



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

www.mass.gov/masshealth



MassHealth
Transmittal Letter IDTF-20
February 2020

TO: Independent Diagnostic Testing Facilities Participating in MassHealth

FROM: Daniel Tsai, Assistant Secretary for MassHealth

RE: *Independent Diagnostic Testing Facility Manual* (New MassHealth Third-Party Administrator for Prior Authorization; New Prior Authorization Requirements)

Summary

This letter transmits updates to Subchapter 6 of the *Independent Diagnostic Testing Facility Manual* regarding new requirements for prior authorization (PA) for the provision of advanced imaging services, non-obstetric ultrasounds, polysomnography, and cardiology services. This PA requirement applies to outpatient services only and does not apply to services rendered in an emergency department or an inpatient setting.

This change will impact only those members enrolled in MassHealth fee-for-service, a Primary Care ACO plan, or the Primary Care Clinician (PCC) plan. Providers serving members enrolled in a MassHealth-contracted accountable care partnership plan (ACPP), managed care organization (MCO), integrated care organization (ICO), senior care organization (SCO), or Program of All-inclusive Care for the Elderly (PACE) should refer to the ACPP's, MCO's, ICO's, SCO's, or PACE's medical policies for covered services.

New MassHealth Third-Party Administrator for Prior Authorization

As part of MassHealth's efforts to provide its members with access to high quality, cost-effective care, MassHealth has contracted with eviCore healthcare (eviCore) to provide utilization management programs for advanced imaging services, non-obstetric ultrasounds, polysomnography, and cardiology services. Among other things, eviCore will evaluate all requests for PA for the services identified in this letter.

In the coming weeks, eviCore will be leading training sessions designed to assist provider organizations in fulfilling the new utilization management program requirements, such as the new PA requirements communicated by this letter. eviCore will offer these online training sessions on a variety of dates and times to accommodate provider availability and to encourage participation.

During these sessions, eviCore will provide a detailed overview of the new PA requirements, along with instructions for navigating the eviCore website at www.evicore.com. Providers will also have the opportunity to ask questions and seek additional clarification where needed.

The training session offerings for each program are outlined in the following table.

Web Training Sessions			
Date	Day	Program	Time
2/11/2020	Tuesday	Radiology/Cardiology	2 p.m.–3 p.m.
2/11/2020	Tuesday	Sleep	1 p.m.–2 p.m.
2/13/2020	Thursday	Radiology/Cardiology	11 a.m.–12 p.m.
2/13/2020	Thursday	Sleep	9 a.m.–10 a.m.
2/18/2020	Tuesday	Radiology/Cardiology	11 a.m.–12 p.m.
2/18/2020	Tuesday	Sleep	9 a.m.–10 a.m.
2/19/2020	Wednesday	Radiology/Cardiology	10 a.m.–11 a.m.
2/19/2020	Wednesday	Sleep	12 p.m.–1 p.m.
2/21/2020	Friday	Radiology/Cardiology	2 p.m.–3 p.m.
2/21/2020	Friday	Sleep	3 p.m.–4 p.m.

Forums			
Date	Day	Program	Time
4/2/2020	Thursday	Radiology/Cardiology	9 a.m.–10 a.m.
4/6/2020	Monday	Sleep	1 p.m.–2 p.m.

How to Register

Please read the following instructions to register for and participate in a session:

1. Once you have selected a session, please go to <http://eviCore.webex.com/>
2. Click on the menu bar on the upper left hand side—the three horizontal lines underneath the eviCore healthcare logo. Then choose “Webex Training”
3. Under Live Sessions, click the “Upcoming” tab, then enter the desired topic name exactly as listed in the table and search
4. Click “Register” next to the session(s) with the date and time you wish to attend
5. Complete the registration information

After you have registered for the online training session, you will receive an email containing the toll-free phone number, meeting number, conference password, and a link to access the web portion of the session. **Please keep the registration email with the link to the web conference and the call-in number for the session.** This information will not be sent a second time in advance of the training.

