




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



MassHealth
 Transmittal Letter LAB-54
 December 2021

TO: Independent Clinical Laboratories Participating in MassHealth
FROM: Amanda Cassel Kraft, Assistant Secretary for MassHealth 
RE: *Independent Clinical Laboratory Manual* (2020 updates and 2021 HCPCS)

This letter transmits revisions to the service codes in the *Independent Clinical Laboratory Manual*. The Centers for Medicare & Medicaid Services (CMS) has revised the Healthcare Common Procedure Coding System (HCPCS) codes for 2021. MassHealth has updated Subchapter 6 to include new service codes effective for dates of service on or after November 10, 2020, and January 1, 2021, and discontinued codes effective for dates of service on or after October 6, 2020, and January 1, 2021.

MassHealth providers must refer to the American Medical Association’s 2021 *Current Procedural Terminology* (CPT) codebook or the *Healthcare Common Procedure Coding System (HCPCS) Level II* codebook for service descriptions of the codes listed in Subchapter 6 of the *Independent Clinical Laboratory Manual*.

2020 Adds		
Code	Description of Code	Effective for Dates of Service On or After
87428	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; severe acute respiratory syndrome coronavirus (eg, SARS-CoV, SARS-CoV-2 [COVID-19]) and influenza virus types A and B	11/10/2020

2021 Adds		
Code	Description of Code	Effective for Dates of Service On or After
U0005	Infectious agent detection by nucleic acid (DNA or RNA); Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), amplified probe technique, CDC or non-CDC, making use of high throughput technologies, completed within 2 calendar days from date of specimen collection (list separately in addition to either HCPCS code U0003 or U0004) as described by CMS-2020-01-R2	1/1/2021

2020 Deletes		
Code	Description of Code	Discontinued on date of service on or after
87450	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [IMCA]), qualitative or semiquantitative; single step method	10/6/2020

2021 Deletes		
Code	Description of Code	Discontinued on date of service on or after
81545	Oncology (thyroid), gene expression analysis of 142 genes, utilizing fine needle aspirate, algorithm reported as a categorical result (eg, benign or suspicious)	1/1/2021

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/regulations/101-CMR-32000-clinical-laboratory-services. The regulation title for Clinical Laboratory Services is 101 CMR 320.00.

MassHealth Website

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

[Sign up](#) to receive email alerts when MassHealth issues new transmittal letters and provider bulletins.

Questions

If you have any questions about 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.

NEW MATERIAL

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

Independent Clinical Laboratory Manual

Pages vi and 6-1 through 6-8

OBSOLETE MATERIAL

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

Independent Clinical Laboratory Manual

Page vi — transmitted by Transmittal Letter LAB-41

Pages 6-1 through 6-6 — transmitted by Transmittal Letter LAB-53.

Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title Table of Contents	Page vi
	Transmittal Letter LAB-54	Date 01/01/21
Independent Clinical Laboratory Manual		

6. Service Codes

Introduction	6-1
Payable Laboratory Services	6-1
Modifiers	6-7
Appendix A. Directory	A-1
Appendix C. Third-Party Liability Codes	C-1
Appendix T. CMSP Covered Codes	T-1
Appendix U. DPH-Designated Serious Reportable Events That Are Not Provider Preventable Conditions.....	U-1
Appendix V. MassHealth Billing Instructions for Provider Preventable Conditions.....	V-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 and Messages.....	Y-1
Appendix Z. EPSDT/PPHSD Screening Services Codes	Z-1

Commonwealth of Massachusetts MassHealth Provider Manual Series Independent Clinical Laboratory Manual	Subchapter Number and Title 6. Service Codes	Page 6-1
	Transmittal Letter LAB-54	Date 01/01/2021

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.

