



## Transmittal Letter LAB-56

**DATE:** September 2024

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

**FROM:** Monica Sawhney, Chief of Provider, Family, and Safety Net Programs

**RE:** *Independent Clinical Laboratory Manual: Updates to Subchapter 6 (2024 HCPCS)*

### Revisions to Subchapter 6

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 2024. MassHealth has updated Subchapter 6 to include new service codes effective for dates of service on or after January 1, 2024, and delete certain codes that are no longer effective as of the end of the federal public health emergency on May 11, 2023. You must use the codes effective as of January 1, 2024, in order to obtain reimbursement.

MassHealth providers must refer to the American Medical Association's 2024 *Current Procedural Terminology* (CPT) codebook or the *Healthcare Common Procedure Coding System (HCPCS) Level II* codebook for service descriptions of the codes in Subchapter 6 of the *Independent Clinical Laboratory Manual*.

The following codes have been added:

Added Codes	Effective Date
81517	1/1/2024
82166	1/1/2024
86041	1/1/2024
86042	1/1/2024
86043	1/1/2024
86366	1/1/2024
87523	1/1/2024

The following codes have been deleted:

Deleted Codes	Effective Date
U0003	5/11/2023
U0004	5/11/2023
U0005	5/11/2023

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 2024. For dates of service on or after January 1, 2024, you must use the new codes in order to obtain reimbursement.

## MassHealth Website

This transmittal letter and attached pages are available on the MassHealth website at [www.mass.gov/masshealth-transmittal-letters](http://www.mass.gov/masshealth-transmittal-letters). [Sign up](#) to receive email alerts when MassHealth issues new transmittal letters and provider bulletins.

## Questions?

- Call MassHealth at (800) 841-2900, TDD/TTY: 711
- Email us at [provider@masshealthquestions.com](mailto:provider@masshealthquestions.com)

## 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*

Pages vi and 6-1 through 6-8 — transmitted by Transmittal Letter LAB-55

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>	<b>Subchapter Number and Title</b> 6. Service Codes	<b>Page</b> vi
	<b>Transmittal Letter</b> LAB-56	<b>Date</b> 01/01/24
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

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>	<b>Subchapter Number and Title</b> 6. Service Codes	<b>Page</b> 6-1
	<b>Transmittal Letter</b> LAB-56	<b>Date</b> 01/01/2024
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 (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)	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)

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>	<b>Subchapter Number and Title</b> 6. Service Codes	<b>Page</b> 6-2
	<b>Transmittal Letter</b> LAB-56	<b>Date</b> 01/01/2024
Independent Clinical Laboratory Manual		

602 Payable Laboratory Services (cont.)

81253 (PA)	81332 (PA)	82106	82375	82642
81254 (PA)	81361	82107	82376	82652
81255 (PA)	81362	82108	82378	82656
81256 (PA)	81363	82120	82379	82657
81257 (PA)	81364	82127	82380	82658
81258 (PA)	81400 (PA)	82128	82382	82664
81260 (PA)	81401 (PA)	82131	82383	82668
81269 (PA)	81402 (PA)	82135	82384	82670
81272	81403 (PA)	82136	82387	82671
81273	81404 (PA)	82139	82390	82672
81275 (PA)	81405 (PA)	82140	82397	82677
81276 (PA)	81406 (PA)	82143	82415	82679
81277 (PA)	81407 (PA)	82150	82435	82693
81287 (PA)	81408 (PA)	82154	82436	82696
81288 (PA)	81420 (PA)	82157	82438	82705
81292 (PA)	81445 (PA)	82160	82441	82710
81293 (PA)	81450 (PA)	82163	82465	82715
81294 (PA)	81455 (PA)	82164	82480	82725
81295 (PA)	81479 (PA)(IC)	82166	82482	82726
81296 (PA)	81507 (PA)(IC)	82172	82485	82728
81297 (PA)	81508 (PA)	82175	82495	82731
81298 (PA)	81509	82180	82507	82735
81299 (PA)	81510	82190	82523	82746
81300 (PA)	81511	82232	82525	82747
81301 (PA)	81512	82239	82528	82757
81302 (PA)	81513	82240	82530	82759
81303 (PA)	81517	82247	82533	82760
81304 (PA)	81519 (PA)	82248	82540	82775
81307 (PA)	81522 (PA)	82252	82542	82776
81308 (PA)	81542 (PA)	82261	82550	82777
81309 (PA)	81552 (PA)	82270	82552	82784
81310 (PA)	82009	82271	82553	82785
81311 (PA)	82010	82272	82554	82787
81314 (PA)	82013	82274	82565	82800
81315 (PA)	82016	82286	82570	82803
81316 (PA)	82017	82300	82575	82805
81317 (PA)	82024	82306	82585	82810
81318 (PA)	82030	82308	82595	82820
81319 (PA)	82040	82310	82600	82930
81321 (PA)	82042	82330	82607	82938
81322 (PA)	82043	82331	82608	82941
81323 (PA)	82044	82340	82610	82943
81324 (PA)	82045	82355	82615	82945
81325 (PA)	82085	82360	82626	82946
81326 (PA)	82088	82365	82627	82947
81329	82103	82370	82633	82948
81330 (PA)	82104	82373	82634	82950
81331 (PA)	82105	82374	82638	82951

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>	<b>Subchapter Number and Title</b> 6. Service Codes	<b>Page</b> 6-3
	<b>Transmittal Letter</b> LAB-56	<b>Date</b> 01/01/2024
Independent Clinical Laboratory Manual		

602 Payable Laboratory Services (cont.)

82952	83525	83885	84156	84443
82955	83527	83915	84157	84445
82960	83528	83916	84160	84446
82963	83540	83918	84163	84449
82965	83550	83919	84165	84450
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

