
CMS Manual System

Pub. 100-04 Medicare Claims Processing

Department of Health &
Human Services (DHHS)
Centers for Medicare &
Medicaid Services (CMS)

Transmittal 343

Date: October 29, 2004

CHANGE REQUEST 3280

SUBJECT: Clarification: Modifiers for Transportation of Portable X-rays (R0075)

I. SUMMARY OF CHANGES: On October 24, 2003 we issued CR 2856, Transmittal 14, which provided information on five (5) new Level II HCPCS modifiers reportable with R0075. Due to additional questions received on the initial instruction, we are hereby providing further clarification on this issue. Specifically, this instruction provides further clarification on the carrier business requirements on the processing of the five (5) portable x-ray Level II HCPCS modifiers reportable with HCPCS R0075 that were made effective January 1, 2004.

NEW/REVISED MATERIAL - EFFECTIVE DATE: April 1, 2005
***IMPLEMENTATION DATE:** April 4, 2005

Disclaimer for manual changes only: The revision date and transmittal number apply to the red italicized material only. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual not updated.)
(R = REVISED, N = NEW, D = DELETED – (Only One Per Row.))

R/N/D	CHAPTER/SECTION/SUBSECTION/TITLE
R	13/90.3/Modifiers for Transportation of Portable X-rays (R0075)

***III. FUNDING:**

These instructions shall be implemented within your current operating budget.

IV. ATTACHMENTS:

X	Business Requirements
X	Manual Instruction
	Confidential Requirements
	One-Time Notification
	Recurring Update Notification

*Medicare contractors only

Attachment – Business Requirements

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SUBJECT: Clarification: Modifiers for Transportation of Portable X-rays (R0075)

I. GENERAL INFORMATION

A. Background: On October 24, 2003 we issued CR 2856, Transmittal 14, which provided information on five (5) new Level II HCPCS modifiers reportable with R0075. Due to additional questions received on the initial instruction, we are hereby providing further clarification on this issue. Specifically, this instruction provides further clarification on the carrier business requirements on the processing of the five (5) portable x-ray Level II HCPCS modifiers reportable with HCPCS R0075 that were made effective January 1, 2004.

B. Policy: Medicare allows a single transportation payment for each trip the portable x-ray supplier makes to a particular location. 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 reporting of these services among providers and contractors, and inflates the national frequency data based on the units field for these services. Therefore, effective upon implementation of this document, 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

Payment for the above modifiers must be consistent with the definition of the modifiers. Therefore, for R0075 reported with modifiers, -UN, -UP, -UQ, and -UR, the total payment for the service shall be divided by 2, 3, 4, and 5 respectively. For modifier -US, the total payment for the service shall be divided by 6 regardless of the number of patients served. For example, if 8 patients were served, R0075 would be reported with modifier -US and the total payment for this service would be divided by 6.

The units field for R0075 shall always be reported as "1" except in extremely unusual cases. The number in the units field should be completed in accordance with the provisions of 100-04, chapter 23, section 10.2 item 24 G which defines the units field as the number of times the patient has received the itemized service during the dates listed in the from/to field. 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.

C. Provider Education: A Medlearn Matters provider education article related to this instruction will be available at www.cms.hhs.gov/medlearn/matters shortly after the CR is released. You will receive notification of the article release via the established "medlearn matters" listserv. Contractors, as identified in the responsibility chart, shall post this article, or a direct link to this article, on their Web site and

include information about it in a listserv message within one week of the availability of the provider education article. In addition, the provider education article must be included in your next regularly scheduled bulletin. Contractors are free to supplement Medlearn Matters articles with localized information that would benefit their provider community in billing and administering the Medicare program correctly.

II. BUSINESS REQUIREMENTS

"Shall" denotes a mandatory requirement

"Should" denotes an optional requirement

Requirement Number	Requirements	Responsibility ("X" indicates the columns that apply)							
		FI	RHHI	Carrier	DMERC	Shared System Maintainers		Other	
						FISS	MCS	VMS	CWF
3280.1	Carriers shall accept the new modifiers for R0075 and use it to price the code.			X					
3280.2	The units field for R0075 shall not be used to indicate the number of patients served during a single trip, instead the modifiers shall be used for this purpose.			X					
3280.3	Standard System Maintainers (SSMs) shall reject claims for R0075 if no modifier is attached to this code.						X	X	
3280.4	Carriers shall use the prorated cost of the portable x-ray service (R0075) based on the modifiers effective upon implementation of this document.			X					
3280.5	For services not priced based on instruction in CR 2856, SSMs shall continue present methodology in pricing R0075. However, prior methods in pricing R0075 are to be terminated on or after April 1, 2005.						X	X	
3280.6	SSMs shall use the pricing modifiers attached to R0075 to determine the payment for this service.						X	X	

