

MLN Matters Number: MM3280

Related Change Request (CR) #: 3280

Related CR Release Date: October 29, 2004

Effective Date: April 1, 2005

Related CR Transmittal #: 343

Implementation Date: April 4, 2005

## Clarification: Modifiers for Transportation of Portable X-Rays (R0075)

**Note:** This article was revised to contain web addresses that conform to the new CMS website and to show they are now MLN Matters articles. All other information remains the same.

### Provider Types Affected

Providers billing Medicare carriers for portable x-rays

### Provider Action Needed



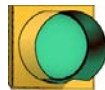
#### STOP – Impact to You

This instruction provides further clarification on the use and processing of the five portable x-ray Level II Healthcare Common Procedure Coding System (HCPCS) modifiers reportable with HCPCS code R0075 that were made effective January 1, 2004.



#### CAUTION – What You Need to Know

The five new modifiers for HCPCS code R0075 will be used to report the number of patients served during a single trip that the portable x-ray supplier makes to a particular location.



#### GO – What You Need to Do

Refer to the *Background* and *Additional Information* sections of this instruction for further details regarding these changes.

#### Disclaimer

This article was prepared as a service to the public and is not intended to grant rights or impose obligations. This article may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations and other interpretive materials for a full and accurate statement of their contents.

## Background

Previously, information on five new Level II HCPCS modifiers reportable with HCPCS code R0075 was provided by Change Request (CR) 2856, Transmittal 14. Additional questions received by the Centers for Medicare & Medicaid Services (CMS) Regional Office indicated that there was confusion about the appropriate use of these new HCPCS modifiers.

This instruction is being issued to help answer these questions and provide further clarification on the processing of the five portable x-ray Level II HCPCS modifiers reportable with HCPCS R0075 that were made effective January 1, 2004.

### *Determining Single Payments*

Medicare allows a single transportation payment for each trip that the portable x-ray supplier makes to a particular location. When more than one Medicare patient is x-rayed at the same location, the single fee schedule transportation payment is prorated among all the patients receiving the services.

Some contractors currently use the **units field** of the Medicare claim form to prorate the services to determine the appropriate single payment.

This results in inconsistencies in the reporting of these services among providers and carriers, and inflates the national frequency data based on the units field for these services.

Therefore, effective upon implementation of this instruction, the five (5) new modifiers (previously implemented for HCPCS Code R0075 in CR 2856, Transmittal 14) will be used to report the number of patients served during a single trip.

### *New Modifiers*

HCPCS code R0075 must be billed in conjunction with the Current Procedural Terminology (CPT) radiology codes (7000 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.

Below are the definitions for each modifier that must be reported, and only one of these five modifiers can be reported with HCPCS Code R0075:

- **UN** - Two patients served
- **UP** - Three patients served

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- UQ - Four patients served
- UR - Five patients served
- US - Six patients or more served.

## Implementation

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The implementation date for this instruction is April 4, 2005.

## Related Instructions

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The *Medicare Claims Processing Manual*, Pub. 100-04, Chapter 13 (Radiology Services and Other Diagnostic Procedures), Section 90.3, can be reviewed at <http://www.cms.hhs.gov/manuals/downloads/clm104c13.pdf> on the CMS website.

## Additional Information

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For further information on prorating portable x-ray transportation services, please refer to Section 90.3 in Chapter 13 of the *Medicare Claims Processing Manual*. The revised section is attached to the CR that was issued by CMS to your carrier.

That official instruction may be found by going to <http://www.cms.hhs.gov/transmittals/Downloads/R343CP.pdf>

If you have any questions, please contact your carrier at their toll-free number, which may be found at <http://www.cms.hhs.gov/MLNProducts/downloads/CallCenterTollNumDirectory.zip> on the CMS website.

In addition, a comprehensive overview of the HCPCS can be found at <http://www.cms.hhs.gov/MedHCPCSGenInfo/> on the CMS website.

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