MEDICAID SERVICES MANUAL
TRANSMITTAL LETTER

May 10, 2011

TO: CUSTODIANS OF MEDICAID SERVICES MANUAL

FROM: MARTA E. STAGLIANO, CHIEF, COMPLIANCE

SUBJECT: MEDICAID SERVICES MANUAL CHANGES
CHAPTER 300 – RADIOLOGY SERVICES

BACKGROUND AND EXPLANATION

Clarified the radiopharmaceuticals and contrast agents section by removing the reference to recipient responsibilities and the type of claim providers should use for reimbursement.

Throughout the chapter, grammar, punctuation, and capitalization changes were made, duplications removed, acronyms used and standardized, and language reworded for clarity.

These policy changes are effective May 11, 2011.

MATERIAL TRANSMITTED	MATERIAL SUPERSEDED
MTL 02/11 CHAPTER 300 – RADIOLOGY SERVICES	MTL 19/03, 37/04, 04/10 CHAPTER 300 – RADIOLOGY SERVICES

Manual Section	Section Title	Background and Explanation of Policy Changes, Clarifications and Updates
300	**Introduction**	Added reference to Nevada Check Up Manual, Chapter 1000.
302	**Definitions**	Removed section numbers.
303.8	**Radio-pharmaceuticals and Contrast Agents**	Removed Recipient Responsibility and Authorization Process sections.
305	**References and Cross-References**	Updated Medicaid Service Manual titles and replaced First Health Services Corporation with Magellan Medicaid Administration, Inc.

DIVISION OF HEALTH CARE FINANCING AND POLICY

MEDICAID SERVICES MANUAL
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RADIOLOGY SERVICES

300 INTRODUCTION

Diagnostic testing and Radiologic services are federally mandated Division of Health Care Financing and Policy (DHCFP) Medicaid and Children's Health Insurance Program (CHIP) benefits. This chapter presents policy diagnostic services provided in outpatient hospitals, diagnostic centers or mobile units.

DHCFP reimbursement is based on the need to establish a diagnosis and to prescribe treatment. Reimbursement is also provided for progressive follow-up or staging. Diagnostic studies are rendered according to the written orders of the Physician, Physician's Assistant, or an Advanced Practitioner of Nursing (APN), and must be directly related to the presenting symptoms.

All Medicaid policies and requirements (such as prior authorization, etc.) are the same for Nevada Check Up (NCU), with the exception of the four areas where Medicaid and NCU policies differ as documented in the NCU Manual, Chapter 1000.

301 REGULATORY AUTHORITY

301.1 The citation denoting the amount, duration, and scope of services are found in 42 Code of Federal Regulations (CFR), Part 435 and sections 1902 (a) (10) (A) (I) (IV), and (VI), 1902 (a) (10) (A) (ii) (XI), 1902 (a) (10) (E), 1902 (1) and (m), 1905 (p), (q) and (s), 1920, and 1925 of the Act. Title XVIII of the Social Security Act, 1862 (a) (1) (A), 411.15 et.seq. Title XVIII of the Social Security Act, 1862 (a) (7), 405.1411-1416.

301.2 The State Legislature sets forth standards of practice for licensed professionals in the following Nevada Revised Statures (NRS):

Chapter 454 - Poisons; Dangerous Drugs and Hypodermics, (Section 454.213);

Chapter 457 – Cancer;

Chapter 630 - Physicians and Assistant;

Chapter 639 - Pharmacists and Pharmacy, (Section 639.008, 639.0095, 639.0097, 639.0105, 639.0125, and 639.0143.)

301.3 Also cited, Title XXI State Plan Attachment 1.2-B, 101.9,E (page 7) of Title XIX State Plan.

301.4 The Food and Drug Administration (FDA), Mammography Quality Standards Act (MQSA) of 1992.

302 DEFINITIONS

CERTIFIED SLEEP STUDY TECHNOLOGIST

A certified sleep study technologist is an individual trained in the diagnostic techniques and evaluation of a recipients response.

