



# Florida Medicaid

## Portable X-ray Services Coverage and Limitations Handbook

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Agency for Health Care Administration







JEB BUSH, GOVERNOR

ALAN LEVINE, SECRETARY

April 1, 2005

Dear Portable X-ray Services Provider:

The Florida Medicaid Portable X-ray Services Coverage and Limitations Handbook was updated effective January 2005. The handbook was revised to remove the procedure codes and fee schedule. See Fee Schedules on this CD-ROM for the 2005 procedure codes and fees. The CD-ROM also contains the 2004 fee schedules for billing claims with dates of service prior to January 1, 2005.

The following pages were replaced in the enclosed handbook:

Updated Pages
Update Log
Table of Contents
Chapter 3, page 3-1
Appendix A, Procedure Codes and Fee Schedule, was deleted.

The fee schedules, all the Medicaid handbooks, and additional information about Florida Medicaid are also available on the Medicaid fiscal agent's website at <http://floridamedicaid.acs-inc.com>. Click on Provider Support. Please call your area Medicaid office if you have any questions. The area offices' telephone numbers are in Appendix C of the Florida Medicaid Provider General Handbook.

We appreciate the services that you provide to Florida's Medicaid recipients.

Sincerely,

Thomas W. Arnold  
Deputy Secretary for Medicaid





# UPDATE LOG

## PORTABLE X-RAY SERVICES COVERAGE AND LIMITATIONS HANDBOOK

### ***How to Use the Update Log***

**Introduction**

Changes to the handbook will be sent out as handbook updates. An update can be a change, addition, or correction to policy. It may be either a pen and ink change to the existing handbook pages or replacement pages.

It is very important that the provider read the updated material and file it in the handbook as it is the provider's responsibility to follow correct policy to obtain Medicaid reimbursement.

**Explanation of the Update Log**

The provider can use the update log to determine if all the updates to the handbook have been received.

Update No. is the month and year that the update was issued.  
Effective Date is the date that the update is effective.

**Instructions**

1. Make the pen and ink changes and file new or replacement pages.
2. File the cover page and pen and ink instructions from the update in numerical order after the log.

If an update is missed, write or call the Medicaid fiscal agent at the address given in Appendix C of the Florida Medicaid Provider General Handbook.

UPDATE NO.	EFFECTIVE DATE
New Handbook	March 1996
97-1 – -Replacement Pages	March 1997
99-1– Replacement Pages	April 1999
01-1 – Replacement Pages	April 2001
01-2 – Errata Letter	May 2001
02-1 – Replacement Pages	April 2002
03-1 – Replacement Pages	March 2003
Oct2003 – Revised Handbook	October 2003
Jan2005 – Remove Appendix A	January 2005



# PORTABLE X-RAY SERVICES COVERAGE AND LIMITATIONS HANDBOOK

## Table of Contents

<b>Chapter/Topic</b>	<b>Page</b>
<b>Introduction</b>	
Handbook Use and Format .....	ii
Characteristics of the Handbook .....	iii
Handbook Updates.....	iii
<b>Chapter 1 – Provider Qualifications and Enrollment</b>	
Purpose and Definitions .....	1-1
Provider Qualifications .....	1-2
Provider Requirements.....	1-3
<b>Chapter 2 - Covered Services, Limitations, and Exclusions</b>	
Covered Services .....	2-1
Limitations and Exclusions .....	2-4
<b>Chapter 3 - Procedure Codes and Fee Schedule</b>	
Reimbursement Information.....	3-1
Procedures Priced By Report .....	3-2
How to Read the Procedure Code Fee Schedule.....	3-2
Appendix A: Reserved.....	A-1



## INTRODUCTION TO THE HANDBOOK

### Overview

#### Introduction

This chapter introduces the format used for the Florida Medicaid handbooks and tells the reader how to use the handbooks.

