MEDICAID SERVICES MANUAL
TRANSMITTAL LETTER

February 14, 2012

TO: CUSTODIANS OF MEDICAID SERVICES MANUAL

FROM: MARTA E. STAGLIANO, CHIEF, COMPLIANCE

SUBJECT: MEDICAID SERVICES MANUAL CHANGES
CHAPTER 300 – RADIOLOGY SERVICES

BACKGROUND AND EXPLANATION

Coding and billing information has been deleted. Information regarding billing processes can be found in the Billing Manual.

Throughout the chapter, grammar, and punctuation changes were made, acronyms used and standardized, and language reworded for clarity. Renumbering and re-arranging of sections was necessary.

These changes are effective February 15, 2012.

MATERIAL TRANSMITTED	MATERIAL SUPERSEDED
MTL 03/12 CHAPTER 300 – RADIOLOGY SERVICES	MTL 02/11 CHAPTER 300 – RADIOLOGY SERVICES

Manual Section	Section Title	Background and Explanation of Policy Changes, Clarifications and Updates
303.1	**Radiological Studies – Coverage and Limitations**	Delete language regarding transportation payments and billing procedures. Information can be found in the Billing Manual. Change the referenced document to the Billing Manual for Diagnostic Test prior authorization schedule.
	Authorization Process	Revised title from Authorization Process to Prior Authorization.
303.2	**Screening Mammography**	Delete the billing information for the professional component of mammography services as this information is located in the Billing Manual.

Manual Section	Section Title	Background and Explanation of Policy Changes, Clarifications and Updates
	Coverage and Limitations	Delete the billing information for the professional component of mammography services as this information is located in the Billing Manual.
303.3	**Electrodiagnostic Testing/Neurophysiological Studies**	Clarified existing language by deleting billing and payment information. Information regarding billing procedures and processes is located in the Billing Manual.
	Coverage and Limitations	Clarified the existing language regarding EEG testing.
303.4	**Electromyography (EMG), Nerve Conduction Studies (NCS)**	Added a definition of EMG and deleted the billing information as this information is located in the Billing Manual.
	Description - Coverage and Limitations	Deleted billing information as this information is located in the Billing Manual. Clarified the existing language. Change the referenced document to the Billing Manual for prior authorization requirements.
303.5	**EPs SSEP VEP AEP - Coverage and Limitations**	Deleted language referencing multiple nerves and dermatomes studied in a single limb and SEP study codes defined as bilateral studies as it relates to billing instructions as it relates to billing instructions. This information can be found in the Billing Manual. Change the referenced document to the Billing Manual for prior authorization requirements.
303.6	**MEG Intraoperative Neurophysiology Monitoring - Coverage and Limitations**	Change the referenced document to the Billing Manual for prior authorization requirements.
303.7	**Sleep Studies, Polysomnography, MSLT**	Removed language referencing billing instructions as this information can be found in the billing manual.

Manual Section	Section Title	Background and Explanation of Policy Changes, Clarifications and Updates
	Coverage and Limitations	Moved language to Section 303.7A under coverage and limitations. Delete ICD-9 CODES
	Authorization Process	Removed language as it relates to billing and this information can be found in the Billing Manual.
303.8	**Radiopharmaceuticals and Contrast Agents - Coverage and Limitations**	Removed language regarding billing at 100% of the wholesale invoice price and other billing information. This information is found in the Billing Manual. Also removed language regarding access to records pertaining to Medicaid recipients as this information is noted in Chapter 100.
APPENDIX		Delete all codes as these can be found in the Billing Manual.

DIVISION OF HEALTH CARE FINANCING AND POLICY

MEDICAID SERVICES MANUAL
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RADIOLOGY SERVICES

300 INTRODUCTION

Diagnostic testing and Radiologic services are federally mandated Division of Health Care Financing and Policy (DHCFP) Medicaid and Children's Health Insurance Program (CHIP) benefits. This chapter presents policy diagnostic services provided in outpatient hospitals, diagnostic centers or mobile units.

DHCFP reimbursement is based on the need to establish a diagnosis and to prescribe treatment. Reimbursement is also provided for progressive follow-up or staging. Diagnostic studies are rendered according to the written orders of the Physician, Physician's Assistant, or an Advanced Practitioner of Nursing (APN), and must be directly related to the presenting symptoms.

All Medicaid policies and requirements (such as prior authorization, etc.) are the same for Nevada Check Up (NCU), with the exception of the four areas where Medicaid and NCU policies differ as documented in the NCU Manual, Chapter 1000.