ELECTRODIAGNOSTIC TESTING/NEUROPHYSIOLOGICAL STUDIES

The neurologic system controls and manages most body functions needed for survival through the central nervous system, peripheral nervous system and the sensory organs. A sequence of tests may be essential to complete neurological evaluation. The outcome of the physical examination will dictate what tests or sequence of testing is required to confirm the diagnosis or promote disease management.

MAMMOGRAPHY

Radiography of the soft tissues of the breast to allow identification of various benign and malignant neoplastic processes.

MULTIPLE SLEEP LATENCY TEST (MSLT)

The MSLT is a standardized and well-validated measure of physiologic sleepiness. The same parameters as for basic Polysomnography (PSG) are monitored. The MSLT consists of 4-5 twenty-minute nap opportunities offered at two-hour intervals. To insure validity, proper interpretation of the MSLT can only be made following a polysomnogram that was performed the preceding night.

NEUROLGY

Neurolgy is the branch of medicine dealing with the nervous system.

POLYSOMNOGRAM/POLYSOMNOGRAPHY (PSG)

Polysomnogram is the continuous measurement and recording of physiological activities during sleep. During PSG several parameters are recorded to establish a diagnosis or rule out sleep apnea, narcolepsy, and other sleep disorders. The studies are also performed to evaluate a patient's response to therapy, such as continuous positive airway pressure (CPAP). PSG is distinguished from sleep studies by the inclusion of sleep staging which is defined to include a 1-4 lead electroencephalogram (EEG), an electro-oculogram (EOG), and a submental electromyogram (EMG). Sleep must be recorded and staged, and must be attended.

RADIOLOGIC TECHNOLOGIST

A Radiological Technologist is an individual trained in the use of radioactive materials and operation of associated equipment designed for purposes of diagnosis and treatment of the human body.

RADIOLOGIST

A Radiologist is a physician who specializes in radiological medicine.

RADIOLOGY

Radiology is the branch of medicine concerned with radioactive substances. Various techniques of visualization using radiant energy are used for diagnosis and treatment of disease.

RADIOLOGY LABORATORY

A radiology laboratory is a certified place of business requiring specialty certified equipment. The diagnostic tests (radiological studies) are provided by or under the direction of a physician or other practitioner of the healing arts within the scope of practice as defined by state law. Radiological services can be provided in an office or similar facility, hospital outpatient department or clinic, and a laboratory or with portable equipment.

RADIONUCLIDE STUDIES

Radionuclide studies are performed in a department of nuclear medicine. Radionuclide imaging is used mainly to allow visualization of organs and regions within organs that cannot be seen on a simple X-ray. Included but not limited in this definition are the magnetic resonance imaging (MRI), magnetic resonance angiography (MRA), computerized tomography (CT), positron emission tomography (PET), etc.

SLEEP STUDY

Sleep studies refer to the continuous and simultaneous monitoring and recording of various physiological and pathophysiological parameters of sleep for six (6) or more hours attended by a technologist. In order for a sleep study to be considered reasonable and necessary it must be an observed study.

ULTRASONOGRAPHY

Ultrasonography is a noninvasive procedure for visualizing soft-tissue structures of the body by recording the reflection of ultrasonic waves directed into the tissues.

X-RAY

X-ray studies (also known as radiographs or roentgenograms) are used to examine the soft and bony tissues of the body. X-rays can penetrate most substances and are used to investigate the integrity of certain structures, to therapeutically destroy diseased tissue, and to make photographic images for diagnostic purposes as in radiography and fluoroscopy.

303 MEDICAID POLICY

303.1 RADIOLOGICAL STUDIES

Division of Health Care Financing and Policy (DHCFP) medical assistance programs will reimburse for those covered services that are considered to be medically necessary for the diagnosis and treatment of a specific illness, symptom, complaint, or injury or to improve the functioning of a malformed body part without prior payment authorization. The investigational use for any radiological test is not a Medicaid covered benefit

303.1A COVERAGE AND LIMITATIONS

1. A licensed physician or other licensed persons working within the scope of their practice must request radiology services (e.g., Advanced Nurse Practitioner, Physician's Assistant, Podiatrist, etc.).

