

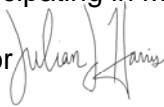


**Commonwealth of Massachusetts**  
**Executive Office of Health and Human Services**  
**Office of Medicaid**  
*www.mass.gov/masshealth*



MassHealth  
Transmittal Letter LAB-37  
December 2011

**TO:** Independent Clinical Laboratories Participating in MassHealth

**FROM:** Julian J. Harris, M.D., Medicaid Director 

**RE:** Independent Clinical Laboratory Manual (2011 HCPCS Updates)

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) codes for 2011. The revised Subchapter 6 is effective for dates of service on or after December 1, 2011. For dates of service on or after December 1, 2011, you must use the new codes in order to obtain reimbursement.

### **Drug Screen Service Codes**

Effective December 1, 2011, MassHealth will no longer pay for drug screen Service Codes 80100 (Drug screen, qualitative; multiple drug classes chromatographic method, each procedure) and 80101 (Drug screen, qualitative; single drug class method (e.g., immunoassay, enzyme assay), each drug class). Drug screen services should now be reported using Service Code G0431 (Drug screen, qualitative; multiple drug classes by high complexity test method (e.g., immunoassay, enzyme assay), per patient encounter) or G0434 (Drug screen, other than chromatographic; any number of drug classes, by CLIA waived test or moderate complexity test, per patient encounter). G0431 and G0434 are bundled codes that pay a single fee for the drug screen services being provided at the patient encounter regardless of the number of drug classes being tested. Providers should not routinely bill for the quantification of drug classes (e.g., chemistry section 82000-84999 or therapeutic drug assay section 80150-80299) being tested as part of the drug screen service.

Providers should bill only for the quantification of drug classes being tested as part of a drug screen service or a confirmatory drug test if there is a positive screen for one or more drug classes being tested.

### **Standing Order Requests**

Providers are reminded that MassHealth issued revised regulations about standing order requests made to independent clinical laboratories via Transmittal Letter LAB-35, issued in March 2010. These amendments pertain to standing order requests, information required for written requests for laboratory services, record keeping requirements, conditions relating to authorized prescribers, and EPSDT services. As part of these changes, MassHealth established that standing order requests made by authorized prescribers to a MassHealth independent clinical lab to perform most services must not exceed 180 days and for substance abuse testing must not exceed 30 days. Please review all the updated regulations transmitted via Transmittal Letter LAB-35.

## Fee Schedule

In you wish to obtain a fee schedule you may download the Division of Health Care Finance and Policy (DHCFP) regulations at no cost at [www.mass.gov/dhcfp](http://www.mass.gov/dhcfp). You may also purchase a paper copy of DHCFP regulations from either the Massachusetts State Bookstore or from DHCFP (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 the information in 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 6-1 through 6-34

## OBSOLETE MATERIAL

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

### Independent Clinical Laboratory Manual

Pages 6-1 through 6-34 — transmitted by Transmittal Letter LAB-36

<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-37	<b>Date</b> 12/01/11
Independent Clinical Laboratory Manual		

601 Laboratory Service Codes and Descriptions

Service

Code      Service Description

MassHealth pays for the services represented by the codes listed in Subchapter 6 in effect at the time of service, subject to all conditions and limitations in MassHealth regulations at 130 CMR 405.000 and 450.000. An independent clinical laboratory may request prior authorization for any medically necessary service reimbursable under the federal Medicaid Act in accordance with 130 CMR 450.144, 42 U.S.C. 1396d(a), and 42 U.S.C. 1396d(r)(5) for a MassHealth Standard or CommonHealth member younger than 21 years of age, even if it is not designated as covered or payable in Subchapter 6 of the *Independent Clinical Laboratory Manual*.

Legend:

IC: Claim requires individual consideration. See 130 CMR 401.419 and 130 CMR 450.271 for more information.

PA: Service requires prior authorization. See 130 CMR 450.303 for more information.

**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.

Service

Code      Service Description

- 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, total (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).)

