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The following services are payable according to 130 CMR 450.146 through 450.150 in addition to the initial, periodic, or interperiodic Early and Periodic Screening, Diagnosis and Treatment (EPSDT) or Preventive Pediatric Health-care Screening and Diagnosis (PPHSD) visit when they are performed and interpreted in the office of the provider who furnished the visit.

Service Code	Service Description			
<u>Laboratory Services</u>				
81000	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; non-automated, with microscopy			
81002	non-automated, without microscopy			
84703	Gonadotropin, chorionic (hCG); qualitative			
85013	· · · · · · · · · · · · · · · · · · ·			
85014	, ,			
85018	, , , , ,			
86580				
87081	Culture, presumptive, pathogenic organisms, screening only			
87210	Smear, primary source, with interpretation; wet mount for infectious agents (e.g., saline, India ink, KOH preps)			
<u>Audiometric Hearing Function Tests</u>				
92551 92552	Screening test, pure tone, air only Pure tone audiometry (threshold); air only			
92587	Distortion product evoked otoacoustic emissions; limited evaluation (to confirm the presence or absence of hearing disorder, 3-6 frequencies) or transient evoked otoacoustic emissions, with interpretation and report			
Behavioral Health Screening				
96110	Developmental screening, with interpretation and report, per standardized instrument form			

This publication contains codes that are copyrighted by the American Medical Association. Certain terms used in the service descriptions for HCPCS codes are defined in the Current Procedural Terminology (CPT) code book.

Vision Tests

Screening test of visual acuity, quantitative, bilateral

99173

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