



528.5 PORTABLE X-RAY

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DISCLAIMER: This chapter does not address all the complexities of Medicaid policies and procedures, and must be supplemented with all State and Federal Laws and Regulations. Contact BMS Fiscal Agent for coverage, prior authorization requirements, service limitations and other practitioner information.

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BACKGROUND

West Virginia Medicaid covers diagnostic and therapeutic radiology and nuclear medicine services. Prior authorization is required for specific services. If the radiology service is a covered service and requires prior approval, the prior authorization is required before the service is rendered regardless of the place of service, unless medically necessary during an emergent visit at an emergency room. A referring/treating provider must order all covered services. The treating provider is the provider responsible for the management of the member's specific medical problems.

POLICY

528.5.1 COVERED SERVICES

Specific diagnostic radiology services provided by portable x-ray providers are considered for payment when it is deemed medically necessary by the member's provider for the service to be rendered in a Nursing Facility or the member's home. These services shall only be performed where there is true medical necessity and when the member 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.

Covered radiology services limited to portable x-ray providers are defined as:

- Skeletal films involving the extremities, pelvis, vertebral column, or skull
- Chest and abdominal films that do not involve the use of contrast media
- Diagnostic mammograms if the approved portable x-ray provider, as defined in [42 CFR part 486, subpart C](#), meets the certification requirements of section 354 of the Public Health Services Act, as implemented by [21 CFR part 900, subpart B](#). FDA certification under the [Mammography Quality Standards Act of 1992](#) (MQSA) is required.

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

Reimbursement for transportation of equipment and personnel to provide radiological services is limited to one unit of service, per location, per day when one West Virginia Medicaid member is seen.

If more than one Medicaid member is x-rayed at the same place of service, (transportation of portable x-ray equipment and personnel, more than one member seen), is to be reported with the appropriate modifier.

Setup of portable x-ray equipment at the site of service, and transportation and/or set up charges for portable EKG services, are not reimbursable.

Refer to [528.1, Radiology Services Policy](#) for additional information regarding prior authorization, retrospective review, and documentation requirements.

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Non-Covered services are not eligible for DHHR Fair Hearings or Desk/Document Reviews.

528.5.2 PROVIDER PARTICIPATION AND ENROLLMENT

The portable x-ray provider must meet the Centers for Medicare and Medicaid Services' (CMS) enrollment requirements (see [42 CFR part 486, subpart C.](#)) as a portable x-ray provider in order to be reimbursed for services provided to West Virginia Medicaid members. Portable x-ray services must be provided under the general supervision of one or more licensed physicians 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 evidenced by licensure or certification.

All entities wishing to enroll as a portable x-ray provider with the West Virginia Medicaid Program must provide Provider Enrollment with the following:

- A copy of the Medicare approval that certifies them by CMS as a Portable X-ray Provider
- Completed West Virginia Medicaid enrollment application
- Registration/certification of radiological equipment
- List of procedure codes provider is approved by CMS to provide
- Name and copy of current license of each supervising radiologist, including any medical specialty certifications
- Mammography Certification issued by [Mammography Quality Standards Act of 1992](#) (MQSA). (Only if mammograms are performed)
- Certificate of Need

Refer to [Chapter 300, Provider Participation Requirements.](#)

GLOSSARY

Definitions in [Chapter 200, Definitions and Acronyms](#) apply to all West Virginia Medicaid services, including those covered by this chapter. Definitions in this glossary are specific to this chapter.

Mammogram: A radiographic image of the breast.

Mammography: A radiograph of the breast, which may utilize specialized diagnostic procedures including computer analyzed digitalization or digital mammography

Portable X-ray Provider: A provider of radiological procedures that utilizes hand-carried or mobile radiological systems or components in the member's residence.



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REFERENCES

West Virginia State Plan references radiology services at sections [3.1-A\(3\)](#) and [3.1-B\(3\)](#).

CHANGE LOG

REPLACE	TITLE	CHANGE DATE	EFFECTIVE DATE
Entire Chapter 528 – Radiology Services	528.5 Portable X-Ray		October 2, 2015

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