

**2016**

**Diagnostic Imaging (CBCT) Facility  
Utilization Data – Instructions**



**HCCIS**

**Health Care Cost Information System**

Completion and submission of this report is required by  
Minnesota Statutes, sections 144.565, 144.1225 and 62J.17.

**MDH**

Minnesota  
Department  
of Health

Health Economics Program  
Division of Health Policy  
Minnesota Department of Health

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## I. Background

As of August 1, 2004, the Minnesota Department of Health is required by Minnesota Statutes, section 144.565 to collect accurate and reliable information about the utilization characteristics of diagnostic imaging facilities in Minnesota and to provide this information to public policy makers, purchasers of health care services, and to the general public.

During the 2007 legislative session, Minnesota Statutes, section 144.565, was modified to broaden the definition of health care facilities that are required to submit annual diagnostic imaging utilization and services information to MDH.

Minnesota Statutes, section 62J.17 was also modified during the 2007 legislative session to require the *annual* submission of major capital expenditure commitments. Minnesota Statutes, section 144.1225 was passed during the 2012 legislative session to require providers of Advanced Diagnostic Imaging Services that bill for the Technical Component of services to demonstrate accreditation in order to receive reimbursements for those services. In 2014 the statute was amended to exclude providers of Dental Cone Beam CTs from the accreditation requirement. All other providers should include accreditation information with the submission of each facility's Diagnostic Imaging report.

The requirement to submit diagnostic imaging utilization and services information pertains to *all* health care facilities (with the exception of hospitals) that provide diagnostic imaging services through the use of ionizing radiation or other imaging technique using fixed, portable, or mobile equipment regardless of whether the equipment used to provide the service is owned or leased. Please note that *clinics* are *no longer exempt* from this reporting requirement.

These instructions summarize requirements for diagnostic imaging facilities' data reporting under Minnesota Statutes, sections 144.565, 62J.17, and 144.1225. The instructions are intended as a general reference guide only and should not be substituted for the actual text of Minnesota Statutes, sections 144.565, 62J.17, and 144.1225.

## II. Filing Requirements

### A. Submitting Reports

Each diagnostic imaging facility must submit the following by **March 1, 2017**:

- Completed 2016 Diagnostic Imaging Facility formset by *e-mail* to [health.hccis@state.mn.us](mailto:health.hccis@state.mn.us)
- Signed certification page (PDF attached to an e-mail)
- Accreditation Certifications as required (PDF attached to an e-mail)
- Additional information sufficient to allow MDH to complete a retrospective review of each major capital spending commitment on the Capital Expend Project Specific tab of the formset.

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## B. Request for Extension

If a facility is unable to submit reports by **March 1, 2017**, the Commissioner may extend the period of time for submission. Any request for extension must be submitted **in writing** (e-mail is acceptable) by the due date and must include an explanation outlining why the extension is needed.

## C. Utilization Report for Fiscal Year 2016

Minnesota Statutes, section 144.565 requires diagnostic imaging facilities to report the following:

(1) utilization data for each health plan company and each public program, including workers' compensation;

(2) the names of all physicians with any financial or economic interest excluding salaried physicians, unless the physicians' salary is adjusted for volume of service, and all other individuals with a ten percent or greater financial or economic interest in the facility;

(3) the location where procedures were performed;

(4) the number of units of each type of fixed, portable, and mobile scanner used at each location;

(5) the average number of hours per month each mobile scanner was operated at each location;

(6) the number of hours per month each scanner was leased, if applicable;

(7) the total number of diagnostic imaging procedures billed for by the provider at each location, by type of diagnostic imaging service; and

(8) a report on major health care capital expenditures during the previous year, as required by Minnesota Statutes, section 62J.17.

(9) Accreditation, if required, from approved organization(s) for the modalities for which the provider is billing for the technical component of the service.

## D. Classification of Data

The data reported on the Diagnostic Imaging Facility Utilization Report are classified as public, made available upon request, and may be used in reports generated by MDH.

