



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



MassHealth
Transmittal Letter IDTF-12
March 2013

TO: Independent Diagnostic Testing Facilities Participating in MassHealth
FROM: Julian J. Harris, M.D., Medicaid Director
RE: *Independent Diagnostic Testing Facility Manual (2013 HCPCS)*

A handwritten signature in cursive script that reads "Julian J. Harris".

This letter transmits revisions to the service codes in the *Independent Diagnostic Testing Facility Manual*. The Centers for Medicare & Medicaid Services (CMS) has revised the Healthcare Common Procedure Coding System (HCPCS) codes for 2013.

The revised Subchapter 6 is effective for dates of service on or after January 1, 2013. For dates of service on or after January 1, 2013, you must use the new codes.

MassHealth providers must refer to the American Medical Association's Current Procedural Terminology (CPT) or the Health Care Procedure Code Set (HCPCS) Level II code book for the service descriptions of the codes listed in Subchapter 6 when billing for services provided to MassHealth members.

If you wish to obtain a fee schedule, you may download the regulations at no cost at www.mass.gov/eohhs/gov/laws-regs/hhs/regs.html. The regulation titles for IDTF services are 114.3 CMR 17.00: Medicine Services and 114.3 CMR 18.00: Radiology Services.

MassHealth Website

This transmittal letter and attached pages are available on the MassHealth website at www.mass.gov/masshealth.

Questions

If you have any questions about 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.)

Independent Diagnostic Testing Facility Manual

Pages vi and 6-1 through 6-6

OBSOLETE MATERIAL

(The pages listed here are no longer in effect.)

Independent Diagnostic Testing Facility Manual

Pages 6-1 through 6-4 — transmitted by Transmittal Letter IDTF-10

Pages vi and 6-5 and 6-6 — transmitted by Transmittal Letter IDTF-11

Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title Table of Contents	Page vi
	Transmittal Letter IDTF-12	Date 01/01/13

6. Service Codes and Descriptions

Introduction	6-1
Portable X Ray: Radiology Service Codes	6-1
Freestanding Magnetic Resonance Imaging (FMRI): Radiology Service Codes	6-2
Diagnostic Imaging Centers: Radiology Service Codes	6-2
Mobile Mammography Van: Radiology Service Codes	6-5
Sleep Centers: Radiology Service Codes	6-5
Modifiers	6-5
Appendix A. Directory	A-1
Appendix B. Enrollment Centers	B-1
Appendix C. Third-Party-Liability Codes	C-1
Appendix U. DPH-Designated Serious Reportable Events That Are Not Provider Preventable Conditions	U-1
Appendix V. MassHealth Billing Instructions for Provider Preventable Conditions	V-1
Appendix W. EPSDT Services: Medical and Dental Protocols and Periodicity Schedules.....	W-1
Appendix X. Family Assistance Copayments and Deductibles	X-1
Appendix Y. EVS Codes/Messages	Y-1
Appendix Z. EPSDT/PPHSD Screening Services Codes.....	Z-1

Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title 6. Service Codes	Page 6-1
	Transmittal Letter IDTF-12	Date 01/01/13
Independent Diagnostic Testing Facility Manual		

601 Introduction

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 431.000 and 450.000. MassHealth providers must refer to the American Medical Association’s *Current Procedural Terminology* (CPT) or the Health Care Procedure Code Set (HCPCS) Level II code book for the service code and service descriptions when billing for services provided to MassHealth members.

An independent diagnostic testing facility (IDTF) may request prior authorization 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 Diagnostic Testing Facility Manual*.

“IC” indicates that the claim requires individual consideration. See 130 CMR 431.406 for more information. “PA” indicates that the service requires prior authorization. See 130 CMR 450.303 for more information.

602 Portable X Ray: Radiology Service Codes

<u>Service Code</u>	<u>Service Code</u>	<u>Service Code</u>	<u>Service Code</u>	<u>Service Code</u>
70030	71015	72190	73510	74245
70100	71020	72200	73520	74246
70110	71021	72202	73525	74247
70120	71022	72220	73530	74249
70130	71023	72240	73540	74250
70134	71030	72255	73550	74251
70140	71034	72265	73560	74260
70150	71035	72270	73562	74270
70160	71100	72275	73564	74280
70190	71101	72285	73565	74290
70200	71110	72295	73580	74291
70210	71111	73000	73590	74300
70220	71120	73010	73592	74301
70240	71130	73020	73600	74305
70250	72010	73030	73610	74320
70260	72020	73040	73615	
70300	72040	73050	73620	
70310	72050	73060	73630	
70320	72052	73070	73650	
70328	72069	73080	73660	
70330	72070	73085	74000	
70332	72072	73090	74010	
70355	72074	73092	74020	
70360	72080	73100	74022	
70370	72090	73110	74210	
70371	72100	73115	74220	
70373	72110	73120	74230	
70380	72114	73130	74235	
70390	72120	73140	74240	
71010	72170	73500	74241	

Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title 6. Service Codes	Page 6-2
	Transmittal Letter IDTF-12	Date 01/01/13
Independent Diagnostic Testing Facility Manual		

603 Freestanding Magnetic Resonance Imaging (FRMI): Radiology Service Codes

<u>Service Code</u>	<u>Service Code</u>	<u>Service Code</u>	<u>Service Code</u>	<u>Service Code</u>
70336 (PA)	70558	72195	73723	75565
70540	70559	72196	73725	77021
70542	71550	72197	74181	77022
70543	71551	73218	74182	77058 (PA)
70544	71555	73219	74183	77059 (PA)
70545	72141	73220	74185	A4641
70546	72142	73221	74301	A9500 (IC)
70547	72146	73222	74305	A9502 (IC)
70548	72147	73223	74320	A9503 (IC)
70549	72148	73718	75557	A9505 (IC)
70551	72149	73719	75559	A9512 (IC)
70552	72156	73720	75561	A9537 (IC)
70553	72157	73721	75563	
70557	72158	73722		

604 Diagnostic Imaging Centers: Radiology Service Codes

<u>Service Code</u>	<u>Service Code</u>	<u>Service Code</u>	<u>Service Code</u>	<u>Service Code</u>
59025	70370	70552	72069	72158
70030	70371	70553	72070	72170
70100	70373	70554	72072	72190
70110	70380	70555	72074	72192
70120	70390	71010	72080	72193
70130	70450	71015	72090	72194
70134	70460	71020	72100	72195
70140	70470	71021	72110	72196
70150	70480	71022	72114	72197
70160	70481	71023	72120	72200
70190	70482	71030	72125	72202
70200	70486	71034	72126	72220
70210	70487	71035	72127	72240
70220	70488	71100	72128	72255
70240	70490	71101	72129	72265
70250	70491	71110	72130	72270
70260	70492	71111	72131	72275
70300	70540	71120	72132	72285
70310	70542	71130	72133	72291
70320	70543	71550	72141	72292
70328	70544	71551	72142	72295
70330	70545	71555	72146	73000
70332	70546	72010	72147	73010
70336	70547	72020	72148	73020
70350	70548	72040	72149	73030
70355	70549	72050	72156	73040
70360	70551	72052	72157	73050

Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title 6. Service Codes	Page 6-3
	Transmittal Letter IDTF-12	Date 01/01/13
Independent Diagnostic Testing Facility Manual		

604 Diagnostic Imaging Centers: Radiology Service Codes (cont.)

<u>Service Code</u>	<u>Service Code</u>	<u>Service Code</u>	<u>Service Code</u>	<u>Service Code</u>
73060	73719	74330	75791	76512
73070	73720	74340	75801	76513
73080	73721	74355	75803	76514
73085	73722	74400	75805	76516
73090	73723	74410	75807	76519
73092	73725	74415	75809	76529
73100	74000	74420	75810	76536
73110	74010	74425	75820	76604
73115	74020	74430	75822	76645
73120	74022	74440	75825	76700
73130	74150	74445	75827	76705
73140	74160	74450	75831	76770
73200	74170	74455	75833	76775
73201	74174	74470	75840	76776
73202	74176	74475	75842	76800
73218	74177	74480	75860	76801
73219	74178	74485	75870	76802
73220	74181	74710	75872	76805
73221	74182	74740	75880	76810
73222	74183	74742	75885	76811
73223	74185	74775	75887	76812
73500	74190	75557	75889	76813
73510	74210	75559	75891	76814
73520	74220	75561	75893	76815
73525	74230	75563	75898	76816
73530	74235	75565	75901	76817
73540	74240	75572	75902	76818
73550	74245	75573	75945	76820
73560	74246	75574	75946	76821
73562	74247	75600	76000	76825
73564	74249	75605	76001	76826
73565	74250	75625	76010	76827
73580	74251	75630	76080	76828
73590	74260	75658	76098	76830
73592	74261 (PA)	75705	76100	76831
73600	74262 (PA)	75710	76101	76856
73610	74270	75716	76102	76857
73615	74280	75726	76120	76870
73620	74283	75731	76125	76872
73630	74290	75733	76376	76873
73650	74291	75736	76377	76881
73660	74300	75741	76380	76882
73700	74301	75743	76499 (IC)	76885
73701	74305	75746	76506	76886
73702	74320	75756	76510	76937
73718	74327	75774	76511	76942

Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title 6. Service Codes	Page 6-4
	Transmittal Letter IDTF-12	Date 01/01/13
Independent Diagnostic Testing Facility Manual		

604 Diagnostic Imaging Centers: Radiology Service Codes (cont.)

<u>Service Code</u>	<u>Service Code</u>	<u>Service Code</u>	<u>Service Code</u>	<u>Service Code</u>
76945	78072	78320	78700	93270
76946	78075	78350	78701	93271
76948	78099 (IC)	78399 (IC)	78707	93272
76950	78102	78414 (IC)	78708	93278
76965	78103	78428	78709	93303
76970	78104	78445	78710	93304
76977	78110	78451	78710	93306
76999 (IC)	78111	78452	78730	93307
77001	78120	78453	78740	93308
77002	78121	78454	78761	93312
77003	78122	78456	78799 (IC)	93313
77011	78130	78457	78800	93314
77012	78135	78458	78801	93315
77013	78140	78459	78802	93316
77014	78185	78466	78803	93317
77021	78190	78468	78804	93318
77022	78191	78469	78805	93320
77051	78195	78472	78806	93321
77052	78199	78473	78807	93325
77053	78201	78481	78808	93350
77054	78202	78483	78811	93351
77055	78205	78491	78812	93352
77056	78206	78492	78813	93724
77057	78215	78494	78814	93740
77058 (PA)	78216	78496	78815	93745 (IC)
77059 (PA)	78226	78499 (IC)	78816	93784
77071	78227	78579	78999 (IC)	93786
77072	78230	78580	93000	93788
77073	78231	78582	93005	93790
77074	78232	78597	93010	93797
77075	78258	78598	93015	93798
77076	78261	78599 (IC)	93016	93799 (IC)
77077	78262	78600	93017	93880
77078	78264	78601	93018	93882
77080	78270	78605	93024	93886
77081	78271	78607	93025	93888
77082	78272	78608	93040	93890
78012	78278	78609	93041	93893
78013	78282 (IC)	78610	93042	93922
78014	78290	78630	93224	93923
78015	78291	78635	93225	93924
78016	78299 (IC)	78645	93226	93925
78018	78300	78647	93227	93926
78020	78305	78650	93228 (IC)	93930
78070	78306	78660	93229 (IC)	93931
78071	78315	78699 (IC)	93268	93965

Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title 6. Service Codes	Page 6-5
	Transmittal Letter IDTF-12	Date 01/01/13

604 Diagnostic Imaging Centers: Radiology Service Codes (cont.)

<u>Service Code</u>	<u>Service Code</u>	<u>Service Code</u>	<u>Service Code</u>	<u>Service Code</u>
93970	93979	95950	A9500 (IC)	A9537 (IC)
93971	93980	95951	A9502 (IC)	G0202
93975	93981	95953	A9503 (IC)	G0204
93976	93990	95956	A9505 (IC)	G0206
93978	93998 (IC)	A4641 IC)	A9512 (IC)	

605 Mobile Mammography Van: Radiology Service Codes

<u>Service Code</u>	<u>Service Code</u>	<u>Service Code</u>	<u>Service Code</u>	<u>Service Code</u>
76645	77053	77055	77057	G0204
77051	77054	77056	G0202	G0206
77052				

606 Sleep Centers: Radiology Service Codes

<u>Service Code</u>	<u>Service Code</u>	<u>Service Code</u>	<u>Service Code</u>	<u>Service Code</u>
95782	95800	95805	95807	95810
95783	95801	95806	95808	95811

607 Modifiers

The following service code modifiers are allowed for billing under MassHealth.

<u>Modifier</u>	<u>Modifier Description</u>
26	Professional Component
TC	Technical Component

The following modifiers are for Provider Preventable Conditions (PPCs) that are National Coverage Determinations.

<u>Modifier</u>	<u>Modifier Description</u>
PA	Surgical or other invasive procedure on wrong body part
PB	Surgical or other invasive procedure on wrong patient
PC	Wrong surgery or other invasive procedure on patient

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.

<p align="center">Commonwealth of Massachusetts MassHealth Provider Manual Series</p>	<p align="center">Subchapter Number and Title 6. Service Codes</p>	<p align="center">Page 6-6</p>
<p align="center">Independent Diagnostic Testing Facility Manual</p>	<p align="center">Transmittal Letter IDTF-12</p>	<p align="center">Date 01/01/13</p>

This page is reserved.