2. Payment for X-rays and other radiological examinations will only be allowed for those services that are considered to be reasonable and necessary for the diagnosis and treatment of a specific illness, symptom, complaint, or injury or to improve the functioning of a malformed body part.

3. An annual screening mammography is a covered benefit without prior authorization for women age 40 and older and/or a woman between the ages of 35-39, considered a high risk for breast cancer. High risk is defined as one or more of the following conditions:

   a. Personal history of breast cancer;

   b. Personal history of biopsy – proven beginning breast disease;

   c. A mother, sister or daughter had breast cancer; and/or

   d. A woman who has not given birth prior to age 30

4. Diagnostic and/or treatment mammography's are not restricted to age or sex and do not require prior authorization.

5. The choice of the appropriate imaging modality or combination of imaging modalities should be determined on an individual level. Prior authorization will not be required for medically necessary Magnetic Resonance Imaging (MRI), Magnetic Resonance Angiography (MRA), Magnetic Resonance Spectroscopy (MRS), or Positron Emission Tomography (PET) scans. Always use other modalities or less expensive tests such as CT, ultrasound or standard X-ray, etc., when they will achieve the required results. Use of approved modalities for investigational/experimental reasons are not a Medicaid benefit.

Prior authorization will not be required for initial testing and tumor staging. Other repeated testing will require prior authorization.

6. DHCFP Medical Assistance Programs cover certain types of X-rays, DHCFP medical assistance programs cover skeletal films for arms, legs, pelvis, vertebral column, skull, chest and abdominal films that do not involve the contrast material and electro cardiograms furnished by a portable x-ray supplier in a residence used as a recipient's home. These services must be performed under the general supervision of a physician. All licensing conditions and health and safety conditions must be met. Coverage of portable services are defined in 42 Code of Federal Regulation (CFR) 405.1401(c).

   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.

7. Documentation must be available in the clinical record to support the reasonable and necessary indications for all testing.

8. The following exception requires prior authorization:

   All non-emergency services referred and/or provided out-of-state.

9. See Appendix for Diagnostic Test prior authorization schedule.

303.1B PROVIDER RESPONSIBILITY

Providers are responsible for the following:

1. Verify program eligibility each month, (e.g., Qualified Medicaid Beneficiary (QMB), Managed Care Organization (MCO), etc.) and comply with the program requirements. Example: A QMB only recipient never requires a Medicaid payment authorization.

2. The provider must allow, upon the request of proper representatives of the DHCFP, access to all records which pertain to Medicaid or Children's Health Insurance Program (CHIP) recipients for regular review, audit, or utilization review.

3. Evidence to support medical necessity for the procedures must be clearly documented in the clinical record. Duplicative testing when previous results are still pertinent is not a covered benefit.

4. The ordering physician is responsible for forwarding appropriate clinical data to the diagnostic facility.

303.1C RECIPIENT RESPONSIBILITY

The DHCFP medical assistance program recipient must:

1. present a current Medicaid card to service providers at each encounter.

2. notify providers immediately for any change in eligibility status, e.g., pending status to eligible or fee for service to managed care.

303.1D AUTHORIZATION PROCESS

Providers must submit the following documentation to substantiate a prior authorization request: the date, place, and results of previous diagnostic tests performed. Fax or mail all information to the Quality Improvement Organization (QIO)-like vendor.

303.2 SCREENING MAMMOGRAPHY

Screening mammograms are radiological procedures furnished to a woman without signs or symptoms of breast disease, for the purpose of early detection of breast cancer, and include a physician's interpretation of the results. The service must be at a minimum, a two-view exposure (that is, a cranio-caudal and medial lateral oblique view) of each breast.

