Commonwealth of Massachusetts
Executive Office of Health and Human Services
Office of Medicaid
600 Washington Street
Boston, MA 02111
www.mass.gov/masshealth

MassHealth
Transmittal Letter CHC-83
January 2009

TO: Community Health Centers Participating in MassHealth

FROM: Tom Dehner, Medicaid Director

RE: *Community Health Center Manual* (2009 HCPCS)

This letter transmits revisions to the service codes and descriptions in Subchapter 6 of the *Community Health Center Manual*. The Centers for Medicare & Medicaid Services (CMS) has revised the Healthcare Common Procedure Coding System (HCPCS) for 2009. These changes are included in the attached Subchapter 6 of the *Community Health Center Manual* and are effective for dates of service on or after January 1, 2009.

Please Note: 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 405.000 and 450.000. A CHC provider 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 the *Community Health Center Manual*.

For more information about payment, you may download the Division of Health Care Finance and Policy (DHCFP) regulations at no cost at www.mass.gov/dhcfp. You may also purchase a paper copy of the DHCFP regulations from either the Massachusetts State Bookstore or from DHCFP (see addresses and telephone numbers below). You must contact them first to find out the price of the paper copy of the publication. The regulation titles are as follows: 114.3 CMR 18.00: Radiology; 114.3 CMR 20.00: Clinical Laboratory Services; 114.3 CMR 4.00: Rates for Community Health Centers; 114.3 CMR 17.00: Medicine.

Massachusetts State Bookstore
State House, Room 116
Boston, MA 02133
Telephone: 617-727-2834
www.mass.gov/sec/spr

Division of Health Care Finance and Policy
Two Boylston Street
Boston, MA 02116
Telephone: 617-988-3100
www.mass.gov/dhcfp

Vaccines Provided in a Community Health Center

Vaccines supplied by the Massachusetts Department of Public Health (DPH) free of charge are not reimbursable by MassHealth. MassHealth reimburses community health centers for vaccines not supplied by DPH, as listed in Subchapter 6, Section 604, of the *Community Health Center Manual*. Information regarding the availability of DPH-supplied vaccines can be found on the following DPH Web sites:

http://www.mass.gov/dph
http://www.mass.gov/Eeohhs2/docs/dph/cdc/immunization/vaccine_availability_adult.pdf
http://www.mass.gov/Eeohhs2/docs/dph/cdc/immunization/vaccine_availability_childhood.pdf

Reminder to Use a Modifier When Billing for Behavioral Health Screening Tools

The administration and scoring of standardized behavioral-health screening tools selected from the approved menu of tools found in Appendix W of your provider manual is covered for members (except MassHealth Limited) from birth to 21 years of age. Service Code 96110 must be accompanied by one of the modifiers listed in Section 612 to indicate whether a behavioral-health need was identified. “Behavioral-health need identified” means the provider administering the screening tool, in his or her professional judgment, identifies a child with a potential behavioral health services need. In the future, failure to include a modifier when billing Service Code 96110 will result in denial of the claim.

If you have any questions about the information in this transmittal letter please contact MassHealth Customer Service at 1-800-841-2900, e-mail 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.)

Community Health Center Manual

Pages vi, 6-17, 6-18, 6-21, 6-22, 6-33 through 6-36, 6-39, 6-40, and 6-51 through 6-74

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

Community Health Center Manual

Pages vi, 6-17, 6-18, 6-21, 6-22, 6-33 through 6-36, 6-39, 6-40, and 6-51 through 6-72 — transmitted by Transmittal Letter CHC-80

6. Service Codes and Descriptions

602 Radiology Service Codes and Descriptions (cont.)

Service Code	Service Description
	Hyperthermia
	Hyperthermia is used **only** as an adjunct to radiation therapy or chemotherapy.
77600	Hyperthermia, externally generated; superficial (i.e., heating to a depth of four cm or less)
77605	deep (i.e., heating to depths greater than four cm)
77610	Hyperthermia generated by interstitial probe(s); five or fewer interstitial applicators
77615	more than five interstitial applicators
	Clinical Intracavitary Hyperthermia
	Clinical intracavitary hyperthermia is used **only** as an adjunct to radiation therapy or chemotherapy.
77620	Hyperthermia generated by intracavitary probe(s)
	Clinical Brachytherapy
77750	Infusion or instillation of radioelement solution (includes three months follow-up care)
77761	Intracavitary radiation source application; simple
77762	intermediate
77763	complex
77776	Interstitial radiation source application; simple
77777	intermediate
77778	complex
77785	Remote afterloading high dose rate radionuclide brachytherapy; 1 channel
77786	2-12 channels
77787	over 12 channels
77789	Surface application of radiation source
77799	Unlisted procedure, clinical brachytherapy (I.C.)
	NUCLEAR MEDICINE
	DIAGNOSTIC
	Endocrine System
78000	Thyroid uptake; single determination
78001	multiple determinations
78003	stimulation, suppression or discharge (not including initial uptake studies)
78006	Thyroid imaging, with uptake; single determination
78007	multiple determinations
78010	Thyroid imaging; only
78011	with vascular flow

602 Radiology Service Codes and Descriptions (cont.)

Service Code	Service Description
78015	Thyroid carcinoma metastases imaging; limited area (e.g., neck and chest only)
78016	with additional studies (e.g., urinary recovery)
78018	whole body
78020	Thyroid carcinoma metastases uptake (List separately in addition to code for primary procedure.)
78070	Parathyroid imaging
78075	Adrenal imaging, cortex and/or medulla
78099	Unlisted endocrine procedure, diagnostic nuclear medicine (I.C.)
	Hematopoietic, Reticuloendothelial and Lymphatic System
78102	Bone marrow imaging; limited area
78103	multiple areas
78104	whole body
78110	Plasma volume, radiopharmaceutical volume-dilution technique (separate procedure); single sampling
78111	multiple samplings
78120	Red cell volume determination (separate procedure); single sampling
78121	multiple samplings
78122	Whole blood volume determination, including separate measurement of plasma volume and red cell volume (radiopharmaceutical volume-dilution technique)
78130	Red cell survival study
78135	differential organ/tissue kinetics (e.g., splenic and/or hepatic sequestration)
78140	Labeled red cell sequestration, differential organ/tissue (e.g., splenic and/or hepatic)
78185	Spleen imaging only, with or without vascular flow
78190	Kinetics, study of platelet survival, with or without differential organ/tissue localization
78191	Platelet survival study
78195	Lymphatics and lymph nodes imaging
78199	Unlisted hematopoietic, reticuloendothelial and lymphatic procedure, diagnostic nuclear medicine (I.C.)
	Gastrointestinal System
78201	Liver imaging; static only
78202	with vascular flow
78205	Liver imaging (SPECT)
78206	with vascular flow
78215	Liver and spleen imaging; static only
78216	with vascular flow
78220	Liver function study with hepatobiliary agents, with serial images
78223	Hepatobiliary ductal system imaging, including gallbladder, with or without pharmacologic intervention, with or without quantitative measurement of gallbladder function
78230	Salivary gland imaging
78231	with serial images
78232	Salivary gland function study

602 Radiology Service Codes and Descriptions (cont.)

Service Code	Service Description
	Nervous System
78600	Brain imaging, less than four static views
78601	with vascular flow
78605	Brain imaging, minimum four static views
78607	Brain imaging, tomographic (SPECT)
78608	Brain imaging, positron emission tomography (PET); metabolic evaluation
78609	perfusion evaluation
78610	Brain imaging, vascular flow only
78630	Cerebrospinal fluid flow, imaging (not including introduction of material); cisternography
78635	ventriculography
78645	shunt evaluation
78647	tomographic (SPECT)
78650	Cerebrospinal fluid leakage detection and localization
78660	Radiopharmaceutical dacryocystography
78699	Unlisted nervous system procedure, diagnostic nuclear medicine (I.C.)
	Genitourinary System
78700	Kidney imaging; static only
78701	with vascular flow
78707	Kidney imaging with vascular flow and function; single study without pharmacological intervention
78708	single study, with pharmacological intervention (e.g., angiotensin converting enzyme inhibitor and/or diuretic)
78709	multiple studies, with and without pharmacological intervention (e.g., angiotensin converting enzyme inhibitor and/or diuretic)
78710	Kidney imaging, tomographic (SPECT)
78725	Kidney function study, non-imaging radioisotopic study
78730	Urinary bladder residual study
78740	Ureteral reflux study (radiopharmaceutical voiding cystogram)
78761	with vascular flow
78799	Unlisted genitourinary procedure, diagnostic nuclear medicine (I.C.)
	Other Procedures
78800	Radiopharmaceutical localization of tumor or distribution of radiopharmaceutical agent(s); limited area
78801	multiple areas
78802	whole body, single day imaging
78803	tomographic (SPECT)
78804	whole body, requiring two or more days imaging
78805	Radiopharmaceutical localization of inflammatory process; limited area

602 Radiology Service Codes and Descriptions (cont.)

Service Code	Service Description
78806	whole body
78807	tomographic (SPECT)
78808	Injection procedure for radiopharmaceutical localization by non-imaging probe study, intravenous (eg, parathyroid adenoma)
78811	Positron emission tomography (PET) imaging; limited area (eg, chest, head/neck)
78812	skull base to mid-thigh
78813	whole body
78814	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; limited area (eg, chest, head/neck)
78815	skull base to mid-thigh
78816	whole body
78999	Unlisted miscellaneous procedure, diagnostic nuclear medicine (I.C.)

