



MISSISSIPPI DIVISION OF
MEDICAID

Mississippi Medicaid
Provider Reference Guide
For Part 220
Radiology Services

*This is a companion document to the
Mississippi Administrative Code Title 23
and must be utilized as a reference only.*

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Port Films

A therapeutic radiology port film is a radiograph taken with the beneficiary interposed between the treatment machine portal and an x-ray film. The purpose of this film is to radio graphically demonstrate that the treatment port, as externally set on the beneficiary, adequately encompasses the treatment volume and at the same time avoids adjacent critical structures. Thus, these “port films” or “portal films” are for quality assurance only, and help confirm the accuracy of treatment fields, field arrangements, custom blocks, and other treatment techniques.

This radiograph is usually taken with the same energy radiation as that used in the actual treatment, but for a much shorter exposure time. In most circumstances, the taking of this film, and the subsequent review by the Radiation Oncologist, is a necessary part of the overall treatment course as it verifies the accuracy of the treatment planning. However, it does not require significant additional physician resources to perform.

Therapeutic radiology port film(s) are imaged on a weekly basis for each beneficiary undergoing radiation treatments. An example is a port film done after every five (5) treatment sessions. A week, for the purpose of making payments under this code, is comprised of five treatments, regardless of the actual time period in which the services are furnished. Multiple treatments representing two (2) or more treatment sessions furnished on the same day may be counted as long as there has been a distinct break in therapy sessions, and the treatments are of the character usually furnished on different days.

If, at the final billing of the treatment course, there are three (3) or four (4) treatments beyond a multiple of five (5), and a port film is done, then the treatments and the port film are paid. If there are one (1) or two (2) treatments beyond a multiple of five (5), and a port film is done, then the treatments are paid and the port film is considered as having been paid through prior payments.

Example: 12 treatments - reimburse twelve (12) treatments and two (2) port films
 18 treatments - reimburse eighteen (18) treatments and four (4) port films
 33 treatments - reimburse thirty three (33) treatments and seven (7) port films
 62 treatments - reimburse sixty two (62) treatments and twelve (12) port films

Positron Emission Tomography (PET) Scans

Positron Emission Tomography (PET) is a nuclear medicine technique that produces three dimensional cross-section images from the distribution of radioactivity (through emission of positrons) in a region of the human body. It is a noninvasive diagnostic imaging procedure that assesses the level of metabolic activity and perfusion in various organ systems. Positron-emitting radioactive tracer substances (radiopharmaceuticals), such as 2-[F-18] Fluoro-D-Glucose (FDG), are administered intravenously to the patient. The radiopharmaceutical agent is incorporated into the tissues to be scanned. A positron scanner can detect, measure, and display sugar metabolism of tissues, such as the heart, brain, and many types of tumors. The PET scanner images indicate whether the radiopharmaceutical is or is not being metabolized.

PET scans performed by an Independent Diagnostic Testing Facility (IDTF) or independent mobile diagnostic provider are reimbursed only as described in Part 219 Laboratory Services of the Administrative Code.

The policies in this section are applicable to both hospital and professional or physician charges.

Radiopharmaceuticals

Radiopharmaceuticals must be billed with the HCPCS procedure code that accurately describes the agent being administered, and only administered units may be billed. If there is no valid HCPCS procedure code specific for the agent being administered, an unspecified or miscellaneous radiopharmaceutical code may be billed with one (1) unit. A current invoice must be submitted to the fiscal agent with the claim, and the radiopharmaceutical name and cost must be indicated on the invoice.

Teleradiology

Criteria for Reimbursement

Mississippi Medicaid will reimburse for one technical and one professional component for teleradiology services.

Medically necessary teleradiology is covered only when the originating site (spoke) documents that there are no local radiologists to interpret the images.

The provider at the originating site (spoke) must be enrolled as a Mississippi Medicaid provider in order to bill for the technical component of the radiological service. The spoke site provider must bill using the appropriate CPT radiological code with the TC and GT modifier.

Example: 70460 – TC – GT

The provider at the distant site (hub) must be enrolled as a Mississippi Medicaid provider in order to bill for the professional component of the radiological service. The hub site provider must bill using the appropriate CPT radiological code with the 26 and GT modifier.

Example: 70460 – 26 - GT

Hospitals, independent radiological clinics, or physician clinics may not bill Mississippi Medicaid for both the technical and professional component of teleradiology services under their own provider number. Providers may not bill for services performed by other providers. Each provider must qualify for a Mississippi Medicaid provider number and must bill for their own services. This also applies to teleradiology services through a purchase or contract arrangement.

If a hospital chooses to bill for purchased or contractual teleradiology services, the services must be billed on a CMS-1500 claim form under a physician group provider number.

No transmission cost or any other associated cost will be reimbursed.

Quality of Service

The available teleradiology system must provide images of sufficient quality to perform the indicated task. When a teleradiology system is used to render the official interpretation, there must not be a clinically significant loss of data from image acquisition through transmission to final image display. For transmission of images for display use only, the image quality should be sufficient to satisfy the needs to the clinical circumstance.

Equipment used in teleradiology will vary; however, in all cases, the equipment must provide image quality and availability appropriate to the clinical need.

The radiologic examination at the originating site (spoke) must be performed by qualified personnel trained in the performance of the specified radiological service and operating within the licensure and/or certification requirements of the state in which the service is being performed. Technicians must be working under the supervision of a qualified licensed physician.

Documentation

Services delivered via teleradiology are held to the same standard of documentation as non-teleradiology services. All professional and institutional providers participating in the Medicaid program are required to maintain records that disclose the services rendered and billed under the

program. Upon request, records should be made available to DOM, the DOM's fiscal agent, the Medicaid Fraud Control Unit, and any other designated representative of the DOM to substantiate any or all claims.

In each instance, the provider file at the spoke location must include at a minimum:

- Documentation of the reason that teleradiology was utilized to deliver the service
- Date(s) of service
- Beneficiary demographic information, i.e., name, Medicaid ID number, age sex, etc.
- Signed consent for treatment, if applicable
- Medical history
- Patient's presenting complaint
- Diagnosis
- Specific name/type of all diagnostic studies and results/findings of the studies

In each instance, the provider file at the hub location must include at a minimum:

- Date(s) of service
- Beneficiary demographic information, i.e., name, Medicaid ID number, age, sex, etc.
- Medical history
- Patient's presenting complaint
- Diagnosis
- Specific name/type of all diagnostic studies and results/findings of the studies
- Radiological images

Refer to Administrative Code Part 200, Chapter 5 for additional documentation requirements.

Security

Teleradiology systems should provide network and software security protocols to protect the

confidentiality of beneficiaries' identification and imaging data. There must be measures to safeguard the data and to ensure data integrity against intentional or unintentional corruption of the data. All providers are responsible for ensuring confidentiality in accordance with HIPAA privacy regulations.