



PORTABLE X-RAY

Chapter Thirty-Six of the Medicaid Services Manual

Issued September 27, 2012

Claims/authorizations for dates of service on or after October 1, 2015 must use the applicable ICD-10 diagnosis code that reflects the policy intent. References in this manual to ICD-9 diagnosis codes only apply to claims/authorizations with dates of service prior to October 1, 2015.

**State of Louisiana
Bureau of Health Services Financing**

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SECTION 36.0: OVERVIEW**PAGE(S) 1**

OVERVIEW

The Louisiana Medicaid Portable X-Ray Program provides for payment of medically necessary diagnostic x-ray services to Medicaid eligible beneficiaries who are unable to travel to a physician's office or outpatient hospital's radiology facility.

The purpose of this chapter is to set forth the conditions and requirements that Portable X-Ray providers must meet in order to qualify for reimbursement under the Louisiana Medicaid program. The manual is intended to make available to Medicaid providers of Portable X-Ray services a ready reference for information and procedural material needed for the prompt and accurate filing of claims for services furnished to Medicaid beneficiaries. The Louisiana Department of Health (LDH), Bureau of Health Services Financing (BHSF) is responsible for assuring provider compliance with these regulations.

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COVERED SERVICES

Specific diagnostic radiology services for an eligible beneficiary may be provided in the beneficiary's place of residence by an enrolled Portable X-Ray provider. These services are only considered for payment when they are medically necessary and ordered by the beneficiary's physician.

Covered radiological procedures are limited to the following:

1. Skeletal x-rays of a beneficiary's arms, legs, pelvis, vertebral column or skull;
2. Chest x-rays which do not involve the use of contrast media; and
3. Abdominal x-rays which do not involve the use of contrast media.

NOTE: Medicaid does not reimburse for technical components for these services as a separate part of the service. Providers billing for these services must bill a full component only.

Transportation of Portable X-Ray equipment is reimbursable only when the equipment used is actually transported to the location where x-ray services are provided. Medicaid will not reimburse for the transportation of the Portable X-Ray equipment when the x-ray equipment is stored at a facility for use as needed.

Medicaid will only pay for a single transportation payment per trip to a facility or location for a single date of service. Therefore, providers should make every effort to schedule all beneficiaries at a single location during a single trip to that location.

The physician's order must clearly state the following:

1. Suspected diagnosis or reason the x-ray is required;
2. Area of the body to be exposed;
3. Number of x-rays ordered; and
4. Precise views needed.

The beneficiary's place of residence is defined as one of the following:

1. The beneficiary's private home;

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2. A nursing facility; or
3. An intermediate care facility for the developmentally disabled.

Exclusions

Providers will not be reimbursed for the following services:

1. Procedures involving fluoroscopy;
2. Procedures involving the use of contrast media;
3. Procedures requiring the administration of a substance to the beneficiary, the injection of a substance, or the spinal manipulation of the beneficiary;
4. Procedures requiring special technical competency and/or special equipment or materials;
5. Routine screening procedures such as annual physicals;;
6. Procedures which are not of a diagnostic nature, e.g., therapeutic x-ray treatments; and
7. Annual x-rays.

Medicaid does not cover Portable X-Ray services in a hospital.

Limitations

These services are only to be performed where there is true medical necessity and the beneficiary cannot access or otherwise be examined on fixed conventional radiology equipment.

Portable X-rays are not to be performed for “routine” purposes or for reasons of convenience.

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SECTION 36.2: BENEFICIARY REQUIREMENTS**PAGE(S) 1**

BENEFICIARY REQUIREMENTS

Beneficiaries must be eligible for Medicaid services, homebound and must have had x-ray services ordered by their physician. Beneficiaries are considered to be homebound when a medical condition causes them to be unable to leave their place of residence without the use of special transportation or the assistance of another person. The place of residence may be the beneficiary's own home, a nursing home or an intermediate care facility for a person with a developmental disability.

