




**Commonwealth of Massachusetts**  
**Executive Office of Health and Human Services**  
**Office of Medicaid**  
600 Washington Street  
Boston, MA 02111  
[www.mass.gov/masshealth](http://www.mass.gov/masshealth)

MassHealth  
Transmittal Letter LAB-32  
December 2007

**TO:** Independent Clinical Laboratories Participating in MassHealth  
**FROM:** Tom Dehner, Medicaid Director   
**RE:** *Independent Clinical Laboratory Manual (2008 HCPCS)*

This letter transmits revisions to the service codes in the *Independent Clinical Laboratory Manual*. The Centers for Medicare & Medicaid Services (CMS) have revised the Healthcare Common Procedure Coding System (HCPCS) for 2008. The revised Subchapter 6 is effective for dates of service on or after January 1, 2008. For dates of service on or after January 1, 2008, you must use the new codes in order to obtain reimbursement.

If you wish to obtain a fee schedule, you may download the Division of Health Care Finance and Policy regulations at no cost at [www.mass.gov/dhcfp](http://www.mass.gov/dhcfp). You may also purchase a paper copy of Division of Health Care Finance and Policy regulations from either the Massachusetts State Bookstore or from the Division of Health Care Finance and Policy (see addresses and telephone numbers below). You must contact them first to find out the price of the paper copy of the publication. The regulation title for laboratory services is 114.3 CMR 20.00: Clinical Laboratory Services.

Massachusetts State Bookstore  
State House, Room 116  
Boston, MA 02133  
Telephone: 617-727-2834  
[www.mass.gov/sec/spr](http://www.mass.gov/sec/spr)

Division of Health Care Finance and Policy  
Two Boylston Street  
Boston, MA 02116  
Telephone: 617-988-3100  
[www.mass.gov/dhcfp](http://www.mass.gov/dhcfp)

### **MassHealth Web Site**

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

### **Questions**

If you have any questions about this transmittal letter, please contact MassHealth Customer Service at 1-800-841-2900, e-mail your inquiry to [providersupport@mahealth.net](mailto:providersupport@mahealth.net), or fax your inquiry to 617-988-8974.

NEW MATERIAL

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

Independent Clinical Laboratory Manual

Pages vi and 6-1 through 6-36

OBSOLETE MATERIAL

(The pages listed here are no longer in effect.)

Independent Clinical Laboratory Manual

Page vi — transmitted by Transmittal Letter LAB-28

Pages 6-1 through 6-28 — transmitted by Transmittal Letter LAB-29

Pages 6-29 through 6-36 — transmitted by Transmittal Letter LAB-31

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>	<b>Subchapter Number and Title</b> Table of Contents	<b>Page</b> vi
	<b>Transmittal Letter</b> LAB-32	<b>Date</b> 01/01/08
Independent Clinical Laboratory Manual		

6. Service Codes and Descriptions

Laboratory Service Codes and Descriptions .....	6-1
Appendix A. Directory .....	A-1
Appendix B. Enrollment Centers .....	B-1
Appendix C. Third-Party-Liability Codes .....	C-1
Appendix W. EPSDT Services: Medical Protocol and Periodicity Schedule.....	W-1
Appendix X. Family Assistance Copayments and Deductibles .....	X-1
Appendix Y. REVS Codes/Messages .....	Y-1
Appendix Z. Appendix Z: EPSDT/PPHSD Screening Services Codes.....	Z-1

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>	<b>Subchapter Number and Title</b> 6. Service Codes and Descriptions	<b>Page</b> 6-1
	<b>Transmittal Letter</b> LAB-32	<b>Date</b> 01/01/08
Independent Clinical Laboratory Manual		

601 Laboratory Service Codes and Descriptions

**PATHOLOGY AND LABORATORY**

**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.

<u>Service Code</u>	<u>Service Description</u>
80047	Basic metabolic panel (Calcium ionized) (This panel must include the following: Calcium, ionized (82330), Carbon dioxide (82374), Chloride (82435), Creatinine (82565), Glucose (82947), Potassium (84132), Sodium (84295), and Urea nitrogen (BUN) (84520).)
80048	Basic metabolic panel (Calcium total) (This panel must include the following: Calcium (82310), Carbon dioxide (82374), Chloride (82435), Creatinine (82565), Glucose (82947), Potassium (84132), Sodium (84295), and Urea nitrogen (BUN) (84520).)
80050	General health panel (This panel must include the following: Comprehensive metabolic panel (80053), Blood count, complete (CBC), automated and automated differential (85025 or 85027 and 85004) or Blood count, complete (CBC), automated (85027) and appropriate manual differential WBC count (85007 or 85009), and Thyroid stimulating hormone (TSH) (84443).)
80051	Electrolyte panel (This panel must include the following: Carbon dioxide (82374), Chloride (82435), Potassium (84132), and Sodium (84295).)
80053	Comprehensive metabolic panel (This panel must include the following: Albumin (82040), Bilirubin, total (82247), Calcium (82310), Carbon dioxide (bicarbonate) (82374), Chloride (82435), Creatinine (82565), Glucose (82947), Phosphatase, alkaline (84075), Potassium (84132), Protein, total (84155), Sodium (84295), Transferase, alanine amino (ALT) (SGPT) (84460), Transferase, aspartate amino (AST) (SGOT) (84450), and Urea nitrogen (BUN) (84520).)
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, qualitative (e.g., VDRL, RPR, ART) (86592), Antibody screen, RBC, each serum technique (86850), Blood typing, ABO (86900), and Blood typing, Rh (D) (86901).)
80061	Lipid panel (This panel must include the following: Cholesterol, serum, total (82465), Lipoprotein, direct measurement, high density cholesterol (HDL cholesterol) (83718), and Triglycerides (84478).)
80069	Renal function panel (This panel must include the following: Albumin (82040), Calcium (82310), Carbon dioxide (bicarbonate) (82374), Chloride (82435), Creatinine (82565), Glucose (82947), Phosphorus inorganic (phosphate) (84100), Potassium (84132), Sodium (84295), and Urea nitrogen (BUN) (84520).)

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>	<b>Subchapter Number and Title</b> 6. Service Codes and Descriptions	<b>Page</b> 6-2
	<b>Transmittal Letter</b> LAB-32	<b>Date</b> 01/01/08
Independent Clinical Laboratory Manual		

601 Laboratory Service Codes and Descriptions (cont.)

Service

Code      Service Description

- 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).)

**DRUG TESTING**

The following list contains examples of drugs or classes of drugs that are commonly assayed by qualitative screen, followed by confirmation with a second method.

Alcohols  
Amphetamines  
Barbiturates  
Benzodiazepines  
Cocaine and metabolites  
Methadones  
Methaqualones  
Opiates  
Phencyclidines  
Phenothiazines  
Propoxyphenes  
Tetrahydrocannabinoids  
Tricyclic antidepressants

Confirmed drugs may also be quantitated.

Use 80100 for each multiple drug class chromatographic procedure. Use 80102 for each procedure necessary for confirmation. For chromatography, each combination of stationary and mobile phase is to be counted as one procedure. For example, if detection of three drugs by chromatography requires one stationary phase with three mobile phases, use 80100 three times. However, if multiple drugs can be detected using a single analysis (e.g., one stationary phase with one mobile phase), use 80100 only once.

For quantitation of drugs screened, use appropriate code in Chemistry section (82000-84999) or Therapeutic Drug Assay section (80150-80299).

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>	<b>Subchapter Number and Title</b> 6. Service Codes and Descriptions	<b>Page</b> 6-3
	<b>Transmittal Letter</b> LAB-32	<b>Date</b> 01/01/08
Independent Clinical Laboratory Manual		

601 Laboratory Service Codes and Descriptions (cont.)

Service

Code      Service Description

80100      Drug screen, qualitative; multiple drug classes chromatographic method, each procedure  
80101              single drug class method (e.g., immunoassay, enzyme assay), each drug class  
80102      Drug confirmation, each procedure  
80103      Tissue preparation for drug analysis

**THERAPEUTIC DRUG ASSAYS**

The material for examination may be from any source. Examination is quantitative. For nonquantitative testing, see drug testing (80100-80103).

80150      Amikacin  
80152      Amitriptyline  
80154      Benzodiazepines  
80156      Carbamazepine; total  
80157              free  
80158      Cyclosporine  
80160      Desipramine  
80162      Digoxin  
80164      Dipropylacetic acid (valproic acid)  
80166      Doxepin  
80168      Ethosuximide  
80170      Gentamicin  
80172      Gold  
80173      Haloperidol  
80174      Imipramine  
80176      Lidocaine  
80178      Lithium  
80182      Nortriptyline  
80184      Phenobarbital  
80185      Phenytoin; total  
80186              free  
80188      Primidone  
80190      Procainamide  
80192              with metabolites (e.g., n-acetyl procainamide)  
80194      Quinidine  
80195      Sirolimus  
80196      Salicylate  
80197      Tacrolimus  
80198      Theophylline  
80200      Tobramycin  
80201      Topiramate  
80202      Vancomycin  
80299      Quantitation of drug, not elsewhere specified

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>	<b>Subchapter Number and Title</b> 6. Service Codes and Descriptions	<b>Page</b> 6-4
	<b>Transmittal Letter</b> LAB-32	<b>Date</b> 01/01/08
Independent Clinical Laboratory Manual		