DHCFP pays for routine screening mammograms annually for women over age 40. For women aged 35-39, a baseline mammogram is allowed once during this period of time. All facilities providing mammography services are required to have a certificate issued by the Food and Drug Administration (FDA), assuring the mammography provider meets national quality standards in accordance with the Mammography Quality Standards Act (MQSA) of 1992. 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.

303.2A COVERAGE AND LIMITATIONS

A doctor's prescription or referral is not necessary for the procedure to be covered. It is required that there be 365 days from the date of the last mammogram until the next mammogram.

Claims for mammography services provided by facilities or radiologists not on the FDA certified list will be denied with the message "Provider not authorized for this service."

303.3 ELECTRODIAGNOSTIC TESTING/NEUROPHYSIOLOGICAL STUDIES

Payment will not be made for selected tests which are not medically necessary. A neurological evaluation must proceed diagnostic testing. The examination and testing may be billed when both occur with the same provider on the same day.

a. ELECTROENCEPHALOGRAM (EEG)

Routine EEG tests measure and record the electrical impulses from the cortex of the brain. A diagnosis can only be made with correlating clinical findings.

b. 24 HOUR ELECTROENCEPHALOGRAPHIC RECORDING

Intensive EEG recording (24 hours) is a safe and clinically effective method of diagnosis, classification, and localization for seizure disorders, and other factors precipitating individual seizures. Results can indicate which category of medication may be the most successful.

c. EEG BRAIN MAPPING

EEG brain mapping is a term commonly used for several quantitative EEG techniques. These include:

1. EEG frequency analysis;

2. topographic display;

3. statistical comparisons to a normative database; and

4. other similar computer-based calculations based on EEG or evoked potentials.

Prior authorization requests must be reviewed by a Physician Advisor highly skilled in clinical electroencephalographic testing for services which are provided by physician specialists in clinical electroencephalography. A specific correlating diagnosis has not been established.

303.3A COVERAGE AND LIMITATIONS:

Payment for EEG testing must be supported by sufficient information (on the claim form) that its use was medically appropriate considering the patient's symptoms and preliminary diagnosis.

24 hour EEG recordings and EEG mapping require prior payment authorization.

303.4 ELECTROMYOGRAPHY (EMG), NERVE CONDUCTION STUDIES (NCS) DESCRIPTION:

Electromyoneurography is the combined use of electromyography (EMG) and eletroneurography/NCS. These studies are done to detect neuromuscular abnormalities by measuring the nerve conduction and muscle potentials. F-wave studies assess motor nerve function along each nerve. An impulse generated at the stimulating electrode travels up the motor nerves to the motor neuron cell bodies in the spinal cord, on to the neuromuscular junction and the muscle. H-reflex studies are entirely separate from F-wave studies. H-reflex studies assess sensory and motor nerve function and their connections in the spinal cord. The EMG/NCS testing in combination with evaluating the range of motion, motor power, sensory defects, and reflexes, can differentiate between neuropathy and myopathy.

303.4A COVERAGE AND LIMITATIONS:

1. 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 twenty “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.

2. NCS - Diagnostic nerve conduction studies include amplitude which differentiates nerve conduction studies from screening studies performed with devices which only measure latency. Report the diagnostic codes only once when multiple sites on the same nerve are stimulated or recorded.

3. F-wave studies are usually performed in conjunction with conventional motor nerve conductions studies of the same nerve. Because the F-wave studies assess motor nerve function along the entire extent of each selected nerve, bill code only once when multiple sites on the same nerve are stimulated or recorded.

4. Reflex Tests - H-reflex testing is unilateral and usually involves assessment of the tibial motor nerve and the gastrocnemius-soleus muscle complex. They are not often performed in conjunction with conventional nerve conduction studies of this nerve-muscle pair. Typically only one or two H-reflex studies are performed on a patient during a given encounter. Bilateral studies on the same muscle are reported using the bilateral procedure code modifier.