301 REGULATORY AUTHORITY

301.1 The citation denoting the amount, duration, and scope of services are found in 42 Code of Federal Regulations (CFR), Part 435 and sections 1902 (a) (10) (A) (I) (IV), and (VI), 1902 (a) (10) (A) (ii) (XI), 1902 (a) (10) (E), 1902 (1) and (m), 1905 (p), (q) and (s), 1920, and 1925 of the Act. Title XVIII of the Social Security Act, 1862 (a) (1) (A), 411.15 et.seq. Title XVIII of the Social Security Act, 1862 (a) (7), 405.1411-1416.

301.2 The State Legislature sets forth standards of practice for licensed professionals in the following Nevada Revised Statures (NRS):

Chapter 454 - Poisons; Dangerous Drugs and Hypodermics, (Section 454.213);

Chapter 457 – Cancer;

Chapter 630 - Physicians and Assistant;

Chapter 639 - Pharmacists and Pharmacy, (Section 639.008, 639.0095, 639.0097, 639.0105, 639.0125, and 639.0143.)

301.3 Also cited, Title XXI State Plan Attachment 1.2-B, 101.9,E (page 7) of Title XIX State Plan.

301.4 The Food and Drug Administration (FDA), Mammography Quality Standards Act (MQSA) of 1992.

302 RESERVED

303 MEDICAID POLICY

303.1 RADIOLOGICAL STUDIES

Division of Health Care Financing and Policy (DHCFP) medical assistance programs will reimburse for those covered services that are considered to be medically necessary for the diagnosis and treatment of a specific illness, symptom, complaint, or injury or to improve the functioning of a malformed body part without prior payment authorization. The investigational use for any radiological test is not a Medicaid covered benefit

303.1A COVERAGE AND LIMITATIONS

1. A licensed physician or other licensed persons working within the scope of their practice must request radiology services (e.g., Advanced Nurse Practitioner, Physician's Assistant, Podiatrist, etc.).

2. Payment for X-rays and other radiological examinations will only be allowed for those services that are considered to be reasonable and necessary for the diagnosis and treatment of a specific illness, symptom, complaint, or injury or to improve the functioning of a malformed body part.

3. An annual screening mammography is a covered benefit without prior authorization for women age 40 and older and/or a woman between the ages of 35-39, considered a high risk for breast cancer. High risk is defined as one or more of the following conditions:

   a. Personal history of breast cancer;

   b. Personal history of biopsy – proven beginning breast disease;

   c. A mother, sister or daughter had breast cancer; and/or

   d. A woman who has not given birth prior to age 30

4. Diagnostic and/or treatment mammography's are not restricted to age or sex and do not require prior authorization.

5. The choice of the appropriate imaging modality or combination of imaging modalities should be determined on an individual level. Prior authorization will not be required for medically necessary Magnetic Resonance Imaging (MRI), Magnetic Resonance Angiography (MRA), Magnetic Resonance Spectroscopy (MRS), or Positron Emission Tomography (PET) scans. Always use other modalities or less expensive tests such as CT, ultrasound or standard X-ray, etc., when they will achieve the required results. Use of approved modalities for investigational/experimental reasons are not a Medicaid benefit.

Prior authorization will not be required for initial testing and tumor staging. Other repeated testing will require prior authorization.

6. DHCFP medical assistance programs cover certain types of X-rays, and cover skeletal films for arms, legs, pelvis, vertebral column, skull, chest and abdominal films that do not involve the contrast material and electro cardiograms furnished by a portable x-ray supplier in a residence used as a recipient's home. These services must be performed under the general supervision of a physician. All licensing conditions and health and safety conditions must be met. Coverage of portable services are defined in 42 Code of Federal Regulation (CFR) 486.

7. Documentation must be available in the clinical record to support the reasonable and necessary indications for all testing.

8. The following exception requires prior authorization:

   All non-emergency services referred and/or provided out-of-state.

9. See Billing Manual for Diagnostic Test prior authorization schedule.

303.1B PROVIDER RESPONSIBILITY

Providers are responsible for the following:

1. Verify program eligibility each month, (e.g., Qualified Medicaid Beneficiary (QMB), Managed Care Organization (MCO), etc.) and comply with the program requirements. Example: A QMB only recipient never requires a Medicaid payment authorization.

2. The provider must allow, upon the request of proper representatives of the DHCFP, access to all records which pertain to Medicaid or Children's Health Insurance Program (CHIP) recipients for regular review, audit, or utilization review.

3. Evidence to support medical necessity for the procedures must be clearly documented in the clinical record. Duplicative testing when previous results are still pertinent is not a covered benefit.