601 Laboratory Service Codes and Descriptions (cont.)

Service  
Code

Service Description

**EVOCATIVE/SUPPRESSION TESTING**

- 80400 ACTH stimulation panel; for adrenal insufficiency (This panel must include the following: Cortisol (82533 x 2).)
- 80402 for 21 hydroxylase deficiency (This panel must include the following: Cortisol (82533 x 2) and 17 hydroxyprogesterone (83498 x 2).)
- 80406 for 3 beta-hydroxydehydrogenase deficiency (This panel must include the following: Cortisol (82533 x 2) and 17 hydroxypregnenolone (84143 x 2).)
- 80408 Aldosterone suppression evaluation panel (e.g., saline infusion) (This panel must include the following: Aldosterone (82088 x 2) and Renin (84244 x 2).)
- 80410 Calcitonin stimulation panel (e.g., calcium, pentagastrin) (This panel must include the following: Calcitonin (82308 x 3).)
- 80412 Corticotropin releasing hormone (CRH) stimulation panel (This panel must include the following: Cortisol (82533 x 6) and Adrenocorticotropin hormone (ACTH) (82024 x 6).)
- 80414 Chorionic gonadotropin stimulation panel; testosterone response (This panel must include the following: Testosterone (84403 x 2 on three pooled blood samples).)
- 80415 estradiol response (This panel must include the following: Estradiol (82670 x 2 on three pooled blood samples).)
- 80416 Renal vein renin stimulation panel (e.g., captopril) (This panel must include the following: Renin (84244 x 6).)
- 80417 Peripheral vein renin stimulation panel (e.g., captopril) (This panel must include the following: Renin (84244 x 2).)
- 80418 Combined rapid anterior pituitary evaluation panel (This panel must include the following: Adrenocorticotropin hormone (ACTH) (82024 x 4), Luteinizing hormone (LH) (83002 x 4), Follicle stimulating hormone (FSH) (83001 x 4), Prolactin (84146 x 4), Human growth hormone (HGH) (83003 x 4), Cortisol (82533 x 4), and Thyroid stimulating hormone (TSH) (84443 x 4).)
- 80420 Dexamethasone suppression panel, 48 hour (This panel must include the following: Free cortisol, urine (82530 x 2), Cortisol (82533 x 2), and Volume measurement for timed collection (81050 x 2).) (For single dose dexamethasone, use 82533.)
- 80422 Glucagon tolerance panel; for insulinoma (This panel must include the following: Glucose (82947 x 3) and Insulin (83525 x 3).)
- 80424 for pheochromocytoma (This panel must include the following: Catecholamines, fractionated (82384 x 2).)
- 80426 Gonadotropin releasing hormone stimulation panel (This panel must include the following: Follicle stimulating hormone (FSH) (83001 x 4) and Luteinizing hormone (LH) (83002 x 4).)
- 80428 Growth hormone stimulation panel (e.g., arginine infusion, l-dopa administration). (This panel must include the following: Human growth hormone (HGH) (83003 x 4).)
- 80430 Growth hormone suppression panel (glucose administration) (This panel must include the following: Glucose (82947 x 3) and Human growth hormone (HGH) (83003 x 4).)
- 80432 Insulin-induced C-peptide suppression panel (This panel must include the following: Insulin (83525), C-peptide (84681 x 5), and Glucose (82947 x 5).)
- 80434 Insulin tolerance panel; for ACTH insufficiency (This panel must include the following: Cortisol (82533 x 5) and Glucose (82947 x 5).)
- 80435 for growth hormone deficiency (This panel must include the following: Glucose (82947 x 5) and Human growth hormone (HGH) (83003 x 5).)

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>	<b>Subchapter Number and Title</b> 6. Service Codes and Descriptions	<b>Page</b> 6-5
	<b>Transmittal Letter</b> LAB-32	<b>Date</b> 01/01/08
Independent Clinical Laboratory Manual		

601 Laboratory Service Codes and Descriptions (cont.)

Service

<u>Code</u>	<u>Service Description</u>
80436	Metyrapone panel (This panel must include the following: Cortisol (82533 x 2) and 11 deoxycortisol (82634 x 2).)
80438	Thyrotropin releasing hormone (TRH) stimulation panel; one hour (This panel must include the following: Thyroid stimulating hormone (TSH) (84443 x 3).)
80439	two hours (This panel must include the following: Thyroid stimulating hormone (TSH) (84443 x 4).)
80440	for hyperprolactinemia (This panel must include the following: Prolactin (84146 x 3).)

**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; non-automated, with microscopy
81001	automated, with microscopy
81002	non-automated, without microscopy
81003	automated, without microscopy
81005	Urinalysis; qualitative or semiquantitative, except immunoassays
81007	bacteriuria screen, except by culture or dipstick (specify type)
81015	microscopic only
81020	two or three glass test
81025	Urine pregnancy test, by visual color comparison methods
81050	Volume measurement for timed collection, each
81099	Unlisted urinalysis procedure (I.C.)

**CHEMISTRY**

The material for examination may be from any source. Examination is quantitative unless specified.

Clinical information derived from the results of laboratory data that is mathematically calculated (e.g., free thyroxine index (T7)) is considered part of the test procedure and therefore is not a separately reportable service.

82000	Acetaldehyde, blood
82003	Acetaminophen
82009	Acetone or other ketone bodies, serum; qualitative
82010	quantitative
82013	Acetylcholinesterase
82016	Acylcarnitines; qualitative, each specimen
82017	quantitative, each specimen
82024	Adrenocorticotrophic hormone (ACTH)
82030	Adenosine; 5-monophosphate, cyclic (cyclic AMP)
82040	Albumin; serum
82042	urine or other source, quantitative, each specimen
82043	urine, microalbumin, quantitative



<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>	<b>Subchapter Number and Title</b> 6. Service Codes and Descriptions	<b>Page</b> 6-6
	<b>Transmittal Letter</b> LAB-32	<b>Date</b> 01/01/08
Independent Clinical Laboratory Manual		

601 Laboratory Service Codes and Descriptions (cont.)

Service

<u>Code</u>	<u>Service Description</u>
82044	urine, microalbumin, semiquantitative (e.g., reagent strip assay)
82045	Albumin, Ischemia modified
82055	Alcohol (ethanol); any specimen except breath
82085	Aldolase
82088	Aldosterone
82101	Alkaloids, urine, quantitative
82103	Alpha-1-antitrypsin; total
82104	phenotype
82105	Alpha-fetoprotein; serum
82106	amniotic fluid
82107	Alpha-fetoprotein (AFP); AFP-L3 fraction isoform and total AFP (including ratio)
82108	Aluminum
82120	Amines, vaginal fluid, qualitative
82127	Amino acids; single, qualitative, each specimen
82128	multiple, qualitative, each specimen
82131	single, quantitative, each specimen
82135	Aminolevulinic acid, delta (ALA)
82136	Amino acids, two to five amino acids, quantitative, each specimen
82139	Amino acids, six or more amino acids, quantitative, each specimen
82140	Ammonia
82143	Amniotic fluid scan (spectrophotometric)
82145	Amphetamine or methamphetamine
82150	Amylase
82154	Androstanediol glucuronide
82157	Androstenedione
82160	Androsterone
82163	Angiotensin II
82164	Angiotensin I - converting enzyme (ACE)
82172	Apolipoprotein, each
82175	Arsenic
82180	Ascorbic acid (vitamin C), blood
82190	Atomic absorption spectroscopy, each analyte
82205	Barbiturates, not elsewhere specified
82232	Beta-2 microglobulin
82239	Bile acids; total
82240	cholyglycine
82247	Bilirubin; total
82248	direct
82252	feces, qualitative
82261	Biotinidase, each specimen
82270	Blood, occult, by peroxidase activity (e.g., guaiac), qualitative; feces, consecutive collected specimens with single determination, for colorectal neoplasm screening (i.e., patient was provided three cards or single triple card for consecutive collection)
82271	Blood, occult, by peroxidase activity (e.g., guaiac), qualitative; other sources
82272	Blood, occult, by peroxidase activity (e.g., guaiac), qualitative, feces, one to three simultaneous determinations, performed for other than colorectal neoplasm screening

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>	<b>Subchapter Number and Title</b> 6. Service Codes and Descriptions	<b>Page</b> 6-7
	<b>Transmittal Letter</b> LAB-32	<b>Date</b> 01/01/08
Independent Clinical Laboratory Manual		

601 Laboratory Service Codes and Descriptions (cont.)

Service

<u>Code</u>	<u>Service Description</u>
82274	Blood, occult, by fecal hemoglobin determination by immunoassay, qualitative, feces, one to three simultaneous determinations
82286	Bradykinin
82300	Cadmium
82306	Calcifediol (25-OH vitamin D-3)
82307	Calciferol (vitamin D)
82308	Calcitonin
82310	Calcium; total
82330	ionized
82331	after calcium infusion test
82340	urine quantitative, timed specimen
82355	Calculus; qualitative analysis
82360	quantitative analysis, chemical
82365	infrared spectroscopy
82370	X-ray diffraction
82373	Carbohydrate deficient transferrin
82374	Carbon dioxide (bicarbonate)
82375	Carbon monoxide (carboxyhemoglobin); quantitative
82376	qualitative
82378	Carcinoembryonic antigen (CEA)
82379	Carnitine (total and free), quantitative, each specimen
82380	Carotene
82382	Catecholamines; total urine
82383	blood
82384	fractionated
82387	Cathepsin-D
82390	Ceruloplasmin
82397	Chemiluminescent assay
82415	Chloramphenicol
82435	Chloride; blood
82436	urine
82438	other source
82441	Chlorinated hydrocarbons, screen
82465	Cholesterol, serum or whole blood, total
82480	Cholinesterase; serum
82482	RBC
82485	Chondroitin B sulfate, quantitative
82486	Chromatography, qualitative; column (e.g., gas liquid or HPLC), analyte not elsewhere specified
82487	paper, one-dimensional, analyte not elsewhere specified
82488	paper, two-dimensional, analyte not elsewhere specified
82489	thin layer, analyte not elsewhere specified
82491	Chromatography, quantitative, column (e.g., gas liquid or HPLC); single analyte not elsewhere specified, single stationary and mobile phase
82492	multiple analytes, single stationary and mobile phase
82495	Chromium

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>	<b>Subchapter Number and Title</b> 6. Service Codes and Descriptions	<b>Page</b> 6-8
	<b>Transmittal Letter</b> LAB-32	<b>Date</b> 01/01/08
Independent Clinical Laboratory Manual		