5. Neuromuscular junction testing

   COVERED DIAGNOSIS:

   Carpal Tunnel Syndrome Neuritis

Diabetic Neuropathy
Disorders of the Peripheral Nervous System
Disturbance of Skin Sensation
Fasciculation Joint Pain
Muscle Weakness
Myopathy
Myositis
Nerve Root Compression
Neuromuscular conditions
Pain in Limb
Plexopathy
Radiculopathy
Spinal Cord Injury
Swelling and Cramps
Trauma to Nerves
Weakness

See Appendix for prior authorization requirements.

303.5 EVOKED POTENTIALS (EPs):
SHORT-LATENCY SOMATOSENSORY EVOKED POTENTIAL STUDY (SSEP)
VISUAL EVOKED POTENTIAL (VEP)
AUDITORY EVOKED POTENTIALS (AEP)

DESCRIPTION: EPs are time-locked responses of the nervous system to external stimuli. Somatosensory evoked potentials (SEPs) are one type of EP, which are generated by stimulation of afferent peripheral nerve fibers elicited by electrical, tactile, or other stimuli. "Short-latency" SEP (SSEP) refers to that portion of the waveform of an SEP normally occurring within a specific time lapse variable after nerve stimulation. SEP abnormalities are not disease specific, but can indicate afferent conduction impairments associated with certain disorders.

303.5A COVERAGE AND LIMITATIONS

1. The SEP study is separated into upper and lower limbs to recognize that switching from the upper to lower limbs requires an increase in work because many stimulating and recording electrodes must be moved and the patient must be stimulated many more times to perform the additional testing.

2. Multiple nerves and dermatomes studied in a single limb are bundled together. A maximum of two codes are to be submitted for all upper or lower limb studies performed on a given patient on a given 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.)

3. SEP studies performed on the trunk or head are completely separate tests from the upper and lower limb studies.

4. The SEP study codes are defined as bilateral studies. Thus the modifier for partially reduced services should be used for billing.

5. The visual evoked potential codes are clinical neurophysiologic studies.

6. The auditory evoked potential procedure codes can be a clinical neurophysiologic study as well as an audiology study.

COVERED DIAGNOSIS

SEP/SSEP:
Spinal Cord Lesions
Stroke
Extremity numbness and weakness

VER:
Lesions of Optic Nerve/Optic Tracts
Multiple Sclerosis (MS)

ABR:
Lesions in the Brain Stem including Tumor
Evaluate Hearing in Infants, Children, Adults
Evaluation for peripheral Hearing Loss

Cerebellopontine Angle Lesions
Infarctions
Multiple Sclerosis

See Appendix for prior authorization requirements

303.6 MAGNETOENCEPHALOGRAPHY (MEG)
INTRAOPERATIVE NEUROPHYSIOLOGY MONITORING

DESCRIPTION: MEG is a highly refined noninvasive technique that measures the magnetic fields generated by active groups of nerve cells in the brain which would obviate the need for depth electrodes in the precise localization of epileptogenic foci. MEG Non-invasive use of MEG and MEG - EEG have been able to help focus subdural electrodes for a chronic intracranial presurgical evaluation in recipient's with medically intractable epilepsy and comparison of epileptic activity with normal evoked responses may help localize epileptic zones.

Intraoperative neurophysiology/electrophysiologic monitoring of the nervous system is now widely used to help prevent complications and to identify structures during neurosurgical and other procedures. These techniques include EEG, evoked potentials, EMG and nerve conduction velocity (NCV) testing and monitoring.

303.6A COVERAGE AND LIMITATIONS:

MEG- The procedure is limited to localization of the seizure zone in medically intractable partial epilepsy for recipients being considered for surgical intervention.

Intraoperative electrophysiologic monitoring – EEG or SEP to monitor for cerebral ischemia; electrocorticography (ECoG) and SEP sensory cortex identification to define the limits of cortical resection; SEP spinal cord monitoring; Brainstem Auditory Evoke Potential (BAEP) and cranial nerve EMG monitoring during posterior fossa procedures; functional localization of cortex with direct cortical stimulation in expert hands; and EMG and compound muscle and nerve action

potential measurements of various peripheral nervous system structures.