4. The ordering physician is responsible for forwarding appropriate clinical data to the diagnostic facility.

303.1C RECIPIENT RESPONSIBILITY

The DHCFP medical assistance program recipient must:

1. present a current Medicaid card to service providers at each encounter.

2. notify providers immediately for any change in eligibility status, e.g., pending status to eligible or fee for service to managed care.

303.1D PRIOR AUTHORIZATION

Providers must submit the following documentation to substantiate a prior authorization request: the date, place, and results of previous diagnostic tests performed. Fax or mail all information to the Quality Improvement Organization (QIO)-like vendor.

303.2 SCREENING MAMMOGRAPHY

Screening mammograms are radiological procedures furnished to a woman without signs or symptoms of breast disease, for the purpose of early detection of breast cancer, and include a physician's interpretation of the results. The service must be at a minimum, a two-view exposure (that is, a cranio-caudal and medial lateral oblique view) of each breast.

DHCFP pays for routine screening mammograms annually for women over age 40. For women aged 35-39, a baseline mammogram is allowed once during this period of time. All facilities providing mammography services are required to have a certificate issued by the Food and Drug Administration (FDA), assuring the mammography provider meets national quality standards in accordance with the Mammography Quality Standards Act (MQSA) of 1992.

303.2A COVERAGE AND LIMITATIONS

A doctor's prescription or referral is not necessary for the procedure to be covered. It is required that there be 365 days from the date of the last mammogram until the next mammogram.

303.3 ELECTRODIAGNOSTIC TESTING/NEUROPHYSIOLOGICAL STUDIES

A neurological evaluation must proceed diagnostic testing.

a. ELECTROENCEPHALOGRAM (EEG)

Routine EEG tests measure and record the electrical impulses from the cortex of the brain. A diagnosis can only be made with correlating clinical findings.

b. 24 HOUR ELECTROENCEPHALOGRAPHIC RECORDING

Intensive EEG recording (24 hours) is a safe and clinically effective method of diagnosis, classification, and localization for seizure disorders, and other factors precipitating individual seizures. Results can indicate which category of medication may be the most successful.

c. EEG BRAIN MAPPING

EEG brain mapping is a term commonly used for several quantitative EEG techniques. These include:

1. EEG frequency analysis;

2. topographic display;

3. statistical comparisons to a normative database; and

4. other similar computer-based calculations based on EEG or evoked potentials.

Prior authorization requests must be reviewed by a Physician Advisor highly skilled in clinical electroencephalographic testing for services which are provided by physician specialists in clinical electroencephalography. A specific correlating diagnosis has not been established.

303.3A COVERAGE AND LIMITATIONS:

EEG testing is covered when supported by sufficient information that its use was medically appropriate considering the patient's symptoms and preliminary diagnosis.

24 hour EEG recordings and EEG mapping require prior payment authorization.

303.4 ELECTROMYOGRAPHY (EMG), NERVE CONDUCTION STUDIES (NCS) DESCRIPTION:

Electromyoneurography is the combined use of electromyography (EMG) and eletroneurography/NCS. These studies are done to detect neuromuscular abnormalities by measuring the nerve conduction and muscle potentials. F-wave studies assess motor nerve function along each nerve. An impulse generated at the stimulating electrode travels up the motor nerves to the motor neuron cell bodies in the spinal cord, on to the neuromuscular junction and the muscle. H-reflex studies are entirely separate from F-wave studies. H-reflex studies assess sensory and motor nerve function and their connections in the spinal cord. The EMG/NCS testing in combination with evaluating the range of motion, motor power, sensory defects, and reflexes, can differentiate between neuropathy and myopathy.

303.4A COVERAGE AND LIMITATIONS:

1. EMG measures the electrical activity of muscles at rest and during contractions.

2. NCS - Diagnostic nerve conduction studies include amplitude which differentiates nerve conduction studies from screening studies performed with devices which only measure latency.

3. F-wave studies are usually performed in conjunction with conventional motor nerve conductions studies of the same nerve. F-wave studies assess motor nerve function along the entire extent of each selected nerve.

4. Reflex Tests - H-reflex testing is unilateral and usually involves assessment of the tibial motor nerve and the gastrocnemius-soleus muscle complex. They are not often performed in conjunction with conventional nerve conduction studies of this nerve-muscle pair. Typically only one or two H-reflex studies are performed on a patient during a given encounter.