## III. Information about Completing the Formset

**A.** MDH requires the use of the electronic spreadsheet in completing the formset. There are hyperlinks throughout to help with navigation through the report and to assist with definitions. The formset can be downloaded from the [HCCIS website](http://www.health.state.mn.us/divs/hpsc/dap/hccis/har.htm#dds) (<http://www.health.state.mn.us/divs/hpsc/dap/hccis/har.htm#dds>). This formset is a **multiple tabbed spreadsheet**. Please be sure to **complete all sections** of the formset and e-mail the formset back to [health.hccis@state.mn.us](mailto:health.hccis@state.mn.us) when complete.

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- B. Report all data according to your facility's 2016 fiscal year. If you change your fiscal year, you may report required information for a period up to 13 months in one report.
  - C. You are required to complete all applicable sections of the report.
  - D. Leave data accounts **blank** when they are not applicable to your facility. Use a zero only when the amount is zero. If data are unavailable, please note that in the e-mail when submitting the report.
  - E. Whenever reasonably possible, a diagnostic imaging facility must report actual numbers in all categories. If it is not reasonably possible to report actual information, the diagnostic imaging facility may estimate using reasonable methods. When an entry is an estimate, please identify it as an estimate. Note that upon request, the diagnostic imaging facility must provide a written explanation of the method used for the estimate.
  - F. Please disregard the order of the account numbers. These are for MDH recording purposes only and do not reflect any priority to the data items on the form.

## IV. Instructions

### Facility Identification

**HCCIS ID:** The HCCIS ID is the unique ID assigned to your facility for the HCCIS data collection. Please click on the HCCIS ID link, select your facility's ID from the list, and enter it in the space provided. All of the contact information that MDH has on file for your facility will be pre-populated in the formset. ***Please verify the information and make any necessary corrections.***

**NPI:** This is the National Provider Identifier. Enter the NPI you have been assigned from the [Centers for Medicare & Medicaid Services](http://www.cms.hhs.gov) (CMS). See <http://www.cms.hhs.gov> for more information.

### Certification Statement

An officer of the diagnostic imaging facility such as the Administrator, Chief Executive Officer, Chief Financial Officer or Controller must sign this certification. The signed copy of this page must be either faxed or mailed to MDH.

### Accreditation and Explanations

**Accreditation:** [Minnesota Statutes, section 144.1225](#) require that advanced diagnostic imaging services eligible for reimbursement shall only be reimbursed if the facility where the service has been provided has obtained accreditation by August 1, 2013, and has demonstrated holding accreditation in annual reports to the Commissioner of Health. Providers billing for the

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Technical Component (TC) of advanced diagnostic imaging services, **with the exception of Dental Cone Beam CTs**, should complete the Accreditation portion of this tab and provide a copy of their accreditation certification(s) by pdf attachment when submitting their report. This is required reporting. For more information please see the Advanced [Diagnostic Imaging Accreditation and Report Requirement Fact Sheet](#) developed by the Health Economics Program at the Minnesota Department of Health.

**Explanations:** Use this space for elaborations or explanations for any of the information supplied on this form, or to document any changes in methods used from prior years' data. You can use the hyperlinks to return to specific sections in the form.

<b>Sections 1 – 9: Utilization and Ownership Information</b>
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The Minnesota Legislature has shown a keen interest in imaging technology and equipment, particularly around the issue of freestanding (not located within a hospital) facilities versus mobile services. To provide timely and accurate information to policymakers and to properly analyze imaging utilization, MDH needs more detailed information on the number of procedures being performed.

Enter the number of procedures provided and billed by this facility regardless if the equipment is **owned or leased**. Complete the utilization sections for fixed, portable, and mobile units as they apply to your facility.

Dental CBCT facilities should report procedures included in treatment packages or those done at no charge in “Self-Pay” or “Other”.

Enter the number of scanners at this location (complete separate reports for each mobile unit).

Identify if the reporting entity **owns or leases** the equipment for the utilization provided.

**Fixed Equipment:** A stationary diagnostic imaging machine **installed in** a permanent location. Long term self-contained units outside of a facility are **not** considered fixed unless they are physically attached to the facility and comply with the same building and safety codes as the facility itself.

**Portable Equipment:** A diagnostic imaging machine designed to be temporarily **transported within** a permanent location to perform diagnostic imaging services.

**Mobile Equipment:** A diagnostic imaging machine in a self-contained transport vehicle designed to be brought to a **temporary offsite location** to perform diagnostic imaging services. Report the number of procedures by payer for **each** machine. Long term self-contained units are considered **mobile** unless they are physically attached to the facility and comply with the same building and safety codes as the facility itself.