Requirement Number	Requirements	Responsibility (“X” indicates the columns that apply)							
		FI	RHII	Carrier	DMERC	Shared System Maintainers		Other	
						FISS	MCS	VMS	CWF
3280.7	Carriers shall post the Medlearn Matters article, or a direct link to this article, on their Web site and include information about it in a listserv message within one week of the availability of the provider education article.			X					
3280.8	Carriers shall publish this same information in their next regularly scheduled bulletin. If they have a listserv that targets affected providers, they shall use it to notify subscribers that information on new modifiers for transportation of portable x-rays is available on their Web site.			X					

III. SUPPORTING INFORMATION AND POSSIBLE DESIGN CONSIDERATIONS

A. Other Instructions: N/A

X-Ref Requirement #	Instructions

B. Design Considerations: N/A

X-Ref Requirement #	Recommendation for Medicare System Requirements

C. Interfaces: N/A

D. Contractor Financial Reporting /Workload Impact: N/A

E. Dependencies: N/A

F. Testing Considerations: N/A

IV. SCHEDULE, CONTACTS, AND FUNDING

Effective Date*: April 1, 2005	
Implementation Date: April 4, 2005	
Pre-Implementation Contact(s): Marjorie Baldo (marjorie.baldo@cms.hhs.gov) at 410-786-4617 for modifier questions and Roberta Epps (Roberta.epps@cms.hhs.gov) at 410-786-4503 for payment-related questions.	Medicare contractors shall implement these instructions within their current operating budgets.
Post-Implementation Contact(s): Appropriate Regional Office contacts.	

*Unless otherwise specified, the effective date is the date of service.

90.3 - Transportation Component (HCPCS Codes R0070 - R0076)

(Rev.343, Issued: 10-29-04, Effective: 04-01-05, Implementation: 04-04-05)

This component represents the transportation of the equipment to the patient. Establish local RVUs for the transportation R codes based on carrier knowledge of the nature of the service furnished. Carriers *shall* allow only a single transportation payment for each trip the portable x-ray supplier makes to a particular location. When more than one Medicare patient is x-rayed at the same location, e.g., a nursing home, prorate the single fee schedule transportation payment among all patients receiving the services. For example, if two patients at the same location receive x-rays, make one-half of the transportation payment for each.

R0075 must be billed in conjunction with the 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 with R0075. Only one of these five modifiers shall be reported with R0075. 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 or more patients served

Payment for the above modifiers must be consistent with the definition of the modifiers. Therefore, for R0075 reported with modifiers, -UN, -UP, -UQ, and -UR, the total payment for the service shall be divided by 2, 3, 4, and 5 respectively. For modifier -US, the total payment for the service shall be divided by 6 regardless of the number of patients served. For example, if 8 patients were served, R0075 would be reported with modifier -US and the total payment for this service would be divided by 6.

The units field for R0075 shall always be reported as "1" except in extremely unusual cases. The number in the units field should be completed in accordance with the provisions of 100-04, chapter 23, section 10.2 item 24 G which defines the units field as the number of times the patient has received the itemized service during the dates listed in the from/to field. 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.

As a carrier priced service, carriers must initially determine a payment rate for portable x-ray transportation services that is associated with the cost of providing the service. In order to determine an appropriate cost, the carrier should, at a minimum, cost out the vehicle, vehicle modifications, gasoline and the staff time involved in only the

transportation for a portable x-ray service. A review of the pricing of this service should be done every five years.

Direct costs related to the vehicle carrying the x-ray machine are fully allocable to determining the payment rate. This includes the cost of the vehicle using a recognized depreciation method, the salary and fringe benefits associated with the staff who drive the vehicle, the communication equipment used between the vehicle and the home office, the salary and fringe benefits of the staff who determine the vehicles route (this could be proportional of office staff), repairs and maintenance of the vehicle(s), insurance for the vehicle(s), operating expenses for the vehicles and any other reasonable costs associated with this service as determined by the carrier. The carrier will have discretion for allocating indirect costs (those costs that cannot be directly attributed to portable x-ray transportation) between the transportation service and the technical component of the x-ray tests.

Suppliers may send carriers unsolicited cost information. The carrier may use this cost data as a comparison to its carrier priced determination. The data supplied should reflect a year's worth (either calendar or corporate fiscal) of information. Each provider who submits such data is to be informed that the data is subject to verification and will be used to supplement other information that is used to determine Medicare's payment rate.

Carriers are required to update the rate on an annual basis using independently determined measures of the cost of providing the service. A number of readily available measures (e.g., ambulance inflation factor, the Medicare economic index) that are used by the Medicare program to adjust payment rates for other types of services may be appropriate to use to update the rate for years that the carrier does not recalibrate the payment. Each carrier has the flexibility to identify the index it will use to update the rate. In addition, the carrier can consider locally identified factors that are measured independently of CMS as an adjunct to the annual adjustment.

NOTE: No transportation charge is payable unless the portable x-ray equipment used was actually transported to the location where the x-ray was taken. For example, carriers do not allow a transportation charge when the x-ray equipment is stored in a nursing home for use as needed. However, a set-up payment (see §90.4, below) is payable in such situations. Further, for services furnished on or after January 1, 1997, carriers may not make separate payment under HCPCS code R0076 for the transportation of EKG equipment by portable x-ray suppliers or any other entity.