



MassHealth
 Transmittal Letter LAB-44
 July 2015

TO: Independent Clinical Laboratories Participating in MassHealth
FROM: Daniel Tsai, Assistant Secretary and Director of MassHealth DT
RE: Independent Clinical Laboratory Manual (Subchapter 6 Revisions)

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 Procedures Coding System (HCPCS) for 2015. MassHealth has updated Subchapter 6 to include new service codes effective for dates of service on or after January 1, 2015.

MassHealth providers must refer to the American Medical Association’s Current Procedural Terminology (CPT) codebook or the HCPCS Level II codebook to get service descriptions of the codes listed in Subchapter 6 of the *Independent Clinical Laboratory Manual*.

If you wish to obtain a fee schedule, you may download the Executive Office of Health and Human Services regulations at no cost at www.mass.gov/eohhs/. The regulation title for Surgery Services is 114.3 CMR 16.00 and the regulation title for Clinical Laboratory Services is 101 CMR 320.00.

Code Changes for Drug Testing

The American Medical Association adopted new code sections for Presumptive Drug Class Screening (CPT 80300–80304) and Definitive Drug testing (CPT 80320–80377). MassHealth is following the CMS coverage determination for these code sections and has determined that these codes initially would not be included as covered service codes.

Drug Screening should continue to be billed using codes G0431 (Drug screen, qualitative; multiple drug classes by high complexity test method (e.g., immunoassay, enzyme assay), per patient encounter) and G0434 (Drug Screen, other than chromatographic; any number of drug classes, by CLIA waived test or moderate complexity test, per patient encounter). Codes for quantitative and confirmatory testing that have been deleted have been mapped to the codes listed in the following table.

Deleted Code	2015 Replacement Code	Replacement Code Service Description
80102	G6058	Drug confirmation, each procedure
80152	G6030	Assay of amitriptyline
80154	G6031	Assay of benzodiazepines
80160	G6032	Assay of desipramine
80166	G6034	Assay of doxepin
80172	G6035	Assay of gold
80174	G6036	Assay of imipramine
80182	G6037	Assay of nortriptyline
80196	G6038	Assay of salicylate

Deleted Code	2015 Replacement Code	Replacement Code Service Description
82003	G6039	Assay of acetaminophen
82055	G6040	Assay of alcohol (ethanol); any specimen except breath
82101	G6041	Alkaloids, urine, quantitative
82145	G6042	Assay of amphetamine or methamphetamine
82205	G6043	Assay of barbiturates, not elsewhere specified
82520	G6044	Assay of cocaine or metabolite
82646	G6045	Assay of dihydrocodeinone
82649	G6046	Assay of dihydromorphinone
82651	G6047	Assay of dihydrotestosterone
82654	G6048	Assay of dimethadione
82666	G6049	Assay of epiandrosterone
82690	G6050	Assay of etchlorvynol
82742	G6051	Assay of flurazepam
83805	G6052	Assay of meprobamate
83840	G6053	Assay of methadone
83858	G6054	Assay of methsuximide
83887	G6055	Assay of nicotine
83925	G6056	Opiate(s), drug and metabolites, each procedure
84022	G6057	Assay of phenothiazine
84600	82441	Chlorinated hydrocarbons, screen

Quantitative Drug Test Edit

As transmitted through Independent Clinical Laboratory Provider Bulletin 9, MassHealth established claim edits that do not allow payment for quantitative drug test codes billed on the same date of service as drug screen service codes. Effective January 1, 2015, this edit has been updated to reflect the code changes made for quantitative drug test codes.

