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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-24

June 2023

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

**FROM:** Mike Levine, Assistant Secretary for MassHealth [signature of Mike Levine]

**RE:** *Independent Diagnostic Testing Facility Manual* (2023 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 2023. MassHealth has updated Subchapter 6 to add service code A9591 (IC), effective January 1, 2023. “IC” indicates that the claim requires individual consideration. See 130 CMR 431.406 for more information.

MassHealth providers must refer to the American Medical Association’s *2023 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 Services is 101 CMR 318.00; for Medicine Services, 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).

[Sign up](https://www.mass.gov/forms/email-notifications-for-masshealth-provider-bulletins-and-transmittal-letters) to receive email alerts when MassHealth issues new transmittal letters and provider bulletins.

**Questions**

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

the MassHealth Customer Service Center at (800) 841-2900, TDD/TTY: 711, or email your inquiry to [provider@masshealthquestions.com](mailto:provider@masshealthquestions.com).

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(The pages listed here are no longer in effect.)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

Page vi — transmitted by Transmittal Letter IDTF-17

Pages 6-1 through 6-6 — transmitted by Transmittal Letter IDTF-23

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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 130 450.000: *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

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A9505 IC

A9512 IC

A9537 IC

604 Diagnostic Imaging Centers: Radiology Service Codes

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A9552 IC

A9587 IC

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A9591 IC

G0399 PA IC

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| **Commonwealth of Massachusetts**  **MassHealth**  **Provider Manual Series** | **Subchapter Number and Title**  6. Service Codes | **Page**  6-5 |
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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

95707 IC

95708 IC

95709 IC

95710 IC

95711 IC

95712 IC

95713 IC

95714 IC

95715 IC

95716 IC

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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.

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