THERAPEUTIC

79005	Radiopharmaceutical therapy, by oral administration
79101	Radiopharmaceutical therapy, by intravenous administration
79200	Radiopharmaceutical therapy by intracavitary administration
79300	Radiopharmaceutical therapy by interstitial radioactive colloid administration
79403	Radiopharmaceutical therapy, radiolabeled monoclonal antibody by intravenous infusion
79440	Radiopharmaceutical therapy, by intra-articular administration
79999	Radiopharmaceutical therapy, unlisted procedure (I.C.)

603 Laboratory Service Codes and Descriptions (cont.)

Service Code	Service Description
83088	Histamine
83090	Homocystine
83150	Homovanillic acid (HVA)
83491	Hydroxycorticosteroids, 17- (17-OHCS)
83497	Hydroxyindolacetic acid, 5- (HIAA)
83498	Hydroxyprogesterone, 17-d
83499	Hydroxyprogesterone, 20-
83500	Hydroxyproline; free
83505	total
83516	Immunoassay for analyte other than infectious agent antibody or infectious agent antigen, qualitative or semiquantitative; multiple step method
83518	single step method (e.g., reagent strip)
83519	Immunoassay, analyte, quantitative; by radiopharmaceutical technique (e.g., RIA)
83520	not otherwise specified
83525	Insulin; total
83527	free
83528	Intrinsic factor
83540	Iron
83550	Iron-binding capacity
83570	Isocitric dehydrogenase (IDH)
83582	Ketogenic steroids, fractionation
83586	Ketosteroids, 17- (17-KS); total
83593	fractionation
83605	Lactate (lactic acid)
83615	Lactate dehydrogenase (LD), (LDH);
83625	isoenzymes, separation and quantitation
83630	Lactoferrin, fecal, qualitative
83631	quantitative
83632	Lactogen, human placental (HPL) human chorionic somatomammotropin
83633	Lactose, urine; qualitative
83634	quantitative
83655	Lead
83661	Fetal lung maturity assessment; lecithin sphingomyelin (L/S) ratio
83662	foam stability test
83663	fluorescence polarization
83664	lamellar body density
83670	Leucine aminopeptidase (LAP)
83690	Lipase
83695	Lipoprotein (a)
83700	Lipoprotein, blood, electrophoretic separation and quantitation
83701	High resolution fractionation and quantitation of lipoproteins including lipoprotein subclasses when performed (e.g., electrophoresis, ultracentrifugation)
83704	Quantitation of lipoprotein particle numbers and lipoprotein particle subclasses (e.g., by nuclear magnetic resonance spectroscopy)

603 Laboratory Service Codes and Descriptions (cont.)

Service Code	Service Description
83718	Lipoprotein, direct measurement; high density cholesterol (HDL cholesterol)
83719	direct measurement, VLDL cholesterol
83721	direct measurement, LDL cholesterol
83727	Luteinizing-releasing factor (LRH)
83735	Magnesium
83775	Malate dehydrogenase
83785	Manganese
83788	Mass spectrometry and tandem mass spectrometry (MS, MS/MS), analyte not elsewhere specified; qualitative, each specimen
83789	quantitative, each specimen
83805	Meprobamate
83825	Mercury, quantitative
83835	Metanephrines
83840	Methadone
83857	Methemalbumin
83858	Methsuximide
83864	Mucopolysaccharides, acid; quantitative
83866	screen
83872	Mucin, synovial fluid (Ropes test)
83873	Myelin basic protein, cerebrospinal fluid
83874	Myoglobin
83876	Myeloperoxidase (MPO)
83880	Natriuretic peptide
83883	Nephelometry, each analyte not elsewhere specified
83885	Nickel
83887	Nicotine

Molecular Diagnostics

The series of codes 83890-83912 is intended for use with molecular diagnostic techniques for analysis of nucleic acids. These services are coded by procedure rather than analyte. Code separately for each procedure used in an analysis. For example, a procedure requiring isolation of DNA, restriction endonuclease digestion, electrophoresis, and nucleic acid probe amplification would be coded 83890, 83892, 83894, and 83898.

83890	Molecular diagnostics; molecular isolation or extraction
83891	isolation or extraction of highly purified nucleic acid
83892	enzymatic digestion
83893	dot/slot blot production
83894	separation by gel electrophoresis (e.g., agarose, polyacrylamide)
83896	nucleic acid probe, each
83897	nucleic acid transfer (e.g., Southern, Northern)
83898	amplification, target, each nucleic acid sequence
83900	amplification, target, multiplex, first two nucleic acid sequences

603 Laboratory Service Codes and Descriptions (cont.)

Service Code	Service Description
83901	amplification, target, multiplex, each additional nucleic acid sequence beyond two (List separately in addition to code for primary procedure)
83902	reverse transcription
83903	mutation scanning, by physical properties (e.g., single strand conformational polymorphisms (SSCP), heteroduplex, denaturing gradient gel electrophoresis (DGGE), RNA'ase A), single segment, each
83904	mutation identification by sequencing, single segment, each segment
83905	mutation identification by allele specific transcription, single segment, each segment
83906	mutation identification by allele specific translation, single segment, each segment
83907	lysis of cells prior to nucleic acid extraction (e.g., stool specimens, paraffin embedded tissue
83908	amplification, signal, each nucleic acid sequence
83909	separation and identification by high resolution technique (e.g., capillary electrophoresis)
83912	interpretation and report
83914	Mutation identification by enzymatic ligation or primer extension, single segment, each segment (e.g., oligonucleotide ligation assay (OLA), single base chain extension (SBCE), or allele-specific primer extension (ASPE))
83915	Nucleotidase 5-
83916	Oligoclonal immune (oligoclonal bands)
83918	Organic acids; total, quantitative, each specimen
83919	qualitative, each specimen
83921	Organic acid, single, quantitative
83925	Opiates (e.g., morphine, meperidine)
83930	Osmolality; blood
83935	urine
83937	Osteocalcin (bone g1a protein)
83945	Oxalate
83950	Oncoprotein, HER-2/neu
83951	des-gamma-carboxy-prothrombin (DCP)
83970	Parathormone (parathyroid hormone)
83986	pH, body fluid, except blood
83992	Phencyclidine (PCP)
83993	Calprotectin, fecal
84022	Phenothiazine
84030	Phenylalanine (PKU), blood
84035	Phenylketones, qualitative
84060	Phosphatase, acid; total
84066	prostatic
84075	Phosphatase, alkaline
84078	heat stable (total not included)
84080	isoenzymes
84081	Phosphatidylglycerol
84085	Phosphogluconate, 6-, dehydrogenase, RBC
84087	Phosphohexose isomerase
84100	Phosphorus inorganic (phosphate);