New Prior Authorization Requirements

Effective March 1, 2020, MassHealth will require PA for the services and Current Procedural Terminology (CPT) codes listed below. Between March 1, 2020, and May 31, 2020, MassHealth will implement an informational edit that will not deny claims for services and codes requiring PA, but instead will inform providers of the PA requirement for those services and codes.

Beginning June 1, 2020, MassHealth will deny claims for services and codes requiring PA if the provider has not obtained PA. MassHealth and eviCore will provide technical assistance to providers during the rollout phase.

- **Turnaround Time:** eviCore will render a decision within 2 business days of a timely, complete request for PA.
- **Urgent and Emergent Care:** MassHealth is committed to ensuring patient access to necessary care and is working closely in partnership with eviCore to ensure that PA requests are processed in a timely manner and that there are appropriate processes in place to address urgent service needs. PA will not be required for services rendered in the emergency department, and there will be an option to submit same-day urgent PA requests, which will be processed within a maximum of 4 hours. If urgent requests meet medical necessity criteria and all required documentation is submitted, urgent requests can be approved in real time.
- **Window to Submit PA:** PA can be requested for a service rendered up to 14 days after the date of service.
- **Technical & Professional:** When a code requires a professional and a technical component (TC), PA is required for the technical component only, and the TC modifier must be included on the PA request.
- **Referrals:** If Primary Care Provider (PCP) referrals are required for the service requested, the PA will not override the referral requirement. For such services, MassHealth still requires a referral in addition to the PA.

Prior Authorization Denials and Appeals Process

If a PA request is lacking necessary documentation, eviCore will contact the provider to obtain the missing information. If the provider fails to submit the requested documentation within 10 days of eviCore's request, eviCore will issue an administrative denial of the request for PA. Upon receipt of a timely, complete submission, eviCore will review and approve, deny, or modify the request within 2 business days.

Once eviCore has rendered a decision, eviCore will notify the provider by fax or eviCore's web portal. If eviCore has denied or modified a PA request, eviCore will also notify the member of this fact by mail. This communication will also explain the member's appeal rights and include an appeal form. The member will have 30 days to appeal that decision to the Board of Hearings (BOH).

If eviCore has denied or modified a request for PA, the provider may request a peer-to-peer consultation with an eviCore clinician to review the clinical aspects of the case. Providers may request such consultations through eviCore's online portal. A provider's request for a peer-to-peer consultation does not alter or enlarge the time in which the member can request a fair hearing related to the denial or modification of the prior authorization request.

If eviCore overturns the denial or modification after the peer-to-peer consultation, the provider will be notified through the web portal and eviCore will work with the member to withdraw any requests for a hearing through the BOH.

Clinical Guidelines to Evaluate PA Requests

eviCore's Clinical Guidelines will be used to determine medical necessity and evaluate requests for PA by service category. Provider requests for authorization of the following services and codes must adhere to eviCore's clinical guidelines, which are available on eviCore's website and can be found at the following URL: <https://www.evicore.com/provider/clinical-guidelines>.

Advanced Imaging CPT Codes

70336	70553	72194	74160	76377
70450	71550	72195	74170	76380
70460	71551	72196	74174	77021
70470	71555	72197	74176	77022
70480	72125	73200	74177	77046
70481	72126	73201	74178	77047
70482	72127	73202	74181	77048
70486	72128	73218	74182	77049
70487	72129	73219	74183	77078
70488	72130	73220	74185	78451
70490	72131	73221	74261	78452
70491	72132	73222	74262	78491
70492	72133	73223	74263	78492
70540	72141	73700	74712	78494
70542	72142	73701	74713	78608
70543	72146	73702	75557	78609
70544	72147	73718	75559	78811
70545	72148	73719	75561	78812
70546	72149	73720	75563	78813
70547	72156	73721	75565	78814
70548	72157	73722	75572	78815
70549	72158	73723	75573	78816
70551	72192	73725	75574	G0297
70552	72193	74150	76376	