#### Background

There are three types of Florida Medicaid handbooks:

- Provider General Handbook describes the Florida Medicaid Program.
- Coverage and Limitations Handbooks explain covered services, their limits, who is eligible to receive them, and the fee schedules.
- Reimbursement Handbooks describe how to complete and file claims for reimbursement from Medicaid.

Exceptions: For Prescribed Drugs and Transportation Services, the coverage and limitations handbook and the reimbursement handbook are combined into one.

#### Legal Authority

The following federal and state laws govern Florida Medicaid:

- Title XIX of the Social Security Act,
- Title 42 of the Code of Federal Regulations,
- Chapter 409, Florida Statutes, and
- Chapter 59G, Florida Administrative Code.

The specific Federal Regulations, Florida Statutes, and the Florida Administrative Code, for each Medicaid service are cited for reference in each specific coverage and limitations handbook.

#### In This Chapter

This chapter contains:

TOPIC	PAGE
Handbook Use and Format	ii
Characteristics of the Handbook	iii
Handbook Updates	iii

***Handbook Use and Format***

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**Purpose** The purpose of the Medicaid handbooks is to furnish the Medicaid provider with the policies and procedures needed to receive reimbursement for covered services provided to eligible Florida Medicaid recipients.

The handbooks provide descriptions and instructions on how and when to complete forms, letters or other documentation.

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**Provider** The term "provider" is used to describe any entity, facility, person or group who is enrolled in the Medicaid program and renders services to Medicaid recipients and bills Medicaid for services.

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**Recipient** The term "recipient" is used to describe an individual who is eligible for Medicaid.

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**General Handbook** General information for providers regarding the Florida Medicaid Program, recipient eligibility, provider enrollment, fraud and abuse policy, and important resources is included in the Florida Medicaid Provider General Handbook. This general handbook is distributed to all enrolled Medicaid providers and is updated as needed.

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**Coverage and Limitations Handbook** Each coverage and limitations handbook is named for the service it describes. A provider who furnishes more than one type of service will have more than one coverage and limitations handbook.

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**Reimbursement Handbook** Each reimbursement handbook is named for the claim form that it describes.

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**Chapter Numbers** The chapter number appears as the first digit before the page number at the bottom of each page.

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**Page Numbers** Pages are numbered consecutively throughout the handbook. Page numbers follow the chapter number at the bottom of each page.

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**White Space** The "white space" found throughout a handbook enhances readability and allows space for writing notes.

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## ***Characteristics of the Handbook***

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**Format**

The format styles used in the handbooks represent a concise and consistent way of displaying complex, technical material.

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**Information Block**

Information blocks replace the traditional paragraph and may consist of one or more paragraphs about a portion of the subject. Blocks are separated by horizontal lines.

Each block is identified or named with a label.

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**Label**

Labels or names are located in the left margin of each information block. They identify the content of the block in order to facilitate scanning and locating information quickly.

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**Note**

Note is used most frequently to refer the user to pertinent material located elsewhere in the handbook.

Note also refers the user to other documents or policies contained in other handbooks.

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**Topic Roster**

Each chapter contains a topic roster on the first page which serves as a table of contents for the chapter, listing the subjects and the page number where the subject can be found

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## ***Handbook Updates***

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**Update Log**

The first page of each handbook will contain the update log.

Every update will contain a new updated log page with the most recent update information added to the log. The provider can use the update log to determine if all updates to the current handbook have been received.

Each update will be designated by an "Update No." and the "Effective Date".

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**Handbook Updates**, continued

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**How Changes Are Updated**

The Medicaid handbooks will be updated as needed. Changes may consist of any one of the following:

1. Pen and ink updates—Brief changes will be sent as pen and ink updates. The changes will be incorporated on replacement pages the next time replacement pages are produced.
2. Replacement pages—Lengthy changes or multiple changes that occur at the same time will be sent on replacement pages. Replacement pages will contain an effective date that corresponds to the effective date of the update.
3. Revised handbook—Major changes will result in the entire handbook being replaced with a new effective date throughout.