601 Laboratory Service Codes and Descriptions (cont.)

Service

<u>Code</u>	<u>Service Description</u>
82507	Citrate
82520	Cocaine or metabolite
82523	Collagen cross links, any method
82525	Copper
82528	Corticosterone
82530	Cortisol; free
82533	total
82540	Creatine
82541	Column chromatography/mass spectrometry (e.g., GC/MS, or HPLC/MS), analyte not elsewhere specified; qualitative, single stationary and mobile phase
82542	quantitative, single stationary and mobile phase
82543	stable isotope dilution, single analyte, quantitative, single stationary and mobile phase
82544	stable isotope dilution, multiple analytes, quantitative, single stationary and mobile phase
82550	Creatine kinase (CK), (CPK); total
82552	isoenzymes
82553	MB fraction only
82554	isoforms
82565	Creatinine; blood
82570	other source
82575	clearance
82585	Cryofibrinogen
82595	Cryoglobulin, qualitative or semi-quantitative (e.g., cryocrit)
82600	Cyanide
82607	Cyanocobalamin (vitamin B-12)
82608	unsaturated binding capacity
82610	Cystatin C
82615	Cystine and homocystine, urine, qualitative
82626	Dehydroepiandrosterone (DHEA)
82627	Dehydroepiandrosterone-sulfate (DHEA-S)
82633	Desoxycorticosterone, 11-
82634	Deoxycortisol, 11-
82638	Dibucaine number
82646	Dihydrocodeinone
82649	Dihydromorphinone
82651	Dihydrotestosterone (DHT)
82652	Dihydroxyvitamin D, 1,25-
82654	Dimethadione
82656	Elastase, pancreatic (EL-1), fecal, qualitative or semi-quantitative
82657	Enzyme activity in blood cells, cultured cells, or tissue, not elsewhere specified; nonradioactive substrate, each specimen
82658	radioactive substrate, each specimen
82664	Electrophoretic technique, not elsewhere specified
82666	Epiandrosterone
82668	Erythropoietin
82670	Estradiol

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>	<b>Subchapter Number and Title</b> 6. Service Codes and Descriptions	<b>Page</b> 6-9
	<b>Transmittal Letter</b> LAB-32	<b>Date</b> 01/01/08
Independent Clinical Laboratory Manual		

601 Laboratory Service Codes and Descriptions (cont.)

Service

Code      Service Description

82671	Estrogens; fractionated
82672	total
82677	Estriol
82679	Estrone
82690	Ethchlorvynol
82693	Ethylene glycol
82696	Etiocholanolone
82705	Fat or lipids, feces; qualitative
82710	quantitative
82715	Fat differential, feces, quantitative
82725	Fatty acids, nonesterified
82726	Very long chain fatty acids
82728	Ferritin
82731	Fetal fibronectin, cervicovaginal secretions, semi-quantitative
82735	Fluoride
82742	Flurazepam
82746	Folic acid; serum
82747	RBC
82757	Fructose, semen
82759	Galactokinase, RBC
82760	Galactose
82775	Galactose-1-phosphate uridyl transferase; quantitative
82776	screen
82784	Gammaglobulin; IgA, IgD, IgG, IgM, each
82785	IgE
82787	immunoglobulin subclasses (IgG1, 2, 3, or 4), each
82800	Gases, blood, pH only
82803	Gases, blood, any combination of pH, pCO <sub>2</sub> , pO <sub>2</sub> , CO <sub>2</sub> , HCO <sub>3</sub> (including calculated O <sub>2</sub> saturation)
82805	with O <sub>2</sub> saturation, by direct measurement, except pulse oximetry
82810	Gases, blood, O <sub>2</sub> saturation only, by direct measurement, except pulse oximetry
82820	Hemoglobin-oxygen affinity (pO <sub>2</sub> for 50% hemoglobin saturation with oxygen)
82926	Gastric acid, free and total, each specimen
82928	Gastric acid, free or total; each specimen
82938	Gastrin after secretin stimulation
82941	Gastrin
82943	Glucagon
82945	Glucose, body fluid, other than blood
82946	Glucagon tolerance test
82947	Glucose; quantitative, blood (except reagent strip)
82948	blood, reagent strip
82950	post-glucose dose (includes glucose)
82951	tolerance test (GTT), three specimens (includes glucose)
82952	tolerance test, each additional beyond three specimens
82953	tolbutamide tolerance test

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>	<b>Subchapter Number and Title</b> 6. Service Codes and Descriptions	<b>Page</b> 6-10
	<b>Transmittal Letter</b> LAB-32	<b>Date</b> 01/01/08
Independent Clinical Laboratory Manual		

601 Laboratory Service Codes and Descriptions (cont.)

Service

<u>Code</u>	<u>Service Description</u>
82955	Glucose-6-phosphate dehydrogenase (G6PD); quantitative
82960	screen
82963	Glucosidase, beta
82965	Glutamate dehydrogenase
82975	Glutamine (glutamic acid amide)
82977	Glutaryltransferase, gamma (GGT)
82978	Glutathione
82979	Glutathione reductase, RBC
82980	Glutethimide
82985	Glycated protein
83001	Gonadotropin; follicle-stimulating hormone (FSH)
83002	luteinizing hormone (LH)
83003	Growth hormone, human (HGH) (somatotropin)
83008	Guanosine monophosphate (GMP), cyclic
83009	Helicobacter pylori, blood test analysis for urease activity, non-reactive isotope (e.g., C-13)
83010	Haptoglobin; quantitative
83012	phenotypes
83013	Helicobacter pylori; breath test analysis for urease activity, non-radioactive isotope (e.g., C-13)
83014	drug administration
83015	Heavy metal (e.g., arsenic, barium, beryllium, bismuth, antimony, mercury); screen
83018	quantitative, each
83020	Hemoglobin fractionation and quantitation; electrophoresis (e.g., A2, S, C, and/or F)
83021	chromatography (e.g., A2, S, C, and/or F)
83026	Hemoglobin; by copper sulfate method, non-automated
83030	F (fetal), chemical
83033	F (fetal), qualitative
83036	glycosylated (A1C)
83037	glycosylated (A1C) by device cleared by FDA for home use
83045	methemoglobin, qualitative
83050	methemoglobin, quantitative
83051	plasma
83055	sulfhemoglobin, qualitative
83060	sulfhemoglobin, quantitative
83065	thermolabile
83068	unstable, screen
83069	urine
83070	Hemosiderin; qualitative
83071	quantitative
83080	b-Hexosaminidase, each assay
83088	Histamine
83090	Homocystine
83150	Homovanillic acid (HVA)
83491	Hydroxycorticosteroids, 17- (17-OHCS)
83497	Hydroxyindolacetic acid, 5- (HIAA)
83498	Hydroxyprogesterone, 17-d

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>	<b>Subchapter Number and Title</b> 6. Service Codes and Descriptions	<b>Page</b> 6-11
	<b>Transmittal Letter</b> LAB-32	<b>Date</b> 01/01/08
Independent Clinical Laboratory Manual		

601 Laboratory Service Codes and Descriptions (cont.)

Service

<u>Code</u>	<u>Service Description</u>
83499	Hydroxyprogesterone, 20-
83500	Hydroxyproline; free
83505	total
83516	Immunoassay for analyte other than infectious agent antibody or infectious agent antigen, qualitative or semiquantitative; multiple step method
83518	single step method (e.g., reagent strip)
83519	Immunoassay, analyte, quantitative; by radiopharmaceutical technique (e.g., RIA)
83520	not otherwise specified
83525	Insulin; total
83527	free
83528	Intrinsic factor
83540	Iron
83550	Iron-binding capacity
83570	Isocitric dehydrogenase (IDH)
83582	Ketogenic steroids, fractionation
83586	Ketosteroids, 17- (17-KS); total
83593	fractionation
83605	Lactate (lactic acid)
83615	Lactate dehydrogenase (LD), (LDH);
83625	isoenzymes, separation and quantitation
83630	Lactoferrin, fecal; qualitative
83631	quantitative
83632	Lactogen, human placental (HPL) human chorionic somatomammotropin
83633	Lactose, urine; qualitative
83634	quantitative
83655	Lead
83661	Fetal lung maturity assessment; lecithin sphingomyelin (L/S) ratio
83662	foam stability test
83663	fluorescence polarization
83664	lamellar body density
83670	Leucine aminopeptidase (LAP)
83690	Lipase
83695	Lipoprotein (a)
83698	Lipoprotein-associated phospholipase A2
83700	Lipoprotein, blood; electrophoretic separation and quantitation
83701	high resolution fractionation and quantitation of lipoproteins including lipoprotein subclasses when performed (e.g., electrophoresis, ultracentrifugation)
83704	quantitation of lipoprotein particle numbers and lipoprotein particle subclasses (e.g., by nuclear magnetic resonance spectroscopy)
83718	Lipoprotein, direct measurement; high density cholesterol (HDL cholesterol)
83719	direct measurement, VLDL cholesterol
83721	direct measurement, LDL cholesterol
83727	Luteinizing-releasing factor (LRH)
83735	Magnesium
83775	Malate dehydrogenase

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>	<b>Subchapter Number and Title</b> 6. Service Codes and Descriptions	<b>Page</b> 6-12
	<b>Transmittal Letter</b> LAB-32	<b>Date</b> 01/01/08
Independent Clinical Laboratory Manual		

601 Laboratory Service Codes and Descriptions (cont.)

Service

Code      Service Description

83785	Manganese
83788	Mass spectrometry and tandem mass spectrometry (MS, MS/MS), analyte not elsewhere specified; qualitative, each specimen
83789	quantitative, each specimen
83805	Meprobamate
83825	Mercury, quantitative
83835	Metanephrines
83840	Methadone
83857	Methemalbumin
83858	Methsuximide
83864	Mucopolysaccharides, acid; quantitative
83866	screen
83872	Mucin, synovial fluid (Ropes test)
83873	Myelin basic protein, cerebrospinal fluid
83874	Myoglobin
83880	Natriuretic peptide
83883	Nephelometry, each analyte not elsewhere specified
83885	Nickel
83887	Nicotine

**Molecular Diagnostics**

The series of codes 83890-83912 is intended for use with molecular diagnostic techniques for analysis of nucleic acids. These services are coded by procedure rather than analyte. Code separately for each procedure used in an analysis. For example, a procedure requiring isolation of DNA, restriction endonuclease digestion, electrophoresis, and nucleic acid probe amplification would be coded 83890, 83892, 83894, and 83898.

