

	<b>Reimbursement Policy Manual</b>		Policy #:	RPM060
<b>Policy Title:</b>	<b>Transportation of Portable X-ray Equipment, Multiple Portable X-rays - Modifiers UN, UP, UQ, UR, US</b>			
<b>Section:</b>	<b>Modifiers</b>	<b>Subsection:</b>	<b>Radiology</b>	
<p><b>Scope:</b> This policy applies to the following Medical (including Pharmacy/Vision) plans:</p> <p><b>Companies:</b> <input checked="" type="checkbox"/> All Companies: Moda Partners, Inc. and its subsidiaries &amp; affiliates  <input type="checkbox"/> Moda Health Plan <input type="checkbox"/> Moda Assurance Company <input type="checkbox"/> Summit Health Plan  <input type="checkbox"/> Eastern Oregon Coordinated Care Organization (EOCCO) <input type="checkbox"/> OHSU Health IDS</p> <p><b>Types of Business:</b> <input type="checkbox"/> All Types <input checked="" type="checkbox"/> Commercial Group <input checked="" type="checkbox"/> Commercial Individual  <input checked="" type="checkbox"/> Commercial Marketplace/Exchange <input checked="" type="checkbox"/> Commercial Self-funded  <input type="checkbox"/> Medicaid <input checked="" type="checkbox"/> Medicare Advantage <input checked="" type="checkbox"/> Short Term <input type="checkbox"/> Other: _____</p> <p><b>States:</b> <input checked="" type="checkbox"/> All States <input type="checkbox"/> Alaska <input type="checkbox"/> Idaho <input type="checkbox"/> Oregon <input type="checkbox"/> Texas <input type="checkbox"/> Washington</p> <p><b>Claim forms:</b> <input checked="" type="checkbox"/> CMS1500 <input checked="" type="checkbox"/> CMS1450/UB (or the electronic equivalent or successor forms)</p> <p><b>Date:</b> <input type="checkbox"/> All dates <input checked="" type="checkbox"/> Specific date(s): July 29, 2018 and following  <input type="checkbox"/> Date of Service; For Facilities: <input type="checkbox"/> n/a <input type="checkbox"/> Facility admission <input type="checkbox"/> Facility discharge  <input checked="" type="checkbox"/> Date of processing</p> <p><b>Provider Contract Status:</b> <input checked="" type="checkbox"/> Contracted directly, any/all networks  <input checked="" type="checkbox"/> Contracted with a secondary network <input checked="" type="checkbox"/> Out of Network</p>				
Originally Effective:	7/29/2018	Initially Published:	9/20/2018	
Last Updated:	12/14/2022	Last Reviewed:	10/11/2023	
Last update payment policy changes, subject to 28 TAC §3.3703(a)(20)(D)?			No	
Last Update Effective Date for Texas:		12/14/2022		

## Reimbursement Guidelines

Effective for claims processed on or after July 29, 2018, Moda Health follows CMS guidelines in allowing a single transportation payment for each trip the portable x-ray provider makes transporting x-ray equipment to a particular location. (CMS <sup>1</sup>) When more than one patient is x-rayed at the same location (e.g., a nursing home), the allowable amount for the transportation service will be reduced (prorated) based upon the total number of patients receiving the portable x-ray services during that trip, regardless of their insurance status.

- If only one patient is served, report procedure code R0070 with no modifier, since the descriptor for this code reflects only one patient seen.
- If more than one patient receives portable x-ray services during that trip, report R0075, regardless of whether or not all the patients have insurance, or under which carrier.

**Note:** A transportation service code (R0070, R0075) may only be billed when the x-ray equipment used is actually transported to the location where the x-ray was taken.

If the x-ray equipment used is stored in the location where the x-ray was done (e.g., a nursing home) for use as needed and only the technicians travel to the location, then an equipment transportation service (R0070, R0075) may not be billed. (CMS <sup>1</sup>)

HCPCS code R0075 must be billed with one of the following modifiers, to indicate how many patients were served on that trip to the facility or location. The allowable fee for R0075 will be adjusted based upon the modifier used.

Modifier	Modifier Definition	Payment Adjustment
Modifier UN	Two patients served	Divided by 2 (50%)
Modifier UP	Three patients served	Divided by 3 (33.3%)
Modifier UQ	Four patients served	Divided by 4 (25%)
Modifier UR	Five patients served	Divided by 5 (20%)
Modifier US	Six patients or more served	Divided by 6, regardless of the number of patients served (16.7%)

## Codes, Terms, and Definitions

### Acronyms & Abbreviations Defined

Acronym or Abbreviation		Definition
AMA	=	American Medical Association
ASO	=	Administrative Services Only
CCI	=	Correct Coding Initiative (see "NCCI")
CMS	=	Centers for Medicare and Medicaid Services
CPT	=	Current Procedural Terminology
DRG	=	Diagnosis Related Group (also known as/see also MS DRG)
HCPCS	=	Healthcare Common Procedure Coding System (acronym often pronounced as "hick picks")
HIPAA	=	Health Insurance Portability and Accountability Act
MPFS MPFSD MPFSDB	=	(National) Medicare Physician Fee Schedule Database (aka RVU file)
MS DRG	=	Medicare Severity Diagnosis Related Group (also known as/see also DRG)
NCCI	=	National Correct Coding Initiative (aka "CCI")
RPM	=	Reimbursement Policy Manual (e.g., in context of "RPM052" policy number, etc.)
RVU	=	Relative Value Unit
UB	=	Uniform Bill

