

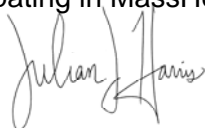


Commonwealth of Massachusetts
Executive Office of Health and Human Services
Office of Medicaid
 www.mass.gov/masshealth



MassHealth
 Transmittal Letter LAB-40
 May 2012

TO: Independent Clinical Laboratories Participating in MassHealth

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

RE: *Independent Clinical Laboratory Manual* (Update to 2012 HCPCS)

This letter transmits revisions to the service codes for BRCA testing in the *Independent Clinical Laboratory Manual*. The Centers for Medicare & Medicaid Services (CMS) has revised the Healthcare Common Procedure Coding System (HCPCS) codes for April 1, 2012. The revised Subchapter 6 is effective for dates of service on or after April 1, 2012. These revisions are listed below.

Deleted Code/Modifier	Replacement Code/Modifier
S3820	81211
S3820/QP	81211/59
S3822	81215
S3823	81212

Division of Health Care Finance and Policy (DHCFP) regulations establish the fee schedule for covered services in the *Independent Clinical Laboratory Manual*. You may download the regulations at no cost at www.mass.gov/dhcfp, or purchase a paper copy 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 specific regulation titles for laboratory services are Surgery and Anesthesia Services: 114.0.3 CMR 16.00 and Clinical Laboratory Services: 114.3 CMR 20.00.

Massachusetts State Bookstore
 State House, Room 116
 Boston, MA 02133
 Telephone: 617-727-2834
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

MassHealth Web Site

This transmittal letter and attached pages are available on the MassHealth Web site at 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, 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 6-6

OBSOLETE MATERIAL

(The pages listed here are no longer in effect.)

Independent Clinical Laboratory Manual

Pages vi and 6-1 through 6-6 — transmitted by Transmittal Letter LAB-39

Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title Table of Contents	Page vi
	Transmittal Letter LAB-40	Date 04/01/12
Independent Clinical Laboratory Manual		

6. Service Codes

Introduction	
6-1	
Payable Laboratory Services.....	6-1
Modifiers	6-6
Appendix A. Directory.....	A-1
Appendix B. Enrollment Centers.....	B-1
Appendix C. Third-Party-Liability Codes.....	C-1
Appendix W. EPSDT Services: Medical and Dental Protocols and Periodicity Schedules	W-1
Appendix X. Family Assistance Copayments and Deductibles	X-1
Appendix Y. EVS Codes/Messages.....	Y-1
Appendix Z. EPSDT/PPHSD Screening Services Codes	Z-1

Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title 6. Service Codes	Page 6-1
	Transmittal Letter LAB-40	Date 04/01/12
Independent Clinical Laboratory Manual		

601 Introduction

MassHealth providers should refer to the American Medical Association’s *Current Procedural Terminology* (CPT) code book or the Healthcare Common Procedure Coding System (HCPCS) Level II code book for the service codes and service descriptions when billing for services provided to MassHealth members.

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 401.000 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*.

The following abbreviations are used in Subchapter 6.

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

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

602 Payable Laboratory Services

This section lists CPT codes and HCPCS Level II codes that are payable under MassHealth.

80047	80176	80417	81211-59	82120
80048	80178	80418	81212	82127
80050	80182	80420	81215	82128
80051	80184	80422	82000	82131
80053	80185	80424	82003	82135
80055	80186	80426	82009	82136
80061	80188	80428	82010	82139
80069	80190	80430	82013	82140
80074	80192	80432	82016	82143
80076	80194	80434	82017	82145
80102	80195	80435	82024	82150
80103	80196	80436	82030	82154
80150	80197	80438	82040	82157
80152	80198	80439	82042	82160
80154	80200	80440	82043	82163
80156	80201	81000	82044	82164
80157	80202	81001	82045	82172
80158	80299	81002	82055	82175
80160	80400	81003	82085	82180
80162	80402	81005	82088	82190
80164	80406	81007	82101	82205
80166	80408	81015	82103	82232
80168	80410	81020	82104	82239
80170	80412	81025	82105	82240
80172	80414	81050	82106	82247
80173	80415	81099 (IC)	82107	82248
80174	80416	81211	82108	82252

Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title 6. Service Codes	Page 6-2
	Transmittal Letter LAB-39	Date 04/01/12
Independent Clinical Laboratory Manual		

