

10-144 Ch. 101
MAINECARE BENEFITS MANUAL
CHAPTER II

SECTION 101

MEDICAL IMAGING SERVICES

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101.01 **DEFINITIONS**

- 101.01-1 **Accrediting Body** means an entity that has been approved by the Food and Drug Administration (FDA) under Section 354 of the Public Health Service Act (42 U.S.C. 263 b (e) (1) (A)) to accredit Mammography Facilities.
- 101.01-2 **Certificate** means the certificate issued by the Food and Drug Administration (FDA) to all mammography facilities that provide breast cancer screening or diagnosis through mammography and that meet all accreditation requirements in accordance with the Mammography Quality Standards Act (MQSA), Public Law 102-539, Section 354 of the Public Health Service Act (42 U.S.C. 263 b (b) (1)) and all applicable FDA regulations.
- 101.01-3 **Computed Tomography (CT)** means a diagnostic technology that combines x-ray equipment with a computer and cathode ray tube display to produce images of cross sections of the human body.
- 101.01-4 **Independent Medical Imaging** means a medical imaging service not provided in, nor affiliated with, a hospital outpatient department or ambulatory services clinic whose rate of reimbursement includes such diagnostic services. A radiologist must direct an independent medical imaging services provider.
- 101.01-5 **Magnetic Resonance Imaging (MRI)** means a non-invasive form of diagnostic technology that employs magnetic and radio frequency fields to image body tissues and monitor body chemistry. It does so without using ionizing radiation.
- 101.01-6 **Mammogram** means a radiographic image produced through mammography.
- 101.01-7 **Mammography** means radiography of the breast, which may utilize specialized diagnostic procedures including computer analyzed digitalization or digital mammography.
- 101.01-8 **Mammography Facility** means a hospital, outpatient department, clinic, radiology practice, mobile unit, an office of a physician or other facility that conducts breast cancer screening or diagnosis through mammography activities, including any or all of the following: the operation of equipment to produce a mammogram, processing of film, initial interpretation of the mammogram and the viewing conditions for that interpretation. This term does not include a facility of the Department of Veteran Affairs.

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101.01 **DEFINITIONS** (cont.)

- 101.01-9 **Nuclear Medicine** means a diagnostic and treatment imaging process that uses special cameras and radioactive materials to form images of the body.
- 101.01-10 **Positron Emission Tomography (PET) Scan** means a diagnostic technology that involves the acquisition of physiologic images based on the detection of positrons. Positrons are tiny particles emitted from a radioactive substance administered to the patient. The subsequent views of the human body developed by this technique are used to evaluate the patient for the presence of a variety of diseases.
- 101.01-11 **Radiologist** means a doctor of medicine or doctor of osteopathy licensed to practice by the state or province in which services are provided and qualified by advanced training and experience in radiology and magnetic resonance imaging for diagnostic purposes.
- 101.01-12 **Radiology** means the use of ionizing radiation on human beings under the supervision of a licensed practitioner.
- 101.01-13 **Ultrasonography** means a diagnostic technology that produces a visual image from the application of high frequency sound waves.

101.02 **ELIGIBILITY FOR CARE**

Individuals must meet the eligibility criteria as set forth in the MaineCare Eligibility Manual. Some members may have restrictions on the type and amount of services they are eligible to receive.

101.03 **DURATION OF CARE**

101.03-1 Medical Necessity

Each MaineCare member is eligible for as many covered medical imaging services as are medically necessary. The Department reserves the right to request additional information to evaluate and determine medical necessity.

101.03-2 Prior Authorization Requirements

Providers are reminded that some services may require prior authorization and are identified under the “Procedure Code Look Up” link at:
http://www.maine.gov/dhhs/oms/providerfiles/prov_portal_tools.html .

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101.04 **COVERED SERVICES**

A covered service is a service for which payment can be made by the Department. Medical imaging services include, but are not limited to, computed tomography (CT), x-rays, magnetic resonance imaging (MRI), mammography, nuclear medicine, PET scans, and ultrasonography. These services must be medically necessary for screening, diagnosis or control of a medical condition to be a covered service. These services must be ordered by a physician or other licensed practitioner authorized to order medical imaging services within the scope of his or her licensure.

