



Radiology and Non-invasive Diagnostic Centers



Medicaid covers radiology and non-invasive diagnostic tests necessary to establish a diagnosis, prescribe treatment and provide progressive follow-up or staging.

Services must be directly related to an illness or injury, or to improve the functioning of a malformed body part.

Services must be provided in accordance with written orders from a physician, physician's assistant or an advanced practitioner of nursing.

[Chapter 300](#) of the Nevada Medicaid Services Manual (MSM) provides state policy, coverage and service limitations and additional requirements for provider type 27.

Billing

Radiology and non-invasive diagnostic centers (provider type 27) must use the CMS-1500 claim form to bill for services. Services provided through an outpatient hospital (provider type 12) must be billed using the UB-04 claim form.

Rates

Provider type 27 reimbursement rates are provided on the Division of Health Care Financing and Policy's (DHCFP's) [Rates Unit](#) webpage.

Prior authorization requirements

You can request prior authorization online at www.medicaid.nv.gov/ (select "PA Login" from the "Prior Authorization" tab) or by submitting the paper form [Outpatient Medical/Surgical Services Prior Authorization Request \(FA-6\)](#).

For questions regarding prior authorization, call the Nevada Medicaid Prior Authorization Department at **(800) 525-2395**.

The following services always require prior authorization:

- **Non-emergency** services provided outside of Nevada (MSM 301A.8)
- **Magnetic Resonance Imaging (MRIs), Magnetic Resonance Angiography (MRAs), Magnetic Resonance Spectroscopy (MRSs) and Positron Emission Tomography (PET) scans (MSM 303.1A.5)**
- **Twenty-four hour electroencephalogram (EEG) recordings and EEG mapping (MSM 303.3A)**
- **Electromyography** (codes 95860-95875)
- **Nerve Conduction Studies (NCS)** (codes 95907-95913)
- **H-reflex** tests (code 95937)
- **Short-latency Somatosensory Evoked Potential Study** (codes 95925-95927)
- **Magnetoencephalography (MEG) testing** (codes 95965-95967)





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For **sleep studies, polysomnograms** and **multiple sleep latency testing**, prior authorization is required to exceed 2 instances in a 12-month period.

Computed tomography (CAT) scans, X-rays, bone scans and **ultrasounds** do not require prior authorization. For OB ultrasound requirements, please refer to MSM [Chapter 600](#), section 603.4.A.

Covered services

Medicaid covers the following common diagnostic services:

- An **annual mammogram** for women age 40+ and for women ages 35-39 who are considered at high risk for breast cancer. For all women ages 35-39, a baseline mammogram is allowed once. Prior authorization is not required. When the professional component of mammography services is billed separately, the radiologist who interpreted the mammogram produced by an FDA-certified facility must also be FDA certified.
- **Electrodiagnostic testing** when preceded by a neurological evaluation. The examination and testing may be billed when both occur with the same provider on the same day.
- **Electromyography (EMG)**. The service descriptor bundles all single fiber needle EMG electrode insertions performed in a single muscle into one unit of the code. Thus, although 20 "pairs" (motor units with two or more muscle fibers activated near enough to the single fiber EMG electrode to be recorded) must be analyzed in order to reach statistical significance in each muscle studied, all electrode insertions necessary to complete the study on a single muscle are to be coded using a single unit.
- **Nerve Conduction Studies (NCS)**. Report the diagnostic codes only once when multiple sites on the same nerve are stimulated or recorded.
- **F-wave studies**. Bill the code only once when multiple sites on the same nerve are stimulated or recorded, because the F-wave studies assess motor nerve function along the entire extent of each selected nerve.
- **Reflex test**. Bilateral studies on the same muscle are reported using the bilateral procedure code modifier.
- **Neuromuscular junction testing**.
- **Evoked Potentials (SEP, SSEP, VEP and AEP)** for certain diagnoses. When billing SEP codes, multiple nerves and dermatomes studied in a single limb are bundled. A maximum of two codes can be submitted for all upper or lower limb studies performed on a given recipient on the same day. For example, multiple dermatomal SEP studies would be bundled into the two codes for upper and lower limb studies regardless of how many dermatomes are studied. The SEP study codes are defined as bilateral studies; thus, the modifier for partially reduced services should be used for billing.
- **Magnetoencephalography (MEG)** (see MSM Section 303.6 for coverage and limitations).
- **Sleep testing** in a certified sleep disorder clinic (see MSM section 303.7 for coverage and limitations).
- **Radiopharmaceuticals and Contrast Agents** (see MSM section 303.8 for coverage and limitations). Reimbursement rates are on the DHCFF's [Rates Unit](#) webpage.



