**Transmittal Letter LAB-57**



Commonwealth of Massachusetts

Executive Office of Health and Human Services

Office of Medicaid

[www.mass.gov/masshealth](https://www.mass.gov/orgs/masshealth)

**DATE:** November 2024

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

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

**RE: *Independent Clinical Laboratory Manual*: Removal of Prior Authorization Restrictions effective November 21, 2024**

**Revisions to Subchapter 6**

This letter transmits revisions to the service codes in the *Independent Clinical Laboratory Manual* to remove prior authorization (PA) restrictions from CPT code 81420 to be effective on November 21, 2024.

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.*

**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](https://www.mass.gov/forms/email-notifications-for-masshealth-provider-bulletins-and-transmittal-letters) 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The pages listed here are no longer in effect.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-56

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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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88399 (IC)

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G0027

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G0481

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P9604

U0002

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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