Services must be performed under the general supervision of a licensed physician or other authorized, licensed practitioner within the scope of his or her licensure and must be medically necessary. For purposes of this Section only, general supervision may occur in person, by telephone or by some other method consistent with instant communication.

- A. Mammography must be provided in a mammography facility in possession of a current Certificate (issued by an appropriate accrediting body) and in compliance with the State of Maine Radiation Regulations or the licensing regulations of the state or province in which the services are provided.
- B. CT scans of the head and full body are reimbursable if medically necessary.
- C. MRI is a MaineCare covered service for currently acceptable medical indications supportable in literature and nationwide experience. This service will be covered only when sufficient information is available in the member's record to justify the medical necessity of the procedure.
- D. Diagnostic x-ray tests are covered services. Certain diagnostic x-ray procedures are also covered when performed by technicians without direct personal physician supervision. Such covered procedures include skeletal films involving the extremities, pelvis, vertebral column or skull and chest or abdominal films that do not involve the use of contrast media. To be covered, the technician's general supervision and training, as well as the maintenance of the necessary equipment and supplies, must be the continuing responsibility of a physician.
- E. Mobile medical imaging and portable diagnostic x-ray services are covered services only when it is medically necessary for the service to be furnished in a place or residence used as the member's home. Providers must maintain documentation indicating why it is medically contra-indicated for the member to travel to the imaging facility. Mobile medical imaging services provided in vehicles that are routinely scheduled to move between hospital locations are covered services. Documentation of the member's medical contra-indication for travel to the facility is not required. All services must be performed under the written order of a physician. The provider must meet all federal, state and/or provincial health and safety standards and licensing.

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101.04 **COVERED SERVICES** (cont.)

- F. Nuclear medicine is a covered service if medically necessary.
- G. Ultrasound and sonography are covered services if medically necessary.

101.05 **NON-COVERED SERVICES**

When repeat x-ray examinations of the same body part for the same condition are required because of technical or professional error in the original x-rays, such repeat x-rays are not a covered service and are not reimbursable by the MaineCare Program if performed twice by the same provider.

101.05-1 Mammography Performed in Non-Compliance with the MQSA

Mammograms are not covered services when provided in: (1) a mammography facility which does not possess a Certificate issued by an accrediting body or is out of compliance with State of Maine Radiation Regulations; (2) a mammography facility with a Certificate that has expired; or (3) a mammography facility whose Certificate has been revoked or denied. Mammography facilities may not charge a member for a service denied by the MaineCare Program due to the mammography facility's non-compliance with the Mammography Quality Standards Act (MQSA), Public Law - 102-539.

101.05-2 Scope of Portable X-Ray Benefits

The scope of portable x-ray procedures that are covered is limited to services that can be safely performed outside an imaging facility, including skeletal films involving arms and legs, pelvis, vertebral column and skull; and chest and abdominal films that do not involve the use of contrast media.

Exclusion from Coverage as Portable X-ray Benefits:

Procedures and examinations that are not covered under the portable x-ray provision include the following:

- i. procedures involving fluoroscopy;
- ii. procedures involving the use of contrast media;
- iii. procedures requiring the administration of a substance to the patient or injection of a substance into the patient; and/or special manipulation of the patient;

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101.05 **NON-COVERED SERVICES** (cont.)

- iv. procedures that require special medical skill or knowledge possessed by a physician or which require that medical judgment be exercised;
- v. procedures requiring special technical competency and/or special equipment or materials; or
- vi. procedures that are not of a diagnostic nature.

101.06 **POLICIES AND PROCEDURES**

101.06-1 Medical Imaging Services

The professional, administrative and technical components of a medical imaging procedure are covered when medically necessary and provided by, or provided under the supervision of a physician practicing within the scope of his or her profession as defined by state or provincial law. All imaging procedures must be performed with appropriately licensed equipment operated by appropriately licensed or certified staff. It is the responsibility of the imaging provider to assure compliance with all current federal, state or provincial guidelines and regulations, maintain appropriate records and provide documentation upon request.