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- Payment for transportation** is based on a single trip to a particular address. No transportation charge is allowed when the x-ray equipment is stored in a site for use as needed (e.g., a nursing facility). A set-up component is payable for each radiologic procedure, other than a retake of the same procedure, during single recipient and multiple recipient trips under Healthcare Common Procedure Coding System (HCPCS) code. Set-up payments are not paid for echocardiograph (EKG) services furnished by a portable x-ray supplier.

The following table lists covered codes, code descriptions and prior authorization (PA) requirements billable by provider type 27. **All codes billable by provider type 27 may not be listed.**

CPT CODE	DESCRIPTION	Prior Authorization (PA) REQUIREMENT
MRI		
70336	MRI, temporomandibular joints	Yes
70540	MRI, orbit, face, and/or neck, without contrast material(s)	Yes
70542	MRI, orbit, face, and/or neck, with contrast material(s)	Yes
70551	MRI, brain (including brain stem); without contrast material(s)	Yes
70552	MRI, brain (including brain stem); with material(s)	Yes
71550	MRI, chest (e.g., for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s)	Yes
71551	MRI, chest (e.g., for evaluation of hilar and mediastinal lymphadenopathy); with contrast material(s)	Yes
72141	MRI, spinal canal and contents, cervical; without contrast material	Yes
72147	MRI, spinal canal and contents, thoracic; with contrast material(s)	Yes
72148	MRI, spinal canal and contents, lumbar; without contrast material	Yes
72156	MRI, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; cervical	Yes
72157	MRI, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; thoracic	Yes
72158	MRI, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; lumbar	Yes
72195	MRI, pelvis; without contrast material(s)	Yes
72196	MRI, pelvis; with contrast material(s)	Yes
73218	MRI, upper extremity, other than joint; without contrast material(s)	Yes
73219	MRI, upper extremity, other than joint; with contrast material(s)	Yes
73221	MRI, any joint of upper extremity; without contrast material(s)	Yes
73222	MRI, any joint of upper extremity; with contrast material(s)	Yes



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CPT CODE	DESCRIPTION	Prior Authorization (PA) REQUIREMENT
73718	MRI, lower extremity other than joint; without contrast material(s)	Yes
73719	MRI, lower extremity other than joint; with contrast material(s)	Yes
73721	MRI, any joint of lower extremity; without contrast material(s)	Yes
73723	MRI, any joint of lower extremity; without contrast material(s), followed by contrast materials and further sequences	Yes
74181	MRI, abdomen; without contrast material(s)	Yes
74182	MRI, abdomen; with contrast material(s)	Yes
MRA		
70544	MRA, head; without contrast material(s)	Yes
70545	MRA, head; with contrast material(s)	Yes
70547	MRA, neck; without contrast material(s)	Yes
70548	MRA, neck; with contrast material(s)	Yes
71555	MRA, chest (excluding myocardium); with or without contrast material(s)	Yes
72198	MRA, pelvis; with or without contrast material(s)	Yes
73225	MRA, upper extremity; with or without contrast material(s)	Yes
73725	MRA, lower extremity; with or without contrast material(s)	Yes
74185	MRA, abdomen; with or without contrast material(s)	
MRS		
76390	Magnetic resonance spectroscopy	Yes
PET		
78459	Myocardial imaging, PET, metabolic evaluation	Yes
78491	Myocardial imaging, PET, perfusion; single study at rest or stress	Yes
78492	Myocardial imaging, PET, perfusion; multiple studies at rest and/or stress	
78608	Brain imaging, PET; metabolic evaluation	Yes
78811	PET imaging; limited area (e.g., chest, head/neck)	Yes
78812	PET imaging; skull base to mid thigh	Yes
78813	PET imaging; whole body	Yes
Proton Beam Treatment		
77520	Proton treatment delivery; simple, without compensation	Yes
77522	Proton treatment delivery; simple, with compensation	Yes
77523	Proton treatment delivery; intermediate	Yes
77525	Proton treatment delivery; complex	Yes