Non-obstetric Ultrasound CPT Codes

78453	78459	78469	78473	78483
78454	78466	78472	78481	78496

Polysomnography (Sleep) Studies CPT Codes

95782	95800	95806	95808	95811
95783	95805	95807	95810	

Cardiac Stress Tests CPT Codes

78451	78453	78459	78492	93351
78452	78454	78491	93350	

Providers must submit clinical documentation with PA requests for these services. Follow the links below for further guidance.

<https://www.evicore.com/insights/how-to-speed-up-prior-authorization>
<https://www.evicore.com/resources/healthplan/masshealth>

To submit a PA request for these services, follow the link below.

<https://www.evicore.com/>

MassHealth reviews requests for PA on the basis of medical necessity. If MassHealth approves the request, payment is still subject to all general conditions of MassHealth, including member eligibility, other insurance, and program restrictions.

MassHealth Website

This transmittal letter and attached pages are available on the MassHealth website at 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 or Concerns

If you have any questions or concerns 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-19

Commonwealth of Massachusetts MassHealth Provider Manual Series Independent Diagnostic Testing Facility Manual	Subchapter Number and Title 6. Service Codes	Page 6-1
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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 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

70030	70380	72114	73100	73630
70100	70390	72120	73110	73650
70110	71045	72170	73115	73660
70120	71046	72190	73120	74018
70130	71047	72200	73130	74019
70134	71048	72202	73140	74021
70140	71100	72220	73501	74022
70150	71101	72240	73502	74210
70160	71110	72255	73503	74220
70190	71111	72265	73521	74230
70200	71120	72270	73522	74235
70210	71130	72275	73523	74240
70220	72020	72285	73525	74241
70240	72040	72295	73551	74245
70250	72050	73000	73552	74246
70260	72052	73010	73560	74247
70300	72070	73020	73562	74249
70310	72072	73030	73564	74250
70320	72074	73040	73565	74251
70328	72080	73050	73580	74260
70330	72081	73060	73590	74270
70332	72082	73070	73592	74280
70355	72083	73080	73600	74290
70360	72084	73085	73610	74300
70370	72100	73090	73615	74301
70371	72110	73092	73620	

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

70336 PA ¹	70559	72196 PA ¹	73725 PA ¹	77022 PA ¹
70540 PA ¹	71550 PA ¹	72197 PA ¹	74181 PA ¹	77046 PA ¹
70542 PA ¹	71551 PA ¹	73218 PA ¹	74182 PA ¹	77047 PA ¹
70543 PA ¹	71555 PA ¹	73219 PA ¹	74183 PA ¹	77048 PA ¹
70544 PA ¹	72141 PA ¹	73220 PA ¹	74185 PA ¹	77049 PA ¹
70545 PA ¹	72142 PA ¹	73221 PA ¹	74301	A4641
70546 PA ¹	72146 PA ¹	73222 PA ¹	74712 PA ¹	A9500 IC
70547 PA ¹	72147 PA ¹	73223 PA ¹	74713 PA ¹	A9502 IC
70548 PA ¹	72148 PA ¹	73718 PA ¹	75557 PA ¹	A9503 IC
70549 PA ¹	72149 PA ¹	73719 PA ¹	75559 PA ¹	A9505 IC
70551 PA ¹	72156 PA ¹	73720 PA ¹	75561 PA ¹	A9512 IC
70552 PA ¹	72157 PA ¹	73721 PA ¹	75563 PA ¹	A9537 IC
70553 PA ¹	72158 PA ¹	73722 PA ¹	75565 PA ¹	
70558	72195 PA ¹	73723 PA ¹	77021 PA ¹	
70557				

