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;

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.