603 Laboratory Service Codes and Descriptions (cont.)

Service Code	Service Description
84105	urine
84106	Porphobilinogen, urine; qualitative
84110	quantitative
84119	Porphyrins, urine; qualitative
84120	quantitation and fractionation
84126	Porphyrins, feces; quantitative
84127	qualitative
84132	Potassium; serum
84133	urine
84134	Prealbumin
84135	Pregnanediol
84138	Pregnanetriol
84140	Pregnenolone
84143	17-hydroxypregnenolone
84144	Progesterone
84146	Prolactin
84150	Prostaglandin, each
84152	Prostate specific antigen (PSA); complexed (direct measurement)
84153	total
84154	free
84155	Protein, total, except by refractometry; serum
84156	urine
84157	other source (e.g., synovial fluid, cerebrospinal fluid)
84160	Protein, total, by refractometry, any source
84163	Pregnancy-associated plasma protein-A (PAPP-A) (I.C.)
84165	Protein, electrophoretic fractionation and quantitation, serum
84166	electrophoretic fractionation and quantitation, other fluids with concentration (e.g., urine, CSF)
84181	Western Blot, with interpretation and report, blood or other body fluid
84182	Western Blot, with interpretation and report, blood or other body fluid, immunological probe for band identification, each
84202	Protoporphyrin, RBC; quantitative
84203	screen
84206	Proinsulin
84207	Pyridoxal phosphate (vitamin B-6)
84210	Pyruvate
84220	Pyruvate kinase
84228	Quinine
84233	Receptor assay; estrogen
84234	progesterone
84235	endocrine, other than estrogen or progesterone (specify hormone)
84238	non-endocrine (specify receptor)
84244	Renin
84252	Riboflavin (vitamin B-2)
84255	Selenium
84260	Serotonin

603 Laboratory Service Codes and Descriptions (cont.)

Service Code	Service Description
85048	leukocyte (WBC), automated
85049	platelet, automated
85055	Reticulated platelet assay
85060	Blood smear, peripheral, interpretation by physician with written report
85097	Bone marrow, smear interpretation
85130	Chromogenic substrate assay
85170	Clot retraction
85175	Clot lysis time, whole blood dilution
85210	Clotting; factor II, prothrombin, specific
85220	factor V (AcG or proaccelerin), labile factor
85230	factor VII (proconvertin, stable factor)
85240	factor VIII (AHG), one stage
85244	factor VIII related antigen
85245	factor VIII, VW factor, ristocetin cofactor
85246	factor VIII, VW factor antigen
85247	factor VIII, von Willebrand factor, multimetric analysis
85250	factor IX (PTC or Christmas)
85260	factor X (Stuart-Prower)
85270	factor XI (PTA)
85280	factor XII (Hageman)
85290	factor XIII (fibrin stabilizing)
85291	factor XIII (fibrin stabilizing), screen solubility
85292	prekallikrein assay (Fletcher factor assay)
85293	high molecular weight kininogen assay (Fitzgerald factor assay)
85300	Clotting inhibitors or anticoagulants; antithrombin III, activity
85301	antithrombin III, antigen assay
85302	protein C, antigen
85303	protein C, activity
85305	protein S, total
85306	protein S, free
85307	Activated Protein C (APC) resistance assay
85335	Factor inhibitor test
85337	Thrombomodulin
85345	Coagulation time; Lee and White
85347	activated
85348	other methods
85360	Euglobulin lysis
85362	Fibrin(ogen) degradation (split) products (FDP) (FSP); agglutination slide; semiquantitative
85366	paracoagulation
85370	quantitative
85378	Fibrin degradation products, D-dimer; qualitative or semiquantitative
85379	quantitative
85380	ultrasensitive (e.g., for evaluation for venous thromboembolism), qualitative or semiquantitative
85384	Fibrinogen; activity
85385	antigen
85390	Fibrinolysins or coagulopathy screen, interpretation and report

603 Laboratory Service Codes and Descriptions (cont.)

Service Code	Service Description
85396	Coagulation/fibrinolysis assay, whole blood (e.g., viscoelastic clot assessment), including use of any pharmacologic additive(s), as indicated, including interpretation and written report, per day
85397	Coagulation and fibrinolysis, functional activity, not otherwise specified (eg, ADAMTS-13), each analyte
85400	Fibrinolytic factors and inhibitors; plasmin
85410	alpha-2 antiplasmin
85415	plasminogen activator
85420	plasminogen, except antigenic assay
85421	plasminogen, antigenic assay
85441	Heinz bodies; direct
85445	induced, acetyl phenylhydrazine
85460	Hemoglobin or RBCs, fetal, for fetomaternal hemorrhage; differential lysis (Kleihauer-Betke)
85461	rosette
85475	Hemolysin, acid
85520	Heparin assay
85525	Heparin neutralization
85530	Heparin-protamine tolerance test
85536	Iron stain, peripheral blood
85540	Leukocyte alkaline phosphatase with count
85547	Mechanical fragility, RBC
85549	Muramidase
85555	Osmotic fragility, RBC; unincubated
85557	incubated
85576	Platelet; aggregation (in vitro), each agent
85597	Platelet neutralization
85610	Prothrombin time
85611	substitution, plasma fractions, each
85612	Russell viper venom time (includes venom); undiluted
85613	diluted
85635	Reptilase test
85651	Sedimentation rate, erythrocyte; non-automated
85652	automated
85660	Sickling of RBC, reduction
85670	Thrombin time; plasma
85675	titer
85705	Thromboplastin inhibition; tissue
85730	Thromboplastin time, partial (PTT); plasma or whole blood
85732	substitution, plasma fractions, each
85810	Viscosity
85999	Unlisted hematology and coagulation procedure (I.C.)

IMMUNOLOGY

86000	Agglutinins, febrile (e.g., Brucella, Francisella, Murine typhus, Q fever, Rocky Mountain spotted fever, scrub typhus), each antigen
86001	Allergen specific IgG; quantitative or semiquantitative, each allergen

603 Laboratory Service Codes and Descriptions (cont.)

Service Code	Service Description
87797	Infectious agent detection by nucleic acid (DNA or RNA), not otherwise specified; direct probe technique, each organism
87798	amplified probe technique, each organism
87799	quantification, each organism
87800	Infectious agent detection by nucleic acid (DNA or RNA), multiple organisms; direct probe(s) technique
87801	amplified probe(s) technique
87802	Infectious agent antigen detection by immunoassay with direct optical observation; Streptococcus, group B
87803	Clostridium difficile toxin A
87804	influenza
87807	respiratory syncytial virus
87809	adenovirus
87810	Infectious agent detection by immunoassay with direct optical observation; Chlamydia trachomatis
87850	Neisseria gonorrhoeae
87880	Streptococcus, group A
87899	not otherwise specified
87902	Hepatitis C virus
87905	Infectious agent enzymatic activity other than virus (eg, sialidase activity in vaginal fluid)
87999	Unlisted microbiology procedure (I.C.)

ANATOMIC PATHOLOGY

Cytopathology

88104	Cytopathology, fluids, washings or brushings, except cervical or vaginal; smears with interpretation
88106	filter method only with interpretation
88107	smears and filter preparation with interpretation
88108	Cytopathology, concentration technique, smears and interpretation (e.g., Saccomanno technique)
88112	Cytopathology, selective cellular enhancement technique with interpretation (e.g., liquid based slide preparation method), except cervical or vaginal
88130	Sex chromatin identification; Barr bodies
88140	peripheral blood smear, polymorphonuclear drumsticks

Codes 88141-88155, 88164-88167 are used to report cervical or vaginal screening by various methods and to report physician interpretation services. Use codes 88150-88154 to report Pap smears that are examined using non-Bethesda reporting. Use codes 88164-88167 to report Pap smears that are examined using the Bethesda System of reporting. Use codes 88142-88143 to report specimens collected in fluid medium with automated thin layer preparation that are examined using any system of reporting (Bethesda or non-Bethesda). Within each of these three code families choose the one code that describes the screening method(s) used. Codes 88141 and 88155 should be reported in addition to the screening code chosen when the additional services are provided.

