




Commonwealth of Massachusetts
Executive Office of Health and Human Services
Division of Medical Assistance
600 Washington Street
Boston, MA 02111
www.mass.gov/dma

MassHealth
Diagnostic and Surgical Facility Bulletin 8
March 2003

TO: Diagnostic and Surgical Facilities Participating in MassHealth
FROM: Douglas S. Brown, Acting Commissioner 
RE: Revised List of Service Codes and Descriptions (2003 HCPCS)

Background

The Division of Health Care Finance and Policy has adopted rates for diagnostic and surgical facilities that are effective for services provided on or after April 1, 2003. The rates for the new codes introduced under the 2003 HCPCS code book are effective for dates of service on or after April 1, 2003.

The Division of Medical Assistance (Division) will pay freestanding magnetic resonance imaging (MRI) centers only for the service codes listed in this bulletin. Services must be provided in accordance with standards developed by the American College of Radiology (ACR). The Division will review claims to identify whether the services were provided for the recommended clinical condition based on the ACR appropriateness criteria.

Billing Information

The Division of Health Care Finance and Policy has established a global rate, a professional component rate, and a technical component rate for each MRI or magnetic resonance angiography (MRA) service listed in this bulletin. The Division will pay freestanding MRI centers either the global rate or the technical component rate of the service provided. To bill for the technical component, add the modifier "TC" to the end of the service code on claim form no. 5. The Division will pay the professional component of the service to physician providers only.

The Division will not pay freestanding MRI centers separately for paramagnetic contrast material (e.g., gadolinium). Payment for paramagnetic contrast material is considered bundled into the payment for the MRI or MRA service.

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**Individual
Consideration (I.C.)**

A number of service codes are designated as individual consideration (I.C.) in the service descriptions of this bulletin. A radiology report with the radiologist interpretation must accompany the freestanding MRI center's claim form when billing for I.C. services. The Division will determine appropriate payment for an individual-consideration service based on the documentation submitted to support the use of the service code. If the documentation is illegible or incomplete, the Division will deny the claim with the appropriate denial code.

**Prior
Authorization (P.A.)**

The Division requires the physician ordering the MRI to obtain prior authorization for those services designated "P.A." in the service descriptions of this bulletin. No payment will be made for these services unless prior authorization has been obtained from the Division before the delivery of services. The Division will not grant retroactive prior-authorization requests. A prior authorization determines only the medical necessity of the authorized service and does not establish or waive any other prerequisites for payment such as, but not limited to, member eligibility or the availability of other health-insurance payment. To request prior authorization, physicians must follow the billing instructions in Subchapter 5 of the *Physician Manual* (Section 512).

**Service Codes
for Freestanding
MRI Centers**

Freestanding MRI centers may bill the Division for either the global or technical component of the following MRI/MRA scans.

| <u>Service Code</u> | <u>Description</u> |
|---------------------|--|
| 70336 | Magnetic resonance (e.g., proton) imaging, temporomandibular joint(s) (P.A.) |
| 70540 | Magnetic resonance (e.g., proton) imaging, orbit, face, and neck; without contrast material(s) |
| 70542 | with contrast material(s) |
| 70543 | without contrast material(s), followed by contrast material(s) and further sequences |
| 70544 | Magnetic resonance angiography, head; without contrast material(s) |
| 70545 | with contrast material(s) |
| 70546 | without contrast material(s), followed by contrast material(s) and further sequences |

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**Service Codes
 for Freestanding
 MRI Centers**
 (cont.)

| <u>Service Code</u> | <u>Description</u> |
|---------------------|---|
| 70547 | Magnetic resonance angiography, neck; without contrast material(s) |
| 70548 | with contrast material(s) |
| 70549 | without contrast material(s), followed by contrast material(s) and further sequences |
| 70551 | Magnetic resonance (e.g., proton) imaging, brain (including brain stem); without contrast material |
| 70552 | with contrast material(s) |
| 70553 | without contrast material, followed by contrast material(s) and further sequences |
| 71550 | Magnetic resonance (e.g., proton) imaging, chest (e.g., for evaluation of hilar and mediastinal lymphadenopathy): without contrast material(s) |
| 71551 | with contrast material(s) |
| 71555 | Magnetic resonance angiography, chest (excluding myocardium), with or without contrast material(s) (I.C.) |
| 72141 | Magnetic resonance (e.g., proton) imaging, spinal canal and contents, cervical; without contrast material |
| 72142 | with contrast material(s) |
| 72146 | Magnetic resonance (e.g., proton) imaging, spinal canal and contents, thoracic; without contrast material |
| 72147 | with contrast material(s) |
| 72148 | Magnetic resonance (e.g., proton) imaging, spinal canal and contents, lumbar; without contrast material |
| 72149 | with contrast material(s) |
| 72156 | Magnetic resonance (e.g., proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; cervical |
| 72157 | thoracic |
| 72158 | lumbar |
| 72195 | Magnetic resonance (e.g., proton) imaging, pelvis; without contrast material(s) |
| 72196 | with contrast material(s) |
| 72197 | without contrast material(s), followed by contrast material(s) and further sequences |
| 73218 | Magnetic resonance (e.g., proton) imaging, upper extremity, other than joint; without contrast material(s) |
| 73219 | with contrast material(s) |
| 73220 | without contrast material(s), followed by contrast material(s) and further sequences |
| 73221 | Magnetic resonance (e.g., proton) imaging, any joint of upper extremity; without contrast material(s) |
| 73222 | with contrast material(s) |

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**Service Codes
 for Freestanding
 MRI Centers**
 (cont.)

| <u>Service Code</u> | <u>Description</u> |
|---------------------|--|
| 73223 | without contrast material(s), followed by contrast material(s) and further sequences |
| 73718 | Magnetic resonance (e.g., proton) imaging, lower extremity other than joint; without contrast material(s) |
| 73719 | with contrast material(s) |
| 73720 | without contrast material(s), followed by contrast material(s) and further sequences |
| 73721 | Magnetic resonance (e.g., proton) imaging, any joint of lower extremity; without contrast material |
| 73722 | with contrast material(s) |
| 73723 | without contrast material(s), followed by contrast material(s) and further sequences |
| 73725 | Magnetic resonance angiography, lower extremity, with or without contrast material(s) (I.C.) |
| 74181 | Magnetic resonance (e.g., proton) imaging, abdomen; without contrast material(s) |
| 74182 | with contrast material(s) |
| 74183 | without contrast material(s), followed by contrast material(s) and further sequences |
| 74185 | Magnetic resonance angiography, abdomen, with or without contrast material(s) (I.C.) |
| 75552 | Cardiac magnetic resonance imaging for morphology; without contrast material |
| 76375 | Coronal, sagittal, multiplanar, oblique, three-dimensional and/or holographic reconstruction of computerized axial tomography, magnetic resonance imaging, or other tomographic modality |
| 76393 | Magnetic resonance guidance for needle placement (e.g., for biopsy, needle aspiration, injection, or placement of localization device) radiological supervision and interpretation |

Fee Schedule

If you wish to obtain a fee schedule, you may purchase Division of Health Care Finance and Policy regulations from either the Massachusetts State Bookstore or from the Division of Health Care Finance and Policy (see addresses and telephone numbers below). You must contact them first to find out the price of the publication. The Division of Health Care Finance and Policy also has the regulations available on disk. Rates for freestanding MRI centers are found in 114.3 CMR 18.00: Radiology.

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Fee Schedule
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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
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Questions

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