80047	80176	80307	81005	81206 (PA)
80048	80177	80400	81007	81207 (PA)
80050	80178	80402	81015	81208 (PA)
80051	80180	80406	81020	81209 (PA)
80053	80183	80408	81025	81210 (PA)
80055	80184	80410	81050	81212 (PA)
80061	80185	80412	81099 (IC)	81215 (PA)
80069	80186	80414	81107 (PA)	81216 (PA)
80074	80187	80415	81108 (PA)	81217 (PA)
80076	80188	80416	81109 (PA)	81218
80081	80190	80417	81110 (PA)	81219
80145	80192	80418	81111 (PA)	81220
80150	80194	80420	81112 (PA)	81221
80155	80195	80422	81120 (PA)	81228 (PA)
80156	80197	80424	81121 (PA)	81229 (PA)
80157	80198	80426	81161 (PA)(IC)	81238 (PA)
80158	80199	80428	81162 (PA)	81240 (PA)
80159	80200	80430	81163 (PA)	81241 (PA)
80162	80201	80432	81164 (PA)	81242 (PA)
80163	80202	80434	81165 (PA)	81243 (PA)
80164	80203	80435	81166 (PA)	81244 (PA)
80165	80230	80436	81167 (PA)	81245 (PA)
80168	80235	80438	81170 (PA)	81246 (PA)
80169	80280	80439	81200 (PA)	81248 (PA)
80170	80285	81000	81201 (PA)	81249 (PA)
80171	80299	81001	81202 (PA)	81250 (PA)
80173	80305	81002	81203 (PA)	81251 (PA)
80175	80306	81003	81205 (PA)	81252 (PA)

Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title 6. Service Codes	Page 6-2
	Transmittal Letter LAB-54	Date 01/01/2021
Independent Clinical Laboratory Manual		

602 Payable Laboratory Services (cont.)

81253 (PA)	81331 (PA)	82127	82382	82664
81254 (PA)	81332 (PA)	82128	82383	82668
81255 (PA)	81361	82131	82384	82670
81256 (PA)	81362	82135	82387	82671
81257 (PA)	81363	82136	82390	82672
81258 (PA)	81364	82139	82397	82677
81260 (PA)	81400 (PA)(IC)	82140	82415	82679
81269 (PA)	81401 (PA)(IC)	82143	82435	82693
81275 (PA)	81402 (PA)(IC)	82150	82436	82696
81272	81403 (PA)(IC)	82154	82438	82705
81273	81404 (PA)(IC)	82157	82441	82710
81275 (PA)	81405 (PA)(IC)	82160	82465	82715
81276 (PA)	81406 (PA)(IC)	82163	82480	82725
81277 (PA)	81407 (PA)(IC)	82164	82482	82726
81287 (PA)	81408 (PA)(IC)	82172	82485	82728
81288 (PA)	81420 (PA)(IC)	82175	82495	82731
81292 (PA)	81479 (PA)(IC)	82180	82507	82735
81293 (PA)	81507 (PA)(IC)	82190	82523	82746
81294 (PA)	81508 (PA)(IC)	82232	82525	82747
81295 (PA)	81509 (IC)	82239	82528	82757
81296 (PA)	81510 (IC)	82240	82530	82759
81297 (PA)	81511 (IC)	82247	82533	82760
81298 (PA)	81512 (IC)	82248	82540	82775
81299 (PA)	81519 (PA)(IC)	82252	82542	82776
81300 (PA)	81522 (PA)	82261	82550	82777
81301 (PA)	81542 (PA)(IC)	82270	82552	82784
81302 (PA)	81552 (PA)(IC)	82271	82553	82785
81303 (PA)	82009	82272	82554	82787
81304 (PA)	82010	82274	82565	82800
81307 (PA)	82013	82286	82570	82803
81308 (PA)	82016	82300	82575	82805
81309 (PA)	82017	82306	82585	82810
81310 (PA)	82024	82308	82595	82820
81311 (PA)	82030	82310	82600	82930
81314 (PA)	82040	82330	82607	82938
81315 (PA)	82042	82331	82608	82941
81316 (PA)	82043	82340	82610	82943
81317 (PA)	82044	82355	82615	82945
81318 (PA)	82045	82360	82626	82946
81319 (PA)	82085	82365	82627	82947
81321 (PA)	82088	82370	82633	82948
81322 (PA)	82103	82373	82634	82950
81323 (PA)	82104	82374	82638	82951
81324 (PA)	82105	82375	82642	82952
81325 (PA)	82106	82376	82652	82955
81326 (PA)	82107	82378	82656	82960
81329	82108	82379	82657	82963
81330 (PA)	82120	82380	82658	82965

Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title 6. Service Codes	Page 6-3
	Transmittal Letter LAB-54	Date 01/01/2021
Independent Clinical Laboratory Manual		

