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**CHAPTER 36: PORTABLE X-RAY**

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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:

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

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

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

- The beneficiary's private home;
- A nursing facility; or
- An intermediate care facility for the developmentally disabled.

**Exclusions**

Providers will not be reimbursed for the following services:

- Procedures involving fluoroscopy;
- Procedures involving the use of contrast media;
- Procedures requiring the administration of a substance to the beneficiary, the injection of a substance, or the spinal manipulation of the beneficiary;
- 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; and
- 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.