604 Diagnostic Imaging Centers: Radiology Service Codes

59025	70371	70555 PA ¹	72114	72200
70030	70380	71045	72120	72202
70100	70390	71046	72125 PA ¹	72220
70110	70450 PA ¹	71047	72126 PA ¹	72240
70120	70460 PA ¹	71048	72127 PA ¹	72255
70130	70470 PA ¹	71100	72128 PA ¹	72265
70134	70480 PA ¹	71101	72129 PA ¹	72270
70140	70481 PA ¹	71110	72130 PA ¹	72275
70150	70482 PA ¹	71111	72131 PA ¹	72285
70160	70486 PA ¹	71120	72132 PA ¹	72295
70190	70487 PA ¹	71130	72133 PA ¹	73000
70200	70488 PA ¹	71550 PA ¹	72141 PA ¹	73010
70210	70490 PA ¹	71551 PA ¹	72142 PA ¹	73020
70220	70491 PA ¹	71555 PA ¹	72146 PA ¹	73030
70240	70492 PA ¹	72020	72147 PA ¹	73040
70250	70540 PA ¹	72040	72148 PA ¹	73050
70260	70542 PA ¹	72050	72149 PA ¹	73060
70300	70543 PA ¹	72052	72156 PA ¹	73070
70310	70544 PA ¹	72070	72157 PA ¹	73080
70320	70545 PA ¹	72072	72158 PA ¹	73085
70328	70546 PA ¹	72074	72170	73090
70330	70547 PA ¹	72080	72190	73092
70332	70548 PA ¹	72081	72192 PA ¹	73100
70336 PA ¹	70549 PA ¹	72082	72193 PA ¹	73110
70350	70551 PA ¹	72083	72194 PA ¹	73115
70355	70552 PA ¹	72084	72195 PA ¹	73120
70360	70553 PA ¹	72100	72196 PA ¹	73130
70370	70554 PA ¹	72110	72197 PA ¹	73140

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604 Diagnostic Imaging Centers: Radiology Service Codes (cont.)

73200 PA ¹	74022	74455	75840	76776
73201 PA ¹	74150 PA ¹	74470	75842	76800
73202 PA ¹	74160 PA ¹	74485	75860	76801
73218 PA ¹	74170 PA ¹	74710	75870	76802
73219 PA ¹	74174 PA ¹	74712 PA ¹	75872	76805
73220 PA ¹	74176 PA ¹	74713 PA ¹	75880	76810
73221 PA ¹	74177 PA ¹	74740	75885	76811
73222 PA ¹	74178 PA ¹	74742	75887	76812
73223 PA ¹	74181 PA ¹	74775	75889	76813
73501	74182 PA ¹	75557 PA ¹	75891	76814
73502	74183 PA ¹	75559 PA ¹	75893	76815
73503	74185 PA ¹	75561 PA ¹	75898	76816
73521	74190	75563 PA ¹	75901	76817
73522	74210	75565 PA ¹	75902	76818
73523	74220	75572 PA ¹	76000	76820
73525	74230	75573 PA ¹	76010	76821
73551	74235	75574 PA ¹	76080	76825
73552	74240	75600	76098	76826
73560	74245	75605	76100	76827
73562	74246	75625	76101	76828
73564	74247	75630	76102	76830
73565	74249	75705	76120	76831
73580	74250	75710	76125	76856
73590	74251	75716	76376 PA ¹	76857
73592	74260	75726	76377 PA ¹	76870
73600	74261 PA ¹	75731	76380 PA ¹	76872
73610	74262 PA ¹	75733	76499 IC	76873
73615	74270	75736	76506	76881
73620	74280	75741	76510	76882
73630	74283	75743	76511	76885
73650	74290	75746	76512	76886
73660	74300	75756	76513	76937
73700 PA ¹	74301	75774	76514	76942
73701 PA ¹	74330	75801	76516	76945
73702 PA ¹	74340	75803	76519	76946
73718 PA ¹	74355	75805	76529	76948
73719 PA ¹	74400	75807	76536	76965
73720 PA ¹	74410	75809	76604	76970
73721 PA ¹	74415	75810	76641	76977
73722 PA ¹	74420	75820	76642	76999 IC
73723 PA ¹	74425	75822	76700	77001
73725 PA ¹	74430	75825	76705	77002
74018	74440	75827	76706	77003
74019	74445	75831	76770	77011
74021	74450	75833	76775	77012

