

Driscoll Health Plan Medical Necessity Guideline



Medical Necessity Guideline: Procedure Portable/Mobile/Handheld Radiology Guideline	Creation Date: 11/19/2021	Review Date: 05/07/2025	Effective Date: 07/17/2025
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PURPOSE:

Driscoll Health Plan (DHP) requires prior authorization of all requests.

LINE OF BUSINESS: STAR, STAR Kids, and CHIP

DEFINITIONS:

Allowed Practitioner: A Texas Medicaid enrolled physician, a physician assistant, or an advanced practice registered nurse licensed as a certified nurse practitioner (CNP) or clinical nurse specialist (CNS) also enrolled in Texas Medicaid.

Mobile radiology and portable radiology services: Radiological procedures that include but are not limited to x-rays, ultrasounds, fibro scans, and mammography, provided with hand-carried or mobile radiological components in a member's residence when the member cannot 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:

- Private home
- Assisted living facility
- Nursing facility
- Intermediate care facility

GUIDELINE: ⁽¹⁾

Mobile radiology studies should not be performed for routine purposes or for convenience reasons.

Driscoll Health Plan reimburses payment for medically necessary diagnostic x-ray services to Medicaid-eligible members who cannot travel to a physician's office or an outpatient hospital's radiology facility. The following elements must be met:

- the provider must be enrolled in Medicaid/Medicare and be "in-network" with the Driscoll Health Plan
- the x-ray must be ordered only by an allowed provider
- And meet medical necessity as defined by the Texas Administrative Code: ⁽²⁾
 - Medical services that are supported by documentation which show the services are:

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- reasonable and necessary to prevent illness, medical or dental conditions, or provide early screening, interventions, and/or treatments for conditions that cause suffering or pain, cause physical deformity or limitations in function, threaten to cause or worsen a disability, cause illness or infirmity of a client, or endanger life;
- consistent with health care practice guidelines and standards that are issued by professionally recognized health care organizations or governmental agencies;
- consistent with the diagnoses of the conditions;
- no more intrusive or restrictive than necessary to provide a proper balance of safety, effectiveness, and efficiency;
- not experimental or investigative; and
- not primarily for the convenience of the client or provider.

Prior Authorization and Required Documentation:

- The request for the procedure must contain the following:
 - suspected diagnosis
 - area to be examined
 - number of images required
 - precise views specified
 - the precise reason the member is unable to travel to a facility (e.g. patient is unstable for transportation or transporting the patient will exacerbate a medical condition that will increase the risk for hospitalization)
- Portable x-rays/radiology will be limited to diagnostic modalities and not interventional radiology:
 - skeletal films
 - chest films without contrast
 - abdominal films without contrast
 - ultrasound
 - fibro scans
 - mammography
- The following x-ray services are not applicable or to be performed as a portable/mobile radiology procedure:
 - procedures involving fluoroscopy.
 - procedures involving the use of contrast media.
 - procedures requiring the administration of a substance to the recipient, the injection of a substance, or the spinal manipulation of the recipient.
 - procedures requiring special technical competency and/or special equipment or materials.
 - routine screening procedures such as annual physicals
 - procedures which are not of a diagnostic nature (e.g., therapeutic x-ray treatments).

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- annual x-rays.
- This guideline does not apply to portable x-ray services provided in a hospital.

BACKGROUND:

Mobile x-rays have been used to image patients outside the hospital to facilitate the performance of diagnostic studies in patients who are either too ill or fragile to have the procedure performed in a hospital or radiologic facility setting. Mobile radiographic examinations are cost-effective in hard-to-reach populations in low- to middle-income countries ⁽³⁾. Radiologic examination of fragile patients (e.g., nursing home residents) at the hospital has inherent limitations and challenges, including transport to the hospital, long wait times, and requiring extra care and accompaniment before, during, and after the exam ⁽⁴⁾. It may sometimes be preferable for fragile patients to have the X-ray examination carried out at their own home ³. Fragile patients may worsen due to the transportation and environmental changes related to examination at the hospital. This might lead to an increased need for care and medication for several days after the examination at the hospital. Furthermore, the primary disease may deteriorate. Even worse, some patients will need an extended hospitalization time. ^(5, 6)

A systematic review by Toppenberg *et al.* showed that the target population that may benefit from mobile radiographic exams included frail elderly, demented patients, homeless, drug users, asylum seekers, and nursing home residents. ⁽⁵⁾ In addition, the study suggested hospice patients, psychiatric patients, and group dwelling for people with intellectual disabilities who may benefit from portable X-ray exams. Literature suggests that mobile X-rays are cost-effective when compared to X-rays performed at the hospital. However, this has not been supported by a randomized control study (RCT). ⁽⁵⁾ An RCT performed by Toppenberg *et al.* investigated if mobile X-rays improved the healthcare of fragile patients. They showed that mobile X-rays did not statistically reduce the number of hospitalizations or hospital days compared to the control group, which had their X-rays performed at the hospital ⁽⁶⁾. The impact of mobile X-rays on improving clinical outcomes has not been demonstrated.

PROVIDER CLAIMS CODES:

ICD 10	
	Need an ICD10 code that meets medical necessity for requiring a radiologic study in order to establish or corroborate the diagnosis.