5. Neuromuscular junction testing

COVERED DIAGNOSIS:

Carpal Tunnel Syndrome	Neuritis
Diabetic Neuropathy	Neuromuscular conditions
Disorders of the Peripheral Nervous System	Pain in Limb
Disturbance of Skin Sensation	Plexopathy
Fasciculation Joint Pain	Radiculopathy
Muscle Weakness	Spinal Cord Injury
Myopathy	Swelling and Cramps
Myositis	Trauma to Nerves
Nerve Root Compression	Weakness

See Billing Manual for prior authorization requirements.

303.5 EVOKED POTENTIALS (EPs):
SHORT-LATENCY SOMATOSENSORY EVOKED POTENTIAL STUDY (SSEP)
VISUAL EVOKED POTENTIAL (VEP)
AUDITORY EVOKED POTENTIALS (AEP)

DESCRIPTION: EPs are time-locked responses of the nervous system to external stimuli. Somatosensory evoked potentials (SEPs) are one type of EP, which are generated by stimulation of afferent peripheral nerve fibers elicited by electrical, tactile, or other stimuli. “Short-latency” SEP (SSEP) refers to that portion of the waveform of an SEP normally occurring within a specific

time lapse variable after nerve stimulation. SEP abnormalities are not disease specific, but can indicate afferent conduction impairments associated with certain disorders.

303.5A COVERAGE AND LIMITATIONS

1. The SEP study is separated into upper and lower limbs to recognize that switching from the upper to lower limbs requires an increase in work because many stimulating and recording electrodes must be moved and the patient must be stimulated many more times to perform the additional testing.

2. SEP studies performed on the trunk or head are completely separate tests from the upper and lower limb studies.

3. The visual evoked potential codes are clinical neurophysiologic studies.

4. The auditory evoked potential procedure codes can be a clinical neurophysiologic study as well as an audiology study.

COVERED DIAGNOSIS

SEP/SSEP:
Spinal Cord Lesions
Stroke
Extremity numbness and weakness

VER:
Lesions of Optic Nerve/Optic Tracts
Multiple Sclerosis (MS)

ABR:
Lesions in the Brain Stem including Tumor
Evaluate Hearing in Infants, Children, Adults
Evaluation for peripheral Hearing Loss

Cerebellopontine Angle Lesions
Infarctions
Multiple Sclerosis

See Billing Manual for prior authorization requirements

303.6 MAGNETOENCEPHALOGRAPHY (MEG)
INTRAOPERATIVE NEUROPHYSIOLOGY MONITORING

DESCRIPTION: MEG is a highly refined noninvasive technique that measures the magnetic fields generated by active groups of nerve cells in the brain which would obviate the need for depth electrodes in the precise localization of epileptogenic foci. MEG Non-invasive use of MEG and MEG - EEG have been able to help focus subdural electrodes for a chronic intracranial presurgical evaluation in recipient's with medically intractable epilepsy and comparison of epileptic activity with normal evoked responses may help localize epileptic zones.

Intraoperative neurophysiology/electrophysiologic monitoring of the nervous system is now widely used to help prevent complications and to identify structures during neurosurgical and other procedures. These techniques include EEG, evoked potentials, EMG and nerve conduction velocity (NCV) testing and monitoring.

303.6A COVERAGE AND LIMITATIONS:

MEG – The procedure is limited to localization of the seizure zone in medically intractable partial epilepsy for recipients being considered for surgical intervention.

Intraoperative electrophysiologic monitoring – EEG or SEP to monitor for cerebral ischemia; electrocorticography (ECoG) and SEP sensory cortex identification to define the limits of cortical resection; SEP spinal cord monitoring; Brainstem Auditory Evoke Potential (BAEP) and cranial nerve EMG monitoring during posterior fossa procedures; functional localization of cortex with direct cortical stimulation in expert hands; and EMG and compound muscle and nerve action potential measurements of various peripheral nervous system structures.

1. COVERED DIAGNOSIS:

Partial intractable epilepsy, without mention of impairment of consciousness.

See Billing Manual for prior authorization requirements.

2. DOCUMENTATION REQUIRED

Documentation supporting the reasonableness and necessity for any of the above procedures must be in the patient's record and submitted with the Prior Authorization (PA) when required.

303.7 SLEEP STUDIES, POLYSOMNOGRAPHY, MULTIPLE SLEEP LATENCY TEST (MSLT)

DHCFP will reimburse covered medically necessary testing in a certified sleep disorder clinic. These facilities in which certain conditions are diagnosed through the study of sleep are either affiliated with a hospital or are under the direction and control of physicians.

303.7A COVERAGE AND LIMITATIONS

Sleep studies, polysomnograms, and multiple sleep latency testing are limited to 2 services in a 12 month period without prior authorization. If the services exceed the limitations, a prior authorization is required from the QIO like vendor.