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**Numbering Update Pages**

Replacement pages will have the same number as the page they are replacing. If additional pages are required, the new pages will carry the same number as the preceding replacement page with a numeric character in ascending order. (For example: page 1-3 may be followed by page 1-3.1 to avoid reprinting the entire chapter.)

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**Effective Date of New Material**

The month and year that the new material is effective will appear in the inner corner of each page. The provider can check this date to ensure that the material being used is the most current and up to date.

If an information block has an effective date that is different from the effective date on the bottom of the page, the effective date will be included in the label.

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**Identifying New Information**

New material will be indicated by vertical lines. The following information blocks give examples of how new labels, new information blocks, and new or changed material within an information block will be indicated.

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**New Label**

A new label for an existing information block will be indicated by a vertical line to the left and right of the label only.

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**New Label and New Information Block**

A new label and a new information block will be identified by a vertical line to the left of the label and to the right of the information block.

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**New Material in an Existing Information Block**

New or changed material within an existing information block will be indicated by a vertical line to the left and right of the information block.

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**New or Changed Paragraph**

A paragraph within an information block that has new or changed material will be indicated by a vertical line to the left and right of the paragraph.

| Paragraph with new material. |

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# CHAPTER 1

## PORTABLE X-RAY SERVICES

### PROVIDER QUALIFICATIONS AND ENROLLMENT

**Overview**

**Introduction**

This chapter describes the Medicaid Portable X-ray Services Program, the specific authority regulating Medicaid portable X-ray services, and provider enrollment qualifications.

**Legal Authority**

The federal authority for Medicaid portable X-ray services is established in Title XIX of the Social Security Act and the United States Code, Title 42, Section 1396a. The state authority for Medicaid portable X-ray services is established in Chapter 409, Florida Statutes (F.S.), and in Chapter 59G, Florida Administrative Code (F.A.C.). The state authority for regulating portable X-ray services is established in Chapters 404, 455 and 468, F.S.

**In This Chapter**

This chapter contains:

TOPIC	PAGE
Purpose and Definitions	1-1
Provider Qualifications	1-2
Provider Requirements	1-3

**Purpose and Definitions**

**Purpose**

The Medicaid Portable X-ray Services Program provides for medically necessary, diagnostic X-ray services provided at the residence of a recipient who is unable to travel to a physician's office or outpatient hospital's radiology facility.

Note: See the Glossary in the Florida Medicaid Provider General Handbook, for the definition of medically necessary.

**Purpose of this Handbook**

This handbook is intended for use by portable X-ray suppliers that provide services to Medicaid recipients. It must be used in conjunction with the Florida Medicaid Provider General Handbook, which contains general information about the Medicaid program, and the Florida Medicaid Provider Reimbursement Handbook, CMS-1500, which contains the specific procedures for submitting claims for payment.

**Purpose and Definitions**, continued

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**Portable X-ray Services**

Portable X-ray services are radiological procedures that are provided with hand-carried or mobile radiological systems or components in the recipient's residence.

Although Medicare reimburses portable X-ray providers for several types of procedures, such as ECGs, Medicaid portable X-ray services are limited to non-ionizing radiological procedures and procedures that do not require the use of contrast media.

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**Provider Qualifications**

**Medicare Certification**

Portable X-ray suppliers that are currently certified by the Centers for Medicare and Medicaid Services (CMS) to provide Medicare services in Florida are eligible to enroll in the Medicaid Portable X-ray Services Program.

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**Supervision of Portable X-ray**

Portable X-ray providers must provide services under the general supervision of a licensed doctor of medicine or osteopathy. In accordance with Medicare certification requirements, the supervising physician must be qualified by advanced training and experienced in the use of X-rays for diagnostic purposes.