602 Payable Laboratory Services (cont.)

82977	83570	83921	84166	84460
82978	83582	83930	84181	84466
82979	83586	83935	84182	84478
82985	83593	83937	84202	84479
83001	83605	83945	84203	84480
83002	83615	83950	84206	84481
83003	83625	83951	84207	84482
83006	83630	83970	84210	84484
83009	83631	83986	84220	84485
83010	83632	83992	84228	84488
83012	83633	83993	84233	84490
83013	83655	84030	84234	84510
83014	83661	84035	84235	84512
83015	83662	84060	84238	84520
83018	83663	84066	84244	84525
83020	83664	84075	84252	84540
83021	83670	84078	84255	84545
83026	83690	84080	84260	84550
83030	83695	84081	84270	84560
83033	83698	84085	84275	84577
83036	83700	84087	84285	84578
83037	83701	84100	84295	84580
83045	83704	84105	84300	84583
83050	83718	84106	84302	84585
83051	83719	84110	84305	84586
83060	83721	84112	84307	84588
83065	83722	84119	84311	84590
83068	83727	84120	84315	84591
83069	83735	84126	84375	84597
83070	83775	84132	84376	84620
83080	83785	84133	84377	84630
83088	83789	84134	84378	84681
83090	83825	84135	84379	84702
83150	83835	84138	84392	84703
83491	83857	84140	84402	84704
83497	83861	84143	84403	84999
83498	83864	84144	84425	85002
83500	83872	84146	84430	85004
83505	83873	84150	84432	85007
83516	83874	84152	84436	85008
83518	83876	84153	84437	85009
83519	83880	84154	84439	85013
83520	83883	84155	84442	85014
83525	83885	84156	84443	85018
83527	83915	84157	84445	85025
83528	83916	84160	84446	85027
83540	83918	84163	84449	85032
83550	83919	84165	84450	85041

Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title 6. Service Codes	Page 6-4
	Transmittal Letter LAB-54	Date 01/01/2021
Independent Clinical Laboratory Manual		

602 Payable Laboratory Services (cont.)

85044	85390	86038	86340	86635
85045	85396	86039	86341	86638
85046	85397	86060	86343	86641
85048	85400	86063	86344	86644
85049	85410	86140	86352	86645
85055	85415	86141	86353	86648
85060	85420	86146	86355	86651
85097	85421	86147	86356	86652
85130	85441	86148	86357	86653
85170	85445	86152	86359	86654
85175	85460	86153	86360	86658
85210	85461	86155	86361	86663
85220	85475	86156	86367	86664
85230	85520	86157	86376	86665
85240	85525	86160	86382	86666
85244	85530	86161	86384	86668
85245	85536	86162	86386	86671
85246	85540	86171	86403	86674
85247	85547	86200	86406	86677
85250	85549	86215	86408 (IC)	86682
85260	85555	86225	86409 (IC)	86684
85270	85557	86226	86413 (IC)	86687
85280	85576	86235	86430	86688
85290	85597	86255	86431	86689
85291	85598	86256	86480	86692
85292	85610	86277	86481	86694
85293	85611	86280	86485	86695
85300	85612	86294	86486	86696
85301	85613	86300	86490	86698
85302	85635	86301	86510	86701
85303	85651	86304	86590	86702
85305	85652	86308	86592	86703
85306	85660	86309	86593	86704
85307	85670	86310	86602	86705
85335	85675	86316	86603	86706
85337	85705	86317	86606	86707
85345	85730	86318	86609	86708
85347	85732	86320	86611	86709
85348	85810	86325	86612	86710
85360	85999 (IC)	86327	86615	86711
85362	86000	86328 (IC)	86617	86713
85366	86001	86329	86618	86717
85370	86003	86331	86619	86720
85378	86005	86332	86622	86723
85379	86008	86334	86625	86727
85380	86021	86335	86628	86732
85384	86022	86336	86631	86735
85385	86023	86337	86632	86738

Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title 6. Service Codes	Page 6-5
	Transmittal Letter LAB-54	Date 01/01/2021
Independent Clinical Laboratory Manual		