88141	Cytopathology, cervical or vaginal (any reporting system); requiring interpretation by physician (List separately in addition to code for technical service.)
88142	Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; manual screening under physician supervision

603 Laboratory Service Codes and Descriptions (cont.)

Service Code	Service Description
88143	with manual screening and rescreening under physician supervision
88147	Cytopathology smears, cervical or vaginal; screening by automated system under physician supervision
88148	screening by automated system with manual rescreening under physician supervision
88150	Cytopathology, slides, cervical or vaginal; manual screening under physician supervision
88152	with manual screening and computer-assisted rescreening under physician supervision
88153	with manual screening and rescreening under physician supervision
88154	with manual screening and computer-assisted rescreening using cell selection and review under physician supervision
88155	Cytopathology, slides, cervical or vaginal, definitive hormonal evaluation (e.g., maturation index, karyopyknotic index, estrogenic index) (List separately in addition to code(s) for other technical and interpretation services.)
88160	Cytopathology, smears, any other source; screening and interpretation
88161	preparation, screening, and interpretation
88162	extended study involving over five slides and/or multiple stains
88164	Cytopathology, slides, cervical or vaginal (the Bethesda System); manual screening under physician supervision
88165	with manual screening and rescreening under physician supervision
88166	with manual screening and computer-assisted rescreening under physician supervision
86167	with manual screening and computer-assisted rescreening using cell selection and review under physician supervision
88172	Cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy of specimen(s)
88173	interpretation and report
88174	Cytopathology, cervical or vaginal (any reported system), collected in preservative fluid, automated thin layer preparation, screening by automated system, under physician supervision
88175	with screening by automated system and manual rescreening or review, under physician supervision
88180	Flow cytometry; each cell surface, cytoplasmic or nuclear
88182	cell cycle or DNA analysis
88184	Flow cytometry, cell surface, cytoplasmic, or nuclear marker, technical component only; first marker
88185	each additional marker (List separately in addition to code for first marker)
88187	Flow cytometry, interpretation; two to 8 markers
88188	nine to 15 markers
88189	16 or more markers
88199	Unlisted cytopathology procedure (I.C.)

Cytogenetic Studies

88230	Tissue culture for non-neoplastic disorders; lymphocyte
88233	skin or other solid tissue biopsy
88235	amniotic fluid or chorionic villus cells
88237	Tissue culture for neoplastic disorders; bone marrow, blood cells

603 Laboratory Service Codes and Descriptions (cont.)

Service Code	Service Description
88239	solid tumor
88240	Cryopreservation, freezing and storage of cells, each cell line
88241	Thawing and expansion of frozen cells, each aliquot
88245	Chromosome analysis for breakage syndromes; baseline Sister Chromatid Exchange (SCE), 20-25 cells
88248	baseline breakage, score 50-100 cells, count 20 cells, two karyotypes, (e.g., for ataxia telangiectasia, Fanconi anemia, fragile X)
88249	score 100 cells, clastogen stress (e.g., diepoxybutane, mitomycin C, ionizing radiation, UV radiation)
88261	Chromosome analysis; count five cells, one karyotype, with banding
88262	count 15-20 cells, two karyotypes, with banding
88263	count 45 cells for mosaicism, two karyotypes, with banding
88264	analyze 20-25 cells
88267	Chromosome analysis, amniotic fluid or chorionic villus, count 15 cells, one karyotype, with banding
88269	Chromosome analysis, in situ for amniotic fluid cells, count cells from 6-12 colonies, one karyotype, with banding
88271	Molecular cytogenetics; DNA probe, each (e.g., FISH)
88272	chromosomal in situ hybridization, analyze three to five cells (e.g., for derivatives and markers)
88273	chromosomal in situ hybridization, analyze 10-30 cells (e.g., for microdeletions)
88274	interphase in situ hybridization, analyze 25-99 cells
88275	interphase in situ hybridization, analyze 100-300 cells
88280	Chromosome analysis; additional karyotypes, each study
88283	additional specialized banding technique (e.g., NOR, C-banding)
88285	additional cells counted, each study
88289	additional high resolution study
88291	Cytogenetics and molecular cytogenetics, interpretation and report
88299	Unlisted cytogenetic study (I.C.)

SURGICAL PATHOLOGY

Complete descriptions for codes 88300 through 88309 are listed in the American Medical Association's Current Procedural Terminology (CPT) code book.

88300	Level I - surgical pathology, gross examination only
88302	Level II - surgical pathology, gross and microscopic examination
88304	Level III - surgical pathology, gross and microscopic examination
88305	Level IV - surgical pathology, gross and microscopic examination
88307	Level V - surgical pathology, gross and microscopic examination
88309	Level VI - surgical pathology, gross and microscopic examination
88311	Decalcification procedure (List separately in addition to code for surgical pathology examination.)
88312	Special stains (List separately in addition to code for primary service); Group I for microorganisms (e.g., Gridley, acid fast, methenamine silver), each

603 Laboratory Service Codes and Descriptions (cont.)

Service Code	Service Description
88313	Group II, all other (e.g., iron, trichrome), except immunocytochemistry and immunoperoxidase stains, each
88314	histochemical staining with frozen section(s)
88318	Determinative histochemistry to identify chemical components (e.g., copper, zinc)
88319	Determinative histochemistry or cytochemistry to identify enzyme constituents, each
88342	Immunohistochemistry (including tissue immunoperoxidase), each antibody
88346	Immunofluorescent study, each antibody; direct method
88347	indirect method
88348	Electron microscopy; diagnostic
88349	scanning
88355	Morphometric analysis; skeletal muscle
88356	nerve
88358	tumor (e.g., DNA ploidy)
88360	Morphometric analysis, tumor immunohistochemistry (e.g., Her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, each antibody; manual
88361	using computer-assisted technology
88362	Nerve-teasing preparations
88365	In situ hybridization, (e.g., FISH), each probe
88367	Morphometric analysis, in situ hybridization, (quantitative or semi-quantitative) each probe; using computer-assisted technology
88368	manual
88371	Protein analysis of tissue by Western Blot, with interpretation and report
88372	immunological probe for band identification, each
88380	Microdissection (i.e., sample preparation of microscopically identified target); laser capture
88381	manual
88384	Array-based evaluation of multiple molecular probes; 11 through 50 probes (I.C.)
88385	51 through 250 probes
88386	251 through 500 probes
88399	Unlisted surgical pathology procedure (I.C.)
88720	Bilirubin, total, transcutaneous
88740	Hemoglobin, quantitative, transcutaneous, per day; carboxyhemoglobin
88741	methemoglobin

OTHER PROCEDURES

89049	Caffeine halothane contracture test (CHCT) for malignant hyperthermia susceptibility, including interpretation and report
89050	Cell count, miscellaneous body fluids (e.g., cerebrospinal fluid, joint fluid), except blood
89051	with differential count
89055	Leukocyte assessment, fecal, qualitative or semiquantitative
89060	Crystal identification by light microscopy with or without polarizing lens analysis, any body fluid (except urine)
89100	Duodenal intubation and aspiration; single specimen (e.g., simple bile study or afferent loop culture) plus appropriate test procedure
89105	collection of multiple fractional specimens with pancreatic or gallbladder stimulation, single or double lumen tube

603 Laboratory Service Codes and Descriptions (cont.)

Service Code	Service Description
89125	Fat stain, feces, urine, or respiratory secretions
89130	Gastric intubation and aspiration, diagnostic, each specimen, for chemical analyses or cytopathology
89132	after stimulation
89135	Gastric intubation, aspiration, and fractional collections (e.g., gastric secretory study); one hour
89136	two hours
89140	two hours including gastric stimulation (e.g., histalog, pentagastrin)
89141	three hours, including gastric stimulation
89160	Meat fibers, feces
89190	Nasal smear for eosinophils
89220	Sputum, obtaining specimen, aerosol induced technique
89225	Starch granules, feces
89230	Sweat collection by iontopheresis
89235	Water load test
89240	Unlisted miscellaneous pathology test (I.C.)

