



Aetna Better Health® of Louisiana

# AETNA BETTER HEALTH® d/b/a Aetna Better Health of Louisiana Policy

Policy Name:	<b><u>Portable X-ray</u></b>	Page:	1 of 3
Department :	<b><u>Reimbursement</u></b>	Policy Number:	<b><u>ABHLA-RP-A0016</u></b>
Subsection:		Effective Date:	00/00/2020
Applies to:	Aetna Better Health of Louisiana		

## **PURPOSE:**

To establish criteria and guidance for the reimbursement of Portable X-ray procedures.

## **STATEMENT OF OBJECTIVE/OVERVIEW:**

In accordance with the [Louisiana Medicaid Portable X-ray Provider Services Manual](#), Aetna Better Health of Louisiana (ABHLA) reimburses payment of medically necessary diagnostic x-ray services to Medicaid eligible recipients who are unable to travel to a physician's office or outpatient hospital's radiology facility.

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: ABHLA 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. ABHLA 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.

ABHLA will reimburse only 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 for portable x-ray services must clearly state the following:

## **ADMINISTRATION**



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- suspected diagnosis or reason the x-ray is required
- area of the body to be exposed
- number of radiographs ordered
- precise views needed.

Portable x-ray units transported to a recipient’s residence are to be billed with the Place of Service (POS) as the location where the service has been rendered, rather than using POS 15 (Mobile Unit). The recipient’s place of residence should be billed with the appropriate POS on the CMS-1500:

- 12 – the recipient’s private home.
- 31 – a skilled nursing facility.
- 32 – a nursing facility.
- 54 – an intermediate care facility for the developmentally disabled.

ABHLA does not reimburse the following portable x-ray 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.
- annual x-rays.
- portable x-ray services provided in a hospital.

## **DEFINITIONS:**

X-ray	A form of electromagnetic radiation used for medical imaging.
Radiograph	An image produced on a plate or on film using x-rays.

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Fluoroscopy	A real-time imaging technique involving the use of x-rays.
Contrast Media	Substances used to increase the contrast level of an image.
CMS-1500	Developed by the Centers for Medicare and Medicaid Services (CMS), the CMS-1500 is the standard form for billing medical and professional services.

### **LEGAL/CONTRACT REFERENCE:**

Review/Revision History	
<b><u>03/03/2021</u></b>	<b><u>Submitted to LDH</u></b>