



## Physician Quality Reporting Initiative (PQRI) Measures and Specifications

The Centers for Medicare & Medicaid Services (CMS) is pleased to announce that the 2007 Physician Quality Reporting Initiative (PQRI) Quality Measures and Specifications are now available. To access both the measures and measure specifications documents, visit the PQRI web page at <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/index.html> on the CMS website. Once there, go to the Measures/Codes section of the page and scroll down to the Downloads section. **Please note that many of the quality codes are new and will be rejected by Medicare claims processing systems prior to the July 1, 2007 HCPCS update.**

MLN Matters Number: MM5536

Related Change Request (CR) #: 5536

Related CR Release Date: May 25, 2007

Effective Date: N/A

Related CR Transmittal #: R71BP

Implementation Date: July 2, 2007

## **Clarification of Manual Instruction Regarding Scope of Portable X-Ray Benefit**

**Note:** This article was updated on June 15, 2013, to reflect current Web addresses. All other information remains unchanged.

### **Provider Types Affected**

Medicare providers who submit claims to Medicare contractors (Fiscal intermediaries (FIs), Part A/B Medicare Administrative Contractors (A/B MACs), carriers) for services rendered to Medicare beneficiaries for portable x-rays.

### **Provider Action Needed**

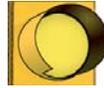


#### **STOP – Impact to You**

Currently, the *Medicare Benefit Policy Manual*, Publication 100-02, chapter 15, section 80.4.3, relating to the scope of portable x-ray benefit is **not completely consistent 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.

#### **Disclaimer**

This article was prepared as a service to the public and is not intended to grant rights or impose obligations. This article may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations and other interpretive materials for a full and accurate statement of their contents.



### CAUTION – What You Need to Know

In order to make certain the manual conforms to the regulations, the Centers for Medicare & Medicaid Services (CMS) is revising the manual to state 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.



### GO – What You Need to Do

Make certain that your billing staffs are aware of these changes. Also, be aware that Medicare contractors will adjust claims previously processed incorrectly, if you bring those claims to their attention.

## Background

CR5536 is the official document that announces these changes in Medicare processes. Attached to this document is the revised section of the *Medicare Benefit Policy Manual* section 80.4.3 - **Scope of Portable X-Ray Benefit** (Rev.71, Issued: 05-25-07, Effective: N/A; Implementation: July 2, 2007) the manual revision reads as follows and the **bolded sections** are new :

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.**

## Additional Information

For complete details regarding this Change Request (CR) please see the official instruction (CR5536) issued to your Medicare Carrier, FI, or A/B MAC. That instruction may be viewed by going to <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R71BP.pdf> on the CMS website.

If you have questions, please contact your Medicare carrier, FI or A/B MAC, at their toll-free number which may be found at <http://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/provider-compliance-interactive-map/index.html> on the CMS website.

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