83890	Molecular diagnostics; molecular isolation or extraction
83891	isolation or extraction of highly purified nucleic acid
83892	enzymatic digestion
83893	dot/slot blot production
83894	separation by gel electrophoresis (e.g., agarose, polyacrylamide)
83896	nucleic acid probe, each
83897	nucleic acid transfer (e.g., Southern, Northern)
83898	amplification, target, each nucleic acid sequence
83900	amplification, target, multiplex, first two nucleic acid sequences
83901	amplification, target, multiplex, each additional nucleic acid sequence beyond two (List separately in addition to code for primary procedure.)
83902	reverse transcription
83903	mutation scanning, by physical properties (e.g., single strand conformational polymorphisms (SSCP), heteroduplex, denaturing gradient gel electrophoresis (DGGE), RNA'ase A), single segment, each
83904	mutation identification by sequencing, single segment, each segment
83905	mutation identification by allele specific transcription, single segment, each segment

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>	<b>Subchapter Number and Title</b> 6. Service Codes and Descriptions	<b>Page</b> 6-13
	<b>Transmittal Letter</b> LAB-32	<b>Date</b> 01/01/08
Independent Clinical Laboratory Manual		

601 Laboratory Service Codes and Descriptions (cont.)

Service

<u>Code</u>	<u>Service Description</u>
83906	mutation identification by allele specific translation, single segment, each segment
83907	lysis of cells prior to nucleic acid extraction (e.g., stool specimens, paraffin embedded tissue)
83908	amplification, signal, each nucleic acid sequence
83909	separation and identification by high resolution technique (e.g., capillary electrophoresis)
83912	interpretation and report
83913	RNA stabilization
83914	mutation identification by enzymatic ligation or primer extension, single segment, each segment (e.g., oligonucleotide ligation assay (OLA), single base chain extension (SBCE) or allele-specific primer extensions (ASPE))
83915	Nucleotidase 5'-
83916	Oligoclonal immune (oligoclonal bands)
83918	Organic acids; total, quantitative, each specimen
83919	qualitative, each specimen
83921	Organic acid, single, quantitative
83925	Opiates (e.g., morphine, meperidine)
83930	Osmolality; blood
83935	urine
83937	Osteocalcin (bone gla protein)
83945	Oxalate
83950	Oncoprotein, HER-2/neu
83970	Parathormone (parathyroid hormone)
83986	pH, body fluid, except blood
83992	Phencyclidine (PCP)
83993	Calprotectin, fecal
84022	Phenothiazine
84030	Phenylalanine (PKU), blood
84035	Phenylketones, qualitative
84060	Phosphatase, acid; total
84066	prostatic
84075	Phosphatase, alkaline
84078	heat stable (total not included)
84080	isoenzymes
84081	Phosphatidylglycerol
84085	Phosphogluconate, 6-, dehydrogenase, RBC
84087	Phosphohexose isomerase
84100	Phosphorus inorganic (phosphate);
84105	urine
84106	Porphobilinogen, urine; qualitative
84110	quantitative
84119	Porphyrins, urine; qualitative
84120	quantitation and fractionation
84126	Porphyrins, feces; quantitative
84127	qualitative
84132	Potassium; serum
84133	urine
84134	Prealbumin



<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>	<b>Subchapter Number and Title</b> 6. Service Codes and Descriptions	<b>Page</b> 6-14
	<b>Transmittal Letter</b> LAB-32	<b>Date</b> 01/01/08
Independent Clinical Laboratory Manual		

601 Laboratory Service Codes and Descriptions (cont.)

Service

Code	Service Description
84135	Pregnanediol
84138	Pregnanetriol
84140	Pregnenolone
84143	17-hydroxypregnenolone
84144	Progesterone
84146	Prolactin
84150	Prostaglandin, each
84152	Prostate specific antigen (PSA); complexed (direct measurement)
84153	total
84154	free
84155	Protein, total, except by refractometry; serum
84156	urine
84157	other source (e.g., synovial fluid, cerebrospinal fluid)
84160	Protein, total, by refractometry, any source
84163	Pregnancy associated plasma protein A (PAPP-A)
84165	Protein; electrophoretic fractionation and quantitation, serum
84166	Protein; electrophoretic fractionation and quantitation, other fluids with concentration (e.g, urine, CSF)
84181	Western Blot, with interpretation and report, blood or other body fluid
84182	Western Blot, with interpretation and report, blood or other body fluid, immunological probe for band identification, each
84202	Protoporphyrin, RBC; quantitative
84203	screen
84206	Proinsulin
84207	Pyridoxal phosphate (vitamin B-6)
84210	Pyruvate
84220	Pyruvate kinase
84228	Quinine
84233	Receptor assay; estrogen
84234	progesterone
84235	endocrine, other than estrogen or progesterone (specify hormone)
84238	non-endocrine (specify receptor)
84244	Renin
84252	Riboflavin (vitamin B-2)
84255	Selenium
84260	Serotonin
84270	Sex hormone binding globulin (SHBG)
84275	Sialic acid
84285	Silica
84295	Sodium; serum
84300	urine
84302	other source
84305	Somatomedin
84307	Somatostatin
84311	Spectrophotometry, analyte not elsewhere specified
84315	Specific gravity (except urine)

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>	<b>Subchapter Number and Title</b> 6. Service Codes and Descriptions	<b>Page</b> 6-15
	<b>Transmittal Letter</b> LAB-32	<b>Date</b> 01/01/08

601 Laboratory Service Codes and Descriptions (cont.)

Service

<u>Code</u>	<u>Service Description</u>
84375	Sugars, chromatographic, TLC or paper chromatography
84376	Sugars (mono-, di, and oligosaccharides); single qualitative, each specimen
84377	multiple qualitative, each specimen
84378	single quantitative, each specimen
84379	multiple quantitative, each specimen
84392	Sulfate, urine
84402	Testosterone; free
84403	total
84425	Thiamine (vitamin B-1)
84430	Thiocyanate
84432	Thyroglobulin
84436	Thyroxine; total
84437	requiring elution (e.g., neonatal)
84439	free
84442	Thyroxine binding globulin (TBG)
84443	Thyroid-stimulating hormone (TSH)
84445	Thyroid-stimulating immune globulins (TSI)
84446	Tocopherol alpha (vitamin E)
84449	Transcortin (cortisol binding globulin)
84450	Transferase; aspartate amino (AST) (SGOT)
84460	alanine amino (ALT) (SGPT)
84466	Transferrin
84478	Triglycerides
84479	Thyroid hormone (T3 or T4) uptake or thyroid hormone binding ratio (THBR)
84480	Triiodothyronine T3; total (TT-3)
84481	free
84482	reverse
84484	Troponin, quantitative
84485	Trypsin; duodenal fluid
84488	feces, qualitative
84490	feces, quantitative, 24-hour collection
84510	Tyrosine
84512	Troponin, qualitative
84520	Urea nitrogen; quantitative
84525	semiquantitative (e.g., reagent strip test)
84540	Urea nitrogen, urine
84545	Urea nitrogen, clearance
84550	Uric acid; blood
84560	other source
84577	Urobilinogen, feces, quantitative
84578	Urobilinogen, urine; qualitative
84580	quantitative, timed specimen
84583	semiquantitative
84585	Vanillylmandelic acid (VMA), urine

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>	<b>Subchapter Number and Title</b> 6. Service Codes and Descriptions	<b>Page</b> 6-16
	<b>Transmittal Letter</b> LAB-32	<b>Date</b> 01/01/08
Independent Clinical Laboratory Manual		

601 Laboratory Service Codes and Descriptions (cont.)

Service

<u>Code</u>	<u>Service Description</u>
84586	Vasoactive intestinal peptide (VIP)
84588	Vasopressin (antidiuretic hormone, ADH)
84590	Vitamin A
84591	Vitamin, not otherwise specified
84597	Vitamin K
84600	Volatiles (e.g., acetic anhydride, carbon tetrachloride, dichloroethane, dichloromethane, diethylether, isopropyl alcohol, methanol)
84620	Xylose absorption test, blood and/or urine
84630	Zinc
84681	C-peptide
84702	Gonadotropin, chorionic (hCG); quantitative
84703	qualitative
84704	free beta chain
84999	Unlisted chemistry procedure (I.C.)

