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MassHealth

Transmittal Letter LAB-49-corrected

July 2019

 **TO:** Independent Clinical Participating in MassHealth

 **FROM:** Daniel Tsai, Assistant Secretary for MassHealth [signature of Daniel Tsai]

 **RE:** *Independent Clinical* *Laboratory Manual* (Update to Subchapter 6)

This letter transmits clarifications to Subchapter 6 in the *Independent Clinical Laboratory Manual.* The following codes require prior authorization effective August 1, 2019.

81107 – 81112 81120 – 81121 81161

81163 – 81167 81170

81200 – 81203 81205 – 81210 81216

81238

81240 – 81246

81248 – 81258

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81287 – 81288

81292 – 81304

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**MassHealth Website**

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

To sign up to receive email alerts when MassHealth issues new transmittal letters and provider bulletins, send a blank email to join-masshealth-provider-pubs@listserv.state.ma.us. No text in the body or subject line is needed.

**Questions**

If you have any questions about the information in this transmittal letter, please contact the

MassHealth Customer Service Center at (800) 841-2900, email your inquiry to providersupport@mahealth.net, or fax your inquiry to (617) 988-8974.

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Page 2

NEW MATERIAL

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

Independent Clinical Laboratory Manual

Pages 6-1 through 6-8

OBSOLETE MATERIAL

(The pages listed here are no longer in effect.)

Independent Clinical Laboratory Manual

Pages 6-1 through 6-8 — transmitted by Transmittal Letter LAB-48

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| --- | --- | --- |
| **Commonwealth of Massachusetts****MassHealth****Provider Manual Series** | **Subchapter Number and Title**6. Service Codes | **Page**6-1 |
| Independent Clinical Laboratory Manual | **Transmittal Letter**LAB-49 | **Date**01/01/19 |

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 (PA) 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.

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603 Modifiers

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

Modifier Description

91 Repeat clinical diagnostic laboratory test

QW CLIA waived test

For more information on the use of these modifiers, see Appendix V of your provider manual.

This publication contains codes that are copyrighted by the American Medical Association. Certain terms used in the service descriptions for HCPCS are defined in the *Current Procedural Terminology* (CPT) code book.

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