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PROVIDER REQUIREMENTS

In order to bill Louisiana Medicaid for Portable X-Ray services, providers must:

1. Comply with all Medicare guidelines for Portable X-Ray providers;
2. Maintain certification to practice radiology in the state of Louisiana;
3. Enroll with Louisiana Medicaid as a Portable X-Ray provider; and
4. Exist independently of any hospital, clinic, or physician's office.

Portable X-Ray services must be provided under the general supervision of a licensed physician who is qualified by advanced training and experienced in the use of diagnostic x-rays. The supervising physician is responsible for the ongoing oversight of the quality of the testing performed, the proper operation and calibration of the equipment used to perform the tests, and the qualifications of non-physician personnel that use the equipment. Any non-physician personnel utilized by the Portable X-Ray provider to perform tests must demonstrate the basic qualifications and possess appropriate training and proficiency as evidence by licensure or certification.

Providers must maintain complete, individual, accurate and legible records. Records must include documentation of services provided to beneficiaries and billed to Medicaid.

Records must include the following:

1. A written order which includes the original signature of the beneficiary's treating provider;
2. Date test was ordered;
3. Beneficiary's diagnosis; and
4. The specific test requested.

These records must be made available upon request to the Bureau of Health Services Financing (BHSF) or its designee and federal and state auditors and investigators.

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Provider Responsibilities

All providers, including their staff, contracted staff and volunteers must comply with the Health Insurance Portability and Accountability Act (HIPAA) privacy requirements.

The Portable X-Ray provider is responsible for determining that a beneficiary is Medicaid eligible on the date of service.

Providers must keep the following records for each beneficiary for a period of at least 6 years:

1. A copy of the written, signed and dated order by the beneficiary's physician;
2. The date of the x-ray examination;
3. The name of the operator(s) of the Portable X-Ray equipment;
4. The name of the physician who performed the professional interpretation of the procedure; and
5. The date the x-ray was sent to the physician.

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REIMBURSEMENT

Providers should use the most appropriate Healthcare Common Procedure Coding System (HCPCS)/Current Procedural Terminology (CPT) code representing the service performed when submitting claims to Medicaid.

Guidelines indicated in the pertinent CPT manual are to be followed when billing for these services unless specifically directed otherwise by Louisiana Medicaid.

Only the codes that are included in the Fee Schedule may be billed to Medicaid for reimbursement. (See Appendix A for information regarding the Fee Schedule).

To be reimbursed by Medicaid, a Portable X-Ray provider must perform both the technical and professional components of the service. The technical component is the x-ray procedure and the professional component is the provision of an interpretive report to the ordering practitioner.

FEE SCHEDULE

Information regarding the Fee Schedule to be used for Portable X-Rays can be obtained at the link below: https://www.lamedicaid.com/Provweb1/fee_schedules/PORT_RAD.pdf

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OFFICE NAME	TYPE OF ASSISTANCE	CONTACT INFORMATION
Gainwell Technologies – Provider Enrollment Unit (PEU)	Provides assistance with provider enrollment, provider changes and direct deposit problems.	Gainwell Technologies Provider Enrollment Unit P.O. Box 80159 Baton Rouge, LA 70898 Phone: (225) 216-6370 Fax: (225) 216-6392
Gainwell Technologies – Provider Relations Unit	Provides specific information about the Portable X-Ray program and provides assistance with questions regarding billing information.	Gainwell Technologies Provider Relations Unit P. O. Box 91024 Baton Rouge, LA 70821 Phone: 1-800-473-2783 or (225) 924-5040 (local) Fax: (225) 216-6334
Gainwell Technologies– Claims Processing Unit	Processes claims.	Gainwell Technologies P. O. Box 91020 Baton Rouge, LA 70821
Medicaid Eligibility Verification System (MEVS)/Recipient Eligibility Verification System (REVS)	Verifies beneficiary eligibility.	www.lamedicaid.com