<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-37	<b>Date</b> 12/01/11
Independent Clinical Laboratory Manual		

601 Laboratory Service Codes and Descriptions (cont.)

Service

Code      Service Description

- 80053      Comprehensive metabolic panel (This panel must include the following: Albumin (82040), Bilirubin, total (82247), Calcium, total (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, non-triponemal antibody; 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, total (82310), Carbon dioxide (bicarbonate) (82374), Chloride (82435), Creatinine (82565), Glucose (82947), Phosphorus inorganic (phosphate) (84100), Potassium (84132), Sodium (84295), and Urea nitrogen (BUN) (84520).)
- 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**

- 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

<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-37	<b>Date</b> 12/01/11
Independent Clinical Laboratory Manual		

601 Laboratory Service Codes and Descriptions (cont.)

Service

Code      Service Description

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

**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).)

<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-37	<b>Date</b> 12/01/11
Independent Clinical Laboratory Manual		

601 Laboratory Service Codes and Descriptions (cont.)

Service

<u>Code</u>	<u>Service Description</u>
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: Adrenocorticotrophic 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).)
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

<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-37	<b>Date</b> 12/01/11
Independent Clinical Laboratory Manual		

601 Laboratory Service Codes and Descriptions (cont.)

Service

Code      Service Description

81050      Volume measurement for timed collection, each

81099      Unlisted urinalysis procedure (IC)

**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, plasma or whole blood  
82042                 urine or other source, quantitative, each specimen  
82043                 urine, microalbumin, quantitative  
82044                 urine, microalbumin, semiquantitative (e.g., reagent strip assay)  
82045                 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

<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-37	<b>Date</b> 12/01/11
Independent Clinical Laboratory Manual		

601 Laboratory Service Codes and Descriptions (cont.)

Service

<u>Code</u>	<u>Service Description</u>
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
82274	Blood, occult, by fecal hemoglobin determination by immunoassay, qualitative, feces, one to three simultaneous determinations
82286	Bradykinin
82300	Cadmium
82306	Vitamin D; 25 hydroxy, includes fraction(s), if performed
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	Carboxyhemoglobin; quantitative
82376	qualitative
82378	Carcinoembryonic antigen (CEA)
82379	Carnitine (total and free), quantitative, each specimen
82380	Carotene
82382	Catecholamines; total urine



<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>	<b>Subchapter Number and Title</b> 6. Service Codes and Descriptions	<b>Page</b> 6-7
	<b>Transmittal Letter</b> LAB-37	<b>Date</b> 12/01/11
Independent Clinical Laboratory Manual		

601 Laboratory Service Codes and Descriptions (cont.)

Service

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

<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-37	<b>Date</b> 12/01/11
Independent Clinical Laboratory Manual		

601 Laboratory Service Codes and Descriptions (cont.)

Service

<u>Code</u>	<u>Service Description</u>
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	Vitamin D; 1, 25 dihydroxy, includes fraction(s), if performed
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
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

<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-37	<b>Date</b> 12/01/11
Independent Clinical Laboratory Manual		

601 Laboratory Service Codes and Descriptions (cont.)

Service

<u>Code</u>	<u>Service Description</u>
82784	Gammaglobulin (immunoglobulin); IgA, IgD, IgG, IgM, each
82785	IgE
82787	immunoglobulin subclasses (e.g., 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)
82930	Gastric acid analysis, includes pH if performed, 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 (List separately in addition to code for primary procedure.)
82953	tolbutamide tolerance test
82955	Glucose-6-phosphate dehydrogenase (G6PD); quantitative
82960	screen
82963	Glucosidase, beta
82965	Glutamate dehydrogenase
82975	Glutamine (glutamic acid amide)
82977	Glutamyltransferase, 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

<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-37	<b>Date</b> 12/01/11
Independent Clinical Laboratory Manual		

601 Laboratory Service Codes and Descriptions (cont.)

Service

<u>Code</u>	<u>Service Description</u>
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
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	qualitative or semiquantitative, single step method (e.g., reagent strip)
83519	quantitative, by radioimmunoassay (e.g., RIA)
83520	quantitative, 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

<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-37	<b>Date</b> 12/01/11
Independent Clinical Laboratory Manual		

601 Laboratory Service Codes and Descriptions (cont.)

Service

<u>Code</u>	<u>Service Description</u>
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
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
83861	Microfluidic analysis utilizing an integrated collection and analysis device, tear osmolality
83864	Mucopolysaccharides, acid; quantitative
83866	screen
83872	Mucin, synovial fluid (Ropes test)
83873	Myelin basic protein, cerebrospinal fluid
83874	Myoglobin
83876	Myeloperoxidase (MPO)
83880	Natriuretic peptide
83883	Nephelometry, each analyte not elsewhere specified
83885	Nickel
83887	Nicotine

**Molecular Diagnostics**

Codes 83890-83914 are 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.

