MassHealth

Transmittal Letter IDTF-18

April 2019

**TO:** Independent Diagnostic Testing Facilities Participating in MassHealth



**FROM:** Daniel Tsai, Assistant Secretary for MassHealth

**RE:** *Independent Diagnostic Testing Facility Manual:* 2019 Subchapter 6 Revisions

This letter transmits revisions to the service codes listed in Subchapter 6 of the *Independent Diagnostic Testing Facility Manual.* The Centers for Medicare & Medicaid Services (CMS) has revised the Healthcare Common Procedures Coding System (HCPCS) for 2019. MassHealth has updated Subchapter 6 to add new service codes and remove deleted codes, as applicable, resulting from those revisions. Below is a chart that identifies the updates. The updated Subchapter 6 is effective for dates of service on or after January 1, 2019.

| **Deleted Codes** | **Replacement Codes** |
| --- | --- |
| 76001 | N/A |
| 77058 | 77046\*, 77048\* |
| 77059 | 77047\*, 77049\* |
| 78270 | N/A |
| 78271 | N/A |
| 78272 | N/A |

*\*Added as part of these 2019 HCPCS code updates.*

MassHealth providers must refer to the American Medical Association’s *2019 Current Procedural Terminology (CPT) Professional* or the *HCPCS Level II* codebook for service descriptions of the codes listed in Subchapter 6 of the *Independent Diagnostic Testing Facility Manual.*

To obtain a fee schedule, you may download the Executive Office of Health and Human Services regulations at no cost at <https://www.mass.gov/orgs/executive-office-of-health-and-human-services>. The regulation title for Radiology is 114.3 CMR 18.00; for Medicine, the regulation is 101 CMR 317.00.

**MassHealth Website**

This transmittal letter and attached pages are available on the MassHealth website at [www.mass.gov/masshealth](http://www.mass.gov/masshealth).

To sign up to receive email alerts when MassHealth issues new transmittal letters and provider bulletins, send a blank email to [join-masshealth-provider-pubs@listserv.state.ma.us](mailto:join-masshealth-provider-pubs@listserv.state.ma.us). No text in the body or subject line is needed.

**Questions**

If you have any questions about the information in this transmittal letter, please contact the

MassHealth Customer Services Center at 1-800-841-2900, email your inquiry to [providersupport@mahealth.net](mailto:providersupport@mahealth.net), or fax your inquiry to 617-988-8974.

NEW MATERIAL

(The pages listed here contain new or revised language.)

Independent Diagnostic Testing 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

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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: *Administrative and Billing Regulations*. MassHealth providers must refer to the American Medical Association’s *Current Procedural Terminology (CPT) Professional* or the *Health Care Procedure Code Set (HCPCS) Level II* codebook 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

Service Code Service Code Service Code Service Code Service Code

70030

70100

70110

70120

70130

70134

70140

70150

70160

70190

70200

70210

70220

70240

70250

70260

70300

70310

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70332

70355

70360

70370

70371

70380

70390

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71015

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71101

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71111

71120

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72020

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72080

72081

72082

72083

72084

72100

72110

72114

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72170

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72202

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72255

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73502

73503

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73562

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74301

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

Service Code Service Code Service Code Service Code Service Code

70336 (PA)

70540

70542

70543

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70549

70551

70552

70553

70558

70559

71550

71551

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72141

72142

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72197

73218

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73221

73222

73223

73718

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73721

73722

73723

73725

74181

74182

74183

74185

74301

74712

74713

75557

75559

75561

75563

75565

77021

77022

77046 (PA)

77047 (PA)

77048 (PA)

77049 (PA)

A4641

A9500 (IC)

A9502 (IC)

A9503 (IC)

A9505 (IC)

A9512 (IC)

A9537 (IC)

70557

604 Diagnostic Imaging Centers: Radiology Service Codes

Service Code Service Code Service Code Service Code Service Code

59025

70030

70100

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75901

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76010

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76499 (IC)

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76881

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76886

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76948

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76977

76999 (IC)

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77002

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77011

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77046 (PA)

77047 (PA)

77048 (PA)

77049 (PA)

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78099 (IC)

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78282 (IC)

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78299 (IC)

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78350

78399 (IC)

78414 (IC)

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78647

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78660

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78999 (IC)

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93017

93018

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93042

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93229 (IC)

93268

93270

93271

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93308

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93799 (IC)

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93976

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93979

93980

93981

93990

93998 (IC)

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95951

95953

95956

A4641 IC)

A9500 (IC)

A9502 (IC)

A9503 (IC)

A9505 (IC)

A9512 (IC)

A9537 (IC)

G0297

605 Mobile Mammography Van: Radiology Service Codes

Service Code Service Code Service Code Service Code

76641

76642

77061

77062

77063

77065

77066

77067

1. Sleep Centers: Radiology Service Codes

Service Code Service Code Service Code Service Code Service Code

95782

95783

95800

95801

95805

95806

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607 Modifiers

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

Modifier Description

26 Professional Component

TC Technical Component

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

Modifier Description

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](https://www.mass.gov/guides/masshealth-all-provider-manual-appendices#-appendix-v:-masshealth-billing-instructions-for-provider-preventable-conditions-) of your provider manual.

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