

# Highmark Reimbursement Policy Bulletin



HISTORY VERSION

**Bulletin Number:** RP-026  
**Subject:** Portable Radiography and ECG Services – Modifiers UN, UP, UQ, UR, US  
**Effective Date:** January 29, 2018      **End Date:**  
**Issue Date:** October 30, 2023      **Revised Date:** October 2023  
**Date Reviewed:** July 2023  
**Source:** Reimbursement Policy

|   |    |                                     |      |                                     |    |                                     |    |                                     |
|---|----|-------------------------------------|------|-------------------------------------|----|-------------------------------------|----|-------------------------------------|
| <b>Applicable Commercial Market</b>         | PA | <input checked="" type="checkbox"/> | WV   | <input checked="" type="checkbox"/> | DE | <input checked="" type="checkbox"/> | NY | <input checked="" type="checkbox"/> |
| <b>Applicable Medicare Advantage Market</b> | PA | <input checked="" type="checkbox"/> | WV   | <input checked="" type="checkbox"/> | DE | <input checked="" type="checkbox"/> | NY | <input checked="" type="checkbox"/> |
| <b>Applicable Claim Type</b>                | UB | <input checked="" type="checkbox"/> | 1500 | <input checked="" type="checkbox"/> |    |                                     |    |                                     |

➔ A checked box indicates the policy is applicable to that market either entirely, or partially, as indicated within the policy.

Reimbursement Policy designation of Professional or Facility application is based on how the provider is contracted with the Plan. This Policy supersedes direction provided in Bulletins prior to the effective date of this policy.

## PURPOSE:

This policy provides direction on the Plan's reimbursement of portable X-ray and portable electrocardiogram/electrocardiograph (ECG) services. Portable X-ray services are radiology services that may be safely performed using portable equipment, (e.g., C-arm or swing arm). Portable ECG services are those services that may be safely performed using portable equipment.

## REIMBURSEMENT GUIDELINES:

The Plan does not make a distinction between a portable radiographic examination (i.e., radiographic examination performed with portable equipment) and conventional studies performed in a doctor's office or a hospital radiology department.

The allowance established for a radiograph or for the interpretation of a radiograph applies whether the examination is made by a portable machine, in an office, or in a radiology department. Claims for portable radiography are reimbursed under the appropriate procedure code for the specific radiographic procedure performed.

The Plan allows a single transportation payment for each trip the portable x-ray provider makes to a particular location. When more than one patient is served at the same location, the allowable amount for the transportation service will be reduced based on the total number of patients receiving the portable x-ray services during that trip, regardless of their insurance status.

**Note:** 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 if all the patients have insurance, or under which carrier.

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 performed. If the x-ray equipment used is stored in the location 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.

When code R0075 is billed, the plan requires providers to append one of five (5) modifiers, UN, UP, UQ, UR or US, on the claim line to indicate how many patients were served on that trip to the facility or location.

**Note:** The units field on a claim line for R0075 shall always be reported as one (1). 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 beneficiary received, not the number of services received by other beneficiaries.

### Commercial Reimbursement

Apart from codes R0070 and R0075, charges for transportation and set up of ECG equipment and portable radiographic equipment and personnel to home or nursing home are not covered.

Applicable codes: Q0092 R0076

### Medicare Advantage Reimbursement

The approved allowed amount will be prorated based on the modifier used.

| Modifier | Reimbursement Proration             |
|----------|-------------------------------------|
| UN       | Allowed amount divided by 2 (50%)   |
| UP       | Allowed amount divided by 3 (33.3%) |
| UQ       | Allowed amount divided by 4 (25%)   |
| UR       | Allowed amount divided by 5 (20%)   |
| US       | Allowed amount divided by 6 (16.7%) |

### **DEFINITIONS:**

| Modifier | Definition                  |
|----------|-----------------------------|
| UN       | Two patients served         |
| UP       | Three patients served       |
| UQ       | Four patients served        |
| UR       | Five patients served        |
| US       | Six patients or more served |

**RELATED POLICIES:**

Refer to the following Reimbursement Policies for additional information:

- RP-009: Modifiers 25, 59, XE, XP, XS, XU, and FT
- RP-035: Correct Coding Guidelines
- RP-041: Services not Separately Reimbursed

**POLICY UPDATE HISTORY INFORMATION:**

|           |   |
|-----------|---|
| 1 / 2018  | Implementation  |
| 11 / 2021 | Added NY region applicable to the policy. Changed direction on code R0070 and R0075 |
| 5 / 2023  | Added related policies  |
| 10 / 2023 | Added Medicare Advantage and U modifier direction                                   |

# Highmark Reimbursement Policy Bulletin



HISTORY VERSION

**Bulletin Number:** RP-026  
**Subject:** Portable Radiography and ECG Services  
**Effective Date:** January 29, 2018      **End Date:**  
**Issue Date:** May 29, 2023      **Revised Date:** May 2023  
**Date Reviewed:** April 2023  
**Source:** Reimbursement Policy

|   |    |                                     |      |                                     |    |                                     |    |                                     |
|---|----|-------------------------------------|------|-------------------------------------|----|-------------------------------------|----|-------------------------------------|
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| <b>Applicable Medicare Advantage Market</b> | PA | <input type="checkbox"/>            | WV   | <input type="checkbox"/>            | DE | <input type="checkbox"/>            | NY | <input type="checkbox"/>            |
| <b>Applicable Claim Type</b>                | UB | <input checked="" type="checkbox"/> | 1500 | <input checked="" type="checkbox"/> |    |                                     |    |                                     |

➔ A checked box indicates the policy is applicable to that market either entirely, or partially, as indicated within the policy.

Reimbursement Policy designation of Professional or Facility application is based on how the provider is contracted with the Plan. This Policy supersedes direction provided in Bulletins prior to the effective date of this policy.

## PURPOSE:

This policy provides direction on the Plan's reimbursement of portable X-ray and portable electrocardiogram/electrocardiograph (ECG) services. Portable X-ray services are radiology services that may be safely performed using portable equipment, (e.g., C-arm or swing arm). Portable electrocardiogram/electrocardiograph (ECG) services are those services that may be safely performed using portable equipment.

## REIMBURSEMENT GUIDELINES:

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With the exception of code R0070 and R0075, charges for transportation and set up of ECG equipment and portable radiographic equipment and personnel to home or nursing home are not covered.

Applicable codes: Q0092 R0076

**RELATED HIGHMARK POLICIES:**

Refer to the following Reimbursement Policies for additional information:

- RP-009: Modifiers 25, 59, XE, XP, XS, XU, and FT
- RP-041: Services not Separately Reimbursed

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|           |  |
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HISTORICAL

# Highmark Reimbursement Policy Bulletin



HISTORY VERSION

**Bulletin Number:** RP-026  
**Subject:** Portable Radiography and ECG Services  
**Effective Date:** January 29, 2018  
**Issue Date:** November 1, 2021  
**Date Reviewed:** July 2021  
**Source:** Reimbursement Policy

**End Date:**  
**Revised Date:** July 2021

**Applicable Commercial Market**

PA  WV  DE  NY

**Applicable Medicare Advantage Market**

PA  WV  DE  NY

**Applicable Claim Type**

UB  1500

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| <b>Applicable Claim Type</b>                | UB | <input checked="" type="checkbox"/> | 1500 | <input checked="" type="checkbox"/> |    |                                     |

Reimbursement Policy designation of Professional or Facility application is respective to how the provider is contracted with The Plan. Provider contractual agreements supersede Reimbursement Policy direction and regional applicability.

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Portable electrocardiogram/electrocardiograph (ECG) services are those services that may be safely performed using portable equipment.

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Charges for transportation and set up of ECG equipment and portable radiographic equipment and personnel to home or nursing home are not covered.

Applicable codes:      Q0092      R0070      R0075      R0076

*This policy position applies to all commercial and/or Medicare Advantage lines of business as indicated above. Reimbursement policies are intended only to establish general guidelines for reimbursement under Highmark plans. Highmark retains the right to review and update its reimbursement policy guidelines at its sole discretion.*