**HEMATOLOGY AND COAGULATION**

85002	Bleeding time
85004	Blood count; automated differential WBC count
85007	blood smear, microscopic examination with manual differential WBC count
85008	blood smear, microscopic examination without manual differential WBC count
85009	manual differential WBC count, buffy coat
85013	spun microhematocrit
85014	hematocrit (Hct)
85018	hemoglobin (Hgb)
85025	complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count
85027	complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count)
85032	manual cell count (erythrocyte, leukocyte, or platelet) each
85041	red blood cell (RBC), automated
85044	reticulocyte, manual
85045	reticulocyte, automated
85046	reticulocytes, automated, including one or more cellular parameters (e.g., reticulocyte hemoglobin content (CHR), immature reticulocyte fraction (IRF), reticulocyte volume (MRV), RNA content), direct measurement
85048	leukocyte (WBC), automated
85049	platelet, automated
85055	Reticulated platelet assay
85060	Blood smear, peripheral, interpretation by physician with written report
85097	Bone marrow, smear interpretation
85130	Chromogenic substrate assay
85170	Clot retraction
85175	Clot lysis time, whole blood dilution
85210	Clotting; factor II, prothrombin, specific
85220	factor V (AcG or proaccelerin), labile factor

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>	<b>Subchapter Number and Title</b> 6. Service Codes and Descriptions	<b>Page</b> 6-17
	<b>Transmittal Letter</b> LAB-32	<b>Date</b> 01/01/08
Independent Clinical Laboratory Manual		

601 Laboratory Service Codes and Descriptions (cont.)

Service

<u>Code</u>	<u>Service Description</u>
85230	factor VII (proconvertin, stable factor)
85240	factor VIII (AHG), one stage
85244	factor VIII related antigen
85245	factor VIII, VW factor, ristocetin cofactor
85246	factor VIII, VW factor antigen
85247	factor VIII, von Willebrand factor, multimetric analysis
85250	factor IX (PTC or Christmas)
85260	factor X (Stuart-Prower)
85270	factor XI (PTA)
85280	factor XII (Hageman)
85290	factor XIII (fibrin stabilizing)
85291	factor XIII (fibrin stabilizing), screen solubility
85292	prekallikrein assay (Fletcher factor assay)
85293	high molecular weight kininogen assay (Fitzgerald factor assay)
85300	Clotting inhibitors or anticoagulants; antithrombin III, activity
85301	antithrombin III, antigen assay
85302	protein C, antigen
85303	protein C, activity
85305	protein S, total
85306	protein S, free
85307	Activated Protein C (APC) resistance assay
85335	Factor inhibitor test
85337	Thrombomodulin
85345	Coagulation time; Lee and White
85347	activated
85348	other methods
85360	Euglobulin lysis
85362	Fibrin(ogen) degradation (split) products (FDP)(FSP); agglutination slide; semiquantitative
85366	paracoagulation
85370	quantitative
85378	Fibrin degradation products, D-dimer; qualitative or semiquantitative
85379	quantitative
85380	ultrasensitive (e.g., for evaluation for venous thromboembolism), qualitative or semiquantitative
85384	Fibrinogen; activity
85385	antigen
85390	Fibrinolysins or coagulopathy screen, interpretation and report
85396	Coagulation/fibrinolysis assay, whole blood (e.g., viscoelastic clot assessment), including use of any pharmacologic additive(s), as indicated, including interpretation and written report, per day
85400	Fibrinolytic factors and inhibitors; plasmin
85410	alpha-2 antiplasmin
85415	plasminogen activator
85420	plasminogen, except antigenic assay
85421	plasminogen, antigenic assay

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>	<b>Subchapter Number and Title</b> 6. Service Codes and Descriptions	<b>Page</b> 6-18
	<b>Transmittal Letter</b> LAB-32	<b>Date</b> 01/01/08
Independent Clinical Laboratory Manual		

601 Laboratory Service Codes and Descriptions (cont.)

Service

<u>Code</u>	<u>Service Description</u>
85441	Heinz bodies; direct
85445	induced, acetyl phenylhydrazine
85460	Hemoglobin or RBCs, fetal, for fetomaternal hemorrhage; differential lysis (Kleihauer-Betke)
85461	rosette
85475	Hemolysin, acid
85520	Heparin assay
85525	Heparin neutralization
85530	Heparin-protamine tolerance test
85536	Iron stain, peripheral blood
85540	Leukocyte alkaline phosphatase with count
85547	Mechanical fragility, RBC
85549	Muramidase
85555	Osmotic fragility, RBC; unincubated
85557	incubated
85576	Platelet; aggregation (in vitro), each agent
85597	Platelet neutralization
85610	Prothrombin time
85611	substitution, plasma fractions, each
85612	Russell viper venom time (includes venom); undiluted
85613	diluted
85635	Reptilase test
85651	Sedimentation rate, erythrocyte; non-automated
85652	automated
85660	Sickling of RBC, reduction
85670	Thrombin time; plasma
85675	titer
85705	Thromboplastin inhibition; tissue
85730	Thromboplastin time, partial (PTT); plasma or whole blood
85732	substitution, plasma fractions, each
85810	Viscosity
85999	Unlisted hematology and coagulation procedure (I.C.)

**IMMUNOLOGY**

86000	Agglutinins, febrile (e.g., Brucella, Francisella, Murine typhus, Q fever, Rocky Mountain spotted fever, scrub typhus), each antigen
86001	Allergen specific IgG; quantitative or semiquantitative, each allergen
86003	Allergen specific IgE; quantitative or semiquantitative, each allergen
86005	qualitative, multiallergen screen (dipstick, paddle, or disk)
86021	Antibody identification; leukocyte antibodies
86022	platelet antibodies
86023	platelet-associated immunoglobulin assay

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>	<b>Subchapter Number and Title</b> 6. Service Codes and Descriptions	<b>Page</b> 6-19
	<b>Transmittal Letter</b> LAB-32	<b>Date</b> 01/01/08
Independent Clinical Laboratory Manual		

601 Laboratory Service Codes and Descriptions (cont.)

Service

<u>Code</u>	<u>Service Description</u>
86038	Antinuclear antibodies (ANA)
86039	titer
86060	Antistreptolysin 0; titer
86063	screen
86140	C-reactive protein
86141	high sensitivity (hsCRP)
86146	Beta 2 Glycoprotein I antibody, each
86147	Cardiolipin (phospholipid) antibody, each Ig class
86148	Anti-phosphatidylserine (phospholipid) antibody
86155	Chemotaxis assay, specify method
86156	Cold agglutinin; screen
86157	titer
86160	Complement; antigen, each component
86161	functional activity, each component
86162	total hemolytic (CH50)
86171	Complement fixation tests, each antigen
86185	Counterimmunoelectrophoresis, each antigen
86200	Cyclic citrullinated peptide (CCP), antibody
86215	Deoxyribonuclease, antibody
86225	Deoxyribonucleic acid (DNA), antibody; native or double stranded
86226	single stranded
86235	Extractable nuclear antigen, antibody to, any method (e.g., nRNP, SS-A, SS-B, Sm, RNP, Sc170, J01), each antibody
86243	Fc receptor
86255	Fluorescent noninfectious agent antibody; screen, each antibody
86256	titer, each antibody
86277	Growth hormone, human (HGH), antibody
86280	Hemagglutination inhibition test (HAI)
86294	Immunoassay for tumor antigen, qualitative or semiquantitative (e.g., bladder tumor antigen)
86300	Immunoassay for tumor antigen, quantitative; CA 15-3 (27.29)
86301	CA 19-9
86304	CA 125
86308	Heterophile antibodies; screening
86309	titer
86310	titers after absorption with beef cells and guinea pig kidney
86316	Immunoassay for tumor antigen; other antigen, quantitative (e.g., CA 50, 72-4, 549), each
86317	Immunoassay for infectious agent antibody, quantitative, not otherwise specified
86318	Immunoassay for infectious agent antibody, qualitative or semiquantitative, single step method (e.g., reagent strip)
86320	Immunolectrophoresis; serum
86325	other fluids (e.g., urine, cerebrospinal fluid) with concentration
86327	crossed (two-dimensional assay)

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>	<b>Subchapter Number and Title</b> 6. Service Codes and Descriptions	<b>Page</b> 6-20
	<b>Transmittal Letter</b> LAB-32	<b>Date</b> 01/01/08
Independent Clinical Laboratory Manual		

601 Laboratory Service Codes and Descriptions (cont.)

Service

<u>Code</u>	<u>Service Description</u>
86329	Immunodiffusion; not elsewhere specified
86331	gel diffusion, qualitative (Ouchterlony), each antigen or antibody
86332	Immune complex assay
86334	Immunofixation electrophoresis, serum
86335	Immunofixation electrophoresis; other fluids with concentration (e.g, urine, CSF)
86336	Inhibin A
86337	Insulin antibodies
86340	Intrinsic factor antibodies
86341	Islet cell antibody
86343	Leukocyte histamine release test (LHR)
86344	Leukocyte phagocytosis
86353	Lymphocyte transformation, mitogen (phytomitogen) or antigen-induced blastogenesis
86355	B cells, total count
86356	Mononuclear cell antigen, quantitative (e.g., flow cytometry), not otherwise specified, each antigen
86357	Natural killer (NK) cells, total count
86359	T cells; total count
86360	absolute CD4 and CD8 count, including ratio
86361	absolute CD4 count
86367	Stem cells (i.e., CD34), total count
86376	Microsomal antibodies (e.g., thyroid or liver-kidney), each
86378	Migration inhibitory factor test (MIF)
86382	Neutralization test, viral
86384	Nitroblue tetrazolium dye test (NTD)
86403	Particle agglutination; screen, each antibody
86406	titer, each antibody
86430	Rheumatoid factor; qualitative
86431	quantitative
86480	Tuberculosis test, cell mediated immunity measurement of gamma interferon antigen response
86485	Skin test; candida
86486	unlisted antigen, each
86490	coccidioidomycosis
86510	histoplasmosis
86590	Streptokinase, antibody
86592	Syphilis test; qualitative (e.g., VDRL, RPR, ART)
86593	quantitative

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>	<b>Subchapter Number and Title</b> 6. Service Codes and Descriptions	<b>Page</b> 6-21
	<b>Transmittal Letter</b> LAB-32	<b>Date</b> 01/01/08
Independent Clinical Laboratory Manual		

601 Laboratory Service Codes and Descriptions (cont.)

Service

Code      Service Description

The following codes (86602-86804) are qualitative or semiquantitative immunoassays performed by multiple step methods for the detection of antibodies to infectious agents. For immunoassays by single step method (e.g., reagent strips), use code 86318. Procedures for the identification of antibodies should be coded as precisely as possible. For example, an antibody to a virus could be coded with increasing specificity for virus, family, genus, species, or type. In some cases, further precision may be added to codes by specifying the class of immunoglobulin being detected. When multiple tests are done to detect antibodies to organisms classified more precisely than the specificity allowed by available codes, it is appropriate to code each as a separate service. For example, a test for antibody to an enterovirus is coded as 86658. Coxsackie viruses 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, each assay should be separately coded. Similarly, if multiple assays are performed for antibodies of different immunoglobulin classes, each assay should be coded separately.

