

Bulletin Number: MSA 19-19

Distribution: Hospitals, Medicaid Health Plans, Integrated Care Organizations, Nursing Facilities, Practitioners

Issued: August 2, 2019

Subject: Enrollment of Portable X-ray Suppliers and Independent Diagnostic Testing Facilities

Effective: September 1, 2019

Programs Affected: Medicaid, Healthy Michigan Plan, Children's Special Health Care Services, Maternity Outpatient Medical Services

This bulletin is being issued in response to Michigan Public Act 207 of 2018, Section 1803. Effective for dates of service on and after September 1, 2019, the Michigan Department of Health and Human Services (MDHHS) will enroll and reimburse Portable X-ray Suppliers (PXRS) and Independent Diagnostic Testing Facilities (IDTF) for Medicaid covered services.

Definitions

- A PXRS provides x-ray services from a mobile facility or a portable unit.
- An IDTF is a facility, independent of a physician's office or hospital, in which diagnostic testing is performed.

PXRS and IDTF providers must be enrolled in Medicare before applying for enrollment with Michigan Medicaid. MDHHS provider enrollment requests are entered online in the Community Health Automated Medicaid Processing System (CHAMPS).

Currently enrolled Medicaid providers that meet Medicare criteria as a PXRS or IDTF must re-enroll in CHAMPS as the appropriate specialty or sub-specialty type. Requests must be received within six (6) months of the effective date of the policy and may be submitted by fax to 517-241-8233 or email to providerenrollment@michigan.gov.

Providers and equipment must comply with all applicable federal, state and local regulations, as well as MDHHS policies regarding provider enrollment and claim submission. Michigan Medicaid aligns with Medicare's PXRS and IDTF policies whenever possible. Information on Michigan requirements are found in the Medicaid Provider Manual, which can be accessed on the MDHHS website at www.michigan.gov/medicaidproviders >> Policy, Letters & Forms.

General Information on PXRS or IDTF Covered Services

- Services approved for and provided by an enrolled PXRS or IDTF are limited to Medicaid covered diagnostic tests.
- Diagnostic x-ray and other diagnostic tests by an enrolled PXRS or IDTF must be provided under the general supervision of a physician as defined in 42 CFR 410.32(3)(i-iii).
- Providers must follow MDHHS policy regarding physician delegation and supervision. (Refer to the Medicaid Provider Manual, Practitioner chapter, Physician Delegation and Supervision subsection and the Billing & Reimbursement for Professionals chapter, Supervising Provider subsection for additional information.)
- A PXRS or IDTF that will provide mammography services must meet federal and state requirements for mammography.
- For specifics regarding PXRS or IDTF covered services refer to the Medicaid Code and Rate Reference tool in CHAMPS for the PXRS or IDTF fee schedule or the MDHHS website at www.michigan.gov/medicaidproviders >> Billing & Reimbursement >> Provider Specific Information.

General Information for PXRS or IDTF Billing and Reimbursement

- Claims for services are submitted in the ASC X12N 837 5010 professional format.
- Michigan policy regarding NPI Type, Referring/Ordering and Supervising Providers, as well as Global and Component Billing can be found in the Medicaid Provider Manual in the General Information for Providers and Billing & Reimbursement for Professionals chapters.
- The Type 1 (Individual) or Type 2 (Group) NPI must be reported in the applicable provider loop or field of a claim.
- A written order for diagnostic tests and x-rays from the provider treating the patient is required per 42 CFR 410.33(2)(d) and 42 CFR Part 486-Subpart C, 486.106(2). The order must specify, in writing, both the reason for the x-ray and the need for portable services. Providers arranging or rendering services upon the order of another provider must maintain that order for a period of seven years. Claims for diagnostic services, including those with a professional or global service, rendered as a result of the order or referral must contain:
 - the name and individual NPI of the Medicaid enrolled physician or other enrolled and qualified provider who ordered or referred the services; and
 - the name of the rovider who rendered the service.

- When a physician or other provider provides the professional component (PC) interpretation of a diagnostic test from a distant site, the Place of Service (POS) code assigned by the physician or other provider will be the setting in which the patient received the technical component (TC) of the service. Information on the Michigan Medicaid requirements for NPI Type, Referring/Ordering and Supervising Providers and Global Billing can be found in the Medicaid Provider Manual, Billing & Reimbursement for Professionals chapter and the Practitioner chapter, Global/Component Services subsection.
- If a mobile IDTF provides x-ray services, the provider must qualify and enroll as a PXRS in order to bill the transportation and set up codes.
- Michigan Medicaid reimbursement for PXRS and IDTF services is based upon the limits and rates associated with MDHHS physician professional services. (Refer to the MDHHS website at www.michigan.gov/medicaidproviders >> Billing & Reimbursement >> Provider Specific Information.)

PXRS Providers

PXRS providers must be enrolled with Medicare and comply with 42 CFR 486.100 – 110. There must be one or more physicians who are responsible for the general supervision of the PXRS as described in 42 CFR 486.102. PXRS providers are limited to performing Medicaid covered x-rays of the extremities, pelvis, spine, skull, chest and abdomen as described in 42 CFR 410.32 (4)(c) (a-ii).

- Covered PXRS services may include up to four components and require appropriate modifiers when billed. Components are:
 - transportation of x-ray equipment to the location where services are performed (Healthcare Common Procedure Coding System [HCPCS] code R0070 and the appropriate modifier with R0075);
 - set up of the equipment (HCPCS code Q0092);
 - administration of the x-ray (the technical component); and
 - interpretation of the x-ray (the professional component).
- Portable x-rays furnished in a place or residence used as the patient's home require the corresponding POS code.
- Transportation charges are payable only when the portable x-ray equipment was transported to the location where the x-ray was taken.
- If only one patient is served, the appropriate HCPCS code must be reported. When more than one patient is served during a single trip to the same location, the appropriate HCPCS code with the appropriate Level II HCPCS modifier (UN, UP, UQ, UR, US) for the number of patients served is required. Total payment for services will be adjusted by the number of patients.

- **For patients residing in a nursing facility, the transportation, set up and personnel costs are included in the nursing facility's per diem rate and are not separately reimbursable.** (Refer to the Nursing Facility Coverages chapter of the Medicaid Provider Manual, Ancillary Services subsection for additional information.)

IDTF Providers

- An IDTF performs specific diagnostic tests by licensed, certified personnel (42 CFR 410.33). There must be one or more physicians responsible for the general supervision of the IDTF as described in 42 CFR 410.33(b).
- The IDTF must have a physical location, which may be either a fixed or mobile unit. It may have different practice locations. Each practice location and/or mobile unit must be separately enrolled and meet all applicable IDTF requirements.
- Diagnostic tests performed by an IDTF are ordered by providers treating patients with specific medical problems and test results are used in the management of the medical problems.
- When one or more aspects of the diagnostic testing are performed at the IDTF, the IDTF is the POS.

For PXRS or IDTF enrollment, coverage and reimbursement by a Medicaid Health Plan, providers should contact the individual health plan for additional information.

Manual Maintenance

Retain this bulletin until the information is incorporated into the Michigan Medicaid Provider Manual.

Questions

Any questions regarding this bulletin should be directed to Provider Inquiry, Department of Health and Human Services, P.O. Box 30731, Lansing, Michigan 48909-8231, or e-mailed to ProviderSupport@michigan.gov. When you submit an e-mail, be sure to include your name, affiliation, NPI number, and phone number so you may be contacted if necessary. Providers may phone toll-free 1-800-292-2550.

Approved



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Medical Services Administration