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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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70100

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70190

70200

70210

70220

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70250

70260

70300

70310

70320

70328

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70332

70355

70360

70370

70371

70380

70390

71045

71046

71047

71048

71100

71101

71110

71111

71120

71130

71271

72020

72040

72050

72052

72070

72072

72074

72080

72081

72082

72083

72084

72100

72110

72114

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72170

72190

72200

72202

72220

72240

72255

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73010

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73592

73600

73610

73615

73620

73630

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74018

74019

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74210

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

70336 PA

70540 PA

70542 PA

70543 PA

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70546 PA

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70551 PA

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74181 PA

74182 PA

74183 PA

74185 PA

74301

74712 PA

74713 PA

75557 PA

75559 PA

75561 PA

75563 PA

75565 PA

77021 PA

77022 PA

77046 PA

77047 PA

77048 PA

77049 PA

A4641

A9500 IC

A9502 IC

A9503 IC

A9505 IC

A9512 IC

A9537 IC

604 Diagnostic Imaging Centers: Radiology Service Codes

59025

70030

70100

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70336 PA

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76999 IC

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77022 PA

77046 PA

77047 PA

77048 PA

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78399 IC

78414 IC

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78434 IC

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78451 PA

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78469 PA

78472 PA

78473 PA

78481 PA

78483 PA

78491 PA

78492 PA

78494 PA

78496 PA

78499 IC

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78599 IC

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78609 PA

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78799 IC

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78812 PA

78813 PA

78814 PA

78815 PA

78816 PA

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78999 IC

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93010

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93016

93017

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93990

93998 IC

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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A4641 IC

A9500 IC

A9502 IC

A9503 IC

A9505 IC

A9512 IC

A9537 IC

A9552 IC

A9587 IC

A9588 IC

A9591 IC

A9593 IC

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A9596 IC

G0399 PA 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

95707 IC

95708 IC

95709 IC

95710 IC

95711 IC

95712 IC

95713 IC

95714 IC

95715 IC

95716 IC

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95782 PA

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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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