1. A licensed physician or other licensed professionals working within the scope of their practice must request the appropriate test.

2. The need for diagnostic testing is confirmed by medical evidence, e.g., patient history, physician examination and other laboratory type tests.

3. Diagnostic testing that is duplicative of previous testing done by the attending physician to the extent the results are still pertinent is not covered.

   Diagnostic Testing Facilities for Sleep Disorders may be covered even in the absence of direct supervision by a physician, however, a trained qualified attendant must be present to assess and monitor the patient. A licensed physician must review and sign reports.

4. Diagnostic testing is covered only if the recipient has symptoms or complaints of one of the conditions:

   DESCRIPTION

   a. Morbid obesity.

   b. Pickwickian syndrome.

   c. Cataplexy and narcolepsy.

   d. Various Insomnia's.

5. Obstructive Sleep Apnea (OSA) requires documentation of at least 30 episodes of apnea, each lasting a minimum of 10 seconds, and hypopnea with oxygen saturation levels below 85% during 6-7 hours of recorded sleep.

6. Polysomnography is distinguished from sleep studies by the inclusion of sleep staging.

   a. The following are included:

      1. EEG;

      2. Electro-oculography (EOG); and

      3. EMG.

   b. Additional parameters of sleep which may be monitored include:

      1. EKG;

      2. Airflow;

3. Ventilation and respiratory effort;

4. Gas exchange by oximetry, transcutaneour monitoring, or end tidal gas analysis;

5. Extremity muscle activity, motor activity-movement;

6. Extended EEG monitoring;

7. Penile tumescence;

8. Gastroesophageal reflux;

9. Continuous blood pressure monitoring;

10. Snoring; and

11. Body positions, etc.

7. For a study to be reported as a polysomnogram, sleep must be recorded and staged. Adult testing includes a half night with continuous positive airway pressure (CPAP). Testing for children (0-12) must be reviewed and scored by physician to determine need for follow-up with CPAP. Prior authorization may be included for this age group in the initial authorization.

8. Multiple Sleep Latency studies are covered only if the symptoms or complaints suggest a diagnosis for Narcolepsy.

9. Prior authorization for MSLT includes authorization for a polysomnogram performed on the preceding night to be valid. For each nap, the latency between “lights out” and sleep onset is determined.

303.7B PROVIDER RESPONSIBILITY

1. Verify program eligible each month, (e.g., QMB, MCO’s, etc) and comply with the program requirements. Example: A QMB only recipient does not require a prior authorization to receive service.

2. The provider will allow, upon request of proper representatives of the DHCFP, access to all records which pertain to Medicaid and CHIP recipients for regular review, audit or utilization review.

3. Documentation to support medically necessity for the procedures must be clearly documented in the clinical record. Submit documentation with the prior authorization request.

4. The ordering provider is responsible for forwarding appropriate clinical data to the diagnostic facility.

303.7C RECIPIENT RESPONSIBILITY

1. Present Medicaid or CHIP Card to Provider of Service at each encounter.

2. Notify providers immediately for any change in eligibility status, e.g., pending status changed to eligible or fee for service status changed to enrollment in a managed care organization.

303.8 RADIOPHARMACEUTICALS AND CONTRAST AGENTS

Radiopharmaceuticals and contrast agents are used to diagnose certain medical problems or treat certain diseases. They may be given to the patient in several different ways. For example, they may be given by mouth, given by injection, or placed into the eye or into the bladder. They may also be used for nuclear medicine. Intended to be included in the policy, but not limited to, are all radioactive compounds used for either imaging, diagnosis or treatment as well as other non-radioactive agents used to enhance radiologic imagining including x-ray, CT scans, MRI, PET and other modalities.

303.8A COVERAGE AND LIMITATIONS

DHCFP will reimburse covered, medically necessary radiopharmaceuticals and contrast agents.

303.8B PROVIDER RESPONSIBILITY

1. Verify program eligibility each month, (e.g., QMB, MCO, etc.) and comply with the program requirements. Example: A QMB only recipient never requires a Medicaid payment authorization.

2. The provider must allow, upon the request of proper representatives of the DHCFP, access to all records which pertain to Medicaid or CHIP recipients for regular review, audit, or utilization review.

3. Evidence to support medical necessity for the procedures must be clearly documented in the clinical record. Duplicative testing when previous results are still pertinent is not a covered benefit.

4. The ordering physician is responsible for forwarding appropriate clinical data to the diagnostic facility.

304 HEARINGS

Please reference Nevada Medicaid Services Manual (MSM), Chapter 3100, for Hearings process and policy.