
CHAPTER 36: PORTABLE X-RAY

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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.