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CPT CODE	DESCRIPTION	Prior Authorization (PA) REQUIREMENT
Sleep Testing		
95805	Multiple Sleep Latency Test (MSLT)	Yes, if exceeds policy limitations
95806	Sleep study; unattended by a technologist	Yes, if exceeds policy limitations
95807	Sleep study; attended by a technologist	Yes, if exceeds policy limitations
95808	Polysomnography; sleep staging with 1-3 additional parameters of sleep	Yes, if exceeds policy limitations
95810	Polysomnography; sleep staging with 4 + additional parameters of sleep	Yes, if exceeds policy limitations
95811	Polysomnography; sleep staging with 4 + additional parameters of sleep and initiation of CPAP or BiPAP	Yes, if exceeds policy limitations
Electromyography and Nerve Conduction Tests		
95860	EMG, needle; one extremity	Yes
95861	EMG, needle; two extremities	Yes
95863	EMG, needle; three extremities	Yes
95864	EMG, needle; four extremities	Yes
95865	EMG, needle; larynx	Yes
95866	EMG, needle; hemidiaphragm	Yes
95867	EMG, needle; cranial nerve supplied muscle(s) unilateral	Yes
95868	EMG, needle; cranial nerve supplied muscle(s) bilateral	Yes
95869	EMG, needle; thoracic paraspinal muscles	Yes
95870	EMG, needle; limited study	Yes
95872	EMG, needle; using single fiber electrode	Yes
95873	Electrical stimulation for guidance in conjunction with chemodenervation	Yes
95874	Needle electromyography for guidance in conjunction with chemodenervation	Yes
95875	Ischemic limb exercise test with serial specimen(s) acquisition for muscle(s) metabolite(s)	Yes
95885	Needle electromyography, each extremity, with related paraspinal areas, when performed, done with nerve conduction, amplitude and latency/velocity study; limited	Yes
95886	Needle electromyography, each extremity, with related paraspinal areas, when performed, done with nerve conduction, amplitude and latency/velocity study; complete, five or more muscles studied, innervated by three or more nerves or four or more spinal levels	Yes



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CPT CODE	DESCRIPTION	Prior Authorization (PA) REQUIREMENT
95887	Needle electromyography, non-extremity (cranial nerve supplied or axial) muscle(s) done with nerve conduction, amplitude and latency/velocity study	Yes
95905	Motor and/or sensory nerve conduction, using preconfigured electrode array(s), amplitude and latency/velocity study, each limb, includes F-wave study when performed, with interpretation and report	Yes
95907	Nerve conduction studies, 1-2 studies	Yes
95908	Nerve conduction studies, 3-4 studies	Yes
95909	Nerve conduction studies, 5-6 studies	Yes
95910	Nerve conduction studies, 7-8 studies	Yes
95911	Nerve conduction studies, 9-10 studies	Yes
95912	Nerve conduction studies, 11-12 studies	Yes
95913	Nerve conduction studies, 13 or more studies	Yes
Autonomic Function Tests		
95921	Testing of autonomic nervous system function; cardiovagal innervation (parasympathetic function), including 2 or more of the following: heart rate response to deep breathing with recorded R-R interval, Valsalva ratio, and 30:15 ratio	Yes
95922	Testing of autonomic nervous system function; vasomotor adrenergic innervation (sympathetic adrenergic function), including beat-to-beat blood pressure and R-R interval changes during Valsalva maneuver and at least 5 minutes of passive tilt	Yes
95923	Testing of autonomic nervous system function; sudomotor, including 1 or more of the following: quantitative sudomotor axon reflex test (QSART), silastic sweat imprint, thermoregulatory sweat test, and changes in sympathetic skin potential	Yes
95924	Combined parasympathetic and sympathetic adrenergic function testing with at least 5 minutes of passive tilt	Yes
95943	Simultaneous, independent, quantitative measures of both parasympathetic function and sympathetic function, based on the time-frequency analysis of heart rate variability concurrent with time-frequency analysis of continuous respiratory activity, with mean heart rate and blood pressure measures, during rest, paced (deep) breathing, Valsalva maneuvers, and head-up postural change	Yes
Evoked Potentials and Reflex Tests		
95925	SSEP; upper limb	Yes
95926	SSEP: lower limbs	Yes



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CPT CODE	DESCRIPTION	Prior Authorization (PA) REQUIREMENT
95927	SSEP; trunk or head	Yes
95930	Visual evoked potential testing CNS, checkerboard/flash	No
95933	Orbicularis oculi reflex, by electrodiagnostic	No
95937	Neuromuscular junction, each nerve, any one method	Yes
95938	SSEP in upper and lower limbs	Yes
95939	Central motor evoked potential study (transcranial motor stimulation); in upper and lower limbs	Yes
Special EEG Tests		
95950	24 Hr EEG, electroencephalographic	Yes
95951	24 Hr EEG, electroencephalographic and video	Yes
95953	24 Hr EEG, computerized portable electroencephalographic	Yes
95954	Pharmacological/physical activation with physician attendance	Yes
95956	24 Hr EEG, cable/radio electroencephalographic	Yes
95957	EEG, digital	Yes
95958	EEG, Wada activation	Yes
95961	EEG, mapping; 1st hr	Yes
95962	EEG, mapping; each additional hr	Yes
95965	MEG; spontaneous brain magnetic activity	Yes
95966	MEG; evoked magnetic fields, single modality	Yes
95967	MEG; evoked magnetic fields, each additional modality	Yes

Non-covered services

Medicaid does not cover:

- **Investigational** testing.
- **Experimental** testing.
- **Duplicative** testing when results of previous testing are still pertinent.