<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-37	<b>Date</b> 12/01/11
Independent Clinical Laboratory Manual		

601 Laboratory Service Codes and Descriptions (cont.)

Service

<u>Code</u>	<u>Service Description</u>
83890	Molecular diagnostics; molecular isolation or extraction, each nucleic acid type (i.e., DNA or RNA)
83891	isolation or extraction of highly purified nucleic acid, each nucleic acid type (i.e., DNA or RNA)
83892	enzymatic digestion, each enzyme treatment
83893	dot/slot blot production, each nucleic acid preparation
83894	separation by gel electrophoresis (e.g., agarose, polyacrylamide), each nucleic acid preparation
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 <sup>1</sup> 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
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), each specimen
83908	amplification, signal, each nucleic acid sequence
83909	separation and identification by high resolution technique (e.g., capillary electrophoresis), each nucleic acid preparation
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 extension (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	Opiate(s), drug and metabolites, each procedure
83930	Osmolality; blood
83935	urine
83937	Osteocalcin (bone gla protein)
83945	Oxalate
83950	Oncoprotein; HER-2/neu
83951	des-gamma-carboxy-prothrombin
83970	Parathormone (parathyroid hormone)
83986	pH; body fluid, not otherwise specified
83992	Phencyclidine (PCP)
83993	Calprotectin, fecal
84022	Phenothiazine
84030	Phenylalanine (PKU), blood

<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-37	<b>Date</b> 12/01/11
Independent Clinical Laboratory Manual		

601 Laboratory Service Codes and Descriptions (cont.)

Service

<u>Code</u>	<u>Service Description</u>
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
84112	Placental alpha microglobulin-1 (PAMG-1) cervicovaginal secretion, qualitative
84119	Porphyryns, urine; qualitative
84120	quantitation and fractionation
84126	Porphyryns, feces; quantitative
84127	qualitative
84132	Potassium; serum, plasma or whole blood
84133	urine
84134	Prealbumin
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, plasma or whole blood
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

<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-37	<b>Date</b> 12/01/11
Independent Clinical Laboratory Manual		

601 Laboratory Service Codes and Descriptions (cont.)

Service

<u>Code</u>	<u>Service Description</u>
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, plasma or whole blood
84300	urine
84302	other source
84305	Somatomedin
84307	Somatostatin
84311	Spectrophotometry, analyte not elsewhere specified
84315	Specific gravity (except urine)
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



<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-37	<b>Date</b> 12/01/11
Independent Clinical Laboratory Manual		

601 Laboratory Service Codes and Descriptions (cont.)

Service

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

**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

<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-37	<b>Date</b> 12/01/11
Independent Clinical Laboratory Manual		

601 Laboratory Service Codes and Descriptions (cont.)

Service

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

<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-37	<b>Date</b> 12/01/11
Independent Clinical Laboratory Manual		

601 Laboratory Service Codes and Descriptions (cont.)

Service

<u>Code</u>	<u>Service Description</u>
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
85397	Coagulation and fibronolysis, functional activity, not otherwise specified (e.g., ADAMS-13), each analyte
85400	Fibrinolytic factors and inhibitors; plasmin
85410	alpha-2 antiplasmin
85415	plasminogen activator
85420	plasminogen, except antigenic assay
85421	plasminogen, antigenic assay
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	Phospholipid neutralization; platelet
85598	Phospholipid neutralization; hexagonal phospholipid
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 (IC)

<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-37	<b>Date</b> 12/01/11
Independent Clinical Laboratory Manual		

601 Laboratory Service Codes and Descriptions (cont.)

Service

Code      Service Description

**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
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

<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-37	<b>Date</b> 12/01/11
Independent Clinical Laboratory Manual		

601 Laboratory Service Codes and Descriptions (cont.)

Service

<u>Code</u>	<u>Service Description</u>
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	Immunoelectrophoresis; serum
86325	other fluids (e.g., urine, cerebrospinal fluid) with concentration
86327	crossed (two-dimensional assay)
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
86352	Cellular function assay involving stimulation (e.g., mitogen or antigen) and detection of biomarker (e.g., ATP)
86353	Lymphocyte transformation, mitogen (phyto mitogen) 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 antigen response measurement; gamma interferon
86481	enumeration of gamma interferon-producing T-cells in cell suspension
86485	Skin test; candida
86486	unlisted antigen, each
86490	coccidioidomycosis
86510	histoplasmosis
86590	Streptokinase, antibody
86592	Syphilis test, non-treponemal antibody; 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> 6-20
	<b>Transmittal Letter</b> LAB-37	<b>Date</b> 12/01/11
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. When a coding option exists for reporting IgM specific antibodies (e.g., 86632), the corresponding nonspecific code (e.g., 86631) may be reported for performance of either an antibody analysis not specific for a particular immunoglobulin class or for an IgG analysis.