MEDICINE

CARDIOVASCULAR

Cardiography

93000	Electrocardiogram, routine ECG with at least 12 leads; with interpretation and report
93005	tracing only, without interpretation and report
93010	interpretation and report only
93012	Telephonic transmission of post-symptom electrocardiogram rhythm strip(s), 24-hour attended monitoring, per 30-day period of time; tracing only
93014	physician review with interpretation and report only
93015	Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continous electrocardiographic monitoring, and/or pharmacological stress; with physician supervision, with interpretation and report
93018	interpretation and report only
93024	Ergonovine provocation test
93040	Rhythm ECG, one to three leads; with interpretation and report
93041	tracing only without interpretation and report
93042	interpretation and report only
93224	Electrocardiographic monitoring for 24 hours by continuous original ECG waveform recording and storage, with visual superimposition scanning; includes recording, scanning analysis with report, physician review and interpretation
93225	recording (includes hook-up, recording, and disconnection)
93226	scanning analysis with report

603 Laboratory Service Codes and Descriptions (cont.)

Service Code	Service Description
93227	physician review and interpretation
93228	Wearable mobile cardiovascular telemetry with electrocardiographic recording, concurrent computerized real time data analysis and greater than 24 hours of accessible ECG data storage (retrievable with query) with ECG triggered and patient selected events transmitted to a remote attended surveillance center for up to 30 days; physician review and interpretation with report
93229	technical support for connection and patient instructions for use, attended surveillance, analysis and physician prescribed transmission of daily and emergent data reports (I.C.)
93230	Electrocardiographic monitoring for 24 hours by continuous original ECG waveform recording and storage without superimposition scanning utilizing a device capable of producing a full miniaturized printout; includes recording, microprocessor-based analysis with report, physician review and interpretation
93231	recording (includes hook-up, recording, and disconnection)
93232	microprocessor-based analysis with report
93233	physician review and interpretation
93235	Electrocardiographic monitoring for 24 hours by continuous computerized monitoring and non-continuous recording, and real-time data analysis utilizing a device capable of producing intermittent full-sized waveform tracings, possibly patient activated; includes monitoring and real-time data analysis with report, physician review and interpretation
93236	monitoring and real-time data analysis with report
93237	physician review and interpretation
93268	Patient demand single or multiple event recording with presymptom memory loop, 24-hour attended monitoring, per 30-day period of time; includes transmission, physician review and interpretation
93278	Signal-averaged electrocardiography (SAECG), with or without ECG
93279	Programming device evaluation with iterative adjustment of the implantable device to test the function of the device and selected optimal permanent programmed values with physician analysis, review and report; single lead pacemaker system
93280	dual lead pacemaker system
93281	multiple lead pacemaker system
93282	single lead implantable cardioverter-defibrillator system
93283	dual lead implantable cardioverter-defibrillator system
93284	multiple lead implantable cardioverter-defibrillator system
93285	implantable loop recorder system
93286	Peri-procedural device evaluation and programming of device system parameters before or after a surgery, procedure, or test with physician analysis, review and report; single, dual, or multiple lead pacemaker system
93287	single, dual, or multiple lead implantable cardioverter-defibrillator system
93288	Interrogation device evaluation (in person) with physician analysis, review and report, includes connection, recording and disconnection per patient encounter; single, dual, or multiple lead pacemaker system
93289	single, dual, or multiple lead implantable cardioverter-defibrillator system, including analysis of heart rhythm derived data elements
93290	implantable cardiovascular monitor system, including analysis of 1 or more recorded physiologic cardiovascular data elements from all internal and external sensors

603 Laboratory Service Codes and Descriptions (cont.)

Service Code	Service Description
93291	implantable loop recorder system, including heart rhythm derived data analysis
93292	wearable defibrillator system
93293	Transtelephonic rhythm strip pacemaker evaluation(s) single, dual, or multiple lead pacemaker system, includes recording with or without magnet application with physician analysis, review and report(s), up to 90 days
93294	Interrogation device evaluation(s) (remote) up to 90 days; single, dual, or multiple lead pacemaker system with interim physician analysis, review(s) and report(s)
93295	single, dual, or multiple lead implantable cardioverter-defibrillator system with interim physician analysis, review(s) and report(s)
93296	single, dual, or multiple lead pacemaker system or implantable cardioverter-defibrillator system, remote data acquisition(s), receipt of transmissions and technician review, technical support and distribution of results
93297	Interrogation device evaluation(s), (remote) up to 30 days; implantable cardiovascular monitor system, including analysis of 1 or more recorder physiologic cardiovascular data elements from all internal and external sensors, physician analysis, review(s) and report(s)
93298	implantable loop recorder system, including analysis of recorded heart rhythm data, physician analysis, review(s) and report(s)
93299	implantable cardiovascular monitor system or implantable loop recorder system, remote data acquisition(s), receipt of transmissions and technician review, technical support and distribution of results (I.C.)
93306	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, with spectral Doppler echocardiography, and with color flow Doppler echocardiography
93351	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically reduced stress, with interpretation and report; including performance of continuous electrocardiographic monitoring, with physician supervision
93352	Use of echocardiographic contrast agent during stress echocardipgraphy (List separately in addition to code for primary procedure)
	Other Vascular Studies
93701	Bioimpedance, thoracic, electrical
93724	Electronic analysis of antitachycardia pacemaker system (includes electrocardiographic recording, programming of device, induction and termination of tachycardia via implanted pacemaker, and interpretation of recordings)
93745	Initial set-up and programming by a physician of wearable cardioverter-defibrillator includes initial programming of system, establishing baseline electronic ECG, transmission of data to data repository, patient instruction in wearing system and patient reporting of problems or events (I.C.)

603 Laboratory Service Codes and Descriptions (cont.)

Service Code	Service Description
	Other Procedures
93797	Physician services for outpatient cardiac rehabilitation; without continuous ECG monitoring (per session)
93798	with continuous ECG monitoring (per session)
93799	Unlisted cardiovascular service or procedure (I.C.)
	NONINVASIVE VASCULAR DIAGNOSTIC STUDIES
	Cerebrovascular Arterial Studies
93875	Noninvasive physiologic studies of extracranial arteries, complete bilateral study (e.g., periorbital flow direction with arterial compression, ocular pneumoplethysmography, Doppler ultrasound spectral analysis) (S.P. to 93880 and 93882)
93880	Duplex scan of extracranial arteries; complete bilateral study
93882	unilateral or limited study
93886	Transcranial Doppler study of the intracranial arteries; complete study
93888	limited study
	Extremity Arterial Studies (Including Digits)
93922	Noninvasive physiologic studies of upper or lower extremity arteries, single level, bilateral (e.g., ankle/brachial indices, Doppler waveform analysis, volume plethysmography, transcutaneous oxygen tension measurement) (S.P. to 93924, 93925, 93926, 93930, and 93931)
93923	Noninvasive physiologic studies of upper or lower extremity arteries, multiple levels or with provocative functional maneuvers, complete bilateral study (e.g., segmental blood pressure measurements, segmental Doppler waveform analysis, segmental volume plethysmography, segmental transcutaneous oxygen tension measurements, measurements with postural provocative tests, measurements with reactive hyperemia) (S.P. to 93924, 93925, 93926, 93930, and 93931)
93924	Noninvasive physiologic studies of lower extremity arteries, at rest and following treadmill stress testing, complete bilateral study (S.P. to 93925, 93926, 93930, and 93931)
93925	Duplex scan of lower extremity arteries or arterial bypass grafts; complete bilateral study
93926	unilateral or limited study
93930	Duplex scan of upper extremity arteries or arterial bypass grafts; complete bilateral study
93931	unilateral or limited study
	Extremity Venous Studies (Including Digits)
93965	Noninvasive physiologic studies of extremity veins, complete bilateral study (e.g., Doppler waveform analysis with responses to compression and other maneuvers, phleborheography, impedance plethysmography) (S.P. to 93970 and 93976)
93970	Duplex scan of extremity veins including responses to compression and other maneuvers; complete bilateral study
93971	unilateral or limited study

603 Laboratory Service Codes and Descriptions (cont.)

Service Code	Service Description
	Visceral and Penile Vascular Studies
93975	Duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and/or retroperitoneal organs; complete study
93976	limited study (S.P. to 93975)
93978	Duplex scan of aorta, inferior vena cava, iliac vasculature, or bypass grafts; complete study (S.P. to 93975)
93979	unilateral or limited study (S.P. to 93975)
93980	Duplex scan of arterial inflow and venous outflow of penile vessels; complete study
93981	follow-up or limited study (S.P. to 93980)
	Extremity Arterial—Venous Studies
93990	Duplex scan of hemodialysis access (including arterial inflow, body of access and venous outflow)
	PULMONARY
94002	Ventilation assist and management, initiation of pressure or volume preset ventilators for assisted or controlled breathing; hospital inpatient/observation, initial day
94003	hospital inpatient/observation, each subsequent day
94004	nursing facility, per day
94010	Spirometry, including graphic record, total and timed vital capacity, expiratory flow rate measurement(s), with or without maximal voluntary ventilation (S.P. to 94060, 94070, and 94620)
94014	Patient-initiated spirometric recording per 30-day period of time; includes reinforced education, transmission of spirometric tracing, data capture, analysis of transmitted data, periodic recalibration, and physician review and interpretation
94016	physician review and interpretation only
94060	Bronchodilation responsiveness, spirometry as in 94010, pre- and post-bronchodilator administration (S.P. to 94070 and 94620)
94070	Bronchospasm provocation evaluation, multiple spirometric determinations as in 94010,with administered agents (e.g., antigen(s), cold air, methacholine)
94150	Vital capacity, total (separate procedure) (S.P. to 94010, 94060, 94070, and 94620)
94200	Maximum breathing capacity, maximal voluntary ventilation (S.P. to 94010, 94060, 94070, and 94620)
94240	Functional residual capacity or residual volume: helium method, nitrogen open circuit method, or other method
94250	Expired gas collection, quantitative, single procedure (separate procedure)
94260	Thoracic gas volume
94350	Determination of maldistribution of inspired gas: multiple breath nitrogen washout curve including alveolar nitrogen or helium equilibration time
94360	Determination of resistance to airflow, oscillatory or plethysmographic methods
94370	Determination of airway closing volume, single breath tests
94375	Respiratory flow volume loop (S.P. to 94010, 94060, and 94070)