1. COVERED DIAGNOSIS:

   Partial intractable epilepsy, without mention of impairment of consciousness.

   See Appendix for prior authorization requirements.

2. DOCUMENTATION REQUIRED

   Documentation supporting the reasonableness and necessity for any of the above procedures must be in the patient's record and submitted with the Prior Authorization (PA) when required.

303.7 SLEEP STUDIES, POLYSOMNOGRAPHY, MULTIPLE SLEEP LATENCY TEST (MSLT)

DHCFP will reimburse covered medically necessary testing in a certified sleep disorder clinic. These facilities in which certain conditions are diagnosed through the study of sleep are either affiliated with a hospital or are under the direction and control of physicians. Sleep studies, polysomnograms, and multiple sleep latency testing are limited to 2 services in a 12 month period without prior authorization. If the services exceed the limitations, a prior authorization is required from the QIO like vendor.

303.7A COVERAGE AND LIMITATIONS

1. A licensed physician or other licensed professionals working within the scope of their practice must request the appropriate test.

2. The need for diagnostic testing is confirmed by medical evidence, e.g., patient history, physician examination and other laboratory type tests.

3. Diagnostic testing that is duplicative of previous testing done by the attending physician to the extent the results are still pertinent is not covered.

   Diagnostic Testing Facilities for Sleep Disorders may be covered even in the absence of direct supervision by a physician, however, a trained qualified attendant must be present to assess and monitor the patient. A licensed physician must review and sign reports.

4. Diagnostic testing is covered only if the recipient has symptoms or complaints of one of the conditions:

ICD-9 CODE	DESCRIPTION
• 278.01	Morbid obesity
• 278.8	Pickwickian syndrome
• 347	Cataplexy and narcolepsy
• 80.51 – 780.56	Various Insomnia's

5. Obstructive sleep apnea (OSA) requires documentation of at least 30 episodes of apnea, each lasting a minimum of 10 seconds, and hypopnea with oxygen saturation levels below 85% during 6-7 hours of recorded sleep.

6. Polysomnography is distinguished from sleep studies by the inclusion of sleep staging.

   a. The following are included:

      1. EEG;

      2. Electro-oculography (EOG); and

      3. EMG.

   b. Additional parameters of sleep which may be monitored include:

      1. EKG;

      2. Airflow;

      3. Ventilation and respiratory effort;

      4. Gas exchange by oximetry, transcutaneour monitoring, or end tidal gas analysis;

      5. Extremity muscle activity, motor activity-movement;

      6. Extended EEG monitoring;

      7. Penile tumescence;

      8. Gastroesophageal reflux;

9. Continuous blood pressure monitoring;

10. Snoring; and

11. Body positions, etc.

7. For a study to be reported as a polysomnogram, sleep must be recorded and staged. Adult testing includes a half night with continuous positive airway pressure (CPAP). Testing for children (0-12) must be reviewed and scored by physician to determine need for follow-up with CPAP. Prior authorization may be included for this age group in the initial authorization.

8. Multiple Sleep Latency studies are covered only if the symptoms or complaints suggest a diagnosis for Narcolepsy.

9. Prior authorization for MSLT includes authorization for a polysomnogram performed on the preceding night to be valid. For each nap, the latency between "lights out" and sleep onset is determined.

303.7B PROVIDER RESPONSIBILITY

1. Verify program eligible each month, (e.g., QMB, MCO's, etc) and comply with the program requirements. Example: A QMB only recipient does not require a prior authorization to receive service.

2. The provider will allow, upon request of proper representatives of the DHCFP, access to all records which pertain to Medicaid and CHIP recipients for regular review, audit or utilization review.

3. Documentation to support medically necessity for the procedures must be clearly documented in the clinical record. Submit documentation with the prior authorization request.