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604 Diagnostic Imaging Centers: Radiology Service Codes (cont.)

77013	78122	78457	78799 IC	93312
77014	78130	78458	78800	93313
77021 PA ¹	78135	78459 PA ¹	78801	93314
77022 PA ¹	78140	78466 PA ¹	78802	93315
77046 PA ¹	78185	78468	78803	93316
77047 PA ¹	78190	78469 PA ¹	78804	93317
77048 PA ¹	78191	78472 PA ¹	78805	93318
77049 PA ¹	78195	78473 PA ¹	78806	93320
77061	78199	78481 PA ¹	78807	93321
77062	78201	78483 PA ¹	78808	93325
77063	78202	78491 PA ¹	78811 PA ¹	93350 PA ¹
77065	78205	78492 PA ¹	78812 PA ¹	93351 PA ¹
77066	78206	78494 PA ¹	78813 PA ¹	93352
77067	78215	78496 PA ¹	78814 PA ¹	93724
77071	78216	78499 IC	78815 PA ¹	93740
77072	78226	78579	78816 PA ¹	93745 IC
77073	78227	78580	78999 IC	93784
77074	78230	78582	93000	93786
77075	78231	78597	93005	93788
77076	78232	78598	93010	93790
77077	78258	78599 IC	93015	93797
77078 PA ¹	78261	78600	93016	93798
77080	78262	78601	93017	93799 IC
77081	78264	78605	93018	93880
77085	78265	78607	93024	93882
77086	78266	78608 PA ¹	93025	93886
78012	78278	78609 PA ¹	93040	93888
78013	78282 IC	78610	93041	93890
78014	78290	78630	93042	93893
78015	78291	78635	93224	93922
78016	78299 IC	78645	93225	93923
78018	78300	78647	93226	93924
78020	78305	78650	93227	93925
78070	78306	78660	93228 IC	93926
78071	78315	78699 IC	93229 IC	93930
78072	78320	78700	93268	93931
78075	78350	78701	93270	93970
78099 IC	78399 IC	78707	93271	93971
78102	78414 IC	78708	93272	93975
78103	78445	78709	93278	93976
78104	78451 PA ¹	78710	93303	93978
78110	78452 PA ¹	78725	93304	93979
78111	78453 PA ¹	78730	93306	93980
78120	78454 PA ¹	78740	93307	93981
78121	78456	78761	93308	93990

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604 Diagnostic Imaging Centers: Radiology Service Codes (cont.)

93998 IC	95953	A9500 IC	A9505 IC	G0297 PA ¹
95950	95956	A9502 IC	A9512 IC	
95951	A4641 IC	A9503 IC	A9537 IC	

605 Mobile Mammography Van: Radiology Service Codes

76641	77061	77063	77066
76642	77062	77065	77067

606 Sleep Centers: Radiology Service Codes

95782 PA ¹	95800 PA ¹	95805 PA ¹	95807 PA ¹	95810 PA ¹
95783 PA ¹	95801	95806 PA ¹	95808 PA ¹	95811 PA ¹

607 Modifiers

The following service code modifiers are allowed for billing under MassHealth.

<u>Modifier</u>	<u>Description</u>
26	Professional Component
TC	Technical Component

The following modifiers are for Provider Preventable Conditions (PPCs) that are National Coverage Determinations.

<u>Modifier</u>	<u>Description</u>
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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