

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Centers for Medicare & Medicaid Services



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- [“Medicare Enrollment and Claim Submission Guidelines.”](#) Booklet ICN 906764, Downloadable

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Related Change Request (CR) #: CR 9354

Related CR Release Date: October 30, 2015

Effective Date: January 1, 2016

Related CR Transmittal #: R3387CP

Implementation Date: January 1, 2016

## Billing of the Transportation Fee by Portable X-ray Suppliers

### Provider Types Affected

This MLN Matters® Article is intended for physicians, other providers, and suppliers who submit claims to Medicare Administrative Contractors (MACs) for portable X-ray services provided to Medicare beneficiaries.

### Provider Action Needed

This article is based on Change Request (CR) 9354 which removes the word “Medicare” before “patient” in the “Medicare Claims Processing Manual” (Publication 100-04, Chapter 13, Section 90.3) and clarifies guidance when more than one patient is X-rayed at the same location. Make sure that your billing staff are aware of these changes.

### Background

Portable X-ray suppliers receive a transportation fee for transporting portable X-ray equipment to the location where portable X-rays are taken. If more than one patient at the same location is X-rayed, the portable X-ray transportation fee is allocated among the patients. The Centers for Medicare & Medicaid Services (CMS) believes it would be more

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appropriate to allocate the transportation fee among all patients who receive portable X-ray services in a single trip. Medicare should not pay for more than its share of the transportation costs for portable X-ray services.

CMS has revised the “Medicare Claims Processing Manual” to remove the word “Medicare” before “patient” in Section 90.3. Also, CMS is clarifying the guidance for the billing of the transportation fee of portable X-ray suppliers. The revised part of Section 90.3 is as follows:

**90.3 - Transportation Component (HCPCS Codes R0070 - R0076)**

“This component represents the transportation of the equipment to the patient. Establish local RVUs for the transportation R codes based on *Medicare Administrative Contractor (MAC)* knowledge of the nature of the service furnished. *The MACs* shall allow only a single transportation payment for each trip the portable X-ray supplier makes to a particular location. When more than one patient is X-rayed at the same location, the single transportation payment under the Physician Fee Schedule is to be prorated among all patients (*Medicare Parts A and B, and non-Medicare*) receiving *portable X-ray* services *during that trip, regardless of their insurance status. For example, for portable X-ray services furnished at a SNF, the transportation fee should be allocated among all patients receiving portable X-ray services at the same location in a single trip irrespective of whether the patient is in a Part A stay, a Part B patient, or not a Medicare beneficiary at all. If the patient is in a Part A SNF stay, payment for the allocated portion of the transportation fee (and the X-ray) would be the SNF’s responsibility. For a privately insured patient, it would be the responsibility of that patient’s insurer. For a Medicare Part B patient, payment would be made under Part B for the share of the transportation fee attributable to that patient.”...*

## Additional Information

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The official instruction, CR 9354, issued to your MAC regarding this change is available at <https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R3387CP.pdf> on the CMS website.

If you have any questions, please contact your MAC at their toll-free number. That number is available at <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/index.html> under - How Does It Work.

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