86602	Antibody; actinomyces
86603	adenovirus
86606	Aspergillus
86609	bacterium, not elsewhere specified
86611	Bartonella
86612	Blastomyces
86615	Bordetella
86617	Borrelia burgdorferi (Lyme disease) confirmatory test (e.g., Western blot or immunoblot)
86618	Borrelia burgdorferi (Lyme disease)
86619	Borrelia (relapsing fever)
86622	Brucella
86625	Campylobacter
86628	Candida
86631	Chlamydia
86632	Chlamydia, IgM
86635	Coccidioides
86638	Coxiella Brunetii (Q fever)
86641	Cryptococcus
86644	cytomegalovirus (CMV)
86645	cytomegalovirus (CMV), IgM
86648	Diphtheria
86651	encephalitis, California (La Crosse)
86652	encephalitis, Eastern equine
86653	encephalitis, St. Louis
86654	encephalitis, Western equine
86658	enterovirus (e.g., coxsackie, echo, polio)
86663	Epstein-Barr (EB) virus, early antigen (EA)
86664	Epstein-Barr (EB) virus, nuclear antigen (EBNA)
86665	Epstein-Barr (EB) virus, viral capsid (VCA)
86666	Ehrlichia
86668	Francisella tularensis
86671	fungus, not elsewhere specified



<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>	<b>Subchapter Number and Title</b> 6. Service Codes and Descriptions	<b>Page</b> 6-22
	<b>Transmittal Letter</b> LAB-32	<b>Date</b> 01/01/08
Independent Clinical Laboratory Manual		

601 Laboratory Service Codes and Descriptions (cont.)

Service

Code	Service Description
86674	Giardia lamblia
86677	Helicobacter pylori
86682	helminth, not elsewhere specified
86684	Haemophilus influenza
86687	HTLV-I
86688	HTLV-II
86689	HTLV or HIV antibody, confirmatory test (e.g., Western blot)
86692	hepatitis, delta agent
86694	herpes simplex, non-specific type test
86695	herpes simplex, type 1
86696	herpes simplex, type 2
86698	histoplasma
86701	HIV-1
86702	HIV-2
86703	HIV-1 and HIV-2, single assay
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
86710	Antibody; influenza virus
86713	Legionella
86717	Leishmania
86720	Leptospira
86723	Listeria monocytogenes
86727	lymphocytic choriomeningitis
86729	lymphogranuloma venereum
86732	mucormycosis
86735	mumps
86738	mycoplasma
86741	Neisseria meningitidis
86744	Nocardia
86747	parvovirus
86750	Plasmodium (malaria)
86753	protozoa, not elsewhere specified
86756	respiratory syncytial virus
86757	Rickettsia
86759	rotavirus
86762	rubella
86765	rubeola
86768	Salmonella
86771	Shigella
86774	tetanus
86777	Toxoplasma

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>	<b>Subchapter Number and Title</b> 6. Service Codes and Descriptions	<b>Page</b> 6-23
	<b>Transmittal Letter</b> LAB-32	<b>Date</b> 01/01/08
Independent Clinical Laboratory Manual		

601 Laboratory Service Codes and Descriptions (cont.)

Service

Code      Service Description

86778	Toxoplasma, IgM
86781	Treponema pallidum, confirmatory test (e.g., FTA-abs)
86784	trichinella
86787	varicella-zoster
86788	West Nile virus, IGM
86789	West Nile virus
86790	virus, not elsewhere specified
86793	Yersinia
86800	Thyroglobulin antibody
86803	Hepatitis C antibody
86804	confirmatory test (e.g., immunoblot)

**Tissue Typing**

86805	Lymphocytotoxicity assay, visual crossmatch; with titration
86806	without titration
86807	Serum screening for cytotoxic percent reactive antibody (PRA); standard method
86808	quick method
86812	HLA typing; A, B, or C (e.g., A10, B7, B27), single antigen
86813	A, B, or C, multiple antigens
86816	DR/DQ, single antigen
86817	DR/DQ, multiple antigens
86821	lymphocyte culture, mixed (MLC)
86822	lymphocyte culture, primed (PLC)
86849	Unlisted immunology procedure (I.C.)

**TRANSFUSION MEDICINE**

86850	Antibody screen, RBC, each serum technique
86860	Antibody elution (RBC), each elution
86870	Antibody identification, RBC antibodies, each panel for each serum technique
86880	Antihuman globulin test (Coombs test); direct, each antiserum
86885	indirect, qualitative, each reagent red cell
86886	indirect, each antibody titer
86900	Blood typing; ABO
86901	Rh (D)
86903	antigen screening for compatible blood unit using reagent serum, per unit screened
86904	antigen screening for compatible unit using patient serum, per unit screened
86905	RBC antigens, other than ABO or Rh (D), each
86906	Rh phenotyping, complete
86920	Compatibility test each unit; immediate spin technique
86921	incubation technique
86922	antiglobulin technique
86923	electronic

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>	<b>Subchapter Number and Title</b> 6. Service Codes and Descriptions	<b>Page</b> 6-24
	<b>Transmittal Letter</b> LAB-32	<b>Date</b> 01/01/08
Independent Clinical Laboratory Manual		

601 Laboratory Service Codes and Descriptions (cont.)

Service

<u>Code</u>	<u>Service Description</u>
86940	Hemolysins and agglutinins; auto, screen, each
86941	incubated
86970	Pretreatment of RBCs for use in RBC antibody detection, identification, and/or compatibility testing; incubation with chemical agents or drugs, each
86971	incubation with enzymes, each
86972	by density gradient separation
86975	Pretreatment of serum for use in RBC antibody identification; incubation with drugs, each
86976	by dilution
86977	incubation with inhibitors, each
86978	by differential redcell absorption using patient RBCs or RBCs of known phenotype, each absorption
86999	Unlisted transfusion medicine procedure (I.C.)

**MICROBIOLOGY**

87001	Animal inoculation, small animal; with observation
87003	with observation and dissection
87015	Concentration (any type), for infectious agents
87040	Culture, bacterial; blood, aerobic, with isolation and presumptive identification of isolates (includes anaerobic culture, if appropriate)
87045	stool, aerobic, with isolation and preliminary examination (e.g., KIA, LIA), Salmonella and Shigella species
87046	stool, aerobic, additional pathogens, isolation and presumptive identification of isolates, each plate
87070	any other source except urine, blood, or stool, aerobic, with isolation and presumptive identification of isolates
87071	quantitative, aerobic with isolation and presumptive identification of isolates, any source except urine, blood, or stool
87073	quantitative, anaerobic with isolation and presumptive identification of isolates, any source except urine, blood, or stool
87075	any source, except blood, anaerobic with isolation and presumptive identification of isolates
87076	anaerobic isolate, additional methods required for definitive identification, each isolate
87077	aerobic isolate, additional methods required for definitive identification, each isolate
87081	Culture, presumptive, pathogenic organisms, screening only
87084	with colony estimation from density chart
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
87106	Culture, fungi, definitive identification, each organism; yeast (Use in addition to codes 87101, 87102, or 87103 when appropriate.)
87107	mold

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>	<b>Subchapter Number and Title</b> 6. Service Codes and Descriptions	<b>Page</b> 6-25
	<b>Transmittal Letter</b> LAB-32	<b>Date</b> 01/01/08
Independent Clinical Laboratory Manual		

601 Laboratory Service Codes and Descriptions (cont.)

Service

<u>Code</u>	<u>Service Description</u>
87109	Culture, mycoplasma, any source
87110	Culture, chlamydia, any source
87116	Culture, tubercle or other acid-fast bacilli (e.g., TB, AFB, mycobacteria) any source, with isolation and presumptive identification of isolates
87118	Culture, mycobacterial, definitive identification, each isolate
87140	Culture, typing; immunofluorescent method, each antiserum
87143	gas-liquid chromatography (GLC) or high pressure liquid chromatography (HPLC) method
87147	immunologic method, other than immunofluorescence (e.g., agglutination grouping), per antiserum
87149	identification by nucleic acid probe
87152	identification by pulse field gel typing
87158	other methods
87164	Dark field examination, any source (e.g., penile, vaginal, oral, skin); includes specimen collection
87166	without collection
87168	Macroscopic examination; arthropod
87169	parasite
87172	Pinworm exam (e.g., cellophane tape prep)
87176	Homogenization, tissue, for culture
87177	Ova and parasites, direct smears, concentration and identification
87181	Susceptibility studies, antimicrobial agent; agar dilution method, per agent (e.g., antibiotic gradient strip)
87184	disk method, per plate (12 or fewer agents)
87185	enzyme detection (e.g., beta lactamase), per enzyme
87186	microdilution or agar dilution (minimum inhibitory concentration (MIC) or breakpoint), each multiantimicrobial, per plate
87187	microdilution or agar dilution, minimum lethal concentration (MLC), each plate (List separately in addition to code for primary procedure.)
87188	macrobroth dilution method, each agent
87190	mycobacteria, proportion method, each agent
87197	Serum bactericidal titer (Schlichter test)
87205	Smear, primary source with interpretation; Gram or Giemsa stain for bacteria, fungi, or cell types
87206	fluorescent and/or acid-fast stain for bacteria, fungi, parasites, viruses, or cell types
87207	special stain for inclusion bodies or parasites (e.g., malaria, coccidia, microsporidia, trypanosomes, herpes viruses)
87209	complex special stain (e.g., trichrome, iron hemotoxylin) for ova and parasites
87210	wet mount for infectious agents (e.g., saline, India ink, KOH preps)
87220	Tissue examination by KOH slide of samples from skin, hair, or nails for fungi or ectoparasite ova or mites (e.g., scabies)
87230	Toxin or antitoxin assay, tissue culture (e.g., Clostridium difficile toxin)

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>	<b>Subchapter Number and Title</b> 6. Service Codes and Descriptions	<b>Page</b> 6-26
	<b>Transmittal Letter</b> LAB-32	<b>Date</b> 01/01/08
Independent Clinical Laboratory Manual		

601 Laboratory Service Codes and Descriptions (cont.)

Service  
Code

Service Description

- 87250 Virus isolation; inoculation of embryonated eggs, or small animal, includes observation and dissection
- 87252 tissue culture inoculation, observation, and presumptive identification by cytopathic effect
- 87253 tissue culture, additional studies or definitive identification (e.g., hemabsorption, neutralization, immunofluorescence stain), each isolate
- 87254 centrifuge enhanced (shell vial) technique, includes identification with immunofluorescence stain, each virus
- 87255 including identification by non-immunologic method, other than by cytopathic effect (e.g., 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. If there is no specific agent code, the general methodology code (e.g., 87299, 87449, 87450, 87797, 87798, 87799, 87899) should be used. For identification of antibodies to many of the listed infectious agents, see 86602-86804.