603 Laboratory Service Codes and Descriptions (cont.)

Service Code	Service Description
94400	Breathing response to CO_2 (CO_2 response curve)
94450	Breathing response to hypoxia (hypoxia response curve)
94620	Pulmonary stress testing; simple (e.g., 6-minute walk test, prolonged exercise test for bronchospasm with pre- and post-spirometry and oximetry)
94621	complex (including measurements of CO_2 production, O_2 uptake, and electrocardiographic recordings)
94640	Pressurized or nonpressurized inhalation treatment for acute airway obstruction or for sputum induction for diagnostic purposes (e.g., with an aerosol generator, nebulizer, metered dose inhaler or intermittent positive pressure breathing (IPPB) device)
94642	Aerosol inhalation of pentamidine for pneumocystis carinii pneumonia treatment or prophylaxis
94660	Continuous positive airway pressure ventilation (CPAP), initiation and management
94662	Continuous negative pressure ventilation (CNP), initiation and management
94664	Demonstration and/or evaluation of patient utilization of an aerosol generator, nebulizer, metered dose inhaler or IPPB device
94667	Manipulation chest wall, such as cupping, percussing, and vibration to facilitate lung function; initial demonstration and/or evaluation
94668	subsequent
94680	Oxygen uptake, expired gas analysis; rest and exercise, direct, simple (S.P. to 94620)
94681	including CO_2 output, percentage oxygen extracted (S.P. to 94620 and 94680)
94690	rest, indirect (separate procedure) (S.P. to 94620)
94720	Carbon monoxide diffusing capacity (e.g., single breath, steady state) (S.P. to 94725)
94725	Membrane diffusion capacity
94750	Pulmonary compliance study (e.g., plethysmography, volume and pressure measurements) (with report only) (S.P. to 94010, 94060, 94070, and 94620)
94760	Noninvasive ear or pulse oximetry for oxygen saturation; single determination (no professional component) (S.P. to 94620)
94761	multiple determinations (e.g., during exercise) (no professional component) (S.P. to 94620)
94762	by continuous overnight monitoring (separate procedure) (no professional component) (S.P. to 94620)
94770	Carbon dioxide, expired gas determination by infrared analyzer (with report only) (S.P. to 94620)
94772	Circadian respiratory pattern recording (pediatric pneumogram), 12 to 24 hour continuous recording, infant (I.C.)
94774	Pediatric home apnea monitoring event recording including respiratory rate, pattern and heart rate per 30-day period of time; includes monitor attachment, download of data, physician review, interpretation, and preparation of a report (I.C.)
94775	monitor attachment only (includes hook-up, initiation of recording and disconnection) (I.C.)
94776	monitoring, download of information, receipt of transmission(s) and analyses by computer only (I.C.)
94777	physician review, interpretation, and preparation of report only (I.C.)
94799	Unlisted pulmonary service or procedure (I.C.)

SUPPLEMENTARY

99000	Handling and/or conveyance of specimen for transfer from the physician's office to a laboratory – centrifuging required

604 Visit Service Codes and Descriptions

When claiming payment for visits, a CHC must bill according to the following service codes. A visit during which a member sees more than one professional for the same medical problem or general purpose must be claimed as only one visit. (See 130 CMR 405.421 for other requirements.)

Service Code	Modifier	Service Description
		CHC Visits
90632		Hepatitis A vaccine, adult dosage, for intramuscular use (Covered for adults ≥19; available free of charge through the Massachusetts Immunization Program for children under 19 years of age)
90660		Influenza virus vaccine, live, for intranasal use (P.A.)
90707		Measles, mumps and rubella virus vaccine (MMR), live, for subcutaneous use (Covered for adults ≥19; available free of charge through the Massachusetts Immunization Program for children under 19 years of age)
90716		Varicella virus vaccine, live, for subcutaneous use (Covered for adults ≥19; available free of charge through the Massachusetts Immunization Program for children under 19 years of age)
90732		Pneumoccal polysaccharide vaccine, 23-valent, adult or immunosuppressed patient dosage, when administered to individuals 2 years or older, for subcutaneous or intramuscular use (Covered for adults ≥19; available free of charge through the Massachusetts Immunization Program for children under 19 years of age)
90746		Hepatitis B vaccine, adult dosage, for intramuscular use (Covered for adults ≥19; available free of charge through the Massachusetts Immunization Program for children under 19 years of age)
D1206		Topical fluoride varnish; therapeutic application for moderate-to-high caries risk patients.
D9450		Case presentation, detailed and extensive treatment planning (use only for **dental enhancement fee**. This code may only be billed once per date of service for each member receiving dental services on that date.)
J3490		Unclassified drugs (Use for injectable and infusible drugs and devices supplied in the clinic. Do not use for medications and injectables related to family planning services.) (I.C.)
T1015		Clinic visit/encounter, all-inclusive (Use for individual medical visit.)
T1015	HQ	Clinic visit/encounter, all-inclusive, group setting (Use for group clinic visit.)
90899		Unlisted psychiatric service or procedure (Use for individual mental health visit.) (I.C.)
99050		Services provided in the office at times other than regularly scheduled office hours, or days when the office is normally closed (e.g.. holidays, Saturday, and Sunday), in addition to basic service (Use for urgent care Monday through Friday from 5:00 P.M. to 6:59 A.M., and Saturday 7:00 A.M. to Monday 6:59 A.M. This code may be billed in addition to the individual medical visit.)
99402		Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 30 minutes (Use for HIV counseling visits.)

604 Visit Service Codes and Descriptions (cont.)

Service Code	Modifier	Service Description
		Hospital Inpatient Services
99221		Initial hospital care, per day, for the evaluation and management of a patient, which requires these three key components: - detailed or comprehensive history; - detailed or comprehensive examination; and - medical decision making that is straightforward or of low complexity.
99222		Initial hospital care, per day, for the evaluation and management of a patient, which requires these three key components: - a comprehensive history; - a comprehensive examination; and - medical decision making of moderate complexity.
99223		Initial hospital care, per day, for the evaluation and management of a patient, which requires these three key components: - a comprehensive history; - a comprehensive examination; and - medical decision making of high complexity.
99460		Initial hospital or birthing center care, per day, for evaluation and management of normal newborn infant
		Subsequent Hospital Care
99231		Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least two of these three key components: - a problem focused interval history; - a problem focused examination; - medical decision making that is straightforward or of low complexity.
99232		Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least two of these three key components: - an expanded problem focused interval history; - an expanded problem focused examination; - medical decision making of moderate complexity.
99233		Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least two of these three key components: - a detailed interval history; - a detailed examination; - medical decision making of high complexity.
99462		Subsequent hospital care, per day, for evaluation and management of normal newborn

604 Visit Service Codes and Descriptions (cont.)

Service Code	Modifier	Service Description

HOSPITAL OBSERVATION SERVICES

Initial Observation Care (New or Established Patient)

99218		Initial observation care, per day, for the evaluation and management of a patient, which requires these three key components: - a detailed or comprehensive history; - a detailed or comprehensive examination; and - medical decision making that is straightforward or of low complexity.
99219		Initial observation care, per day, for the evaluation and management of a patient, which requires these three key components: - a comprehensive history; - a comprehensive examination; and - medical decision making of moderate complexity.
99220		Initial observation care, per day, for the evaluation and management of a patient, which requires these three key components: - a comprehensive history; - a comprehensive examination; and - medical decision making of high complexity.