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>	<b>Subchapter Number and Title</b> 6. Service Codes	<b>Page</b> 6-4
	<b>Transmittal Letter</b> LAB-56	<b>Date</b> 01/01/2024
Independent Clinical Laboratory Manual		

602 Payable Laboratory Services (cont.)

85018	85378	86005	86328	86615
85025	85379	86008	86329	86617
85027	85380	86021	86331	86618
85032	85384	86022	86332	86619
85041	85385	86023	86334	86622
85044	85390	86038	86335	86625
85045	85396	86039	86336	86628
85046	85397	86041	86337	86631
85048	85400	86042	86340	86632
85049	85410	86043	86341	86635
85055	85415	86060	86343	86638
85060	85420	86063	86344	86641
85097	85421	86140	86352	86644
85130	85441	86141	86353	86645
85170	85445	86146	86355	86648
85175	85460	86147	86356	86651
85210	85461	86148	86357	86652
85220	85475	86152	86359	86653
85230	85520	86153	86360	86654
85240	85525	86155	86361	86658
85244	85530	86156	86366	86663
85245	85536	86157	86367	86664
85246	85540	86160	86376	86665
85247	85547	86161	86382	86666
85250	85549	86162	86384	86668
85260	85555	86171	86386	86671
85270	85557	86200	86403	86674
85280	85576	86215	86406	86677
85290	85597	86225	86408	86682
85291	85598	86226	86409	86684
85292	85610	86235	86413	86687
85293	85611	86255	86430	86688
85300	85612	86256	86431	86689
85301	85613	86277	86480	86692
85302	85635	86280	86481	86694
85303	85651	86294	86485	86695
85305	85652	86300	86486	86696
85306	85660	86301	86490	86698
85307	85670	86304	86510	86701
85335	85675	86308	86590	86702
85337	85705	86309	86592	86703
85345	85730	86310	86593	86704
85347	85732	86316	86602	86705
85348	85810	86317	86603	86706
85360	85999 (IC)	86318	86606	86707
85362	86000	86320	86609	86708
85366	86001	86325	86611	86709
85370	86003	86327	86612	86710

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>	<b>Subchapter Number and Title</b> 6. Service Codes	<b>Page</b> 6-5
	<b>Transmittal Letter</b> LAB-56	<b>Date</b> 01/01/2024
Independent Clinical Laboratory Manual		

602 Payable Laboratory Services (cont.)

86711	86829	87088	87271	87476
86713	86830	87101	87272	87480
86717	86831	87102	87273	87481
86720	86832	87103	87274	87482
86723	86833	87106	87275	87483
86727	86834	87107	87276	87485
86732	86835	87109	87278	87486
86735	86849 (IC)	87110	87279	87487
86738	86850	87116	87280	87490
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	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	87523
86793	86977	87205	87380	87525
86794	86978	87206	87385	87526
86800	86999 (IC)	87207	87389	87527
86803	87003	87209	87390	87528
86804	87015	87210	87391	87529
86805	87040	87220	87400	87530
86806	87045	87230	87420	87531
86807	87046	87250	87425	87532
86808	87070	87252	87426	87533
86812	87071	87253	87427	87534
86813	87073	87254	87428	87535
86816	87075	87255	87430	87536
86817	87076	87260	87449	87537
86821	87077	87265	87451	87538
86825	87081	87267	87471	87539
86826	87084	87269	87472	87540
86828	87086	87270	87475	87541



<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>	<b>Subchapter Number and Title</b> 6. Service Codes	<b>Page</b> 6-6
	<b>Transmittal Letter</b> LAB-56	<b>Date</b> 01/01/2024
Independent Clinical Laboratory Manual		

602 Payable Laboratory Services (cont.)

87542	87798	88148	88267	88367
87550	87799	88150	88269	88368
87551	87800	88152	88271	88371
87552	87801	88153	88272	88372
87555	87802	88155	88273	88380
87556	87803	88160	88274	88381
87557	87804	88161	88275	88387
87560	87806	88162	88280	88388
87561	87807	88164	88283	88399 (IC)
87562	87808	88165	88285	88720
87563	87809	88166	88289	88740
87580	87810	88167	88291	88741
87581	87811	88172	88299 (IC)	89049
87582	87850	88173	88300	89050
87590	87880	88174	88302	89051
87591	87899	88175	88304	89055
87592	87900	88177	88305	89060
87593	87901	88182	88307	89125
87623	87902	88184	88309	89160
87624	87903	88185	88311	89190
87625	87904	88187	88312	89220
87631	87905	88188	88313	89230
87632	87906	88189	88314	89240 (IC)
87633	87910	88199 (IC)	88319	89300
87634	87912	88230	88341	89310
87635	87999 (PA)(IC)	88233	88342	89320
87636	88104	88235	88344	G0027
87637	88106	88237	88346	G0480
87640	88108	88239	88348	G0481
87641	88112	88240	88350	G0482
87650	88120	88241	88355	G0483
87651	88121	88245 (PA)	88356	P9604
87652	88130	88248	88358	U0002
87653	88140	88249	88360	
87660	88141	88261	88361	
87661	88142	88262	88362	
87662	88143	88263	88363	
87797	88147	88264	88365	

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>  Independent Clinical Laboratory Manual	<b>Subchapter Number and Title</b> 6. Service Codes	<b>Page</b> 6-7
	<b>Transmittal Letter</b> LAB-56	<b>Date</b> 01/01/2024

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.

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>	<b>Subchapter Number and Title</b> 6. Service Codes	<b>Page</b> 6-8
	<b>Transmittal Letter</b> LAB-56	<b>Date</b> 01/01/2024
Independent Clinical Laboratory Manual		

This page is reserved.