- 87260 Infectious agent antigen detection by immunofluorescent technique; adenovirus
- 87265 Bordetella pertussis/parapertussis
- 87267 Enterovirus, direct fluorescent antibody (DFA)
- 87269 giardia
- 87270 Chlamydia trachomatis
- 87271 Cytomegalovirus, direct fluorescent antibody (DFA)
- 87272 cryptosporidium
- 87273 Herpes simplex virus type 2
- 87274 Herpes simplex virus type 1
- 87275 influenza B virus
- 87276 influenza A virus
- 87277 Legionella micdadei
- 87278 Legionella pneumophila
- 87279 Parainfluenza virus, each type
- 87280 respiratory syncytial virus
- 87281 Pneumocystis carinii
- 87283 Rubeola
- 87285 Treponema pallidum
- 87290 Varicella zoster virus
- 87299 not otherwise specified, each organism
- 87300 Infectious agent antigen detection by immunofluorescent technique, polyvalent for multiple organisms, each polyvalent antiserum
- 87301 Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple step method; adenovirus enteric types 40/41
- 87305 Aspergillus
- 87320 Chlamydia trachomatis
- 87324 Clostridium difficile toxin(s)
- 87327 Cryptococcus neoformans
- 87328 cryptosporidium

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>	<b>Subchapter Number and Title</b> 6. Service Codes and Descriptions	<b>Page</b> 6-27
	<b>Transmittal Letter</b> LAB-32	<b>Date</b> 01/01/08
Independent Clinical Laboratory Manual		

601 Laboratory Service Codes and Descriptions (cont.)

Service

<u>Code</u>	<u>Service Description</u>
87329	giardia
87332	cytomegalovirus
87335	Escherichia coli 0157
87336	Entamoeba histolytica dispar group
87337	Entamoeba histolytica group
87338	Helicobacter pylori, stool
87339	Helicobacter pylori
87340	hepatitis B surface antigen (HBsAg)
87341	hepatitis B surface antigen (HBsAg) neutralization
87350	hepatitis Be antigen (HBeAg)
87380	hepatitis, delta agent
87385	Histoplasma capsulatum
87390	HIV-1
87391	HIV-2
87400	influenza, A or B, each
87420	respiratory syncytial virus
87425	rotavirus
87427	Shiga-like toxin
87430	Streptococcus, group A
87449	Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative; multiple step method, not otherwise specified, each organism
87450	single step method, not otherwise specified, each organism
87451	multiple step method, polyvalent for multiple organisms, each polyvalent antiserum
87470	Infectious agent detection by nucleic acid (DNA or RNA); Bartonella henselae and Bartonella quintana, direct probe technique
87471	Bartonella henselae and Bartonella quintana, amplified probe technique
87472	Bartonella henselae and Bartonella quintana, quantification
87475	Borrelia burgdorferi, direct probe technique
87476	Borrelia burgdorferi, amplified probe technique
87477	Borrelia burgdorferi, quantification
87480	Candida species, direct probe technique
87481	Candida species, amplified probe technique
87482	Candida species, quantification
87485	Chlamydia pneumoniae, direct probe technique
87486	Chlamydia pneumoniae, amplified probe technique
87487	Chlamydia pneumoniae, quantification
87490	Chlamydia trachomatis, direct probe technique
87491	Chlamydia trachomatis, amplified probe technique
87492	Chlamydia trachomatis, quantification
87495	cytomegalovirus, direct probe technique
87496	cytomegalovirus, amplified probe technique
87497	cytomegalovirus, quantification
87498	enterovirus, amplified probe technique
87500	vancomycin resistance (e.g., enterococcus species van A, van B), amplified probe technique
87510	Gardnerella vaginalis, direct probe technique
87511	Gardnerella vaginalis, amplified probe technique

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>	<b>Subchapter Number and Title</b> 6. Service Codes and Descriptions	<b>Page</b> 6-28
	<b>Transmittal Letter</b> LAB-32	<b>Date</b> 01/01/08
Independent Clinical Laboratory Manual		

601 Laboratory Service Codes and Descriptions (cont.)

Service

Code

Service Description

87512	Gardnerella vaginalis, quantification
87515	hepatitis B virus, direct probe technique
87516	hepatitis B virus, amplified probe technique
87517	hepatitis B virus, quantification
87520	hepatitis C, direct probe technique
87521	hepatitis C, amplified probe technique
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
87640	Staphylococcus aureus, amplified probe technique
87641	Staphylococcus aureus, methicillin resistant, amplified probe technique
87650	Streptococcus, group A, direct probe technique

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>	<b>Subchapter Number and Title</b> 6. Service Codes and Descriptions	<b>Page</b> 6-29
	<b>Transmittal Letter</b> LAB-32	<b>Date</b> 01/01/08
Independent Clinical Laboratory Manual		

601 Laboratory Service Codes and Descriptions (cont.)

Service

<u>Code</u>	<u>Service Description</u>
87651	Streptococcus, group A, amplified probe technique
87652	Streptococcus, group A, quantification
87653	Streptococcus, group B, amplified probe technique
87660	Trichomonas vaginalis, direct probe technique
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
87800	Infectious agent detection by nucleic acid (DNA or RNA), multiple organisms; direct probe(s) technique
87801	amplified probe(s) technique
87802	Infectious agent antigen detection by immunoassay with direct optical observation; Streptococcus, group B
87803	Clostridium difficile toxin A
87804	influenza
87807	respiratory syncytial virus
87808	Trichomonas vaginalis
87809	adenovirus
87810	Infectious agent detection by immunoassay with direct optical observation; Chlamydia trachomatis
87850	Neisseria gonorrhoeae
87880	Streptococcus, group A
87899	not otherwise specified
87900	Infectious agent drug susceptibility phenotype prediction using regularly updated genotypic bioinformatics
87901	Infectious agent genotype analysis by nucleic acid (DNA or RNA); HIV 1, reverse transcriptase and protease
87902	Hepatitis C virus
87903	Infectious agent phenotype analysis by nucleic acid (DNA or RNA) with drug resistance tissue culture analysis, HIV 1; first through 10 drugs tested
87904	each additional drug tested (List separately in addition to code for primary procedure.) (Use 87904 in conjunction with 87903.)
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	simple filter method with interpretation
88107	smears and simple filter preparation with interpretation
88108	Cytopathology, concentration technique, smears and interpretation (e.g., 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
88140	peripheral blood smear, polymorphonuclear drumsticks



<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>	<b>Subchapter Number and Title</b> 6. Service Codes and Descriptions	<b>Page</b> 6-30
	<b>Transmittal Letter</b> LAB-32	<b>Date</b> 01/01/08
Independent Clinical Laboratory Manual		

601 Laboratory Service Codes and Descriptions (cont.)

Service  
Code

Service Description

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 88142-88143 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
- 88147 Cytopathology smears, cervical or vaginal; screening by automated system under physician supervision
- 88148 screening by automated system with manual rescreening under physician supervision
- 88150 Cytopathology, slides, cervical or vaginal; manual screening under physician supervision
- 88152 with manual screening and computer-assisted rescreening under physician supervision
- 88153 with manual screening and rescreening under physician supervision
- 88154 with manual screening and computer-assisted rescreening using cell selection and review under physician supervision
- 88155 Cytopathology, slides, cervical or vaginal, definitive hormonal evaluation (e.g., maturation index, karyopyknotic index, estrogenic index) (List separately in addition to code(s) for other technical and interpretation services.)
- 88160 Cytopathology, smears, any other source; screening and interpretation
- 88161 preparation, screening, and interpretation
- 88162 extended study involving over five slides and/or multiple stains
- 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
- 88172 Cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy of specimen(s)
- 88173 interpretation and report
- 88174 Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, screening by automated system, under physician supervision
- 88175 with screening by automated system and manual rescreening or review, under physician supervision
- 88182 Flow cytometry; cell cycle or DNA analysis

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>	<b>Subchapter Number and Title</b> 6. Service Codes and Descriptions	<b>Page</b> 6-31
	<b>Transmittal Letter</b> LAB-32	<b>Date</b> 01/01/08
Independent Clinical Laboratory Manual		

601 Laboratory Service Codes and Descriptions (cont.)

Service  
Code

Service Description

- 88184 Flow cytometry, cell surface, cytoplasmic, or nuclear marker, technical component only; first marker  
88185 Flow cytometry, cell surface, cytoplasmic, or nuclear marker, technical component only; each additional marker (list separately in addition to code for first marker) (report 88185 in conjunction with 88184)  
88187 Flow cytometry, interpretation; 2 to 8 markers  
88188 Flow cytometry, interpretation; 9 to 15 markers  
88189 Flow cytometry, interpretation; 16 or more markers  
88199 Unlisted cytopathology procedure (I.C.)

