

BedsideImaging

How-To

Mobile Imaging Compliance Checklist

Everything your facility needs to set up compliant, survey-ready portable X-ray services

- ✓ Pre-service compliance checklist (18 items)
- ✓ CMS Conditions of Coverage requirements explained
- ✓ State radiation safety regulations overview
- ✓ Facility-side responsibilities for mobile imaging

Pre-Service Setup Checklist

Facility Administrative Requirements

- ☐ Verify mobile X-ray provider is CMS-enrolled as Specialty 63 supplier
- ☐ Obtain provider's Medicare supplier number and NPI
- ☐ Execute service agreement with detailed scope of work, pricing, and liability terms
- ☐ Obtain Certificate of Insurance (COI) — professional liability and general liability
- ☐ Confirm your facility is listed as additional insured on provider's policy
- ☐ Establish physician order protocol — every exam requires a signed order with clinical indication
- ☐ Set up PACS integration for direct image upload (DICOM-compatible)
- ☐ Establish radiologist read turnaround expectations (standard vs. STAT) in writing
- ☐ Create internal procedure for tracking exam orders, completion, and report receipt

Provider Credential Verification

- ☐ Verify ARRT certification for every technologist who will enter your facility (arrt.org)
- ☐ Verify state licensure for every technologist (state radiation control program)
- ☐ Obtain copies of all technologist credentials on file
- ☐ Confirm BLS certification for all technologists
- ☐ Verify provider's background check and drug screening policy for personnel
- ☐ Request and review provider's radiation safety manual
- ☐ Request most recent equipment calibration certificates (should be within 12 months)
- ☐ Request provider's annual quality assurance report including repeat/retake rates
- ☐ Confirm provider's supervising physician name and credentials

CMS Survey Readiness

State surveyors can and do ask for documentation of mobile X-ray provider credentials during facility surveys. Keep all verification records in a single, accessible file. Missing documentation can result in deficiency citations.

CMS Conditions of Coverage (42 CFR §486)

Federal Requirements Your Mobile X-Ray Provider Must Meet

The Conditions for Coverage for Portable X-Ray Suppliers (42 CFR Part 486, Subpart C) define the minimum standards for any supplier that provides mobile X-ray services and bills Medicare. Even if your facility uses a non-Medicare provider, these standards represent the industry baseline.

Required Standards

Standard	Requirement	Your Facility's Role
§486.100 — Personnel	Qualified technologists under physician supervision	Verify credentials before first visit
§486.102 — Equipment	FDA-compliant, properly calibrated, inspected annually	Request calibration certificates
§486.104 — Orders	Written physician order required for each exam	Ensure your physicians write orders with clinical indications
§486.106 — Reports	Radiologist interpretation within 24 hours (standard)	Monitor report turnaround times
§486.108 — Safety	Radiation safety program, ALARA protocols, dosimetry	Review provider's safety manual
§486.110 — Records	Maintain records per state and federal retention requirements	Keep copies of all orders and reports

Key Compliance Point

Your facility is responsible for ensuring that a valid physician order exists for every portable X-ray exam performed at your site. Orders must include the patient name, exam requested, and clinical indication. "PRN" or blanket standing orders are NOT sufficient.

Radiation Safety Requirements

Protecting Patients, Staff, and Visitors During Mobile Imaging

Facility-Side Radiation Safety Checklist

- ☐ Designate imaging area — private room or curtained space away from high-traffic areas
- ☐ Ensure lead aprons are available (or confirm provider brings their own)
- ☐ Post "X-Ray in Use" signage during imaging (provider typically supplies)
- ☐ Clear non-essential personnel from immediate area during exposure
- ☐ Confirm provider uses proper shielding (lead aprons, thyroid shields) on patients
- ☐ Verify provider's techs wear dosimetry badges and monitor exposure levels monthly
- ☐ Ensure pregnant staff are identified and excluded from imaging area during exposures
- ☐ Review provider's ALARA (As Low As Reasonably Achievable) protocols annually