Additionally, any mammography services (including but not limited to, breast cancer screening or diagnosis through mammography) must be provided in accordance with the MQSA, Public Law 102-539 and any applicable regulations of the FDA. A mammography facility must possess a current certificate issued by an accredited body and maintain compliance with State of Maine radiation regulations or those of the province in which services are provided. It is the responsibility of the mammography facility to provide the MaineCare Program with current, as well as any updated Certificate(s). Certificate renewals must be provided to MaineCare before expiration of the previous certificate.

The professional component includes the following services:

1. determining the presenting problems, by interviewing the member, obtaining member history and making appropriate physical examination to decide upon the method of performing the medical imaging procedure; and
 - a. performing the procedure, including instructing technologists or other assistants; and/or

101.06 **POLICIES AND PROCEDURES** (cont.)

- b. performing diagnostic, therapeutic, or screening procedures personally; and
2. if necessary, checking radiographs or checking preliminary readings in radioisotope studies; and
3. studying and evaluating results of diagnostic or therapeutic procedures, interpreting radiographs or radioisotope data, or estimating results of treatment; and
4. dictating report of examination or treatment; and
5. consulting with the referring physician regarding the results of the diagnostic or therapeutic procedures.

The professional component as a separate service is a covered service only when provided by a qualified physician.

The administrative and technical components include services associated with technologists, clerical staff, films, opaques, radioactive materials, chemicals, drugs or other materials, purchase, rental use or maintenance of space, equipment, telephone service or other facilities or supplies.

101.06-2 The Division of Program Integrity

See the MaineCare Benefits Manual (MBM), Chapter I for the Division of Program Integrity procedures.

101.07 **REIMBURSEMENT**

101.07-1 The amount of payment for services rendered shall be the lowest of the following:

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- A. Upon implementation of MIHMS, the fee for service rate is set at seventy percent (70%) of the lowest level in the 2009 Medicare fee schedule for Maine area "99" for all services under this policy including adjustments for place of service and modifiers; or
- B. the lowest amount allowed by the Medicare Part B carrier; or
- C. the provider's usual and customary charge.

101.07 **REIMBURSEMENT** (cont.)

101.07-2 Reimbursement for PET Scanning

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The global rate is comprised of two parts: a) the professional component, and b) the administrative and technical component. If no modifier is used, standard CPT coding guidelines assume that the provider has provided and is billing for both components of service, and MaineCare reimburses 100% of the global rate. When a provider only performs part of the procedure and seeks reimbursement for only that component, HCPCS/CPT modifiers must identify the component of service provided.

In accordance with Chapter I of the MBM, it is the responsibility of the provider to seek payment from all other sources that are available for payment of a rendered service prior to billing MaineCare.

101.08 **COPAYMENT**

101.08-1 Copayment Amount

- A. A copayment will be charged to each MaineCare member receiving services. The amount of the copayment shall not exceed \$1.00 per day for services provided, according to the following schedule:

MaineCare Payment For Services	Member Copayment
\$10.00 or less	\$.50
\$10.01 or more	\$1.00

- B. The member shall be responsible for copayments up to \$10.00 per month whether the copayment has been paid or not. After the \$10.00 cap has been reached, the member shall not be required to make additional copayments and the provider shall receive full MaineCare reimbursement for covered services.
- C. No provider may deny services to a member for failure to pay a copayment. Providers must rely upon the member's representation that he or she does not have the resources available to pay the copayment. A member's inability to pay a copayment does not, however, relieve him/her of liability for a copayment.

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101.08 **COPAYMENT** (cont.)

- D. Providers are responsible for documenting the amount of copayments charged to each member (regardless of whether the member has made payment) and shall disclose that amount to other providers, as necessary, to confirm previous copayments.

101.08-2 Copayment Exemptions and Dispute Resolution

See the MBM, Chapter I for copayment exemptions and dispute resolution.
See Section 101.09 for billing instructions for copayment exemptions.

101.09 **BILLING INSTRUCTIONS**

- A. Billing must be accomplished in accordance with the Department's current billing instructions and Chapter III, Section 90 of the MBM, "Physician Services."
- B. All services provided on the same day shall be submitted on the same claim form for MaineCare reimbursement.