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Related CR Release Date: October 21, 2005

Effective Date: April 1, 2006

Related CR Transmittal #: 716

Implementation Date: April 3, 2006

Modifiers for Transportation of Portable X-Rays (R0075) When Billed by Skilled Nursing Facilities (SNFs)

Note: This article was updated on February 16, 2013, to reflect current Web addresses. All other information remains unchanged.

Provider Types Affected

Skilled nursing facilities (SNFs) billing Medicare fiscal intermediaries (FIs) for portable x-rays

Provider Action Needed



STOP – Impact to You

This instruction requires SNFs to report modifiers UN, UP, UQ, UR, or US when billing FIs for the Healthcare Common Procedure Coding System (HCPCS) code R0075 on Part B Type of Bills (TOBs) 22x and 23x, effective April 1, 2006.



CAUTION – What You Need to Know

The five 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

Be sure billing staff is aware of the requirements in this article to ensure prompt and accurate processing of your Medicare claims

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

On January 1, 2004, the Centers for Medicare & Medicaid Services (CMS) made effective five new portable x-ray Level II HCPCS modifiers (UN, UP, UQ, UR, US) that providers are required to report with HCPCS code R0075 when billing Medicare **carriers** for portable x-rays.

The five new modifiers are used to report the number of patients served during a single trip that the portable x-ray supplier makes to a particular location. (For further details, review CR2856 and CR3280. Instructions for accessing these CRs are available in the *Related Instructions* section of this article.)

Effective April 1, 2006, CMS is implementing the requirement that SNFs also report these modifiers when billing HCPCS code R0075 to the FI on Part B TOBs 22x and 23x.

The *Medicare Claims Processing Manual*, Chapter 13 (Radiology Services and Other Diagnostic Procedures), Section 90.5 (Transportation of Equipment Billed by a SNF to FI), requires that when an SNF bills for portable x-ray equipment transported to a site by van or other vehicle, the SNF should bill for the transportation cost by using either the HCPCS code:

- **R0070** - the transportation of portable x-ray equipment and personnel to home or nursing home per trip to facility or location, one patient seen; or
- **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.

CR4039 requires SNFs to report the five new portable x-ray Level II HCPCS modifiers, relative to the number of patients served per trip to a facility or location, when the HCPCS code R0075 is billed to the *fiscal intermediary* on Part B TOBs 22x and 23x, effective for dates of service on or after April 1, 2006. The definitions of the five modifiers that must be reported are as follows:

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

Note: If only one patient is served, the HCPCS code R0070 must be reported without a modifier, since this codes applies to one patient seen per trip to a facility or location.

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Determining Payment for Multiple Patients Served

Medicare will make payment for the modifiers based on the definition of the modifier. The payment for serving a single patient (R0070) will be used as the base rate for R0075 (more than one patient seen), and will be prorated for the number of patients served. For example:

- If R0075 is reported with modifiers UN, UP, UQ, and UR, the total payment for a single patient served will be divided by the 2, 3, 4, and 5 respectively.
- If R0075 is reported with modifier US, the total payment for a single patient served will be divided by 6 regardless of the number of patients served. For example, if eight patients were served, R0075 would be reported with modifier US, and the total payment for a single patient for this service would be divided by 6.

The units field for R0075 will almost always be reported as "1." The number in the units field indicates the number of times the patient received the itemized services on the "line item date of service" specified on the same line.

The units field must reflect the number of services received by a specific beneficiary only, not the number of services received by other beneficiaries. The unit field must never be used to report the number of patients served during a single trip.

HCPCS code R0075 must be billed 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 should *not* be billed for the use of x-ray equipment that is stored in the location where the x-ray is done (e.g., a nursing home) for use as needed.

Please be aware that Medicare will return to the provider claims containing R0075 when billed without one of the five modifiers.

Related Instructions

The *Medicare Claims Processing Manual*, Pub. 100-04, Chapter 13 (Radiology Services and Other Diagnostic Procedures), Section 90.3 (Transportation Component (HCPCS Codes R0070 - R0076)), can be reviewed at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c13.pdf> on the CMS website.

CR2856, Transmittal 14, October 24, 2003, can be found at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R14CP.pdf> on the CMS website.

CR3280, Transmittal 343, October 29, 2004, can be found at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R343CP.pdf> on the CMS website.

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Also, see MLN Matters article MM3280, "Clarification: Modifiers for Transportation of Portable X-rays (R0075)." This article can be found at <http://www.cms.gov/outreach-and-education/medicare-learning-network-mln/mlnmattersarticles/downloads/mm3280.pdf> on the CMS website.

Additional Information

The Medicare Claims Processing Manual, Pub. 100-04, Chapter 13 (Radiology Services and Other Diagnostic Procedures), Section 90.5 (Transportation of Equipment Billed by a SNF to a FI), is being revised to reflect that, effective April 1, 2006, SNFs are required to report the appropriate modifiers to identify the number of patients served when billing for R0075. The revised section is attached to CR4039.

For complete details, please see the official instruction issued to your FI regarding this change. That instruction may be viewed by going to <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R716CP.pdf> on the CMS website.

If you have any questions, please contact your Medicare intermediary at their toll-free number, which can be found at <http://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/provider-compliance-interactive-map/index.html> on the CMS website.

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