602 Payable Laboratory Services (cont.)

86741	86860	87118	87281	87491
86744	86870	87140	87283	87492
86747	86880	87143	87285	87495
86750	86885	87147	87290	87496
86753	86886	87149	87299	87497
86756	86900	87152	87300	87498
86757	86901	87158	87301	87500
86759	86902	87164	87305	87501
86762	86904	87166	87320	87502
86765	86905	87168	87324	87503
86768	86906	87169	87327	87505
86769 (IC)	86920	87172	87328	87506
86771	86921	87176	87329	87507
86774	86922	87177	87332	87510
86777	86923	87181	87335	87511
86778	86940	87184	87336	87512
86780	86941	87185	87337	87516
86784	86970	87186	87338	87517
86787	86971	87187	87339	87520
86788	86972	87188	87340	87521
86789	86975	87190	87341	87522
86790	86976	87197	87350	87525
86793	86977	87205	87380	87526
86794	86978	87206	87385	87527
86800	86999 (IC)	87207	87389	87528
86803	87003	87209	87390	87529
86804	87015	87210	87391	87530
86805	87040	87220	87400	87531
86806	87045	87230	87420	87532
86807	87046	87250	87425	87533
86808	87070	87252	87426	87534
86812	87071	87253	87427	87535
86813	87073	87254	87428	87536
86816	87075	87255	87430	87537
86817	87076	87260	87449	87538
86821	87077	87265	87451	87539
86825	87081	87267	87471	87540
86826	87084	87269	87472	87541
86828	87086	87270	87475	87542
86829	87088	87271	87476	87550
86830	87101	87272	87480	87551
86831	87102	87273	87481	87552
86832	87103	87274	87482	87555
86833	87106	87275	87483	87556
86834	87107	87276	87485	87557
86835	87109	87278	87486	87560
86849 (IC)	87110	87279	87487	87561
86850	87116	87280	87490	87562

Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title 6. Service Codes	Page 6-6
	Transmittal Letter LAB-54	Date 01/01/2021
Independent Clinical Laboratory Manual		

602 Payable Laboratory Services (cont.)

87563	87880	88182	88312	89300
87580	87899 (IC)	88184	88313	89310
87581	87900	88185	88314	89320
87582	87901	88187	88319	93000
87590	87902	88188	88341	93005
87591	87903	88189	88342	93010
87592	87904	88199 (IC)	88344	93015
87623	87905	88230	88346	93016
87624	87906	88233	88348	93017
87625	87910	88235	88350	93018
87631	87912	88237	88355	93024
87632	87999 (PA)(IC)	88239	88356	93040
87633	88104	88240	88358	93041
87634	88106	88241	88360	93042
87635	88108	88245 (PA)	88361	93224
87636 (IC)	88112	88248	88362	93225
87637 (IC)	88120	88249	88363	93226
87640	88121	88261	88365	93227
87641	88130	88262	88367	93228
87650	88140	88263	88368	93229 (IC)
87651	88141	88264	88371	93268
87652	88142	88267	88372	93278
87653	88143	88269	88380 (IC)	93724
87660	88147	88271	88381	93799 (IC)
87661	88148	88272	88387	G0027
87662	88150	88273	88388	G0480
87797	88152	88274	88399 (IC)	G0481
87798	88153	88275	88720	G0482
87799	88155	88280	88740	G0483
87800	88160	88283	88741	G2023
87801	88161	88285	89049	G2023 (CG)
87802	88162	88289	89050	G2024
87803	88164	88291	89051	G2024 (CG)
87804	88165	88299 (IC)	89055	P9604
87806	88166	88300	89060	U0002
87807	88167	88302	89125	U0003
87808	88172	88304	89160	U0004
87809	88173	88305	89190	U0005
87810	88174	88307	89220 (IC)	
87811 (IC)	88175	88309	89230 (IC)	
87850	88177	88311	89240 (IC)	

Commonwealth of Massachusetts MassHealth Provider Manual Series Independent Clinical Laboratory Manual	Subchapter Number and Title 6. Service Codes	Page 6-7
	Transmittal Letter LAB-54	Date 01/01/2021

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
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.

Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title 6. Service Codes	Page 6-8
	Transmittal Letter LAB-54	Date 01/01/2021
Independent Clinical Laboratory Manual		

This page is reserved.