

***Commonwealth of Massachusetts***

***Executive Office of Health and Human Services Office of Medicaid***

*www.mass.gov/masshealth*

MassHealth

Transmittal Letter IDTF-22

October 2021

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

 **FROM:** Amanda Cassel Kraft, Acting Assistant Secretary for MassHealth [Signature of Amanda Cassel Kraft]

 **RE:** *Independent Diagnostic Testing Facility Manual:* 2021 HCPCS Updates to Subchapter 6

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 Procedures Coding System (HCPCS) for 2021. MassHealth has updated the attached Subchapter 6 to include new service codes effective for dates of service on or after January 1, 2021.

MassHealth providers must refer to the American Medical Association’s *2021 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.*

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| --- | --- |
| **Adds** | **Effective date** |
| 71271 | 01/01/2021 |

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| --- | --- |
| **Deletes** | **Discontinued on** |
| 76970 | 01/01/2021 |
| 78135 | 01/01/2021 |
| G0297 | 01/01/2021 |

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-transmittal-letters](http://www.mass.gov/masshealth-transmittal-letters).

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**Questions**

If you have any questions about 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 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(The pages listed here are no longer in effect.)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-21

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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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

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72141 PA1

72142 PA1

72146 PA1

72147 PA1

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72149 PA1

72156 PA1

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72158 PA1

72195 PA1

72196 PA1

72197 PA1

73218 PA1

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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

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A4641

A9500 IC

A9502 IC

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A9505 IC

A9512 IC

A9537 IC

604 Diagnostic Imaging Centers: Radiology Service Codes

59025

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78451 PA1

78452 PA1

78453 PA1

78454 PA1

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78466 PA1

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78469 PA1

78472 PA1

78473 PA1

78481 PA1

78483 PA1

78491 PA1

78492 PA1

78494 PA1

78496 PA1

78499 IC

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95706 IC

95707 IC

95708 IC

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95710 IC

95711 IC

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A9500 IC

A9502 IC

A9503 IC

A9505 IC

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605 Mobile Mammography Van: Radiology Service Codes

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606 Sleep Centers: Radiology Service Codes

95705 IC

95706 IC

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95782 PA1

95783 PA1

95800 PA1

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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 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