



**Commonwealth of Massachusetts**  
**Executive Office of Health and Human Services**  
**Division of Medical Assistance**  
600 Washington Street  
Boston, MA 02111  
[www.mass.gov/dma](http://www.mass.gov/dma)

**MassHealth**  
**Physician Bulletin 76**  
**January 2002**

**TO:** Physicians Participating in MassHealth  
**FROM:** Wendy E. Warring, Commissioner  
**RE:** HIV Resistance Testing

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***New Lab Services  
for Members with HIV***

Effective January 1, 2002, the Division is providing coverage for HIV genotype and phenotype resistance tests. These services are payable with prior authorization (PA) from the Division and only when provided by independent clinical laboratories with certain certifications from the Centers for Medicare and Medicaid Services under the Clinical Laboratory Improvement Act (CLIA).

Physicians who want to order these specialized tests to help them manage their HIV patients' treatment must request PA from the Division. If the Division authorizes the service, the physician must provide the laboratory with a copy of the letter from the Division approving the test along with the order for testing.

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***Service Codes***

To request PA for these tests, you must fill out and submit a Request for Prior Authorization. The codes for these lab tests are listed below.

- 87901 Infectious agent genotype analysis by nucleic acid (DNA or RNA), HIV 1, reverse transcriptase and protease (P.A. required for third and subsequent tests performed within a calendar year)
  - 87903 Infectious agent phenotype analysis by nucleic acid (DNA or RNA) with drug resistance tissue culture analysis, HIV 1; up to 10 drugs (P.A.)
  - 87904 each additional drug, up to 5 drugs (List separately in addition to code for primary procedure.) (P.A.)
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***Supplemental PA Form***

In order to request PA for any of the above three laboratory tests, you must completely fill out and sign the HIV Resistance Testing Request Form, and attach it to the Request for Prior Authorization.

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***Ordering Supplies***

To get supplies of the HIV Resistance Testing Request Form or the Request for Prior Authorization, mail or fax your request to:

MassHealth  
Forms Distribution  
P.O. Box 9101  
Somerville, MA 02145

Fax: 703-917-4937

Include your MassHealth provider number and street address with your request.

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***Questions***

If you have any questions about the information in this bulletin, please contact MassHealth Provider Services at 617-628-4141 or 1-800-325-5231.

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