

Reimbursement Policy	
Subject: Portable Mobile Handheld Radiology Services	
Policy Number: G-06160	Policy Section: Radiology
Last Approval Date: 07/23/21	Effective Date: 07/23/21

Visit our provider website for the most current version of our reimbursement policies. If you are using a printed version of this policy, please verify the information by going to <https://provider.simplyhealthcareplans.com>.

Disclaimer

These policies serve as a guide to assist you in accurate claims submissions and to outline the basis for reimbursement by Simply Healthcare Plans, Inc. (Simply) Medicare Advantage if the service is covered by a 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 CPT® codes, HCPCS codes, and/or revenue codes. The codes denote the services and/or procedures performed. The billed code(s) are required to be fully supported in the medical record and/or office notes. Unless otherwise noted within the policy, our policies apply to participating providers and facilities; a noncontracting provider who accepts Medicare assignment will be reimbursed for services according to the original Medicare reimbursement rates.

If appropriate coding/billing guidelines or current reimbursement policies are not followed, Simply 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.

Simply Medicare Advantage reimbursement policies are developed based on nationally accepted industry standards and coding principles. These policies may be superseded by mandates in provider, state, federal, or CMS contracts and/or requirements. System logic or set up may prevent the loading of policies into the claims platforms in the same manner as described; however, Simply Medicare Advantage strives to minimize these variations.

Simply Medicare Advantage reserves the right to review and revise our policies periodically when necessary. When there is an update, we will publish the most current policy to our provider website.

Policy

<https://provider.simplyhealthcareplans.com>

Simply Healthcare Plans, Inc. is a Medicare contracted coordinated care plan that has a Medicaid contract with the State of Florida Agency for Health Care Administration to provide benefits or arrange for benefits to be provided to enrollees. Enrollment in Simply Healthcare Plans, Inc. depends on contract renewal.

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Simply Medicare Advantage allows reimbursement for portable/mobile radiology services when furnished in a residence used as the member'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 routine purposes or 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.

Simple 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 state laws.

Transportation

Simply Medicare Advantage allows reimbursement for transportation 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 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. 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

Simply 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

07/23/21	Biennial review approved: No change to policy language.
01/01/21	Initial review approved and effective

References and Research Materials

<p>This policy has been developed through consideration of the following:</p> <ul style="list-style-type: none"> • CMS • State contract • EncoderPro 360

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"> • Private home • Assisted living facility • Nursing facility • Intermediate care facility
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General Reimbursement Policy Definitions

Related Policies and Materials

Modifier Usage
