

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-02 Medicare Benefit Policy	Centers for Medicare & Medicaid Services (CMS)
Transmittal 71	Date: MAY 25, 2007
	Change Request 5536

Subject: Clarification of Manual Instruction Regarding the Scope of Portable X-Ray Benefit

I. SUMMARY OF CHANGES: Currently the Medicare Benefit Policy Manual, Pub. 100-02, chapter 15, section 80.4.3, relating to the scope of portable x-ray benefit is not in accordance with regulations at 42 CFR 410.32(c)(3)(i). The manual section states that "skeletal films involving arms and legs" are covered services under the portable x-ray benefit. However, the regulation states that the benefit includes "skeletal films involving extremities". Although, the language differences are slight, the use of "extremities" in the regulation instead of "arms and legs" delineates coverage beyond 'arms and legs' to the hands, feet, toes, fingers, wrist and ankle. Language is also being added to include the coverage of diagnostic mammograms, when certain requirements are met. Therefore, in order to conform the manual to the regulations, this section of the manual is being revised.

New / Revised Material

Effective Date: N/A

Implementation Date: July 2, 2007

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated)

R=REVISED, N=NEW, D=DELETED

R/N/D	CHAPTER/SECTION/SUBSECTION/TITLE
R	15/80.4.3/Scope of Portable X-ray Benefit

III. FUNDING:

No additional funding will be provided by CMS; contractor activities are to be carried out within their FY 2007 operating budgets.

IV. ATTACHMENTS:

Business Requirements

Manual Instruction

**Unless otherwise specified, the effective date is the date of service.*

Attachment - Business Requirements

Pub. 100-02	Transmittal: 71	Date: May 25, 2007	Change Request: 5536
--------------------	------------------------	---------------------------	-----------------------------

SUBJECT: Clarification of Manual Instruction Regarding Scope of Portable X-Ray Benefit

Effective Date: N/A

Implementation Date: July 2, 2007

I. GENERAL INFORMATION

A. Background: Currently the Medicare Benefit Policy Manual, Pub. 100-02, chapter 15, section 80.4.3, relating to the scope of portable x-ray benefit is not in accordance with regulations at 42 CFR 410.32(c)(3)(i). The manual section states that "skeletal films involving arms and legs" are covered services under the portable x-ray benefit. However, the regulation states that the benefit includes "skeletal films involving extremities". Although, the language differences are slight, the use of "extremities" in the regulation instead of "arms and legs" delineates coverage beyond 'arms and legs' to the hands, feet, toes, fingers, wrist and ankle. Language is also being added to include the coverage of diagnostic mammograms, when certain requirements are met. Therefore, in order to conform the manual to the regulations, this section of the manual is being revised.

B. Policy: CMS is clarifying the manual to conform with the regulations.

II. BUSINESS REQUIREMENTS TABLE

Use "Shall" to denote a mandatory requirement

Number	Requirement	Responsibility (place an "X" in each applicable column)										
		A / B M A C	D M M A C	F I	C A R R I E R	D M R C	R H I	Shared-System Maintainers				OTHER
							F I S S	M C S	V M S	C W F		
5536.1	Contractors shall be in compliance with the instructions in Pub. 100-02, Medicare Benefit Policy Manual, chapter 15, section 80.4.3, relating to the scope of portable x-ray benefit.	X			X							
5536.2	Contractors need not search their files to either retract payment for claims already paid or to retroactively pay claims. However, contractors shall adjust claims brought to their attention.	X			X							

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A / B M A C	D M M A C	F I	C A R R I E R	D M R C	R H H I	Shared-System Maintainers			
							F I S S	M C S	V M S	C W F	
5536.3	<p>A provider education article related to this instruction will be available at http://www.cms.hhs.gov/MLNMattersArticles/ shortly after the CR is released. You will receive notification of the article release via the established "MLN Matters" listserv.</p> <p>Contractors shall post this article, or a direct link to this article, on their Web site and include information about it in a listserv message within 1 week of the availability of the provider education article. In addition, the provider education article shall be included in your next regularly scheduled bulletin. Contractors are free to supplement MLN Matters articles with localized information that would benefit their provider community in billing and administering the Medicare program correctly.</p>	X			X						

IV. SUPPORTING INFORMATION

A. For any recommendations and supporting information associated with listed requirements, use the box below:
 Use "Should" to denote a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:

B. For all other recommendations and supporting information, use this space:

V. CONTACTS

Pre-Implementation Contact(s): Gaysha Brooks, Gaysha.Brooks@cms.hhs.gov, (410) 786-9649

Post-Implementation Contact(s): Appropriate Regional Office

VI. FUNDING

A. For Fiscal Intermediaries, Carriers, and the Durable Medical Equipment Regional Carrier (DMERC)

No additional funding will be provided by CMS; contractor activities are to be carried out within their FY 2007 operating budgets.

B. For Medicare Administrative Contractors (MAC)

The contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the Statement of Work (SOW). The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the contracting officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the contracting officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

80.4.3 - Scope of Portable X-Ray Benefit

(Rev.71, Issued: 05-25-07, Effective: N/A; Implementation: July 2, 2007)

In order to avoid payment for services which are inadequate or hazardous to the patient, the scope of the covered portable x-ray benefit is defined as:

- Skeletal films involving *the extremities*, pelvis, vertebral column, *or* skull;
- Chest films which do not involve the use of contrast media (except routine screening procedures and tests in connection with routine physical examinations);
- Abdominal films which do not involve the use of contrast media; *and*
- *Diagnostic mammograms if the approved portable x-ray supplier, as defined in 42 CFR part 486, subpart C, meets the certification requirements of section 354 of the Public Health Services Act, as implemented by 21 CFR part 900, subpart B.*