4. The ordering provider is responsible for forwarding appropriate clinical data to the diagnostic facility.

303.7C RECIPIENT RESPONSIBILITY

1. Present Medicaid or CHIP Card to Provider of Service at each encounter.

2. Notify providers immediately for any change in eligibility status, e.g., pending status changed to eligible or fee for service status changed to enrollment in a managed care organization.

303.7D AUTHORIZATION PROCESS

1. Submit the following documentation when prior authorization is required:

   a. Completed request form with all blanks filled and questions answered;

   b. Attachments required to substantiate the request, e.g., history and physical.

2. Submit claims for payment on a Centers for Medicare and Medicaid Services (CMS) 1500 form to the DHCFP fiscal agent.

303.8 RADIOPHARMACEUTICALS AND CONTRAST AGENTS

Radiopharmaceuticals and contrast agents are used to diagnose certain medical problems or treat certain diseases. They may be given to the patient in several different ways. For example, they may be given by mouth, given by injection, or placed into the eye or into the bladder. They may also be used for nuclear medicine. Intended to be included in the policy, but not limited to, are all radioactive compounds used for either imaging, diagnosis or treatment as well as other non-radioactive agents used to enhance radiologic imagining including x-ray, CT scans, MRI, PET and other modalities.

303.8A COVERAGE AND LIMITATIONS

DHCFP will reimburse covered, medically necessary radiopharmaceuticals and contrast agents at 100% of wholesale invoice price. It is not necessary to attach an invoice to the claim, but the provider must bill the wholesale invoice cost.

The provider will allow, upon request of proper representative, access to all records that pertain to Medicaid recipients for fiscal review, audit or utilization review.

303.8B PROVIDER RESPONSIBILITY

1. Verify program eligibility each month, (e.g., QMB, MCO, etc.) and comply with the program requirements. Example: A QMB only recipient never requires a Medicaid payment authorization.

2. The provider must allow, upon the request of proper representatives of the DHCFP, access to all records which pertain to Medicaid or SCHIP recipients for regular review, audit, or utilization review.

3. Evidence to support medical necessity for the procedures must be clearly documented in the clinical record. Duplicative testing when previous results are still pertinent is not a covered benefit.

4. The ordering physician is responsible for forwarding appropriate clinical data to the diagnostic facility.

304 HEARINGS

Please reference Nevada Medicaid Services Manual (MSM), Chapter 3100, for Hearings process and policy.

305 REFERENCES AND CROSS-REFERENCES

Sources which impact the provision of services include, but are not limited to the following:

305.1 MEDICAID SERVICES MANUAL

Chapter 100, Medicaid Program
Chapter 200, Hospital Services
Chapter 600, Physician Services
Chapter 1500, Healthy Kids Program
Chapter 3100, Hearings
Chapter 3300, Program Integrity
Chapter 3600, Managed Care Organization

NEVADA CHECK UP (NCU) MANUAL
Chapter 1000, Nevada Check Up

a. PROVIDER RELATIONS UNITS

Provider Relations Department
Magellan Medicaid Administration, Inc.
PO Box 30026
Reno, Nevada 89520-3026
Toll Free within Nevada (877) NEV-FHSC (638-3472)
Email: nevadamedicaid@fhsc.com

b. PRIOR AUTHORIZATION DEPARTMENTS

Magellan Medicaid Administration, Inc.
Nevada Medicaid and Nevada Check Up
HCM
4300 Cox Road
Glen Allen, VA 23060
(800) 525-2395

c. PHARMACY POINT-OF-SALE DEPARTMENT

Magellan Medicaid Administration, Inc.
Nevada Medicaid Paper Claims Processing Unit
PO Box C-85042
Richmond, VA 23261-5042
(800) 884-3238

