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

MassHealth

Transmittal Letter IDTF-21

May 2021

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

 **FROM:** Daniel Tsai, Assistant Secretary for MassHealth [Signature of Daniel Tsai]

# **RE:** Independent Diagnostic Testing Facilities Manual (Update to Subchapter 6 Codes)

This letter transmits revisions to the service codes in the Independent Diagnostic Testing Facilities (IDTF) Manual. MassHealth has updated Subchapter 6 to price Healthcare Common Procedure Coding System (HCPCS) for replacement CPT codes effective January 1, 2020. The EOHHS fee schedule is viewable at; <https://www.mass.gov/doc/administrative-bulletin-20-38-101-cmr-31600-surgery-and-anesthesia-101-cmr-31700-medicine-101-0/download>

Please note; Service codes set to price at Individual Consideration (IC) will be manually priced, and will require an attachment on the claim to process payment correctly.

**Service Codes Removed from Non-payable for EEG and VEEG Monitoring Codes, Effective January 1, 2020**

74241 78205 78710 95951

74245 78206 78805 95953

74247 78320 78806 95956

74249 78607 78807

74260 78647 95950

**Service Codes Added to Non-payable for EEG and VEEG Monitoring Codes, Effective January 1, 2020**

74221 78831 95711 95720

74248 78832 95712 95721

78429 78835 95713 95722

78430 90653 95714 95723

78431 90694 95715 95724

78432 95705 95716 95725

78433 95708 95717 95726

78434 95709 95718

78830 95710 95719

**MassHealth Website**

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

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. 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 Service Center at (800) 841-2900, email 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 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 6-6 — transmitted by Transmittal Letter IDTF-20

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

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70100

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70120

70130

70134

70140

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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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71048

71100

71101

71110

71111

71120

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72020

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72084

72100

72110

72114

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

70336 PA1

70540 PA1

70542 PA1

70543 PA1

70544 PA1

70545 PA1

70546 PA1

70547 PA1

70548 PA1

70549 PA1

70551 PA1

70552 PA1

70553 PA1

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71550 PA1

71551 PA1

71552 PA1

71555 PA1

72141 PA1

72142 PA1

72146 PA1

72147 PA1

72148 PA1

72149 PA1

72156 PA1

72157 PA1

72158 PA1

72195 PA1

72196 PA1

72197 PA1

73218 PA1

73219 PA1

73220 PA1

73221 PA1

73222 PA1

73223 PA1

73718 PA1

73719 PA1

73720 PA1

73721 PA1

73722 PA1

73723 PA1

73725 PA1

74181 PA1

74182 PA1

74183 PA1

74185 PA1

74301

74712 PA1

74713 PA1

75557 PA1

75559 PA1

75561 PA1

75563 PA1

75565 PA1

77021 PA1

77022 PA1

77046 PA1

77047 PA1

77048 PA1

77049 PA1

A4641

A9500 IC

A9502 IC

A9503 IC

A9505 IC

A9512 IC

A9537 IC

70557

604 Diagnostic Imaging Centers: Radiology Service Codes

59025

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70100

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70200

70210

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70336 PA1

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70481 PA1

70482 PA1

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70492 PA1

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72114

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72125 PA1

72126 PA1

72127 PA1

72128 PA1

72129 PA1

72130 PA1

72131 PA1

72132 PA1

72133 PA1

72141 PA1

72142 PA1

72146 PA1

72147 PA1

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73202 PA1

73218 PA1

73219 PA1

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73222 PA1

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76380 PA1

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76999 IC

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78399 IC

78414 IC

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78434 IC

78445

78451 PA1

78452 PA1

78453 PA1

78454 PA1

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78466 PA1

78468

78469 PA1

78472 PA1

78473 PA1

78481 PA1

78483 PA1

78491 PA1

78492 PA1

78494 PA1

78496 PA1

78499 IC

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78599 IC

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78608 PA1

78609 PA1

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93350 PA1

93351 PA1

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95708 IC

95709 IC

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95712 IC

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95714 IC

95715 IC

95716 IC

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95726

A4641 IC

A9500 IC

A9502 IC

A9503 IC

A9505 IC

A9512 IC

A9537 IC

A9552 IC

A9587 IC

A9588 IC

G0297 PA1

G0399 PA1 IC

605 Mobile Mammography Van: Radiology Service Codes

76641

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606 Sleep Centers: Radiology Service Codes

95705 IC

95706 IC

95707 IC

95708 IC

95709 IC

95710 IC

95711 IC

95712 IC

95713 IC

95714 IC

95715 IC

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95720

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95726

95782 PA1

95783 PA1

95800 PA1

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95808 PA1

95810 PA1

95811 PA1

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 of your provider manual.

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) Professional* codebook.

Reserved