State Radiation Control Programs

Regulation Area	Typical State Requirement
Equipment registration	All X-ray equipment must be registered with state radiation control program
Facility notification	Some states require notification when portable X-ray services operate at a location
Operator qualification	State-specific licensing or certification for X-ray operators
Equipment inspection	Periodic state inspection of X-ray equipment (frequency varies by state)
Shielding surveys	Some states require radiation shielding assessments for rooms used for portable X-ray
Incident reporting	Radiation overexposure events must be reported to state radiation control within specified timeframes

Contact your state's radiation control program (typically under the Department of Health or Department of Environmental Quality) to confirm specific requirements for facilities that host mobile X-ray services. Requirements vary significantly by state.

Image Quality & PACS Integration Checklist

Ensuring Diagnostic-Quality Images and Seamless EMR Integration

Image Quality Standards

- ☐ Provider uses digital radiography (DR preferred; CR acceptable) — NOT analog film
- ☐ Images meet ACR (American College of Radiology) quality standards
- ☐ Provider can demonstrate repeat/retake rate below 5%
- ☐ Provider performs daily quality checks on portable equipment before each route
- ☐ Images include proper patient identification, date/time stamp, anatomical markers (L/R), and facility identifier

PACS/EMR Integration

- ☐ Provider transmits images in DICOM format
- ☐ Direct PACS upload via VPN or secure cloud gateway established and tested
- ☐ Provider's imaging system and your PACS have matching patient identifiers (MRN reconciliation)
- ☐ Test transmission completed with successful image display and storage before go-live
- ☐ Radiologist reports delivered electronically to your EMR (HL7 or FHIR interface preferred)
- ☐ Backup image delivery method defined (secure portal, encrypted email, or CD) in case of PACS downtime

PACS Integration Tip

Before go-live, perform a minimum of 3 test transmissions with different exam types to confirm image quality, patient ID matching, and storage. Identify your PACS administrator and the provider's IT contact — these are the people who will resolve transmission failures.

Ongoing Compliance Monitoring

Monthly, Quarterly, and Annual Compliance Tasks

Monthly

- ☐ Review all exam orders to confirm physician signatures and clinical indications
- ☐ Monitor radiologist report turnaround times against contract terms
- ☐ Review any incident reports (equipment failures, repeat/retakes, patient complaints)
- ☐ Confirm all scheduled visits were completed as ordered

Quarterly

- ☐ Verify all active technologists maintain current ARRT and state license status
- ☐ Review provider's retake/reject rates and compare to < 5% benchmark
- ☐ Reconcile invoices against exam logs — confirm no duplicate or unbilled charges
- ☐ Review PACS image quality with radiologist for any systematic issues

Annually

- ☐ Request updated Certificate of Insurance (COI) from provider
- ☐ Request updated equipment calibration certificates
- ☐ Review and update service agreement terms and pricing
- ☐ Conduct formal provider performance review (quality, timeliness, communication)
- ☐ Update credential files for all technologists serving your facility
- ☐ Review radiation safety program compliance with state requirements

Create a simple spreadsheet tracking all mobile X-ray provider credentials with expiration dates. Set calendar reminders 30 days before each expiration. This takes 15 minutes to set up and prevents survey deficiencies.

Cost Comparison: Mobile X-Ray vs. Hospital Transfer

Side-by-side comparison

Component	Mobile X-Ray at Facility	Hospital ED Transfer
Imaging cost	\$100-\$200	\$300-\$1,500+ (facility + professional fees)
Transportation (ambulance)	\$0	\$500-\$2,500 (BLS ambulance transport)
ED facility fee	\$0	\$500-\$1,500
Patient time away from facility	0 hours	4-12 hours
Staff time (aide accompaniment)	0 hours	4-12 hours
Patient fall/transfer risk	None	Significant (especially dementia, frail elderly)
Total estimated cost	\$100-\$200	\$1,300-\$5,500+

Mobile X-ray services save facilities an estimated **\$1,200-\$5,300 per avoided hospital transfer** for routine imaging. For a 120-bed SNF averaging 30 portable X-ray exams per month, the annual savings from avoided transfers can exceed \$200,000.

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