CPT	DESCRIPTION	CURRENT PA REQUIREMENT
Diagnostic Imagining (MRI, MRA, MRS, PET)		
70336	MRI, temporomandibular joint(s)	No
70540	MRI, orbit, face, neck; without contrast	No
70542	MRI, orbit, face, neck; with contrast	No
70543	MRI, orbit, face, neck; without followed by contrast	No
70544	MRA, head; without contrast	No
70545	MRA, head; with contrast	No
70546	MRA, head; without followed by contrast	No
70547	MRA, neck; without contrast	No
70548	MRA, neck; with contrast	No
70549	MRA, neck; without followed by contrast	No
70551	MRI, brain; without contrast	No
70552	MRI, brain; with contrast	No
70553	MRI, brain; without followed by contrast	No
71550	MRI, chest; without contrast	No
71551	MRI, chest; with contrast	No
71552	MRI, chest; without followed by contrast	No
71555	MRA, chest; with or without contrast	No
72141	MRI, cervical spine; without contrast	No
72142	MRI, cervical spine; with contrast	No
72146	MRI, thoracic spine; without contrast	No
72147	MRI, thoracic spine; with contrast	No
72148	MRI, lumbar spine; without contrast	No
72149	MRI, lumbar spine; with contrast	No
72156	MRI, cervical spine; without followed by contrast	No
72157	MRI, thoracic spine; without followed by contrast	No
72158	MRI, lumbar spine; without followed by contrast	No
72159	MRA, spinal; with or without contrast	No
72195	MRI, pelvis; without contrast	No
72196	MRI, pelvis; with contrast	No
72197	MRI, pelvis; without followed by contrast	No
72198	MRA, pelvis; with or without contrast	No
73218	MRI, upper extremity; without contrast	No
73219	MRI, upper extremity; with contrast	No
73220	MRI, upper extremity; without followed by contrast	No
73221	MRI, upper extremity, joint; without contrast	No
73222	MRI, upper extremity, joint; with contrast	No
73223	MRI, upper extremity, joint; without contrast followed by contrast	No
73225	MRA, upper extremity; with or without contrast	No
73718	MRI, lower extremity; without contrast	No
73719	MRI, lower extremity; with contrast	No
73720	MRI, lower extremity; without followed by contrast	No
73721	MRI, lower extremity, joint; without contrast	No
73722	MRI, lower extremity, joint; with contrast	No
73723	MRI, lower extremity, joint; without followed by contrast	No
73725	MRA, lower extremity; with or without contrast	No
74181	MRI, abdomen; without contrast	No
74182	MRI, abdomen; with contrast	No
74183	MRI, abdomen; without followed by contrast	No
74185	MRA, abdomen; with or without contrast	No

CPT	DESCRIPTION	CURRENT PA REQUIREMENT
75552	MRI, cardiac;without contrast	No

75553	MRI, cardiac; with contrast	No
75554	MRI, cardiac, with or without morphology; complete	No
75555	MRI, cardiac, with or without morphology; limited	No
75556	MRI for velocity flow mapping	No
76093	MRI, breast with or without contrast; unilateral	No
76094	MRI, breast with or without contrast; bilateral	No
76390	MRS	No
76393	Magnetic resonance guidance for needle placement	No
76394	Magnetic resonance guidance for,and monitoring of, tissue ablation	No
76400	MRI, bone marrow blood supply	No
76498	Unlisted magnetic resonance procedure	Yes
78459	PET, metabolic evaluation	No
78491	PET, perfusion; single study at rest or stress	No
78492	PET, perfusion; multiple studies at rest and/or stress	No
78608	PET, brain; metabolic evaluation	No
78609	PET, brain; perfusion evaluation	No
78810	PET, tumor imaging; metabolic evaluation	No
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	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 parameter of sleep	Yes
95810	Polysomnography; sleep staging with 4 + additional parameters of sleep	Yes
95811	Polysomnography; sleep staging with 4 + additional parameter of sleep & 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

CPT	DESCRIPTION	CURRENT PA REQUIREMENT
Evoked Potentials and Reflex Tests		
95925	SSEP; upper limbs	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	No
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 vields, single modality	Yes
95967	MEG; evoked magnetic fields, each additional modality	Yes