

Portable Hand-Held X-ray Instrument (NCD 220.10)

Policy Number	220.10	Approved By	UnitedHealthcare Medicare Reimbursement Policy Committee	Current Approval Date	03/12/2014
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IMPORTANT NOTE ABOUT THIS REIMBURSEMENT POLICY

This policy is applicable to UnitedHealthcare Medicare Advantage Plans offered by UnitedHealthcare and its affiliates.

You are responsible for submission of accurate claims. This reimbursement policy is intended to ensure that you are reimbursed based on the code or codes that correctly describe the health care services provided. UnitedHealthcare reimbursement policies use Current Procedural Terminology (CPT®*), Centers for Medicare and Medicaid Services (CMS), or other coding guidelines. References to CPT or other sources are for definitional purposes only and do not imply any right to reimbursement.

This reimbursement policy applies to all health care services billed on CMS 1500 forms and, when specified, to those billed on UB04 forms (CMS 1450). Coding methodology, industry-standard reimbursement logic, regulatory requirements, benefits design and other factors are considered in developing reimbursement policy. This information is intended to serve only as a general resource regarding UnitedHealthcare’s reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, UnitedHealthcare may use reasonable discretion in interpreting and applying this policy to health care services provided in a particular case. Further, the policy does not address all issues related to reimbursement for health care services provided to UnitedHealthcare enrollees. Other factors affecting reimbursement may supplement, modify or, in some cases, supersede this policy. These factors may include, but are not limited to: legislative mandates, the physician or other provider contracts, and/or the enrollee’s benefit coverage documents. Finally, this policy may not be implemented exactly the same way on the different electronic claims processing systems used by UnitedHealthcare due to programming or other constraints; however, UnitedHealthcare strives to minimize these variations.

UnitedHealthcare may modify this reimbursement policy at any time by publishing a new version of the policy on this Website. However, the information presented in this policy is accurate and current as of the date of publication.

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Application

This reimbursement policy applies to services reported using the Health Insurance Claim Form CMS-1500 or its electronic equivalent or its successor form, and services reported using facility claim form CMS-1450 or its electronic equivalent or its successor form. This policy applies to all products, all network and non-network physicians, and other health care professionals.

The HCPCS/CPT code(s) may be subject to Correct Coding Initiative (CCI) edits. This policy does not take precedence over CCI edits. Please refer to the CCI for correct coding guidelines and specific applicable code combinations prior to billing UnitedHealthcare. It is not enough to link the procedure code to a correct, payable ICD-9-CM diagnosis code. The diagnosis must be present for the procedure to be paid. Compliance with the provisions in this policy is subject to monitoring by pre-payment review and/or post-payment data analysis and subsequent medical review. The effective date of changes/additions/deletions to this policy is the

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Summary

Overview

This low intensity X-ray imaging device is a light weight portable hand-held instrument using a low level isotope as its penetrating energy source. It can picture any part of the human anatomy that can be inserted in the space between the energy source and the viewing mechanism. The device can be useful in making an immediate diagnosis in the following settings: isolated areas, accident scenes, sports events and emergency rooms. It is also useful in the following instances where fluoroscopy would ordinarily be used: localization of foreign bodies, selected surgical procedures and the evaluation of premature or low birth weight infants.

Reimbursement Guidelines

The use of the portable hand-held X-ray instrument as an imaging device is covered under Medicare. **It should be reimbursed as part of the physician's professional service, and no additional charge should be allowed.**

References Included (but not limited to):

CMS NCD

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CMS Benefit Policy Manual

Chapter 15; § 80 Requirements for Diagnostic X-Ray, Diagnostic Laboratory, and Other Diagnostic Tests

CMS Claims Processing Manual

Chapter 13; § 90 Services of Portable X-Ray Suppliers, § 120 Radiology or Other Diagnostic Unlisted Service or Procedure Billing Instructions for FI Claims

UnitedHealthcare Medicare Advantage Coverage Summaries

Radiologic Diagnostic Procedures

History

Date	Revisions
03/12/2014	Re-review presented to MRPC for approval
04/24/2013	Policy re-review presented to MRPC for approval
10/19/2012	Policy converted to new template for posting to UnitedHealthcare Online
01/25/2012	Policy re-review presented to MRPC for approval; Motion made and passed