeae, direct probe technique
87591	Neisseria gonorrhoeae, amplified probe technique
87592	Neisseria gonorrhoeae, quantification
87620	papillomavirus, human, direct probe technique
87621	papillomavirus, human, amplified probe technique
87622	papillomavirus, human, quantification
87650	Streptococcus, group A, direct probe technique
87651	Streptococcus, group A, amplified probe technique
87652	Streptococcus, group A, quantification
87797	Infectious agent detection by nucleic acid (DNA or RNA); not otherwise specified, direct probe technique, each organism
87798	amplified probe technique, each organism
87799	quantification, each organism

601   LABORATORY SERVICE CODES AND DESCRIPTIONS (cont.)

Service
Code   Service Description

87810   Infectious agent detection by immunoassay with direct optical observation; Chlamydia trachomatis
87850   Neisseria gonorrhoeae
87880   Streptococcus, group A
87899   not otherwise specified
87901   Infectious agent genotype analysis by nucleic acid (DNA or RNA), HIV 1, reverse transcriptase
           and protease (P.A. required for third and subsequent tests performed within a calendar year)
87903   Infectious agent phenotype analysis by nucleic acid (DNA or RNA) with drug resistance tissue
           culture analysis, HIV 1; up to 10 drugs (P.A.)
87904   each additional drug, up to 5 drugs (List separately in addition to code for primary procedure.)
           (Use 87904 in conjunction with 87903.) (P.A.)
87999   Unlisted microbiology procedure (I.C.) (P.A.)

ANATOMIC PATHOLOGY

Cytopathology

88104   Cytopathology, fluids, washings or brushings, except cervical or vaginal; smears with
           interpretation
88106   filter method only, with interpretation
88107   smears and filter preparation, with interpretation
88108   Cytopathology, concentration technique, smears and interpretation (e.g., Saccomanno technique)
88130   Sex chromatin identification; Barr bodies
88140   peripheral blood smear, polymorphonuclear drumsticks

           Codes 88141-88155, 88164-88167 are used to report cervical or vaginal screening by various
           methods and to report physician interpretation services. Use codes 88150-88154 to report Pap
           smears that are examined using non-Bethesda reporting. Use codes 88164-88167 to report Pap
           smears that are examined using the Bethesda System of reporting. Use codes 88142-88145 to
           report specimens collected in fluid medium with automated thin layer preparation that are
           examined using any system of reporting (Bethesda or non-Bethesda). Within each of these
           three code families choose the one code that describes the screening method(s) used. Codes
           88141 and 88155 should be reported in addition to the screening code chosen when the
           additional services are provided.

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
88144   with manual screening and computer-assisted rescreening under physician supervision
88145   with manual screening and computer-assisted rescreening using cell selection and review
           under physician supervision