## Definition of Terms

Term	Definition
Insurance Status	Whether or not an individual has insurance; with which carrier they have their insurance; what kind of insurance plan they have.
Prorate	To calculate a cost, payment, or price according to the amount of something that has been used, in relation to the fixed rate for the larger total amount. <sup>(3)</sup> To separate or give out in a specific proportion. <sup>(4)</sup> Divide based on another value, usually a unit of time. <sup>(5)</sup>

## Procedure codes (CPT & HCPCS):

Code	Code Description
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

## Modifier Definitions:

Modifier	Modifier Description & Definition
Modifier UN	Two patients served
Modifier UP	Three patients served
Modifier UQ	Four patients served
Modifier UR	Five patients served
Modifier US	Six patients or more served

## Coding Guidelines & Sources - (Key quotes, not all-inclusive)

“Medicare allows a single transportation payment for each trip the portable x-ray supplier makes to a particular location... the five (5) new modifiers previously implemented for R0075 in CR 2856, Transmittal 14, shall be used to report the number of patients served during a single trip. These modifiers are listed below. NOTE: If only one patient is served, R0070 should be reported with no modifier since the descriptor for this code reflects only one patient seen.

- UN Two patients served
- UP Three patients served
- UQ Four patients served
- UR Five patients served
- US Six patients or more served

The units field for R0075 shall always be reported as “1” except in extremely unusual cases. ...The units field must never be used to report the number of patients served during a single trip. Specifically, the units

field must reflect the number of services that the specific beneficiary received, not the number of services received by other beneficiaries.

R0075 must be billed in conjunction with the CPT radiology codes (70000 series) and only when the x-ray equipment used was actually transported to the location where the x-ray was taken. R0075 would not apply to the x-ray equipment stored in the location where the x-ray was done (e.g., a nursing home) for use as needed.” (CMS<sup>1</sup>)

## **Cross References**

None.

## **References & Resources**

1. CMS. “Clarification: Modifiers for Transportation of Portable X-rays (R0075).” CMS Transmittal 343/CR3280. October 29, 2004.
2. CMS. “Modifiers for Transportation of Portable X-Rays (R0075) When Billed by Skilled Nursing Facilities (SNFs).” MM4039/CR4039. October 21, 2005.
3. Cambridge Dictionary Online. Last accessed: August 17, 2018. <https://dictionary.cambridge.org/us/dictionary/english/prorate>
4. Your Dictionary. Last accessed: August 17, 2018. <http://www.yourdictionary.com/prorate> .
5. Business Dictionary. Last accessed: August 17, 2018. <http://www.businessdictionary.com/definition/prorated.html> .

## **Background Information**

CMS created HCPCS modifiers UN, UP, UQ, UR, and US for use with dates of service beginning January 1, 2004, to help ensure each portable x-ray provider is only paid a single transportation fee for each trip to a particular location, regardless of the number of patients served on that trip or their respective insurance status.

## **IMPORTANT STATEMENT**

The purpose of this Reimbursement Policy is to document our payment guidelines for those services covered by a member’s medical benefit plan. Healthcare providers (facilities, physicians, and other professionals) are expected to exercise independent medical judgment in providing care to members. Our Reimbursement Policy is not intended to impact care decisions or medical practice.

Providers are responsible for submission of accurate claims using valid codes from HIPAA-approved code sets and for accurately, completely, and legibly documenting the services performed. Billed codes shall be fully supported in the medical record and/or office notes. Claims are to be coded appropriately according to industry standard coding guidelines (including but not limited to UB Editor, AMA, CPT, CPT Assistant, HCPCS, DRG guidelines, CMS’ National Correct Coding Initiative [CCI] Policy Manual, CCI table edits and other CMS guidelines).

Benefit determinations will be based on the member’s medical benefit plan. Should there be any conflicts between our Reimbursement Policy and the member’s medical benefit plan, the member’s medical benefit plan will prevail. Fee determinations will be based on the applicable provider fee schedule, whether out of network or participating provider’s agreement, and our Reimbursement Policy.

Policies may not be implemented identically on every claim due to variations in routing requirements, dates of processing, or other constraints; we strive to minimize these variations.

\*\*\*\*\* The most current version of our reimbursement policies can be found on our provider website. If you are using a printed or saved electronic version of this policy, please verify the information by going to [https://www.modahealth.com/medical/policies\\_reimburse.shtml](https://www.modahealth.com/medical/policies_reimburse.shtml) \*\*\*\*\*

### Policy History

Date	Summary of Update
10/11/2023	Annual review: No content changes.
12/14/2022	Formatting/Update Scope, States: Idaho added.
6/8/2022	Formatting/Update: Change to new header. Acronym table: 6 entries added; 1 entry removed. Coding Guidelines & Sources: Quote added from transmittal 343. Policy History section: Added. Entries prior to 2022 omitted (in archive storage).
9/20/2018	Policy initially approved by the Reimbursement Administrative Policy Review Committee & initial publication.
7/29/2018	Original Effective Date (with or without formal documentation). Policy based on CMS policy for portable x-ray transportation fees.