Primary Service Codes	Secondary Service Codes	EOB Code/Description
G0431 – Drug screen, qualitative; multiple drug classes by high complexity test method (e.g., immunoassay, enzyme assay), per patient encounter	80299 – Quantification of therapeutic drug, not elsewhere specified 82570 – Creatinine; other source 82575 – Creatinine; clearance 83986 – pH; body fluid, not otherwise specified	8304 – Lab conflict w/ each other on the same day

Primary Service Codes	Secondary Service Codes	EOB Code/Description
G0434 – Drug screen, other than chromatographic; any number of drug classes, by CLIA waived test or moderate complexity test, per patient encounter	83992 – Phencyclidine G6031 – Assay of benzodiazepines G6040 – Assay of alcohol (ethanol); any specimen except breath G6042 – Assay of amphetamine or methamphetamine G6043 – Assay of barbiturates, not elsewhere specified G6044 – Assay of cocaine or metabolite G6052 – Assay of meprobamate G6053 – Assay of methadone G6055 – Assay of nicotine G6056 – Opiate(s), drug and metabolites, each procedure	

MassHealth Website

This transmittal letter and attached pages are available on the MassHealth website at www.mass.gov/masshealth.

Questions

If you have any questions about the information in this transmittal letter, please contact the MassHealth Customer Service Center 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 6-1 through 6-6

OBSOLETE MATERIAL

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

Independent Clinical Laboratory Manual
 Pages 6-1 through 6-6 — transmitted by Transmittal Letter LAB-43

Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title 6. Service Codes	Page 6-1
	Transmittal Letter LAB-44	Date 01/01/15
Independent Clinical Laboratory Manual		

601 Introduction

MassHealth providers should refer to the American Medical Association’s *Current Procedural Terminology* (CPT) codebook or the Healthcare Common Procedure Coding System (HCPCS) Level II codebook 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	80177	80415	81211 (PA)	82107
80048	80178	80416	81211-59 (PA)	82108
80050	80180	80417	81212 (PA)	82120
80051	80183	80418	81215 (PA)	82127
80053	80184	80420	81217 (PA)	82128
80055	80185	80422	81420 (PA)	82131
80061	80186	80424	81479 (IC)	82135
80069	80188	80426	81507 (PA)	82136
80074	80190	80428	81519 (PA)	82139
80076	80192	80430	82009	82140
80150	80194	80432	82010	82143
80155	80195	80434	82013	82150
80156	80197	80435	82016	82154
80157	80198	80436	82017	82157
80158	80199	80438	82024	82160
80159	80200	80439	82030	82163
80162	80201	81000	82040	82164
80163	80202	81001	82042	82172
80164	80203	81002	82043	82175
80165	80299	81003	82044	82180
80168	80400	81005	82045	82190
80169	80402	81007	82085	82232
80170	80406	81015	82088	82239
80171	80408	81020	82103	82240
80173	80410	81025	82104	82247
80175	80412	81050	82105	82248
80176	80414	81099 (IC)	82106	82252

Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title 6. Service Codes	Page 6-2
	Transmittal Letter LAB-44	Date 01/01/15
Independent Clinical Laboratory Manual		

602 Payable Laboratory Services (cont.)

82261	82525	82735	83021	83664
82270	82528	82746	83026	83670
82271	82530	82747	83030	83690
82272	82533	82757	83033	83695
82274	82540	82759	83036	83698
82286	82541	82760	83037	83700
82300	82542	82775	83045	83701
82306	82543	82776	83050	83704
82308	82544	82777	83051	83718
82310	82550	82784	83060	83719
82330	82552	82785	83065	83721
82331	82553	82787	83068	83727
82340	82554	82800	83069	83735
82355	82565	82803	83070	83775
82360	82570	82805	83080	83785
82365	82575	82810	83088	83788
82370	82585	82820	83090	83789
82373	82595	82930	83150	83825
82374	82600	82938	83491	83835
82375	82607	82941	83497	83857
82376	82608	82943	83498	83861
82378	82610	82945	83499	83864
82379	82615	82946	83500	83872
82380	82626	82947	83505	83873
82382	82627	82948	83516	83874
82383	82633	82950	83518	83876
82384	82634	82951	83519	83880
82387	82638	82952	83520	83883
82390	82652	82955	83525	83885
82397	82656	82960	83527	83915
82415	82657	82963	83528	83916
82435	82658	82965	83540	83918
82436	82664	82977	83550	83919
82438	82668	82978	83570	83921
82441	82670	82979	83582	83930
82465	82671	82985	83586	83935
82480	82672	83001	83593	83937
82482	82677	83002	83605	83945
82485	82679	83003	83615	83950
82486	82693	83006	83625	83951
82487	82696	83009	83630	83970
82488	82705	83010	83631	83986
82489	82710	83012	83632	83992
82491	82715	83013	83633	83993
82492	82725	83014	83655	84030
82495	82726	83015	83661	84035
82507	82728	83018	83662	84060
82523	82731	83020	83663	84066

Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title 6. Service Codes	Page 6-3
	Transmittal Letter LAB-44	Date 01/01/15
Independent Clinical Laboratory Manual		

602 Payable Laboratory Services (cont.)

84075	84252	84540	85244	85530
84078	84255	84545	85245	85536
84080	84260	84550	85246	85540
84081	84270	84560	85247	85547
84085	84275	84577	85250	85549
84087	84285	84578	85260	85555
84100	84295	84580	85270	85557
84105	84300	84583	85280	85576
84106	84302	84585	85290	85597
84110	84305	84586	85291	85598
84112	84307	84588	85292	85610
84119	84311	84590	85293	85611
84120	84315	84591	85300	85612
84126	84375	84597	85301	85613
84132	84376	84620	85302	85635
84133	84377	84630	85303	85651
84134	84378	84681	85305	85652
84135	84379	84702	85306	85660
84138	84392	84703	85307	85670
84140	84402	84704	85335	85675
84143	84403	84999 (IC)	85337	85705
84144	84425	85002	85345	85730
84146	84430	85004	85347	85732
84150	84432	85007	85348	85810
84152	84436	85008	85360	85999 (IC)
84153	84437	85009	85362	86000
84154	84439	85013	85366	86001
84155	84442	85014	85370	86003
84156	84443	85018	85378	86005
84157	84445	85025	85379	86021
84160	84446	85027	85380	86022
84163	84449	85032	85384	86023
84165	84450	85041	85385	86038
84166	84460	85044	85390	86039
84181	84466	85045	85396	86060
84182	84478	85046	85397	86063
84202	84479	85048	85400	86140
84203	84480	85049	85410	86141
84206	84481	85055	85415	86146
84207	84482	85060	85420	86147
84210	84484	85097	85421	86148
84220	84485	85130	85441	86152
84228	84488	85170	85445	86153
84233	84490	85175	85460	86155
84234	84510	85210	85461	86156
84235	84512	85220	85475	86157
84238	84520	85230	85520	86160
84244	84525	85240	85525	86161

Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title 6. Service Codes	Page 6-4
	Transmittal Letter LAB-44	Date 01/01/15
Independent Clinical Laboratory Manual		

602 Payable Laboratory Services (cont.)

86162	86382	86674	86784	86970
86171	86384	86677	86787	86971
86185	86386	86682	86788	86972
86200	86403	86684	86789	86975
86215	86406	86687	86790	86976
86225	86430	86688	86793	86977
86226	86431	86689	86800	86978
86235	86480	86692	86803	86999 (IC)
86243	86481	86694	86804	87001
86255	86485	86695	86805	87003
86256	86486	86696	86806	87015
86277	86490	86698	86807	87040
86280	86510	86701	86808	87045
86294	86590	86702	86812	87046
86300	86592	86703	86813	87070
86301	86593	86704	86816	87071
86304	86602	86705	86817	87073
86308	86603	86706	86821	87075
86309	86606	86707	86822	87076
86310	86609	86708	86825	87077
86316	86611	86709	86826	87081
86317	86612	86710	86828	87084
86318	86615	86711	86829	87086
86320	86617	86713	86830	87088
86325	86618	86717	86831	87101
86327	86619	86720	86832	87102
86329	86622	86723	86833	87103
86331	86625	86727	86834	87106
86332	86628	86729	86835	87107
86334	86631	86732	86849 (IC)	87109
86335	86632	86735	86850	87110
86336	86635	86738	86860	87116
86337	86638	86741	86870	87118
86340	86641	86744	86880	87140
86341	86644	86747	86885	87143
86343	86645	86750	86886	87147
86344	86648	86753	86900	87149
86352	86651	86756	86901	87152
86353	86652	86757	86902	87158
86355	86653	86759	86904	87164
86356	86654	86762	86905	87166
86357	86658	86765	86906	87168
86359	86663	86768	86920	87169
86360	86664	86771	86921	87172
86361	86665	86774	86922	87176
86367	86666	86777	86923	87177
86376	86668	86778	86940	87181
86378	86671	86780	86941	87184

Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title 6. Service Codes	Page 6-5
	Transmittal Letter LAB-44	Date 01/01/15
Independent Clinical Laboratory Manual		

602 Payable Laboratory Services (cont.)

87185	87336	87512	87650	88154
87186	87337	87515	87651	88155
87187	87338	87516	87652	88160
87188	87339	87517	87653	88161
87190	87340	87520	87660	88162
87197	87341	87521	87661	88164
87205	87350	87522	87797	88165
87206	87380	87525	87798	88166
87207	87385	87526	87799	88167
87209	87389	87527	87800	88172
87210	87390	87528	87801	88173
87220	87391	87529	87802	88174
87230	87400	87530	87803	88175
87250	87420	87531	87804	88177
87252	87425	87532	87806	88182
87253	87427	87533	87807	88184
87254	87430	87534	87808	88185
87255	87449	87535	87809	88187
87260	87450	87536	87810	88188
87265	87451	87537	87850	88189
87267	87470	87538	87880	88199 (IC)
87269	87471	87539	87899	88230
87270	87472	87540	87900	88233
87271	87475	87541	87901	88235
87272	87476	87542	87902	88237
87273	87477	87550	87903	88239
87274	87480	87551	87904	88240
87275	87481	87552	87905	88241
87276	87482	87555	87906	88245
87277	87485	87556	87910	88248
87278	87486	87557	87912	88249
87279	87487	87560	87999 (PA)(IC)	88261
87280	87490	87561	88104	88262
87281	87491	87562	88106	88263
87283	87492	87580	88108	88264
87285	87495	87581	88112	88267
87290	87496	87582	88120	88269
87299	87497	87590	88121	88271
87300	87498	87591	88130	88272
87301	87500	87592	88140	88273
87305	87501	87623	88141	88274
87320	87502	87624	88142	88275
87324	87503	87625	88143	88280
87327	87505	87631	88147	88283
87328	87506	87632	88148	88285
87329	87507	87633	88150	88289
87332	87510	87640	88152	88291
87335	87511	87641	88153	88299 (IC)

Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title 6. Service Codes	Page 6-6
	Transmittal Letter LAB-44	Date 01/01/15
Independent Clinical Laboratory Manual		

602 Payable Laboratory Services (cont.)

88300	88362	89160	93226	G6041
88302	88363	89190	93227	G6042
88304	88365	89220 (IC)	93228	G6043
88305	88367	89230 (IC)	93229 (IC)	G6044
88307	88368	89240 (IC)	93268	G6045
88309	88371	89300	93278	G6046
88311	88372	89310	93724	G6047
88312	88380 (IC)	89320	93799 (IC)	G6048
88313	88381	93000	G0027	G6049
88314	88387	93005	G0431	G6050
88319	88388	93010	G0434	G6051
88342	88399 (IC)	93015	G6030	G6052
88346	88720	93016	G6031	G6053
88347	88740	93017	G6032	G6054
88348	88741	93018	G6034	G6055
88349	89049	93024	G6035	G6056
88355	89050	93040	G6036	G6057
88356	89051	93041	G6037	G6058
88358	89055	93042	G6038	P9604
88360	89060	93224	G6039	
88361	89125	93225	G6040	

603 Modifiers

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

<u>Modifier</u>	<u>Description</u>
59	Distinct procedural service (may be used only with service code 81211)
91	Repeat clinical diagnostic laboratory test