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**Ownership of Equipment**

As required for Medicare certification, one of the following criteria must be met:

- The supervising physician must own the equipment and allow it to be operated only by his or her employees; or
  - If the physician does not own the equipment, the supervising physician must certify annually that he:
    - Checks the procedural manuals and observes the operators' performance;
    - Has verified that equipment and personnel meet applicable federal and state licensure and registration requirements; and
    - Has verified that safe operating procedures are used.
- 

**Equipment Registration**

Portable X-ray providers must register the radiological systems or components used in the provision of services with the State of Florida in compliance with Chapter 64E-5.511, Florida Administrative Code.

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**Provider Requirements**

**General Requirements**

In addition to general provider requirements and responsibilities that are contained in the Florida Medicaid Provider General Handbook, portable X-ray providers are also responsible for complying with the provisions contained in this section.

**Provider Responsibility**

Florida Medicaid has implemented all of the requirements contained in the federal legislation known as the Health Insurance Portability and Accountability Act (HIPAA). As trading partners with Florida Medicaid, all Medicaid providers, including their staff, contracted staff and volunteers, must comply with HIPAA privacy requirements effective April 14, 2003. Providers who meet the definition of a covered entity according to HIPAA must comply with HIPAA Electronic Data Interchange (EDI) requirements effective October 16, 2003. This coverage and limitation handbook contains information regarding changes in procedure codes mandated by HIPAA. The Florida Medicaid Provider Reimbursement Handbooks contain the claims processing requirements for Florida Medicaid, including the changes necessary to comply with HIPAA.

Note: For more information regarding HIPAA privacy in Florida Medicaid see Chapter 2 in the Florida Medicaid Provider General Handbook.

Note: For more information regarding claims processing changes in Florida Medicaid because of HIPAA, see the Florida Medicaid Provider Reimbursement Handbook, CMS-1500.

Note: For information regarding changes in EDI requirements for Florida Medicaid because of HIPAA, contact the Medicaid fiscal agent EDI help desk at 800-829-0218.



## CHAPTER 2

### PORTABLE X-RAY SERVICES

#### COVERED SERVICES, LIMITATIONS AND EXCLUSIONS

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#### **Overview**

#### **Introduction**

This chapter describes the diagnostic radiological services performed by a portable X-ray provider that may be reimbursed by Florida Medicaid. It also describes service limitations and exclusions.

#### **In This Chapter**

This chapter contains:

TOPIC	PAGE
Covered Services	2-1
Limitations and Exclusions	2-3

#### **Covered Services**

#### **Medically Necessary**

Medicaid reimburses for services that are determined medically necessary, do not duplicate another provider's service, and are:

- Individualized, specific, consistent with symptoms or confirmed diagnosis of the illness or injury under treatment, and not in excess of the recipient's needs;
- Not experimental or investigational;
- Reflective of the level of services that can be safely furnished, and for which no equally effective and more conservative or less costly treatment is available statewide; and
- Furnished in a manner not primarily intended for the convenience of the recipient, the recipient's caretaker, or the provider.

The fact that a provider has prescribed, recommended, or approved medical or allied care, goods, or services does not, in itself, make such care, goods or services medically necessary or a covered service.

**Note:** See the Glossary, in the Florida Medicaid Provider General Handbook, for the definition of medically necessary.

