

Initial Certification PXR

To apply for initial certification as a Portable X Ray supplier for Medicare/Medicaid please complete the following steps:

- A. Register your business and medical radiology equipment with the Medical Radiology Program;
- B. Complete an 855 B application;
- C. Complete forms for the PXR Certification Program;
- D. Have a survey to show you meet the conditions of participation.

A. Register your business and medical radiology equipment with the Medical Radiology Program

In Indiana all radiology professionals must be licensed and each radiation machine used in Indiana must be registered and in compliance with Indiana regulations. Please see the Medical Radiology Services Program website <http://www.in.gov/isdh/23279.htm> for more information or contact Dave Nauth Program Manager: 317-233-7563 dnauth@isdh.in.gov to register appropriately.

All radiation machines used in Indiana must be inspected by an individual approved by the Medical Radiology Services Program before the equipment may be used on patients in Indiana. The registration is separate and must be completed before PXR certification for Medicare/Medicaid can take place.

Please contact the Medical Radiology Services program (<http://www.in.gov/isdh/23279.htm>) for the following services:

- Licensing of radiology professionals (to include radiologic technologists, limited radiographers, nuclear medicine technologists, and radiation therapists)
- Radiation machine registration and compliance

B. Complete an 855 application

Medicare Provider/Supplier Enrollment forms can be accessed at:

<http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll/EnrollmentApplications.html>

These forms include the **CMS 855A, CMS 855B, CMS 855I, CMS 855R** and **CMSS**. A comprehensive user guide, providing detailed instructions on how to download these applications, is also available on the web site. Providers/suppliers can complete a form on their computer, save it as a file, and print the completed form for final signature and submission. If you have questions on completion or approval of the CMA 855 form please contact your MAC:

<https://www.wpsgha.com>

Part B Contractor

Wisconsin Physician Service

866-234-7331

Provider Enrollment

P.O. Box 8248

Madison, Wisconsin 53708-8248

The CMS 855 application must be approved by your MAC before a survey by the PXR Certification Program may be completed.

C. Complete the form and document listed below and send to Indiana State Department of Health PXR Certification Program

1. Request for Certification as Supplier of Portable X-Ray Services under the Medicare/Medicaid Program (Form CMS 1880).
2. Priority exception letter see "D. On site survey" below.

Please return forms to our office located at:

**INDIANA STATE DEPARTMENT OF HEALTH
ACUTE CARE DIVISION 4TH FLOOR
2 NORTH MERIDIAN STREET
INDIANAPOLIS, IN 46204
ATTN: Lorraine Switzer**

If you need assistance with the above form or priority exception letter, contact **Lorraine Switzer** at **(317) 233-7502**.

D. On Site Survey from the PXR Certification Program

For a quicker survey you must submit a priority exception letter:

Effective November 5, 2007 the Centers for Medicare and Medicaid Services (CMS) has instructed State Agencies (SA) to place a higher priority on recertification of existing providers, on complaint investigations, and on similar work for existing providers than for initial surveys of providers or suppliers newly seeking Medicare participation.

Providers may apply by letter to the SA for CMS consideration to grant an exception to the priority assignment of the initial survey if lack of Medicare certification would cause significant access-to-care problems for Medicare beneficiaries served by the provider or supplier.

There is no special form required to make a priority exception request. However, the burden is on the applicant to provide data and other evidence that effectively establishes the probability of adverse beneficiary health care access consequences if the provider is not enrolled to participate in

Medicare. CMS will not endorse any request that fails to provide such evidence and fails to establish the special circumstances surrounding the provider's or supplier's request. This must be submitted with your forms as listed above.

If your priority exception request is approved by CMS an unannounced survey will take place before the end of the federal fiscal year. If your priority exception request is not approved the initial survey remains in the current tier structure.

For the survey **you must be operational, registered with the Medical Radiology Services Program as listed above and have available at least 3 patient records for review by the Indiana State Department of Health PXR Certification Program. Our surveyors will inspect the base facility and equipment, interview you and members of your staff, review documents, and undertake other procedures necessary to evaluate the extent to which your institution meets the Conditions of Participation.** These surveys per Centers for Medicare and Medicaid regulations are unannounced. Please provide hours of operation, a contact number, and let our program know when you have seen three patients to ensure a survey can take place for your certification.

Following the survey, this agency will recommend to the **CENTERS FOR MEDICARE AND MEDICAID SERVICES (CMS)** whether your institution should participate. **CMS** will notify you of the effective date of certification if approved.

If your institution has significant deficiencies in any of the Conditions during the initial survey, you will be informed, but the survey must be forwarded on to the Centers for Medicare and Medicaid services with a recommendation of a denial. If your initial application is denied due to condition level deficiencies you may correct the deficiencies and reapply by completing a new 855 application.

For an initial PXR supplier the effective date can be no sooner than all requirements are found to be met. If all requirements are met on the date of the survey, the effective date of the agreement is the date the onsite survey is completed. If the supplier is found to meet all conditions of participation, but has lower level deficiencies, and CMS or the State survey agency receives from the supplier an acceptable plan of correction the effective date of the agreement will be the date an acceptable plan of correction. Please see a copy of the **Federal Register/ Vol. 62, No. 159/ Monday, August 18, 1997** for more information on effective dates. <http://www.gpo.gov/fdsys/pkg/FR-1997-08-18/pdf/97-21730.pdf>

Please see **Appendix D** for the most up to date conditions of participation: https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_d_xray.pdf