

PORTABLE RADIOLOGY SERVICES

Date of origin: Nov. 12, 2024

Review dates: None yet recorded

APPLIES TO

- Commercial
- Medicare follows CMS NCD/LCD policies unless otherwise noted
- Medicaid follows MDHHS/CHAMPS unless otherwise noted

DEFINITION

Portable radiology services are radiologic procedures performed in the member's residence. The member's residence could be their private home, assisted living facility, nursing facility or intermediate care facility.

POLICY SPECIFIC INFORMATION

We'll reimburse for portable radiology when your claim has all the following:

- Place of service 31,32,33,12,13,14 representing the members primary residence.
- Transportation codes:
 - **R0070**: Used when one member is seen at this location.
 - **R0075**: Used when more than one member is seen at this location.
- HCPC code Q0092 – portable x-ray set up
- A CPT code from the radiology range (70010-76499)

When billing for multiple members seen at the same location please use the following modifiers:

- **Modifier UN**: Two patients
- **Modifier UP**: Three patients
- **Modifier UQ**: Four patients
- **Modifier UR**: Five patients
- **Modifier US**: Six or more patients

Documentation requirements within the medical record.

- Name of beneficiary and date of service on all documentation
- Documentation legible and complete (including signature(s))
- Signed physician's order
- Diagnosis that supports the reason for the test.
- Name of the radiology technician.

RESOURCES

- [Improperly claimed Medicare Part B reimbursement for portable X-ray services \(OIG\)](#)
- [Medicare Claims Processing Manual – Chapter 13 \(Radiology services and other diagnostic procedures\) \(CMS\)](#)