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

**Original Effective Date:** 11/30/2010

**Revised:** 07/11/2024

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

**THIS PAYMENT POLICY IS NOT AN AUTHORIZATION, CERTIFICATION, EXPLANATION OF BENEFITS, OR A GUARANTEE OF PAYMENT, NOR DOES IT SUBSTITUTE FOR OR CONSTITUTE MEDICAL ADVICE. ALL MEDICAL DECISIONS ARE SOLELY THE RESPONSIBILITY OF THE PATIENT AND PHYSICIAN. BENEFITS ARE DETERMINED BY THE GROUP CONTRACT, MEMBER BENEFIT BOOKLET, AND/OR INDIVIDUAL SUBSCRIBER CERTIFICATE IN EFFECT AT THE TIME SERVICES WERE RENDERED. THIS PAYMENT POLICY APPLIES TO ALL LINES OF BUSINESS AND PROVIDERS OF SERVICE. IT DOES NOT ADDRESS ALL POTENTIAL ISSUES RELATED TO PAYMENT FOR SERVICES PROVIDED TO FLORIDA BLUE MEMBERS AS LEGISLATIVE MANDATES, PROVIDER CONTRACT DOCUMENTS OR THE MEMBER'S BENEFIT COVERAGE MAY SUPERSEDE THIS POLICY.**

### **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 criteria for medical necessity are met.

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.

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

### **BILLING/CODING INFORMATION:**

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 on physician fee schedule as defined by CMS. Please refer to the B-Status Code Policy for additional information.

**RELATED PAYMENT POLICIES:**

B-Status Codes 10-004

**REFERENCES:**

1. Centers for Medicare and Medicaid Services, HCPCS Release and Code Sets, <https://www.cms.gov/Medicare/Coding/HCPCSReleaseCodeSets/HCPCS-Quarterly-Update>
2. Medicare Claims Processing Manual, Chapter 13 – Radiology Services and Other Diagnostic Procedures: 90 – Services of Portable X-Ray Supplier, <https://www.cms.gov/regulations-and-guidance/guidance/manuals/downloads/clm104c13.pdf>
3. Medicare Benefit Policy Processing Manual, Chapter 15 – Covered Medical and Other Health Services 80.4.3 - Scope of Portable X-Ray Benefit, <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c15.pdf>

**GUIDELINE UPDATE INFORMATION:**

11/30/2010	New Payment Policy.
08/21/2012	Revised – Changed name from BCBSF to Florida Blue
07/15/2016	Annual Review, no material changes
07/13/2017	Annual Review
07/19/2018	Annual Review
07/18/2019	Annual Review, no changes
07/09/2020	Annual Review, no changes
07/15/2021	Annual Review, no changes
07/14/2022	Annual Review: List of eligible coverage criteria removed, Related Payment Policies added, and References updated.
07/13/2023	Annual Review – Reference reviewed and updated.
07/11/2024	Annual Review – References reviewed and updated.

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