



## Ohio Administrative Code Rule 5160-11-21 Portable x-ray supplier services.

Effective: [March 9, 2026](#)

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(A) Providers. An entity may enroll in medicaid as a portable x-ray supplier only if it complies with the conditions set forth in 42 C.F.R. part 486 subpart C (October 1, 2025).

(B) Coverage.

(1) The radiology procedures performed by a portable x-ray supplier have both a professional component and a technical component.

(a) In general, a portable x-ray supplier performs the technical component of a procedure.

(b) A portable x-ray supplier may receive payment for the technical component alone if it performs only the technical component and the professional component is performed by a physician or other qualified healthcare professional not associated with the portable x-ray supplier by ownership, employment, or contract (e.g., interpretation of an x-ray is performed by an individual's treating practitioner).

(c) A portable x-ray supplier may receive payment for a global procedure if it performs both the professional and the technical components and the professional component is performed by a physician or other qualified healthcare professional who owns, is employed by, or is under contract with the portable x-ray supplier.

(d) A portable x-ray supplier cannot receive payment for the professional component alone.

(2) For payment purposes, only the following radiology procedures are considered to be portable x-ray services:

(a) Skeletal imaging involving the extremities, pelvis, vertebral column, and skull;



(b) Chest imaging;

(c) Abdominal imaging; and

(d) Diagnostic mammography if the provider meets the conditions set forth in 21 C.F.R. part 900 subpart B (October 1, 2025).

(3) Provisions affecting payment for radiology services are set forth in rule 5160-4-25 of the Administrative Code.

(4) No payment is made for the following procedures when they are performed by a portable x-ray supplier:

(a) Procedures involving fluoroscopy;

(b) Procedures involving the use of a contrast medium;

(c) Procedures involving the administration of a substance to the individual, the injection of a substance into the individual, or special manipulation of the individual;

(d) Procedures involving special medical skill or knowledge possessed by a physician or other qualified healthcare professional or the exercise of medical judgment;

(e) Procedures involving special technical competency or special equipment or materials not ordinarily needed for radiography;

(f) Routine screening procedures; and

(g) Procedures that are not of a diagnostic nature.

(5) Payment is available for the one-way transportation of portable x-ray equipment to a medicaid-eligible individual's place of residence. For each visit, only one equipment transportation charge is allowed, regardless of the number of persons served.



(C) Claim payment. For a covered global radiology procedure and its professional and technical components and for covered transportation of portable x-ray equipment, the medicaid maximum payment amounts are indicated in appendix DD to rule 5160-1-60 of the Administrative Code.