**Cytogenetic Studies**

- 88230 Tissue culture for non-neoplastic disorders; lymphocyte  
88233 skin or other solid tissue biopsy  
88235 amniotic fluid or chorionic villus cells  
88237 Tissue culture for neoplastic disorders; bone marrow, blood cells  
88239 solid tumor  
88240 Cryopreservation, freezing and storage of cells, each cell line  
88241 Thawing and expansion of frozen cells, each aliquot  
88245 Chromosome analysis for breakage syndromes; baseline Sister Chromatid Exchange (SCE), 20-25 cells  
88248 baseline breakage, score 50-100 cells, count 20 cells, 2 karyotypes, (e.g., for ataxia telangiectasia, Fanconi anemia, fragile X)  
88249 score 100 cells, clastogen stress (e.g., diepoxybutane, mitomycin C, ionizing radiation, UV radiation)  
88261 Chromosome analysis; count 5 cells, 1 karyotype, with banding  
88262 count 15-20 cells, 2 karyotypes, with banding  
88263 count 45 cells for mosaicism, 2 karyotypes, with banding  
88264 analyze 20-25 cells  
88267 Chromosome analysis, amniotic fluid or chorionic villus, count 15 cells, 1 karyotype, with banding  
88269 Chromosome analysis, in situ for amniotic fluid cells, count cells from 6-12 colonies, 1 karyotype, with banding  
88271 Molecular cytogenetics; DNA probe, each (e.g., FISH)  
88272 chromosomal in situ hybridization, analyze 3-5 cells (e.g., for derivatives and markers)  
88273 chromosomal in situ hybridization, analyze 10-30 cells (e.g., for microdeletions)  
88274 interphase in situ hybridization, analyze 25-99 cells  
88275 interphase in situ hybridization, analyze 100-300 cells  
88280 Chromosome analysis; additional karyotypes, each study  
88283 additional specialized banding technique (e.g., NOR, C-banding)  
88285 additional cells counted, each study  
88289 additional high resolution study  
88291 Cytogenetics and molecular cytogenetics, interpretation and report  
88299 Unlisted cytogenetic study (I.C.)

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>	<b>Subchapter Number and Title</b> 6. Service Codes and Descriptions	<b>Page</b> 6-32
	<b>Transmittal Letter</b> LAB-32	<b>Date</b> 01/01/08
Independent Clinical Laboratory Manual		

601 Laboratory Service Codes and Descriptions (cont.)

Service  
Code      Service Description

**SURGICAL PATHOLOGY**

Complete descriptions for codes 88300 through 88309 are listed in the American Medical Association's Current Procedural Terminology (CPT) code book.

- 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
- 88311 Decalcification procedure (List separately in addition to code for surgical pathology examination.)
- 88312 Special stains (List separately in addition to code for primary service); Group I for microorganisms  
Gridley, acid fast, methenamine silver), each
- 88313        Group II, all other (e.g., iron, trichrome), except immunocytochemistry and immunoperoxidase  
              stains, each
- 88314        histochemical staining with frozen section(s)
- 88318 Determinative histochemistry to identify chemical components (e.g., copper, zinc)
- 88319 Determinative histochemistry or cytochemistry to identify enzyme constituents, each
- 88342 Immunohistochemistry (including tissue immunoperoxidase), each antibody
- 88346 Immunofluorescent study, each antibody; direct method
- 88347        indirect method
- 88348 Electron microscopy; diagnostic
- 88349        scanning
- 88355 Morphometric analysis; skeletal muscle
- 88356        nerve
- 88358        tumor (eg, DNA ploidy)
- 88360 Morphometric analysis, tumor immunohistochemistry, (e.g., HER-2/NEU, estrogen  
              receptor/progesterone receptor), quantitative or semiquantitative, each antibody, manual
- 88361        using computer assisted technology
- 88362 Nerveteasing preparations
- 88365 In situ hybridization (e.g, FISH), each probe
- 88367 Morphometric analysis, in situ hybridization, (quantitative or semiquantitative) each probe, using  
              computer assisted technology
- 88368        manual
- 88371 Protein analysis of tissue by Western Blot, with interpretation and report
- 88372        immunological probe for band identification, each
- 88380 Microdissection (i.e., sample preparation of microscopically identified target); laser capture (I.C.)
- 88381        manual
- 88384 Array-based evaluation of multiple molecular probes; 11 through 50 probes
- 88385        51 through 250 probes
- 88386        251 through 500 probes
- 88399 Unlisted surgical pathology procedure (I.C.)

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>	<b>Subchapter Number and Title</b> 6. Service Codes and Descriptions	<b>Page</b> 6-33
	<b>Transmittal Letter</b> LAB-32	<b>Date</b> 01/01/08
Independent Clinical Laboratory Manual		

601 Laboratory Service Codes and Descriptions (cont.)

Service

Code      Service Description

**OTHER PROCEDURES**

- 89049      Caffeine halothane contracture test (CHCT) for malignant hyperthermia susceptibility, including interpretation and report
- 89050      Cell count, miscellaneous body fluids (e.g., cerebrospinal fluid, joint fluid), except blood
- 89051      with differential count
- 89055      Leukocyte assessment, fecal, qualitative or semiquantitative
- 89060      Crystal identification by light microscopy with or without polarizing lens analysis, tissue or any body fluid (except urine)
- 89100      Duodenal intubation and aspiration; single specimen (e.g., simple bile study or afferent loop culture) plus appropriate test procedure (I.C.)
- 89105      collection of multiple fractional specimens with pancreatic or gallbladder stimulation, single or double lumen tube
- 89125      Fat stain, feces, urine, or respiratory secretions
- 89130      Gastric intubation and aspiration, diagnostic, each specimen, for chemical analyses or cytopathology
- 89132      after stimulation
- 89135      Gastric intubation, aspiration, and fractional collections (e.g., gastric secretory study); one hour
- 89136      two hours
- 89140      two hours including gastric stimulation (e.g., histalog, pentagastrin)
- 89141      three hours, including gastric stimulation
- 89160      Meat fibers, feces
- 89190      Nasal smear for eosinophils
- 89220      Sputum, obtaining specimen, aerosol induced technique (separate procedure) (I.C.)
- 89225      Starch granules, feces
- 89230      Sweat collection by iontophoresis (I.C.)
- 89235      Water load test
- 89240      Unlisted miscellaneous pathology test (I.C.)

**MEDICINE**

**CARDIOVASCULAR**

**Cardiography**

- 93000      Electrocardiogram, routine ECG with at least 12 leads; with interpretation and report
- 93005      tracing only, without interpretation and report
- 93010      interpretation and report only
- 93012      Telephonic transmission of post-symptom electrocardiogram rhythm strip(s), 24-hour attended monitoring, per 30-day period of time; tracing only
- 93014      physician review with interpretation and report only
- 93015      Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; with physician supervision, with interpretation and report

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>	<b>Subchapter Number and Title</b> 6. Service Codes and Descriptions	<b>Page</b> 6-34
	<b>Transmittal Letter</b> LAB-32	<b>Date</b> 01/01/08
Independent Clinical Laboratory Manual		

601 Laboratory Service Codes and Descriptions (cont.)

Service

Code      Service Description

- 93016      physician supervision only, without interpretation and report  
93017      tracing only, without interpretation and report  
93018      interpretation and report only  
93024      Ergonovine provocation test  
93040      Rhythm ECG, one to three leads; with interpretation and report  
93041      tracing only without interpretation and report  
93042      interpretation and report only  
93224      Electrocardiographic monitoring for 24 hours by continuous original ECG waveform recording and storage, with visual superimposition scanning; includes recording, scanning analysis with report, physician review and interpretation  
93225      recording (includes hook-up, recording, and disconnection)  
93226      scanning analysis with report  
93227      physician review and interpretation  
93230      Electrocardiographic monitoring for 24 hours by continuous original ECG waveform recording and storage without superimposition scanning utilizing a device capable of producing a full miniaturized printout; includes recording, microprocessor-based analysis with report, physician review and interpretation  
93231      recording (includes hook-up, recording, and disconnection)  
93232      microprocessor-based analysis with report  
93233      physician review and interpretation  
93235      Electrocardiographic monitoring for 24 hours by continuous computerized monitoring and non-continuous recording, and real-time data analysis utilizing a device capable of producing intermittent full-sized waveform tracings, possibly patient activated; includes monitoring and real-time data analysis with report, physician review and interpretation  
93236      monitoring and real-time data analysis with report  
93237      physician review and interpretation  
93268      Patient demand single or multiple event recording with presymptom memory loop, 24-hour attended monitoring, per 30-day period of time; includes transmission, physician review and interpretation  
93278      Signal-averaged electrocardiography (SAECG), with or without ECG

**Other Vascular Studies**

- 93724      Electronic analysis of antitachycardia pacemaker system (includes electrocardiographic recording, programming of device, induction and termination of tachycardia via implanted pacemaker, and interpretation of recordings)  
93731      Electronic analysis of dual-chamber pacemaker system (includes evaluation of programmable parameters at rest and during activity where applicable, using electrocardiographic recording and interpretation of recordings at rest and during exercise, analysis of event markers and device response); without reprogramming  
93732      with reprogramming  
93734      Electronic analysis of single-chamber pacemaker system (includes evaluation of programmable parameters at rest and during activity where applicable, using electrocardiographic recording and interpretation of recordings at rest and during exercise, analysis of event markers and device response); without reprogramming  
93735      with reprogramming

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>  Independent Clinical Laboratory Manual	<b>Subchapter Number and Title</b> 6. Service Codes and Descriptions	<b>Page</b> 6-35
	<b>Transmittal Letter</b> LAB-32	<b>Date</b> 01/01/08

601 Laboratory Service Codes and Descriptions (cont.)

Service

Code    Service Description

**Other Procedures**

93799    Unlisted cardiovascular service or procedure (I.C.)

**SUPPLEMENTARY**

P9604    Travel allowance one way in connection with medically necessary laboratory specimen collection drawn from homebound or nursing-home-bound patients; prorated miles actually traveled

S3820    Complete BRCA1 and BRCA2 gene sequence analysis for susceptibility to breast and ovarian cancer

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) code book.

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>	<b>Subchapter Number and Title</b> 6. Service Codes and Descriptions	<b>Page</b> 6-36
	<b>Transmittal Letter</b> LAB-32	<b>Date</b> 01/01/08
Independent Clinical Laboratory Manual		

This page is reserved.