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

MassHealth

Transmittal Letter LAB-50 (Updated)

March 2020

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

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

**RE:** *Independent Clinical* *Laboratory Manual* (diagnostic tests for COVID-19)

This letter transmits a revision to Subchapter 6 in the *Independent Clinical Laboratory Manual*. MassHealth has updated Subchapter to add new procedure code 87635 for clinical laboratory services covering diagnostic tests for the 2019 novel Coronavirus (COVID-19). Providers will be able to bill MassHealth for this code beginning April 1, 2020, for dates of service on or after March 12, 2020.

MassHealth providers must refer to the American Medical Association’s 2020 *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.*

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/service-details/eohhs-regulations](https://www.mass.gov/service-details/eohhs-regulations). The regulation title for Clinical Laboratory Services is 101 CMR 320.00; for Medicine, it’s 101 CMR 317.00; and for Surgery and Anesthesia, it’s 101 CMR 316.00.

**General Notice**

MassHealth does not pay for Definitive and Presumptive testing/screening on the same date of service (DOS), as noted in *Independent Clinical Laboratory Bulletin 9*.

|  |  |  |
| --- | --- | --- |
| Presumptive codes | Definitive codes | Error |
| 80305-80307 | G0480-G0483 | 8304- lab conflict on same DOS |

**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).

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](mailto: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 this transmittal letter, please contact the MassHealth Customer Service Center at (800) 841-2900, email your inquiry to [providersupport@mahealth.net](mailto: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 6-1 to 6-8

OBSOLETE MATERIAL

(The pages listed here are no longer in effect.)

Independent Clinical Laboratory Manual

Pages 6-1 to 6-8 — transmitted by Transmittal Letter LAB-49

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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-50 (Updated) | **Date**  03/12/20 |

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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89240 (IC)

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P9604

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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