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
86674	Giardia lamblia

<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-37	<b>Date</b> 12/01/11
Independent Clinical Laboratory Manual		

601 Laboratory Service Codes and Descriptions (cont.)

Service

<u>Code</u>	<u>Service Description</u>
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
86778	Toxoplasma, IgM
86780	Treponema pallidum
86784	trichinella
86787	varicella-zoster

<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-37	<b>Date</b> 12/01/11
Independent Clinical Laboratory Manual		

601 Laboratory Service Codes and Descriptions (cont.)

Service

<u>Code</u>	<u>Service Description</u>
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)
86825	Human leukocyte antigen (HLA) crossmatch, noncytotoxic (e.g., using flow cytometry); first serum sample or dilution
86826	each additional serum sample or sample dilution (List separately in addition to primary procedure.)
86849	Unlisted immunology procedure (IC)

**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)
86902	antigen testing of donor blood using reagent serum, each antigen test
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
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



<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-37	<b>Date</b> 12/01/11
Independent Clinical Laboratory Manual		

601 Laboratory Service Codes and Descriptions (cont.)

Service

Code      Service Description

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 (IC)

**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
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

<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-37	<b>Date</b> 12/01/11
Independent Clinical Laboratory Manual		

601 Laboratory Service Codes and Descriptions (cont.)

Service

<u>Code</u>	<u>Service Description</u>
87147	immunologic method, other than immunofluorescence (e.g., agglutination grouping), per antiserum
87149	identification by nucleic acid (DNA or RNA) probe, direct probe technique, per culture or isolate, each organism probed
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 multi-antimicrobial, 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)
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)

<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-37	<b>Date</b> 12/01/11
Independent Clinical Laboratory Manual		

601 Laboratory Service Codes and Descriptions (cont.)

Service

Code      Service Description

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
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

<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-37	<b>Date</b> 12/01/11
Independent Clinical Laboratory Manual		

601 Laboratory Service Codes and Descriptions (cont.)

Service

<u>Code</u>	<u>Service Description</u>
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
87501	influenza virus, reverse transcription and amplified probe technique, each type or subtype
87502	influenza virus, for multiple types or sub-types, reverse transcription and amplified probe technique, first two types or sub-types
87503	influenza virus, for multiple types or sub-types, multiplex reverse transcription and amplified probe technique, each additional influenza virus type or sub-type beyond two (List separately in addition to code for primary procedure.)
87510	Gardnerella vaginalis, direct probe technique
87511	Gardnerella vaginalis, amplified probe technique
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

<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-37	<b>Date</b> 12/01/11

601 Laboratory Service Codes and Descriptions (cont.)

Service

<u>Code</u>	<u>Service Description</u>
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
7651	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

<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-37	<b>Date</b> 12/01/11
Independent Clinical Laboratory Manual		

601 Laboratory Service Codes and Descriptions (cont.)

Service

<u>Code</u>	<u>Service Description</u>
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	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 regions
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.)
87905	Infectious agent enzymatic activity other than virus (e.g., sialidase activity in vaginal fluid)
87906	HIV-1, other region (e.g., integrase, fusion)
87999	Unlisted microbiology procedure (IC) (PA)

**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 (e.g., liquid based slide preparation method), except cervical or vaginal
88120	Cytopathology, in situ hybridization (e.g., FISH), urinary tract specimen with morphometric analysis, 3-5 molecular probes, each specimen; manual
88121	using computer-assisted technology
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> 6-29
	<b>Transmittal Letter</b> LAB-37	<b>Date</b> 12/01/11
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
- 88177 Cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy for diagnosis, each separate additional evaluation episode, same site (List separately in addition to code for primary procedure.)
- 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> 6-30
	<b>Transmittal Letter</b> LAB-37	<b>Date</b> 12/01/11
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; two to eight markers  
88188      Flow cytometry, interpretation; nine to 15 markers  
88189      Flow cytometry, interpretation; 16 or more markers  
88199      Unlisted cytopathology procedure (IC)