604 Visit Service Codes and Descriptions (cont.)

Service Code	Modifier	Service Description
		Nursing Facility Services
99304		Initial nursing facility care, per day, for the evaluation and management of a patient which requires these three key components: - a detailed or comprehensive history - a detailed or comprehensive examination; and - medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of low severity. Physicians typically spend 25 minutes with the patient and/or family or caregiver.
99305		Initial nursing facility care, per day, for the evaluation and management of a patient which requires these three key components: - a comprehensive history - a comprehensive examination; and - medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of moderate severity. Physicians typically spend 35 minutes with the patient and/or family or caregiver.
99306		Initial nursing facility care, per day, for the evaluation and management of a patient which requires these three key components: - a comprehensive history - a comprehensive examination; and - medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of high severity. Physicians typically spend 45 minutes with the patient and/or family or caregiver.
		Subsequent Nursing Facility Care
99307		Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least two of these three key components: -a problem focused interval history; -a problem focused examination; -straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually the patient is stable, recovering, or improving. Physicians typically spend 10 minutes with the patient and/or family or caregiver.

604 Visit Service Codes and Descriptions (cont.)

Service Code	Modifier	Service Description
99308		Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least two of these three key components: -an expanded problem-focused interval history; -an expanded problem-focused examination; -medical decision making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually the patient is responding inadequately to therapy or has developed a minor complication. Physicians typically spend 15 minutes with the patient and/or family or caregiver.
99309		Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least two of these three key components: -a detailed interval history; -a detailed examination; -medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually the patient has developed a significant complication or a significant new problem. Physicians typically spend 25 minutes with the patient and/or family or caregiver.
99310		Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least two of these three key components: -a comprehensive interval history; -a comprehensive examination; -medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. The patient may be unstable or may have developed a significant new problem requiring immediate physician attention. Physicians typically spend 35 minutes with the patient and/or family or caregiver.
		DOMICILIARY, REST HOME (E.G., BOARDING HOME), OR CUSTODIAL CARE SERVICES
		New Patient
99324		Domicillary or rest home visit for the evaluation and management of a new patient, which requires these three key components: -a problem-focused history; -a problem-focused examination; and -straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually the presenting problem(s) are of low severity. Physicians typically spend 20 minutes with the patient and/or family or caregiver.

604 Visit Service Codes and Descriptions (cont.)

Service Code	Modifier	Service Description
99325		Domicillary or rest home visit for the evaluation and management of a new patient, which requires these three components: -an expanded problem-focused history; -an expanded problem-focused examination; and -medical decision making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually the presenting problem(s) are of moderate severity. Physicians typically spend 30 minutes with the patient and/or family or caregiver.
99326		Domicillary or rest home visit for the evaluation and management of a new patient, which requires these three key components: -a detailed history; -a detailed examination; and -medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually the presenting problem(s) are of moderate severity. Physicians typically spend 45 minutes with the patient and/or family or caregiver.
99327		Domicillary or rest home visit for the evaluation and management of a new patient, which requires these three key components: -a comprehensive history; -a comprehensive examination; and -medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually the presenting problem(s) are of high severity. Physicians typically spend 60 minutes with the patient and/or family or caregiver.
		Established Patient
99334		Domicillary or rest home visit for the evaluation and management of an established patient, which requires at least two these three key components: -a problem-focused interval history; -a problem-focused examination; -straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually the presenting problem(s) are of self-limited or minor. Physicians typically spend 15 minutes with the patient and/or family or caregiver.

604 Visit Service Codes and Descriptions (cont.)

Service Code	Modifier	Service Description
99335		Domicillary or rest home visit for the evaluation and management of an established patient, which requires at least two of these three components: -an expanded problem-focused interval history; -an expanded problem-focused examination; -medical decision making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually the presenting problem(s) are of low to moderate severity. Physicians typically spend 25 minutes with the patient and/or family or caregiver.
99336		Domicillary or rest home visit for the evaluation and management of an established patient, which requires at least two of these three components: -a detailed interval history; -a detailed examination; -medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually the presenting problem(s) are of moderate to high severity. Physicians typically spend 40 minutes with the patient and/or family or caregiver.
99337		Domicillary or rest home visit for the evaluation and management of an established patient, which requires these three components: -a comprehensive interval history; -a comprehensive examination; -medical decision making of moderate to high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually the presenting problem(s) are of moderate to high severity. The patient may be unstable or may have developed a significant new problem requiring immediate physician attention. Physicians typically spend 60 minutes with the patient and/or family or caregiver.
		Home Services
		New Patient
99341		Home visit for the evaluation and management of a new patient, which requires these three key components: -a problem focused history; -a problem focused examination; and -straightforward medical decision making.

604 Visit Service Codes and Descriptions (cont.)

Service Code	Modifier	Service Description
99342		Home visit for the evaluation and management of a new patient, which requires these three key components: -an expanded problem focused history; -an expanded problem focused examination; and -medical decision making of low complexity.
99343		Home visit for the evaluation and management of a new patient, which requires these three key components: -a detailed history; -a detailed examination; and -medical decision making of moderate complexity.
99345		Home visit for the evaluation and management of a new patient, which requires these three key components: -a comprehensive history; -a comprehensive examination; and -medical decision making of high complexity. (I.C.)
		Established Patient
99347		Home visit for the evaluation and management of an established patient, which requires at least two of these three key components: -a problem focused interval history; -a problem focused examination; -straightforward medical decision making.
99348		Home visit for the evaluation and management of an established patient, which requires at least two of these three key components: -an expanded problem focused interval history; -an expanded problem focused examination; -medical decision making of low complexity.
99349		Home visit for the evaluation and management of an established patient, which requires at least two of these three key components: -a detailed interval history; -a detailed examination; -medical decision making of moderate complexity.
99350		Home visit for the evaluation and management of an established patient, which requires at least two of these three key components: -a comprehensive interval history; -a comprehensive examination; -medical decision making of moderate to high complexity. (I.C.)

605 Obstetrics and Surgery Service Codes and Descriptions

See 130 CMR 405.422 for other requirements.

Service Code	Service Description
	Fee-for-Service Deliveries
59409	Vaginal delivery only (with or without episiotomy and /or forceps
59410	Vaginal delivery only (with or without episiotomy and/or forceps); including postpartum care
59414	Delivery of placenta (separate procedure)
59515	Cesarean delivery only; including postpartum care
59525	Subtotal or total hysterectomy after cesarean delivery (List separately in addition to 59510 or 59515.) (Hysterectomy Information (HI-1) form required)
59612	Vaginal delivery only, after previous cesarean delivery (with or without episiotomy and/or forceps)
59614	including postpartum care
59620	Cesarean delivery only, following attempted vaginal delivery after previous cesarean delivery
59622	including postpartum care
	Global Deliveries
59400	Routine obstetric care, including antepartum care, vaginal delivery (with or without episiotomy and/or forceps) and postpartum care
59510	Routine obstetric care including antepartum care, cesarean delivery, and postpartum care
59610	Routine obstetric care including antepartum care, vaginal delivery (with or without episiotomy, and/or forceps) and postpartum care, after previous cesarean delivery
59618	Routine obstetric care, including antepartum care, cesarean delivery, and postpartum care, following attempted vaginal delivery after previous cesarean delivery
	Surgery Services
54150	Circumcision, using clamp or other device; newborn
54160	Circumcision, surgical excision other than clamp, device or dorsal slit; newborn
55250	Vasectomy, unilateral or bilateral (separate procedure), including postoperative semen examination(s) (Consent for Sterilization Form (CS-18 or CS-21) required) (S.P.)
55450	Ligation (percutaneous) of vas deferens, unilateral or bilateral (separate procedure) (Consent for Sterilization Form (CS-18 or CS-21) required) (S.P.)
58600	Ligation or transection of fallopian tube(s), abdominal or vaginal approach, unilateral or bilateral (Consent for Sterilization Form (CS-18 or CS-21) required)
58605	Ligation or transection of fallopian tube(s), abdominal or vaginal approach, postpartum, unilateral or bilateral, during same hospitalization (separate procedure) (Consent for Sterilization Form (CS-18 or CS-21) required) (S.P.)
58611	Ligation or transection of fallopian tube(s) when done at the time of cesarean section or intra-abdominal surgery (not a separate procedure) (Consent for Sterilization Form (CS-18 or CS-21) required) (List separately in addition to code for primary procedure.)