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Combination (SPECT/CT and PET/CT) scanners and procedures should be reported on the specific combination line and **not** counted in the single (SPECT, CT, or PET) machine lines.

A heart study consisting of the stress test and resting non-stress test is counted as 2 procedures.

If your facility is unable to break out the Public Programs (MA/PMAP and MinnesotaCare) data, enter the total for all Public Programs on the “**MA/PMAP and MinnesotaCare**” line for each of the different types of procedures. This is the first line that is highlighted in grey.

### Section 10: Leased Equipment

Please list **all** the entities which the diagnostic imaging equipment is **leased to** or **leased from**.

If you **own** this equipment and **lease to** another entity, please identify who you lease to.

If you **lease** this equipment **from** another entity, please identify who you lease from.

### Section 11: Mobile Unit Locations

Please list all the locations where the mobile equipment is parked and diagnostic imaging services are provided.

### Section 12: Financial or Economic Interest

Please enter the names of **all physicians** with any financial or economic interest excluding salaried physicians, unless the physicians' salary is adjusted for volume of service, and **all other individuals** with a **ten percent** or greater financial or economic interest in the facility.

If your equipment is leased out to another provider, you are still required to report the financial or economic interest on this report.

**Financial or Economic Interest:** A direct or indirect:

- (1) equity or debt security issued by an entity, including, but not limited to, shares of stock in a corporation, membership in a limited liability company, beneficial interest in a trust, units or other interests in a partnership, bonds, debentures, notes or other equity interests or debt instruments, or any contractual arrangements;
- (2) membership, proprietary interest, or co-ownership with an individual, group, or organization to which patients, clients, or customers are referred to; or
- (3) employer-employee or independent contractor relationship, including, but not limited to, those that may occur in a limited partnership, profit-sharing arrangement, or other similar arrangement with any facility to which patients are referred, including any compensation between a facility and a health care provider, the group practice of which the provider is a member or employee or a related party with respect to any of them.

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Please include the National Provider Identifier (NPI) if this is applicable for each person with a financial or economic interest in the facility.

**Sections 13 and 14: Capital Expenditure Commitment**

Minnesota Statutes, section 62J.17 requires that health care providers report all major capital spending commitments of \$1 million or more to the Minnesota Department of Health.

Diagnostic Imaging Facilities are required to report major capital expenditures on an annual basis. The law previously required providers to report within 60 days after the date of the spending commitment.

The Minnesota Department of Health will continue retrospective reviews of major capital spending commitments, as required by Minnesota Statutes, section 62J.17, subdivision 5a, and prospective reviews under certain circumstances, as specified by Minnesota Statutes, section 62J.17, subdivision 6a.

Diagnostic Imaging Facilities are required to submit information sufficient to allow MDH to complete a retrospective review of each major capital spending commitment on the Capital Expend Project Specific tab of the formset and should include:

- A detailed description of the project, its purpose, the street address of the facility, and the total cost of the project;
- The date of the spending commitment, such as the date of board authorization;
- The expected impact of the project on clinical effectiveness or the quality of care received by the patients that the provider serves;
- The extent to which equivalent services or technology are already available to the patient population within a service area of at least 10 miles;
- The distance in miles to the location of the nearest equivalent services or technology that are available to the provider's actual and potential patient population;
- A statement describing the pursuit of or existence of any lawful collaborative arrangements, and the names of parties and a description of their involvement.

In order to complete the retrospective review on a particular project, MDH may request additional information about the project. Providers that fail retrospective review may become subject to prospective review of major capital spending commitments.

“Major spending commitment” means an expenditure in excess of \$1,000,000 for:

- (1) acquisition of a unit of medical equipment;
- (2) a capital expenditure for a single project for the purposes of providing health care services, other than for the acquisition of medical equipment;
- (3) offering a new specialized service not offered before;



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- (4) planning for an activity that would qualify as a major spending commitment under this paragraph; or
  - (5) a project involving a combination of two or more of the activities in clauses (1) to (4).

The cost of acquisition of medical equipment, and the amount of a capital expenditure, is the total cost to the provider regardless of whether the cost is distributed over time through a lease arrangement or other financing or payment mechanism.