# Transmittal Letter IDTF-25



Commonwealth of Massachusetts

Executive Office of Health and Human Services

Office of Medicaid

[www.mass.gov/masshealth](https://www.mass.gov/orgs/masshealth)

**DATE:** March 2024

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

**FROM:** Monica Sawhney, Chief of Provider, Family, and Safety Net programs [signature of Monica Sawhhey]

RE: Independent Diagnostic Testing Facility Manual (2024 HCPCS Updates to Subchapter 6)

## Overview

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 2024. For dates of service on or after January 1, 2024, you must use the new codes in order to obtain reimbursement. “IC” indicates that the claim requires individual consideration. See 130 CMR 431.406 for more information.

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| **Add** | **Effective date** |
| A9593 IC | 01/01/2024 |
| A9594 IC | 01/01/2024 |
| A9595 IC | 01/01/2024 |
| A9596 IC | 01/01/2024 |

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| 74710 | 01/01/2024 |

MassHealth providers must refer to the American Medical Association’s *2024 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.*

If you wish to obtain a fee schedule, you may download the Executive Office of Health and Human Services regulations at no cost at [www.mass.gov/info-details/eohhs-regulations](https://www.mass.gov/info-details/eohhs-regulations). Rates for radiology services can be found at [101 CMR 318.00: *Rates for Radiology Services*](https://www.mass.gov/regulations/101-CMR-31800-rates-for-radiology-services-0). Rates for medicine services can be found at [101 CMR 317.00: *Rates for Medicine Services*](https://www.mass.gov/regulations/101-CMR-31700-rates-for-medicine-services).

## 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 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).

## 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 vi and 6-1 through 6-6 — transmitted by Transmittal Letter IDTF-24

[MassHealth on Facebook](https://www.facebook.com/MassHealth1/) [MassHealth on X (Twitter)](https://www.twitter.com/MassHealth) [MassHealth on YouTube](https://www.youtube.com/channel/UC1QQ61nTN7LNKkhjrjnYOUg)

6. Service Codes and Descriptions

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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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604 Diagnostic Imaging Centers: Radiology Service Codes

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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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606 Sleep Centers: Radiology Service Codes

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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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