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**PAYMENT POLICY ID NUMBER: 10-029**

**Original Effective Date:** 11/30/10

**Revised:** 08/21/12

## **Portable X-Ray and EKG Supplier Services**

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**DESCRIPTION:**

Portable X-ray supplier services are those radiology services that may be safely performed at the patient's bedside using portable equipment, (e.g., C-arm or swing arm).

Portable EKG services are those services that may be safely performed at the patient's bedside using portable equipment.

**REIMBURSEMENT INFORMATION:**

Diagnostic X-ray and EKG services furnished by a supplier not under the direct supervision of a physician may be eligible for coverage when the following criteria are met:

- The health and safety standards are approved under the State of Florida;
- The diagnostic tests must be furnished in a place of residence used as the patient's home;
- Covered portable x-rays are skeletal films involving arms, legs, pelvis, vertebral column, and skull, chest films which do not involve the use of contrast media;
- Abdominal films which do not involve the use of contrast media.

Reimbursement for transportation of portable x-ray equipment and set up services by an approved supplier is included in the allowance for the covered portable x-ray service.

Reimbursement for transportation of portable EKG equipment by an approved supplier is included in the allowance for covered EKG service.

**BILLING/CODING INFORMATION:**

Claims for portable X-ray and EKG services must contain the name of the ordering physician and a patient diagnosis.

The following codes may be used to describe portable X-ray and EKG services:

**HCPCS Coding:**

Q0092	Set-up portable x-ray equipment
R0070	Transportation of portable x-ray equipment and personnel to home or nursing home, per trip to facility or location, one patient seen
R0075	Transportation of portable x-ray equipment and personnel to home or nursing home, per trip to facility or location, more than one patient seen
R0076	Transportation of portable EKG to facility or location, per patient  NOTE: this code is considered a "B" status code as defined by CMS. Please refer to the B-Status Code Policy for additional information.

**DEFINITIONS:**

Contrast Media – Substances, such as barium or air, used in radiography to increase the contrast of an image.

EKG – Electrocardiogram; A test that records the electrical activity of the heart that is used in diagnosing some heart abnormalities.

**REFERENCES:**

1. Ingenix, HCPCS Level II, 2010.
2. Medicare Claims Processing Manual, Chapter 13 – Radiology Services and Other Diagnostic Procedures: 90 – Services of Portable X-Ray Supplier, 10/01/03

**COMMITTEE APPROVAL:**

This Payment Policy was approved by the Florida Blue Payment Policy Committee on 11/30/10.

**GUIDELINE UPDATE INFORMATION:**

11/30/10	New Payment Policy.
08/21/12	Revised – Changed name from BCBSF to Florida Blue

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