![moda HEALTH]	Reimbursement Policy Manual		Policy #:	RPM060
Policy Title:	**Transportation of Portable X-ray Equipment, Multiple Portable X-rays - Modifiers UN, UP, UQ, UR, US**			
Section:	Modifiers	**Subsection:**	Radiology	

Scope: This policy applies to the following Medical (including Pharmacy/Vision) plans:

Companies:	☒ All Companies: Moda Partners, Inc. and its subsidiaries & affiliates ☐ Moda Health Plan ☐ Moda Assurance Company ☐ Summit Health Plan ☐ Eastern Oregon Coordinated Care Organization (EOCCO) ☐ OHSU Health IDS
Types of Business:	☐ All Types ☒ Commercial Group ☒ Commercial Individual ☒ Commercial Marketplace/Exchange ☒ Commercial Self-funded ☐ Medicaid ☒ Medicare Advantage ☒ Short Term ☐ Other: _____
States:	☒ All States ☐ Alaska ☐ Idaho ☐ Oregon ☐ Texas ☐ Washington
Claim forms:	☒ CMS1500 ☒ CMS1450/UB (or the electronic equivalent or successor forms)
Date:	☐ All dates ☒ Specific date(s): July 29, 2018 and following ☐ Date of Service; For Facilities: ☐ n/a ☐ Facility admission ☐ Facility discharge ☒ Date of processing
Provider Contract Status:	☒ Contracted directly, any/all networks ☒ Contracted with a secondary network ☒ Out of Network

Originally Effective:	7/29/2018	Initially Published:	9/20/2018
Last Updated:	10/9/2024	Last Reviewed:	10/9/2024
Last update payment policy changes, subject to 28 TAC §3.3703(a)(20)(D)?		No	
Last Update Effective Date for Texas:		10/9/2024	

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 [1]) 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 at the location or facility 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. [1]

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. ([3]) To separate or give out in a specific proportion. ([4]) Divide based on another value, usually a unit of time. ([5])

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." [1]

Cross References

A. "Moda Health Reimbursement Policy Overview." Moda Health Reimbursement Policy Manual, RPM001.

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 *****

Policy History

Date	Summary of Update
10/9/2024	Formatting updates, minor rewording, Cross Reference added. No policy changes.
10/11/2023	Annual review: No content changes.
12/14/2022	Idaho added to Scope. Formatting updates. No policy changes.
6/8/2022	Updated Acronyms, Coding Guidelines & Sources. Formatting updates, no policy changes.
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.