605 Obstetrics and Surgery Service Codes and Descriptions (cont.)

Service Code	Modifier	Service Description
58615		Occlusion of fallopian tube(s) by device (e.g., band, clip, Falope ring), vaginal or suprapubic approach (Consent for Sterilization Form (CS-18 or CS-21) required)
58670		Laparoscopy, surgical; with fulguration of oviducts (with or without transection) (Consent for Sterilization Form (CS-18 or CS-21) required)
58671		with occlusion of oviducts by device (e.g., band, clip, or Falope ring) (Consent for Sterilization Form (CS-18 or CS-21) required)
59000		Amniocentesis, any method
59012		Cordocentesis (intrauterine), any method
59015		Chorionic villus sampling, any method
59025		Fetal non-stress test

606 Nurse-Midwife Service Codes and Descriptions

See 130 CMR 405.427 for requirements. When billing for delivery services performed by a nurse midwife, the provider must use a modifier.

Service Code-Modifier	Service Description
T1015-TH	Clinic visit/encounter, all-inclusive – obstetrical treatment/services, prenatal or postpartum (use for a medical visit with a nurse midwife for a prenatal or postpartum service)
59400	Routine obstetric care, including antepartum care, vaginal delivery (with or without episiotomy, and/or forceps) and postpartum care
59409	Vaginal delivery only (with or without episiotomy and/or forceps)
59410	Vaginal delivery only (with or without episiotomy and/or forceps); including postpartum care (Hysterectomy Information (HI-1) form required)
59414	Delivery of placenta (separate procedure)
59610	Routine obstetric care including antepartum care, vaginal delivery (with or without episiotomy, and/or forceps) and postpartum care, after previous cesarean delivery
59612	Vaginal delivery only, after previous cesarean delivery (with or without episiotomy and/or forceps)
59614	including postpartum care

607 Audiology Service Codes and Descriptions

See 130 CMR 405.461 through 405.463 for other requirements.

Service Code	Service Description
92551	Screening test, pure tone, air only
92552	Pure tone audiometry (threshold); air only
92553	air and bone
92567	Tympanometry (impedance testing)

608 Early and Periodic Screening, Diagnosis and Treatment (EPSDT): Health Assessment Service Codes and Descriptions

See 130 CMR 450.140 through 450.149 for other requirements.

Service Code	Service Description
	New Patient
99381	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of appropriate immunization(s), laboratory/diagnostic procedures, new patient; infant (age younger than one year)
99382	early childhood (age one through four years)
99383	late childhood (age five through 11 years)
99384	adolescent (age 12 through 17 years)
99385	18 through 39 years
	Established Patient
99391	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of appropriate immunization(s), laboratory/diagnostic procedures, established patient; infant (age younger than one year)
99392	early childhood (age one through four years)
99393	late childhood (age five through 11 years)
99394	adolescent (age 12 through 17 years)
99395	18 through 39 years

609 Early and Periodic Screening, Diagnosis and Treatment (EPSDT): Audiometric Hearing and Vision Tests Service Codes and Descriptions

Service Code	Service Description
92551	Screening test, pure tone, air only
92552	Pure tone audiometry (threshold); air only
92587	Evoked otoacoustic emissions; limited (single stimulus level, either transient or distortion products)
99173	Screening test of visual acuity, quantitative, bilateral.

610 Tobacco Cessation Service Codes and Descriptions

Service Code-Modifier	Service Description
99407	Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes (at least 30 minutes). (Eligible providers are physicians employed by community health centers.)

610 Tobacco Cessation Service Codes and Descriptions (cont.)

Service Code-Modifier	Service Description
99407-HN	Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes (at least 30 minutes). (Eligible providers are physicians employed by community health centers.)
99407-HQ	Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes (for an individual in a group setting, 60-90 minutes). (Eligible providers are physicians employed by community health centers.)
99407-SA	Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes (at least 30 minutes). (Eligible providers are nurse practitioners employed by community health centers.)
99407-SB	Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes (at least 30 minutes). (Eligible providers are nurse midwives employed by community health centers.)
99407-TD	Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes (at least 30 minutes). (Eligible providers are registered nurses employed by community health centers.)
99407-TF	Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes (intake assessment for an individual, at least 45 minutes). (Eligible providers are physicians employed by community health centers.)
99407-U1	Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes (at least 30 minutes). Eligible providers are tobacco cessation counselors employed by community health centers.)
99407-U2	Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes (intake assessment for an individual, at least 45 minutes). (Eligible providers are nurse practitioner, nurse midwife, physician assistant, registered nurse, and tobacco cessation counselor.)
99407-U3	Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes (for an individual in a group setting, 60-90 minutes). (Eligible providers are nurse practitioners, nurse midwives, physician assistants, registered nurses, and tobacco cessation counselors.)

611 Medical Nutrition Therapy and Diabetes Self-Management Training Service Codes and Descriptions

Service Code	Service Description
G0108	Diabetes self-management training services, individual, per 30 minutes
G0109	Diabetes outpatient self-management training services, group session (two or more), per 30 minutes
G0270	Medical nutrition therapy; reassessment and subsequent intervention(s) following second referral in same year for change in diagnosis, medical condition, or treatment regimen (including additional hours needed for renal disease), individual, face-to-face with the patient, each 15 minutes

611 Medical Nutrition Therapy and Diabetes Self-Management Training Service Codes and Descriptions (cont.)

Service Code	Service Description
G0271	Medical nutrition therapy; reassessment and subsequent intervention(s) following second referral in same year for change in diagnosis, medical condition, or treatment regimen (including additional hours needed for renal disease), group (two or more individuals), each 30 minutes
97802	Medical nutrition therapy, initial assessment and intervention, individual, face-to-face with the patient, each 15 minutes
97803	reassessment and intervention, individual, face-to-face with the patient, each 15 minutes
97804	group (two or more individuals), each 30 minutes

612 Behavioral Health Screening Tool Service Codes and Descriptions

The administration and scoring of standardized behavioral-health screening tools selected from the approved menu of tools found in Appendix W of your provider manual is covered for members (except MassHealth Limited) from birth to 21 years of age.

Service Code-Modifier	Service Description
96110-U1	Completed behavioral health screening using a standardized behavioral health screening tool selected from the approved menu of tools found in Appendix W with **no** behavioral health need identified* (eligible providers are physicians employed by community health centers)
96110-U2	Completed behavioral health screening using a standardized behavioral health screening tool selected from the approved menu of tools found in Appendix W and behavioral health need identified***** (eligible providers are physicians employed by community health centers)
96110-U3	Completed behavioral health screening using a standardized behavioral health screening tool selected from the approved menu of tools found in Appendix W with **no** behavioral health need identified* (eligible providers are nurse midwives employed by community health centers)
96110-U4	Completed behavioral health screening using a standardized behavioral health screening tool selected from the approved menu of tools found in Appendix W and behavioral health need identified* (eligible providers are nurse midwives employed by community health centers)
96110-U5	Completed behavioral health screening using a standardized behavioral health screening tool selected from the approved menu of tools found in Appendix W with **no** behavioral health need identified* (eligible providers are nurse practitioners employed by community health centers)
96110-U6	Completed behavioral health screening using a standardized behavioral health screening tool selected from the approved menu of tools found in Appendix W and behavioral health need identified* (eligible providers are nurse practitioners employed by community health centers)

612 Behavioral Health Screening Tool Service Codes and Descriptions (cont.)

Service Code-Modifier	Service Description
96110-U7	Completed behavioral health screening using a standardized behavioral health screening tool selected from the approved menu of tools found in Appendix W with **no** behavioral health need identified* (eligible providers are physician assistants employed by community health centers)
96110-U8	Completed behavioral health screening using a standardized behavioral health screening tool selected from the approved menu of tools found in Appendix W and behavioral health need identified* (eligible providers are physician assistants employed by community health centers)

** "Behavioral health need identified" means the provider administering the screening tool, in his or her professional judgment identifies a child with a potential behavioral health services need.*