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## Reimbursement Policy

Subject: **Portable/Mobile/Handheld Radiology Services**

Policy Number: **G-06160**

Policy Section: **Radiology**

Last Approval Date: **12/19/2023**

Effective Date: **07/23/2021**

\*\*\*\* Visit our provider website for the most current version of the reimbursement policies. If you are using a printed version of this policy, please verify the information by going to [anthem.com/medicareprovider](https://anthem.com/medicareprovider). \*\*\*\*

### Disclaimer

These reimbursement policies serve as a guide to assist you in accurate claims submissions and to outline the basis for reimbursement if Anthem Medicare Advantage covered the service for the member's benefit plan. The determination that a service, procedure, item, etc. is covered under a member's benefit plan is not a determination that you will be reimbursed. Services must meet authorization and medical necessity guidelines appropriate to the procedure and diagnosis as well as to the member's state of residence.

You must follow proper billing and submission guidelines. You are required to use industry standard, compliant codes on all claim submissions. Services should be billed with Current Procedure Terminology® (CPT) codes, Healthcare Common Procedure Coding System (HCPCS) codes, and/or revenue codes. These codes denote the services and/or procedures performed and, when billed, must be fully supported in the medical record and/or office notes. Unless otherwise noted within the policy, our reimbursement policies apply to both participating and non-participating professional providers and facilities.

If appropriate coding/billing guidelines or current reimbursement policies are not followed, Anthem Medicare Advantage may:

- Reject or deny the claim.
- Recover and/or recoup claim payment.
- Adjust the reimbursement to reflect the appropriate services and/or procedures performed.

These reimbursement policies may be superseded by mandates in provider, state, federal, or Centers for Medicare & Medicaid Services (CMS) contracts and/or requirements. Anthem Medicare Advantage strives to minimize delays in policy implementation. If there is a delay, we reserve the right to recoup and/or recover claims payment to the effective date in accordance with the policy. We reserve the right to review and revise these policies when necessary. When there is an update, we will publish the most current policy to the website.

## Policy

Anthem Medicare Advantage allows reimbursement for portable/mobile radiology services when furnished in a residence used as the patient's home and if ordered by a physician and performed by qualified portable radiology suppliers unless provider, state, federal, or CMS contracts and/or requirements indicate otherwise.

Portable/mobile radiology studies should not be performed for reasons of convenience. Reimbursement is based on the applicable fee schedule or contracted/negotiated rate for the radiological service and transportation and setup components with the use of applicable modifiers. Anthem Medicare Advantage allows preventive screenings performed by portable/mobile radiology studies for routine purposes.

**Note:** Portable radiology suppliers must be licensed or registered to perform services as required by applicable laws.

## Transportation and setup

Anthem Medicare Advantage allows reimbursement for transportation and setup of portable radiology equipment when transported to the member's residence. Transportation costs are payable when the portable X-ray equipment used was actually transported to the location where the X-ray was taken. Reimbursement for the setup cost of portable radiology equipment is separately reimbursable.

Reimbursement for transportation is based on a single payment for each particular location regardless of the number of members receiving radiological services. For services provided to more than one member, the transportation cost is divided by the total number of members receiving services at that location. For services provided to more than one member, the transportation cost is divided by the total number of members receiving services at that location. If more than one member receives portable radiology services, providers must bill according to the Related Coding section. No modifier is required when only one member is served.

## Nonreimbursable

Anthem Medicare Advantage does not allow reimbursement for transportation costs of equipment stored for use as needed at any location qualifying as a member's residence. If the diagnostic X-rays are not covered, payment will not be made for the transportation and setup fee.

## Handheld radiology

The use of handheld radiology instruments is allowed. Reimbursement will be part of the physician's professional service, and no additional charge will be paid. The technical components for handheld radiology are not separately reimbursable.

Related Coding		
Modifier UN	Two patients served	Transportation cost is divided by two members
Modifier UP	Three patients served	Transportation cost is divided by three members
Modifier UQ	Four patients served	Transportation cost is divided by four members

Modifier UR	Five patients served	Transportation cost is divided by five members
Modifier US	Six or more patients served	Transportation cost is divided by six members (regardless of number of members served)

Policy History	
12/19/2023	Review approved: no changes
07/23/2021	Review approved: no change to policy language; policy template updated
07/03/2019	Review approved
04/03/2017	Review approved 04/03/2017 and effective 12/15/2017: policy language updated
08/24/2015	Review approved: policy template updated
01/01/2015	Initial approval and effective

References and Research Materials
<p>This policy has been developed through consideration of the following:</p> <ul style="list-style-type: none"> <li>• CMS</li> <li>• Optum EncoderPro 2023</li> <li>• State contract</li> </ul>

Definitions	
Portable Radiology Services	<p>Known as mobile radiology, portable radiology services are radiological procedures provided with hand-carried or mobile radiological components in a member's residence when the member is unable to travel to a physician's office or outpatient hospital radiology department due to the member's clinical condition. The member's residence must be one of the following:</p> <ul style="list-style-type: none"><li>• Private home</li><li>• Assisted living facility</li><li>• Nursing facility</li><li>• Intermediate care facility</li></ul>
General Reimbursement Policy Definitions	

Related Policies and Materials
Modifier Usage
Modifiers 26 and TC

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