



## Reimbursement Policy

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

Effective Date: **03/15/18**

Committee Approval Obtained:  
**04/03/17**

Section:  
**Radiology**

\*\*\*\*\*The most current version of the reimbursement policies can be found on our provider website. If you are using a printed version of this policy, please verify the information by going to <https://providers.amerigroup.com>. Under Quick Tools, select Reimbursement Policies > Medicaid. Note: State-specific exemptions may apply. Please refer to the Exemptions section below for specific exemptions based on your state.\*\*\*\*\*

These policies serve as a guide to assist you in accurate claim submissions and to outline the basis for reimbursement if the service is covered by a member's Amerigroup 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 both participating and nonparticipating providers and facilities.

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

- Reject or deny the claim.
- Recover and/or recoup claim payment.

Amerigroup 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 These policies may be superseded by mandates in provider, state, federal or CMS contracts and/or requirements.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 setup may prevent the loading of policies into the claims platforms in the same manner as described; however, Amerigroup strives to minimize these variations.

Amerigroup 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 this site.

**Policy**

Amerigroup 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 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.

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

**Transportation and Setup**

Amerigroup 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. If more than one member receives portable radiology services, providers must bill with one of the following applicable modifiers:

- Modifier UN — two members served
- Modifier UP — three members served
- Modifier UQ — four members served
- Modifier UR — five members served
- Modifier US — six or more members served
  - Total payment for the service is divided by six regardless of the number of members served.
- No modifier is required when only one member is served

**Nonreimbursable**

Amerigroup 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**

	<p>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.</p>
<b>Exemptions</b>	<ul style="list-style-type: none"> <li>• Amerigroup Community Care in Georgia does not allow coverage for radiological procedures performed by portable/mobile radiology services.</li> <li>• The following markets do not separately reimburse setup cost of portable X-ray: <ul style="list-style-type: none"> <li>○ Amerigroup Texas, Inc. and Amerigroup Insurance Company in accordance with Texas Medical Assistance (Medicaid) Program</li> <li>○ Amerigroup Washington, Inc.</li> </ul> </li> </ul>
<b>History</b>	<ul style="list-style-type: none"> <li>• Biennial review approved 04/03/17 and effective 03/15/18: Policy language updated; Policy template updated; Georgia exemption updated; Texas exemption added; Washington exemption added;</li> <li>• Biennial review approved 08/24/15: Definition section updated</li> <li>• Biennial review approved and effective 06/17/13: Disclaimer updated</li> <li>• Biennial review approved 07/18/11 and effective 04/11/12: Updated accountability language; Policy language updated</li> <li>• Review approved 10/11/10: Policy language updated; Updated policy template and Background section</li> <li>• Review approved 12/15/08 and effective 02/13/09: Policy language updated</li> <li>• Initial approval effective 12/06/06</li> </ul>
<b>References and Research Materials</b>	<p>This policy has been developed through consideration of the following:</p> <ul style="list-style-type: none"> <li>• CMS</li> <li>• State Medicaid</li> <li>• Amerigroup state contracts</li> </ul>
<b>Definitions</b>	<ul style="list-style-type: none"> <li>• <b>Portable Radiology Services:</b> also 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: <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> </li> </ul> <p><b>General Reimbursement Policy Definitions</b></p>

<b>Related Policies</b>	<ul style="list-style-type: none"><li>• Modifier Usage</li></ul>
<b>Related Materials</b>	<ul style="list-style-type: none"><li>• None</li></ul>