

# CMS Manual System

## Pub 100-04 Medicare Claims Processing

Transmittal 716

Department of Health &  
Human Services

Centers for Medicare &  
Medicaid Services

Date: OCTOBER 21, 2005  
CHANGE REQUEST 4039

**SUBJECT: Modifiers for Transportation of Portable X-rays (R0075) When Billed by Skilled Nursing Facilities (SNFs)**

**I. SUMMARY OF CHANGES:** On October 24, 2003, the Centers for Medicare and Medicaid Services issued CR 2856, Transmittal 14, which established the use of 5 new modifiers for portable x-ray equipment suppliers to report to carriers with HCPCS code 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). Subsequent instructions to the carriers were issued with CR 3280, Transmittal 343, on October 29, 2004, to implement payment instructions to be consistent with the definition of the modifiers. This instruction implements the same requirements for use of the modifiers and payments consistent with the definition of the modifiers when the code R0075 is billed by a SNF to the fiscal intermediary on Part B types of bill (TOBs) 22x and 23x.

### NEW/REVISED MATERIAL

**EFFECTIVE DATE: April 1, 2006**

**IMPLEMENTATION DATE: April 3, 2006**

*Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. 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:

**R = REVISED, N = NEW, D = DELETED**

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE
R	13//90.5/Transportation of Equipment Billed by a SNF to an FI

### III. FUNDING:

No additional funding will be provided by CMS; contractor activities are to be carried out within their FY 2006 operating budgets.

#### **IV. ATTACHMENTS:**

Business Requirements

Manual Instruction

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

# Attachment - Business Requirements

Pub. 100-04	Transmittal: 716	Date: October 21, 2005	Change Request 4039
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**SUBJECT: Modifiers for Transportation of Portable X-rays (R0075) When Billed by Skilled Nursing Facilities (SNFs)**

## I. GENERAL INFORMATION

**A. Background:** On October 24, 2003, the Centers for Medicare and Medicaid Services issued CR 2856, Transmittal 14, which established the use of 5 new modifiers for portable x-ray equipment suppliers to report to carriers with HCPCS code 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). Subsequent instructions to the carriers were issued with CR 3280, Transmittal 343, on October 29, 2004, to implement payment instructions to be consistent with the definition of the modifiers.

This instruction implements the same requirements for use of the modifiers and payments consistent with the definition of the modifiers when the code R0075 is billed by a SNF to the fiscal intermediary (FI) on Part B types of bill (TOBs) 22x and 23x.

**B. Policy:** Provisions of the Claims Processing Manual 100-04, Chapter 13, Section 90.5, Transportation of Equipment Billed by a SNF to an FI, states that when a SNF bills for portable x-ray equipment transported to a site by van or other vehicle, the SNF should bill for the transportation costs using one of the following HCPCS:

HCPCS 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).

Effective with this instruction, the 5 new modifiers indicated below shall be reported by SNFs when billing for the HCPCS 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 patients or more served

Payment for the above modifiers must be consistent with the definition of the modifiers. Therefore, the payment for a single patient served (R0070) is used as the base rate for R0075 and is prorated for the number of patients served. For example, R0075 reported with modifiers, UN, UP, UQ, and UR, the total payment for a single patient served shall be divided by the 2, 3, 4, and 5 respectively. When R0075 is reported with modifier US, the total payment for a single patient served 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 indicate the number of times the patient has received the itemized service on the line item date of service specified on the same line. 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 such, more than one unit per line item date of service would indicate that the portable x-ray equipment was transported to the location of that beneficiary multiple times in the same day. The units field must never be used to report the number of patients served during a single trip.

R0075 must be billed in conjunction with the radiology service performed 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.

## II. BUSINESS REQUIREMENTS

*“Shall” denotes a mandatory requirement*

*“Should” denotes an optional requirement*

Requirement Number	Requirements	Responsibility (“X” indicates the columns that apply)								
		F I	R H I	C a r r i e r	D M E R C	Shared System Maintainers				Other
						F I S S	M C S	V M S	C W F	
4039.1	Contractors shall accept the new modifiers, UN, UP, UQ, UR, US for R0075 and use it to price the code for SNF TOBs 22x and 23x.	x				x				
4039.1.2	Medicare systems shall return to provider claims containing R0075 when billed without one of the following modifiers: UN, UP, UQ, UR, US.					x				
4039.2	Medicare systems shall apply a line item edit when R0075 is billed on TOBs 22x and 23x when the units for a single line item date of service exceed one (1).					x				
4039.2.1	Medicare systems shall allow FIs to override the edit.					x				



Requirement Number	Requirements	Responsibility (“X” indicates the columns that apply)							
		F I	R H I	C a r r i e r	D M E R C	Shared System Maintainers			
F I S S	M C S					V M S	C W F		
	notification of the article release via the established "medlearn matters" listserv. Contractors 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 1 week of the availability of the provider education article. In addition, the provider education article shall be included in your next regularly scheduled bulletin and incorporated into any educational events on this topic. 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.								

**IV. 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**

**V. SCHEDULE, CONTACTS, AND FUNDING**

<p><b>Effective Date*:</b> April 1, 2006 <b>Implementation Date:</b> April 3, 2006</p> <p><b>Pre-Implementation Contact(s):</b> Wendy Tucker <a href="mailto:Wendy.Tucker@cms.hhs.gov">Wendy.Tucker@cms.hhs.gov</a>, 410-786-3004 or Jason Kerr at <a href="mailto:Jason.Kerr@cms.hhs.gov">Jason.Kerr@cms.hhs.gov</a>, 410-786-2123.</p> <p><b>Post-Implementation Contact(s):</b> Appropriate RO contact.</p>	<p><b>No additional funding will be provided by CMS; contractor activities are to be carried out within their FY 2006 operating budgets.</b></p>
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## **90.5 - Transportation of Equipment Billed by a SNF to an FI**

*(Rev. 716, Issued: 10-21-05; Effective Date: April 1, 2006; Implementation Date: April 3, 2006)*

### **SNF 533.1.J**

When a SNF *bills for* portable x-ray equipment *transported* to a site by van or other vehicle, the SNF should bill for the transportation costs using one of the following HCPCS codes along with the appropriate revenue code:

- |       |  |
|-------|--|
| 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, Per Patient. |

These HCPCS codes are subject to the fee schedule.

*Effective April 1, 2006, SNFs are required to report the appropriate modifiers to identify the number of patients served when billing for R0075. See section 90.3, of this chapter for the list of modifiers used to identify on the claim the number of patients served.*

*Fiscal intermediaries shall ensure that payment for R0075 is consistent with the definition of the modifiers.*