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 FA-6.

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

The following services always require prior authorization:

- **Non-emergency** services provided outside of Nevada (MSM 301A.8)
- **Twenty-four hour EEG recordings and EEG mapping** (MSM 303.3A)
- **Electromyography** (codes 95860-95875)
- **Nerve Conduction Studies** (NCS) (codes 95900-95904)
- **H-reflex** tests (codes 95934, 95936 and 95937)
- **Short-latency Somatosensory Evoked Potential** Study (codes 95925-95929)
- **MEG** testing (codes 95965-95967)
- **Unlisted Magnetic Resonance Procedures** (code 76498)

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

Radiology and Non-invasive Diagnostic Centers

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 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**. Bilaterial 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 DHCFP's Rates Unit webpage.
- **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.

CPT CODE	DESCRIPTION	PA REQUIREMENT
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
Sleep Testing		
95805	Multiple Sleep Latency Test (MSLT)	Yes
95806	Sleep study; unattended by a technologist	Yes
95807	Sleep study; attended by a technologist	Yes
95808	Polysomnography; sleep staging with 1-3 additional parameters of sleep	Yes
95810	Polysomnography; sleep staging with 4 + additional parameters of sleep	Yes
95811	Polysomnography; sleep staging with 4 + additional parameters of sleep and initiation of CPAP or BiPAP	Yes
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
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
95900	NCS, each nerve; motor, without F-wave	Yes
95903	NCS, each nerve; motor, with F-wave	Yes
95904	NCS, each nerve; sensory	Yes
95920	Intraoperative neurophysiology testing, per hour	Yes

Evoked Potentials and Reflex Tests		
95925	SSEP; upper limb	Yes
95926	SSEP: lower limbs	Yes
95927	SSEP; trunk or head	Yes
95930	Visual evoked potential testing CNS, checkerboard/flash	No
95933	Orbicularis oculi reflex, by electrodiagnostic	No
95934	H-reflex,amplitude and latency; gastrocnemius/soleus muscle	Yes
95936	H-reflex, amplitude and latency; muscle other than gastrocnemius/soleus	Yes
95937	Neuromuscular junction, each nerve, any one method	Yes
Special EEG Tests		
95950	24 Hr EEG, electroencephalographic	Yes
95951	24 Hr EEG, electroencephalographic and video	Yes
95953	24 Hr EEG, computerized protable 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.