602 Payable Laboratory Services (cont.)

82261	82520	82693	82985	83550
82270	82523	82696	83001	83570
82271	82525	82705	83002	83582
82272	82528	82710	83003	83586
82274	82530	82715	83008	83593
82286	82533	82725	83009	83605
82300	82540	82726	83010	83615
82306	82541	82728	83012	83625
82308	82542	82731	83013	83630
82310	82543	82735	83014	83631
82330	82544	82742	83015	83632
82331	82550	82746	83018	83633
82340	82552	82747	83020	83634
82355	82553	82757	83021	83655
82360	82554	82759	83026	83661
82365	82565	82760	83030	83662
82370	82570	82775	83033	83663
82373	82575	82776	83036	83664
82374	82585	82784	83037	83670
82375	82595	82785	83045	83690
82376	82600	82787	83050	83695
82378	82607	82800	83051	83698
82379	82608	82803	83055	83700
82380	82610	82805	83060	83701
82382	82615	82810	83065	83704
82383	82626	82820	83068	83718
82384	82627	82930	83069	83719
82387	82633	82938	83070	83721
82390	82634	82941	83071	83727
82397	82638	82943	83080	83735
82415	82646	82945	83088	83775
82435	82649	82946	83090	83785
82436	82651	82947	83150	83788
82438	82652	82948	83491	83789
82441	82654	82950	83497	83805
82465	82656	82951	83498	83825
82480	82657	82952	83499	83835
82482	82658	82953	83500	83840
82485	82664	82955	83505	83857
82486	82666	82960	83516	83858
82487	82668	82963	83518	83861
82488	82670	82965	83519	83864
82489	82671	82975	83520	83866
82491	82672	82977	83525	83872
82492	82677	82978	83527	83873
82495	82679	82979	83528	83874
82507	82690	82980	83540	83876

Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title 6. Service Codes	Page 6-3
	Transmittal Letter LAB-39	Date 04/01/12
Independent Clinical Laboratory Manual		

602 Payable Laboratory Services (cont.)

83880	84078	84244	84520	85210
83883	84080	84252	84525	85220
83885	84081	84255	84540	85230
83887	84085	84260	84545	85240
83890	84087	84270	84550	85244
83891	84100	84275	84560	85245
83892	84105	84285	84577	85246
83893	84106	84295	84578	85247
83894	84110	84300	84580	85250
83896	84112	84302	84583	85260
83897	84119	84305	84585	85270
83898	84120	84307	84586	85280
83900	84126	84311	84588	85290
83901	84127	84315	84590	85291
83902	84132	84375	84591	85292
83903	84133	84376	84597	85293
83904	84134	84377	84600	85300
83905	84135	84378	84620	85301
83906	84138	84379	84630	85302
83907	84140	84392	84681	85303
83908	84143	84402	84702	85305
83909	84144	84403	84703	85306
83912	84146	84425	84704	85307
83913	84150	84430	84999 (IC)	85335
83914	84152	84432	85002	85337
83915	84153	84436	85004	85345
83916	84154	84437	85007	85347
83918	84155	84439	85008	85348
83919	84156	84442	85009	85360
83921	84157	84443	85013	85362
83925	84160	84445	85014	85366
83930	84163	84446	85018	85370
83935	84165	84449	85025	85378
83937	84166	84450	85027	85379
83945	84181	84460	85032	85380
83950	84182	84466	85041	85384
83951	84202	84478	85044	85385
83970	84203	84479	85045	85390
83986	84206	84480	85046	85396
83992	84207	84481	85048	85397
83993	84210	84482	85049	85400
84022	84220	84484	85055	85410
84030	84228	84485	85060	85415
84035	84233	84488	85097	85420
84060	84234	84490	85130	85421
84066	84235	84510	85170	85441
84075	84238	84512	85175	85445

Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title 6. Service Codes	Page 6-4
	Transmittal Letter LAB-39	Date 04/01/12
Independent Clinical Laboratory Manual		