**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, two 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 five cells, one karyotype, with banding  
88262              count 15-20 cells, two karyotypes, with banding  
88263              count 45 cells for mosaicism, two karyotypes, with banding  
88264              analyze 20-25 cells  
88267      Chromosome analysis, amniotic fluid or chorionic villus, count 15 cells, one karyotype, with banding  
88269      Chromosome analysis, in situ for amniotic fluid cells, count cells from six to 12 colonies, one karyotype, with banding  
88271      Molecular cytogenetics; DNA probe, each (e.g., FISH)  
88272              chromosomal in situ hybridization, analyze three to five 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 (IC)



<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-37	<b>Date</b> 12/01/11
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; Group I for microorganisms (e.g., Gridley, acid fast, methenamine silver), including interpretation and report, each
- 88313      Group II, all other (e.g., iron, trichrome), except immunocytochemistry and immunoperoxidase stains, including interpretation and report, each
- 88314      histochemical staining with frozen section(s), including interpretation and report (List separately in addition to code for primary procedure.)
- 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 (e.g., 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
- 88363 Examination and selection of retrieved archival (i.e., previously diagnosed) tissue(s) for molecular analysis (e.g., Kraus mutational analysis)
- 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 (IC)
- 88381      manual
- 88384 Array-based evaluation of multiple molecular probes; 11 through 50 probes
- 88385      51 through 250 probes
- 88386      251 through 500 probes
- 88387 Macroscopic examination, dissection, and preparation of tissue for non-microscopic analytical studies

<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-37	<b>Date</b> 12/01/11
Independent Clinical Laboratory Manual		

601 Laboratory Service Codes and Descriptions (cont.)

Service

Code      Service Description

88388      (e.g., nucleic acid-based molecular studies); each tissue preparation (e.g., a single lymph node) in conjunction with a touch imprint, intraoperative consultation, or frozen section, each tissue preparation (e.g., a single lymph node) (List separately in addition to code for primary procedure.)

88399      Unlisted surgical pathology procedure (IC)

**In Vivo (e.g., Transcutaneous) Laboratory Procedures**

88720      Bilirubin, total, transcutaneous

88740      Hemoglobin, quantitative, transcutaneous, per day; carboxyhemoglobin

88741      methemoglobin

**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)

89125      Fat stain, feces, urine, or respiratory secretions

89160      Meat fibers, feces

89190      Nasal smear for eosinophils

89220      Sputum, obtaining specimen, aerosol induced technique (separate procedure) (IC)

89230      Sweat collection by iontophoresis (IC)

89240      Unlisted miscellaneous pathology test (IC)

**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

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

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

<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-37	<b>Date</b> 12/01/11
Independent Clinical Laboratory Manual		

601 Laboratory Service Codes and Descriptions (cont.)

Service

Code      Service Description

- 93041      tracing only without interpretation and report  
93042      interpretation and report only  
93224      External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; includes recording, scanning analysis with report, physician review and interpretation  
93225      recording (includes connection, recording, and disconnection)  
93226      scanning analysis with report  
93227      physician review and interpretation  
93228      External mobile cardiovascular telemetry with electrocardiographic recording, concurrent computerized real time data analysis and greater than 24 hours of accessible ECG data storage (retrievable with query) with ECG triggered and patient selected events transmitted to a remote attended surveillance center for up to 30 days; physician review and interpretation with report  
93229      technical support for connection and patient instructions for use, attended surveillance, analysis and physician prescribed transmission of daily and emergent data reports (IC)  
93268      External patient and, when performed, auto activated electrocardiographic rhythm derived event recording with symptom-related memory loop with remote download capability up to 30 days, 24-hour attended monitoring; 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

**Other Procedures**

- 93799      Unlisted cardiovascular service or procedure (IC)

<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-37	<b>Date</b> 12/01/11
Independent Clinical Laboratory Manual		

601 Laboratory Service Codes and Descriptions (cont.)

Service

Code      Service Description

**SUPPLEMENTARY**

G0431	Drug screen, qualitative; multiple drug classes by high complexity test method (e.g., immunoassay, enzyme assay), per patient encounter
G0434	Drug screen, other than chromatographic; any number of drug classes, by CLIA waived test or moderate complexity test, per patient encounter
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
S3822	Single mutation analysis (in individual with a known BRCA1 or BRCA2 mutation in the family) for susceptibility to breast and ovarian cancer
S3823	Three-mutation BRCA1 or BRCA2 analysis for susceptibility to breast and ovarian cancer in Ashkenazi individuals

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.