**Covered Services**, continued

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<b>Place of Service</b>	Portable X-ray services must be provided at the recipient's residence.
<b>Recipient's Residence</b>	<p>The recipient's residence must be one of the following:</p> <ul style="list-style-type: none"><li>• Recipient's private home;</li><li>• Assisted living facility (ALF);</li><li>• Nursing facility; or</li><li>• Intermediate care facility for the developmentally disabled (ICF/DD).</li></ul>
<b>Request for X-ray Services</b>	A request for portable X-ray services must be signed and dated by the ordering health care practitioner and documented in the patient's record.
<b>Components of a Request for Services</b>	<p>Medicaid requires appropriate supporting documentation to reimburse a portable X-ray provider for services rendered to a recipient. At a minimum, this documentation includes the written requests, signed by the ordering physician, which clearly details the following information.</p> <p>The physician must identify the specific diagnosis that prevents a particular recipient from going to a stationary radiographic installation, on the actual claimed date of service.</p> <p>The physician's order must clearly state:</p> <ul style="list-style-type: none"><li>• Suspected diagnosis or reason the X-ray is required;</li><li>• Area of the body to be exposed;</li><li>• Number of radiographs ordered; and</li><li>• Precise views needed.</li></ul>
<b>Who May Request Service</b>	Portable X-ray services may be requested by a doctor of medicine or osteopathy licensed to practice in Florida as well as other licensed health care practitioners so authorized within the scope of their practice.

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**Covered Services**, continued

**Recipient Status**

The portable X-ray provider is responsible for determining that a recipient is Medicaid eligible and whether the recipient is enrolled in a Medicaid managed care program on the date of service.

Note: See Chapter 3 in the Florida Medicaid General Handbook for information on determining an individual's Medicaid eligibility and Medicaid managed care enrollment status.

**Procedure Codes and Fee Schedule**

Medicaid may reimburse portable X-ray providers only for the services listed in the Portable X-ray Services Procedure Codes and Fee Schedule.

Note: See Appendix A, Chapter 3, in this handbook for the Portable X-ray Services Procedure Codes and Fee Schedule.

**Professional and Technical Components**

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. The professional component is the provision of an interpretive report to the ordering practitioner.

Medicaid does not reimburse providers who perform the technical component of the X-ray procedure, and obtain a consultation from an outside practitioner for the professional component.

**Limitations and Exclusions**

**X-ray Services Limitation**

Medicaid reimbursement for portable X-ray services is limited to one unit of service, per procedure, per recipient, per day. Exceptions to the limit may be allowed when medically necessary.

Note: See Procedures Priced By Report in Chapter 3 in this handbook for information on obtaining reimbursement for a service that exceeds the daily limit.

**Transportation Limitation**

Reimbursement for transportation of equipment and personnel necessary to provide radiological services is limited to one unit of service, per location, per day, regardless of the number of recipients served.

**Transportation Exclusion**

A provider may not bill Medicaid for the transportation of equipment used to provide a non-covered Medicaid service.

**Limitations and Exclusions**, continued

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<b>Setup of Equipment</b>	A provider may not bill Medicaid for the setup of X-ray equipment at the site of the service.
<b>Type of X-ray Services</b>	Medicaid does not reimburse for radiological procedures that produce ionization or require the use of contrast media.
<b>Excluded Procedures</b>	Any procedure not listed in the Portable X-ray Services Procedure Codes and Fee Schedule in Chapter 3 in this handbook is not reimbursable by Medicaid.
<b>Provider Error</b>	Medicaid does not reimburse for X-rays repeated due to provider error.
<b>Comparison X-rays</b>	Medicaid does not reimburse for X-rays taken in order to provide a comparison with another X-ray.
<b>Prohibited Referrals</b>	Medicaid may not reimburse a portable X-ray provider for an X-ray ordered by a practitioner who has, or whose family has, an ownership or financial interest in the X-ray provider or who receives compensation for requesting services from the X-ray provider.

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## CHAPTER 3

### PORTABLE X-RAY SERVICES

### PROCEDURE CODES AND FEE SCHEDULE

**Overview**

**Introduction**

This chapter describes the procedure codes, maximum fees, and daily limits for services covered by the portable X-ray program.

**In This Chapter**

This chapter contains:

TOPIC	PAGE
Reimbursement Information	3-1
Procedures Priced by Report	3-2
How to Read the Procedure Codes Fee Schedule	3-3

Note: See the Florida Medicaid Provider Reimbursement Schedule for the fee schedules. The Reimbursement Schedule is available on the CD-Rom and the Medicaid fiscal agent's website at <http://floridamedicaid.acs-inc.com>. Click on Provider Support, and then on Fees.