602 Payable Laboratory Services (cont.)

85460	86156	86360	86663	86768
85461	86157	86361	86664	86771
85475	86160	86367	86665	86774
85520	86161	86376	86666	86777
85525	86162	86378	86668	86778
85530	86171	86382	86671	86780
85536	86185	86384	86674	86784
85540	86200	86386	86677	86787
85547	86215	86403	86682	86788
85549	86225	86406	86684	86789
85555	86226	86430	86687	86790
85557	86235	86431	86688	86793
85576	86243	86480	86689	86800
85597	86255	86481	86692	86803
85598	86256	86485	86694	86804
85610	86277	86486	86695	86805
85611	86280	86490	86696	86806
85612	86294	86510	86698	86807
85613	86300	86590	86701	86808
85635	86301	86592	86702	86812
85651	86304	86593	86703	86813
85652	86308	86602	86704	86816
85660	86309	86603	86705	86817
85670	86310	86606	86706	86821
85675	86316	86609	86707	86822
85705	86317	86611	86708	86825
85730	86318	86612	86709	86826
85732	86320	86615	86710	86849 (IC)
85810	86325	86617	86713	86850
85999 (IC)	86327	86618	86717	86860
86000	86329	86619	86720	86870
86001	86331	86622	86723	86880
86003	86332	86625	86727	86885
86005	86334	86628	86729	86886
86021	86335	86631	86732	86900
86022	86336	86632	86735	86901
86023	86337	86635	86738	86902
86038	86340	86638	86741	86904
86039	86341	86641	86744	86905
86060	86343	86644	86747	86906
86063	86344	86645	86750	86920
86140	86352	86648	86753	86921
86141	86353	86651	86756	86922
86146	86355	86652	86757	86923
86147	86356	86653	86759	86940
86148	86357	86654	86762	86941
86155	86359	86658	86765	86970

Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title 6. Service Codes	Page 6-5
	Transmittal Letter LAB-39	Date 04/01/12
Independent Clinical Laboratory Manual		

602 Payable Laboratory Services (cont.)

86971	87185	87335	87515	87653
86972	87186	87336	87516	87660
86975	87187	87337	87517	87797
86976	87188	87338	87520	87798
86977	87190	87339	87521	87799
86978	87197	87340	87522	87800
86999 (IC)	87205	87341	87525	87801
87001	87206	87350	87526	87802
87003	87207	87380	87527	87803
87015	87209	87385	87528	87804
87040	87210	87389	87529	87807
87045	87220	87390	87530	87808
87046	87230	87391	87531	87809
87070	87250	87400	87532	87810
87071	87252	87420	87533	87850
87073	87253	87425	87534	87880
87075	87254	87427	87535	87899
87076	87255	87430	87536	87900
87077	87260	87449	87537	87901
87081	87265	87450	87538	87902
87084	87267	87451	87539	87903
87086	87269	87470	87540	87904
87088	87270	87471	87541	87905
87101	87271	87472	87542	87906
87102	87272	87475	87550	87999 (PA)(IC)
87103	87273	87476	87551	88104
87106	87274	87477	87552	88106
87107	87275	87480	87555	88108
87109	87276	87481	87556	88112
87110	87277	87482	87557	88120
87116	87278	87485	87560	88121
87118	87279	87486	87561	88130
87140	87280	87487	87562	88140
87143	87281	87490	87580	88141
87147	87283	87491	87581	88142
87149	87285	87492	87582	88143
87152	87290	87495	87590	88147
87158	87299	87496	87591	88148
87164	87300	87497	87592	88150
87166	87301	87498	87620	88152
87168	87305	87500	87621	88153
87169	87320	87501	87622	88154
87172	87324	87502	87640	88155
87176	87327	87503	87641	88160
87177	87328	87510	87650	88161
87181	87329	87511	87651	88162
87184	87332	87512	87652	88164

Commonwealth of Massachusetts MassHealth Provider Manual Series Independent Clinical Laboratory Manual	Subchapter Number and Title 6. Service Codes	Page 6-6
	Transmittal Letter LAB-39	Date 04/01/12

602 Payable Laboratory Services (cont.)

88165	88249	88311	88384	93016
88166	88261	88312	88385	93017
88167	88262	88313	88386	93018
88172	88263	88314	88387	93024
88173	88264	88319	88388	93040
88174	88267	88342	88399 (IC)	93041
88175	88269	88346	88720	93042
88177	88271	88347	88740	93224
88182	88272	88348	88741	93225
88184	88273	88349	89049	93226
88185	88274	88355	89050	93227
88187	88275	88356	89051	93228
88188	88280	88358	89055	93229 (IC)
88189	88283	88360	89060	93268
88199 (IC)	88285	88361	89125	93278
88230	88289	88362	89160	93724
88233	88291	88363	89190	93799 (IC)
88235	88299 (IC)	88365	89220 (IC)	G0431
88237	88300	88367	89230 (IC)	G0434
88239	88302	88368	89240 (IC)	P9604
88240	88304	88371	93000	
88241	88305	88372	93005	
88245	88307	88380 (IC)	93010	
88248	88309	88381	93015	

603 Modifiers

The following service code modifiers are allowed for billing under MassHealth.

<u>Modifier</u>	<u>Description</u>
91	Repeat clinical diagnostic laboratory test
59	Can be used only with service code 81211