CPT	
R0070	Transportation of portable X-ray equipment and personnel to a home or nursing home
R0075	Transportation of portable X-ray equipment and personnel to a home or nursing home when more than one patient is seen

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70100, 70110 70140, 70150, 70160	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Head and Neck.
70190, 70200, 70210, 70220	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Head and Neck.
70250, 70260	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Head and Neck.
70300, 70310, 70320, 70328, 70330	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Head and Neck.
70350, 70355	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Head and Neck.
71045	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Chest.
71046	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Chest.
71047	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Chest.
71048	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Chest.
72020, 72040, 72050	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Spine and Pelvis.
72070	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Spine and Pelvis.
72100	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Spine and Pelvis.
72170, 72190	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Spine and Pelvis.
72200, 72202, 72220	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Spine and Pelvis.
73000, 73010, 73020, 73030	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Upper Extremities.

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73060	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Upper Extremities.
73070	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Upper Extremities.
73080	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Upper Extremities.
73090	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Upper Extremities.
73100, 73110	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Upper Extremities.
73120, 73130, 73140	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Upper Extremities.
73501- 73502	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Lower Extremities.
73521- 73522	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Lower Extremities.
73551- 73552, 73560, 73562, 73564, 73565	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Lower Extremities.
73590	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Lower Extremities.
73600, 73610	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Lower Extremities.
73620, 73630, 73660	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Lower Extremities.
74018	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Abdomen.
74019	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Abdomen.
74021	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Abdomen.
74022	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Abdomen.

- Will allow for transportation of the portable equipment to the patient
- Reimbursement for transportation is based upon a single payment for each particular location regardless of the number of members receiving radiological services. For services provided to more than one member, the transportation cost is divided by the total number of members receiving services at that location. If more than one member receives portable radiology services, providers must bill with one of the following applicable modifiers:

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- Modifier UN — two members served
- Modifier UP — three members served
- Modifier UQ — four members served
- Modifier UR — five members served
- Modifier US — six or more members served

Items that are not reimbursable

- transportation costs of equipment stored at the member's residence
- setup costs of mobile x-ray

REFERENCES:

1. Texas Medicaid Provider Procedures Manual (TMPPM) (Current Edition); Radiology and Laboratory Services Handbook; Section 3.4 (Claims Filing and Reimbursement), May 2025.
2. Medical Necessity Determination. 26 Tex. Admin. Code § 554.2401 (2020)
3. Datta B, Hazarika A, Shewade HD, Ayyagari K, Kumar AM. Digital chest X-ray through a mobile van: public private partnership to detect sputum negative pulmonary TB. *BMC Res Notes*. 2017;10(1):96
4. Kihlgren AL, Nilsson M, Skovdahl K, Palmblad B, Wimo A. Older patients awaiting emergency department treatment. *Scand J Caring Sci*. 2004;18(2):169–76.
5. Toppenberg MD, Christiansen TEM, Rasmussen F, Nielsen CP, Damsgaard EM. Mobile X-ray outside the hospital: a scoping review. *BMC Health Serv Res*. 2020;20(1):767. Published 2020 Aug 20. doi:10.1186/s12913-020-05564-0
6. Toppenberg M, Christiansen T, Rasmussen F, Nielsen C, Damsgaard EM. Mobile X-ray Outside the Hospital vs. X-ray at the Hospital Challenges Exposed in an Explorative RCT Study. *Healthcare (Basel)*. 2020;8(2):118. Published 2020 Apr 30. doi:10.3390/healthcare8020118

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DOCUMENT HISTORY:

DHP Committee that Approved	Review Approval Date (last 5 years)					
Medical Director	01/18/2022 05/19/2022	05/23/2023	12/13/2023	05/24/2024	05/07/2025	
CMO	01/18/2022 06/07/2022	06/01/2023	12/13/2023	06/11/2024	06/10/2025	
Medical Policy Workgroup	06/07/2022	06/06/2023	12/13/2023	06/11/2024	06/10/2025	
Utilization Management & Appeals	01/18/2022 06/21/2022	06/20/2023	12/19/2023	06/18/2024	06/17/2025	
Provider Advisory Committee (PAC)	03/11/2022 06/17/2022	06/09/2023	01/17/2024	07/01/2024	06/24/2025	
Clinical Management Committee	01/25/2022	07/20/2023	01/24/2024	07/24/2024	07/01/2025	
Executive Quality Management	06/28/2022	07/25/2023	01/30/2024	07/30/2024	07/17/2025	

Document Owner	Organization	Department
Dr. Fred McCurdy, Medical Director	Driscoll Health Plan	Utilization Management

Review/Revision Date	Review/Revision Information, etc.
11/19/2021	Document created
12/15/2021	Document reviewed by Dr. McCurdy and Dr. Morris prior to committee approval.
05/09/2022	Initial review by Dr. Thomas Morris
05/19/2022	Review and editing by Dr. Fred McCurdy
05/24/2022	References updated and final editing by Dr. Fred McCurdy
05/23/2023	Updated TMPPM reference date for Claims and Filing as well as reviewed by Drs Thomas Morris and Fred McCurdy

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12/07/2023	Updated medical necessity from TAC by Fred McCurdy, MD
05/24/2024	Reviewed and revised by Drs. Dan Doucet and Fred McCurdy
05/07/2025	Annual review and revision initiated and completed on 05/07/2025 by Dr. Dan Doucet

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