
CHAPTER 36: PORTABLE X-RAY

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COVERED SERVICES

Specific diagnostic radiology services for an eligible recipient may be provided in the recipient'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 recipient's physician.

Covered radiographs are limited to:

- Skeletal films of a recipient's arms, legs, pelvis, vertebral column or skull,
- Chest films which do not involve the use of contrast media, and
- Abdominal films 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 recipients at a single location during a single trip to that location.

The physician's order must clearly state the

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

The recipient's place of residence is defined as

- The recipient's private home,

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- 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 recipient, the injection of a substance, or the spinal manipulation of the recipient,
- 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 recipient 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.