

## 27 Radiology and Non-invasive Diagnostic Center

---

Medicaid coverage for radiology and non-invasive diagnostic tests is based on the need to establish a diagnosis and to prescribe treatment. Coverage is also provided for progressive follow-up or staging. Diagnostic services must be provided in accordance with the written orders of a Physician, Physician's Assistant or Advanced Practitioner of Nursing.

Please refer to the Nevada Medicaid Services Manual (MSM), Chapter 300 for a complete list of coverage, limitations and requirements.

### Covered Services

All services provided must be directly related to the presenting symptoms. The following is a list of services covered by Medicaid:

- Medicaid covers **radiological studies** and **non-invasive diagnostic services** to diagnose and treat a specific illness, symptom, complaint or injury or to improve the functioning of a malformed body part. See Medicaid Services Manual (MSM) section 303.1 for coverage and limitations.
- An annual **mammogram** is covered without prior authorization for women age 40 and older and women between the ages of 35-39, considered a high risk for breast cancer. For women 35-39, a baseline is allowed once during this period of time. See MSM section 303.2 for coverage and limitations.
- Medically necessary **electrodiagnostic testing** is covered when preceded by a neurological evaluation. See MSM section 303.3 for coverage and limitations.
- Medicaid covers **electromyography (EMG), Nerve Conduction Studies (NCS), F-wave studies, H-reflex tests** and **neuromuscular junction testing**. See MSM section 303.4 for coverage and limitations.
- **Evoked Potentials (SEP, SSEP, VEP and AEP)** are covered benefits for certain diagnoses. See MSM section 303.5 for coverage and limitations.
- Medicaid covers **magnetoencephalography (MEG)**. See MSM section 303.6 for coverage and limitations.
- Medically necessary **sleep testing** in a certified sleep disorder clinic is a Medicaid benefit. See MSM section 303.7 for details and limitations.
- Medicaid covers medically necessary **radiopharmaceuticals** (not included in the code description) at 100% wholesale invoice price. Keep the invoice in your records. Do not attach it to the claim. See MSM section 303.8 for coverage and limitations.

### Non-Covered Services

- **Investigational/Experimental testing** is not a Medicaid covered benefit.
- **Duplicative diagnostic testing** is not covered when results of previous testing are still pertinent.

## Prior Authorization Requirements

Prior authorization is required for certain radiology and non-invasive testing services. To request prior authorization do one of the following:

- Use First Health Services' Online Prior Authorization System. Go to <http://nevada.fhsc.com>, select "Prior Authorization" from the "Providers" drop-down menu and click the link for "Online Prior Authorization System." Follow the onscreen instructions to submit your request.

OR

- Complete and submit form FH-6. Go to <http://nevada.fhsc.com>, select "Prior Authorization" from the "Providers" drop-down menu and click the link that reads, "Outpatient Medical/Surgical Services Prior Authorization Request Form."

The Appendix for Medicaid Services Manual (MSM) Chapter 300 contains a complete list of covered services and prior authorization requirements. Please refer to this appendix to verify prior authorization requirements for any services not listed below.

- **All non-emergency services** provided outside of Nevada require prior authorization (MSM 301A.8).
- Twenty-four hour **EEG recordings** and **EEG mapping** require prior authorization (MSM 303.3A).
- **Electromyography** (codes 95860 – 95872), **Nerve Conduction Studies (NCS)** (codes 95900 - 95904), **H-reflex tests** (codes 95934 and 95936) and **Short-latency Somatosensory Evoked Potential Study** (codes 95925 – 95929) require prior authorization.
- **Sleep studies, polysomnograms** and **multiple sleep latency testing** may be provided twice in a 12-month period without prior authorization. More than two times in a 12-month period requires prior authorization.
- **MEG testing** (codes 95965 – 95967) and **unlisted magnetic resonance procedures** (code 76498) require prior authorization.
- **PET scans, MRIs, MRAs, MRSs, CAT scans, x-rays, bone scans** and **ultrasounds** do not require prior authorization. For OB ultrasound requirements, please refer to MSM Chapter 603.4.A1.