

		<b>Reimbursement Policy</b>
<b>Subject: Portable/Mobile/Handheld Radiology Services</b>		
Effective Date: <b>10/01/17</b>	Committee Approval Obtained: <b>07/19/17</b>	Section: <b>Radiology</b>
<p>***** The most current version of our reimbursement policies can be found on our provider website. If you are using a printed version of this policy, please verify the information by going to <a href="https://providers.amerigroup.com/DC">https://providers.amerigroup.com/DC</a>. *****</p> <p>These policies serve as a guide to assist you in accurate claim submissions and to outline the basis for reimbursement by Amerigroup District of Columbia, Inc. if the service is covered by a member's Amerigroup benefit plan. The determination that a service, procedure, item, etc. is covered under a member's benefit plan is not a determination that you will be reimbursed. Services must meet authorization and medical necessity guidelines appropriate to the procedure and diagnosis as well as to the member's District of residence. You must follow proper billing and submission guidelines. You are required to use industry standard, compliant codes on all claim submissions. Services should be billed with CPT codes, HCPCS codes and/or revenue codes. The codes denote the services and/or procedures performed. The billed code(s) are required to be fully supported in the medical record and/or office notes. Unless otherwise noted within the policy, our policies apply to both participating and nonparticipating providers and facilities.</p> <p>If appropriate coding/billing guidelines or current reimbursement policies are not followed, Amerigroup may:</p> <ul style="list-style-type: none"> <li>• Reject or deny the claim.</li> <li>• Recover and/or recoup claim payment.</li> </ul> <p>Amerigroup reimbursement policies are developed based on nationally accepted industry standards and coding principles. These policies may be superseded by mandates in provider, District, federal or CMS contracts and/or requirements. System logic or setup may prevent the loading of policies into the claims platforms in the same manner as described; however, Amerigroup strives to minimize these variations.</p> <p>Amerigroup reserves the right to review and revise our policies periodically when necessary. When there is an update, we will publish the most current policy to this site.</p>		
<b>Policy</b>	<p>Amerigroup allows reimbursement for portable/mobile radiology services when furnished in a residence used as the patient's home and if ordered by a physician and performed by qualified portable radiology suppliers unless provider, District, federal or CMS contracts and/or requirements indicate otherwise.</p> <p>Portable/mobile radiology studies should not be performed for routine purposes or for reasons of convenience. Reimbursement is based on the applicable fee schedule or contracted/negotiated rate for the radiological service. Amerigroup does not allow</p>	

	<p>reimbursement for transportation and setup of portable/mobile radiology equipment when transported to the member’s residence.</p> <p>Note: Portable radiology suppliers must be licensed or registered to perform services as required by applicable District laws.</p> <p><b>Handheld Radiology</b> The use of handheld radiology instruments is allowed. Reimbursement will be part of the physician’s professional service, and no additional charge will be paid. The technical components for handheld radiology are not separately reimbursable.</p>
<b>History</b>	<ul style="list-style-type: none"> <li>Initial review approved <b>07/19/17</b> and effective <b>10/01/17</b></li> </ul>
<b>References and Research Materials</b>	<p>This policy has been developed through consideration of the following:</p> <ul style="list-style-type: none"> <li>CMS</li> <li>DC Department of Health Care Finance policies</li> <li>Amerigroup contract with the DC Department of Health Care Finance</li> </ul>
<b>Definitions</b>	<ul style="list-style-type: none"> <li><b>Portable Radiology Services:</b> also known as mobile radiology, portable radiology services are radiological procedures provided with hand-carried or mobile radiological components in a member’s residence when the member is unable to travel to a physician’s office or outpatient hospital radiology department due to the member’s clinical condition; the member’s residence must be one of the following: <ul style="list-style-type: none"> <li>Private home</li> <li>Assisted living facility</li> <li>Nursing facility</li> <li>Intermediate care facility</li> </ul> </li> <li><b>General Reimbursement Policy Definitions</b></li> </ul>
<b>Related Policies</b>	<ul style="list-style-type: none"> <li>Modifier Usage</li> </ul>
<b>Related Materials</b>	<ul style="list-style-type: none"> <li>None</li> </ul>