**Reimbursement Information**

**Co-payment**

Medicaid recipients, unless they are exempt, are responsible for paying a \$1.00 co-payment, per provider, per day for portable X-ray services.

Note: See Chapter 1 of the Florida Medicaid Provider General Handbook, for categories of recipients that are exempt from the co-payment.

**Procedure Codes**

Medicaid reimburses portable X-ray services through procedure codes that are based on the Health Care Financing Administration Common Procedure Coding System (HCPCS), Levels 1 and 2.

Level 1 HCPCS codes are based on the *Current Procedural Terminology*, Fourth Edition, (CPT) book and are a systematic listing and coding of procedures and services performed by physicians and other health care providers. Each procedure or service is identified by a five digit numeric code. CPT codes and descriptions are copyrighted 2005 by the American Medical Association. All rights reserved.

**Reimbursement Information**, continued

**Procedure Codes**,  
continued

Level 2 codes are national codes used to describe health care services and supplies. They are distinguished from Level 1 (codes) by beginning with a single letter (A through V) followed by four numeric digits. The codes are part of the standard code set described in HCPCS Level II Expert code book. Please refer to the HCPCS Level II Expert code book for complete descriptions of the standard codes. The HCPCS Level II Expert code book is copyright 2002 by Ingenix, Inc. All rights reserved.

Effective October 16, 2003, in compliance with the federal requirements found in the Health Insurance Portability and Accountability Act (HIPAA), Florida Medicaid will process claims for only the standard code sets allowed in the federal legislation.

**Procedures Priced by Report**

**Description**

A procedure priced by report is a procedure that must be reviewed by a medical consultant to determine if Medicaid may reimburse for the procedure and the reimbursement amount. To make this determination, a report must be attached to the claim.

**Exceptions to  
Service Limits**

When it is medically necessary to perform more than one service per day, the provider must submit a paper claim. The claim will be reviewed to determine if Medicaid can reimburse for the additional service.

The claim must have the appropriate procedure code with a modifier 22, which signifies that the procedure being billed is for an unusual service. A written report, as described below, and a copy of the portable X-ray service order must be attached to the claim.

Note: See Chapter 1 in the Florida Medicaid Provider Reimbursement Handbook, CMS-1500, for instructions on completing item 24D of the claim for a modified procedure.

**Report Contents**

The report must be prepared by the ordering practitioner and detail the medical necessity for the additional radiographs for which reimbursement is being sought.

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***How to Read the Procedure Codes Fee Schedule***

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**Introduction**

The Portable X-ray Procedure Codes and Fee Schedule is a table listing the procedure codes associated with Medicaid reimbursable portable X-ray services, their descriptions, maximum Medicaid fee, and daily limits.

The information that follows identifies and describes the individual column headings, reading from left to right.

Note: See Appendix A of this chapter for the Portable X-ray Procedure Codes and Fee Schedule.

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**Code**

This column identifies the five-digit procedure codes associated with the covered services. The codes are listed in ascending order.

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**Description**

This column describes the radiological procedure or transportation of equipment associated with the five-digit procedure code.

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**Max**

The amount that appears in this column is the maximum amount Medicaid will pay for the complete procedure.

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**Units**

The number in this column indicates the daily limit for the procedure.

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**Spec**

When an "L/R" appears in this column, it indicates that when the code is billed, the side of the body X-rayed (left or right) must be indicated with a modifier LT or RT on the claim.

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## APPENDIX A

### RESERVED

Note: See the Florida Medicaid Provider Reimbursement Schedule for the fee schedules. The Reimbursement Schedule is available on the CD-Rom and the Medicaid fiscal agent's website at <http://floridamedicaid.acs-inc.com>. Click on Provider Support, and then on Fees.







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