HIGHMARK.

Reimbursement Policy

Title: Mobile or Independent Diagnostic Services and X-rays

Policy Number: RP-008

Version Number: 2026.09.28

Medicare Advantage:	PA, WV, DE, NY	Version Effective:	September 28, 2026
Commercial:	PA, WV, DE, NY	Originally Effective:	January 1, 2017
Claim Type:	CMS 1500 and UB04	History Versions:	Click Here → History

Disclosure: *The purpose of this Reimbursement Policy is to document our payment guidelines for those services covered by a member's medical benefit plan and ensure you are reimbursed based on the codes that correctly describe the health care services provided. Reimbursement Policies do not provide guidance on whether a service is a covered benefit under the members' contract. Benefit determinations are based in all cases on the applicable benefit plan contract language and applicable medical policies. Should there be any conflicts between Reimbursement Policy and the member's benefit plan, the member's benefit plan will prevail. Additionally, health care providers (facilities, physicians, and other professionals) are expected to exercise independent medical judgment in providing care to members. Reimbursement Policy is not intended to impact care decisions or medical practice. This Reimbursement Policy is intended to serve as a guide as to how the plan pays for covered services, however, other factors may influence payment and, in some cases, may supersede this policy. The provider should consult their network provider agreement for further details of their contractual obligations. The policy is applicable to designated markets either entirely, or partially, as indicated within the policy. Policy designation of claim type is based on how the provider is contracted with the Plan.*

Description:

This policy directs the Plan's reimbursement for X-rays using film, computed radiography and tomography, mobile equipment, and fixed or mobile Independent Diagnostic Testing Facility's (IDTF). An IDTF is a facility that is independent of a physician's office or hospital and an IDTF can be a mobile entity or a fixed location.

Reimbursement Guidelines:

X-ray services using Film, Computed Radiography and Computed Tomography

Modifiers FX, FY and CT are appended to claim lines to indicate the type of X-ray technology used when reporting X-ray services.

When the following modifiers are present on the claim line, the Plan will apply a reimbursement reduction as follows; 20% reduction for modifier FX, 10% reduction for modifier FY, and a 15% reduction for modifier CT. Reductions are only applied to the approved allowance on the technical component (and the technical component of the global fee).

Portable Radiography and Electrocardiogram

Portable X-ray (e.g., C-arm, swing arm) and ECG services are safely performed using portable equipment. The Plan does not distinguish between portable radiographic exams and conventional studies performed in a doctor's office or hospital radiology department.

Radiograph and interpretation allowances apply across all settings (portable, office, or department). Portable X-rays are billed using standard procedure codes. The Plan reimburses providers per trip to a location, but the transportation allowance is reduced if multiple patients are served during the same trip, regardless of their insurance status. Mobile units are required to list their geographic service area zip code.

Transportation codes R0070 and R0075 apply only when equipment is transported to the site; they cannot be billed if equipment is stored on-site (e.g., a nursing home) and only a technician traveled. When billing R0075, providers must include a modifier (UN, UP, UQ, UR, or US) to indicate how many patients were served. The approved allowed amount will be prorated based on the modifier used, as shown below.

Modifier	Definition	Reimbursement Proration
UN	Two patients served	Allowed amount divided by 2 (50%)
UP	Three patients served	Allowed amount divided by 3 (33.3%)
UQ	Four patients served	Allowed amount divided by 4 (25%)
UR	Five patients served	Allowed amount divided by 5 (20%)
US	Six patients or more served	Allowed amount divided by 6 (16.7%)

Note: Codes Q0092 and R0076 are not reimbursed under commercial plans.

Independent Diagnostic Testing Facilities (This section is not applicable to facility UB04 claims)

IDTFs must comply with all Federal and State licensure requirements and may bill for both technical and interpretation components. Interpretations require a licensed practitioner, and if an IDTF purchases a test or interpretation, they must perform both components to be reimbursed. Procedures require a written order from the treating physician—the IDTF supervising physician cannot order the test unless they are also the member's treating physician. Additionally, prior authorization may be required, and medical necessity must be documented in the progress notes. Physicians and facilities are reimbursed only for performed, non-duplicated components, subject to the Plan's purchased service policy.

- An IDTF cannot perform or bill for Clinical Laboratory Improvement Act test (CLIA)
- If an IDTF performs diagnostic mammography, it must have a Food and Drug Administration (FDA) certification to perform mammography; however, an entity that only performs diagnostic mammography should not be enrolled as an IDTF

- Mobile IDTFs that provide X-ray services are not eligible to bill for the transportation (R0070) and setup (Q0092) of the portable X-ray
- Trans telephonic Electronic Monitoring Services must have a living person available 24hrs a day. Answering services are not acceptable
- Mobile units are required to list their geographic service area zip code

IDTF eligibility criteria for Plan credentialing can be found on the online application. In addition, IDTFs must follow all additional guidelines as specified in the Plan contract.

Coding:

Providers shall append modifier 26 for the interpretation (professional) component and modifier TC for the technical component (unless the code is inherently TC-only, such as injections or drug codes). Providers shall report the global code only when performing both components.

IDTF's billing date span services defined as multiple units are not acceptable for reimbursement. For IDTF billing, each service must be billed on a separate line and the NPI assigned to the ordering provider must also be submitted on the claim.

Providers shall append modifier FX for film X-rays, FY for computed radiography cassette-based imaging, and CT for CT services using equipment that fails to meet all NEMA XR-29-2013 standard attributes.

Use code R0070 (without a modifier) for a single patient receiving portable X-rays, and code R0075 for multiple patients on the same trip, regardless of insurance status. R0075 must always be reported as one (1) unit. The "units" field must never represent the patient count; it must reflect only the services received by the specific beneficiary, not other patients.

Definitions:

Modifier	Definition
26	Professional component
TC	Technical component
FX	Imaging services that are taken using X-ray film
FY	Imaging services that are X-rays taken using computed radiography technology/cassette-based imaging
CT	Computed tomography services furnished using equipment- that does not meet each of the attributes of the National Electric Manufacturers Association (NEMA) standard

References:

- Center for Medicare and Medicaid Services (CMS) Internet Only Manual (IOM), Publication 100-02, Chapter 15, Sections 70 and 80.
- CMS IOM, Publication 100-04, Medicare Claims Processing Manual, Chapter 4, Section 20, and Chapter 26 and 35
- CMS IOM, Publication 100-08, Medicare Program Integrity Manual, Chapter 10, Section 4, and 10
- Code of Federal Regulations (CFR), Title 42, Chapter IV, Part 410 §410.32(a) Ordering diagnostic tests
- CFR, Title 42, Chapter IV, Part 410 §410.33 Independent diagnostic testing facility

Related Plan Policies:

Refer to the following Reimbursement Policies for additional information:

- RP-009: Modifiers 25, 59, XE, XP, XS, XU, and FT
- RP-015: Professional and Technical Components for Applicable Services
- RP-035: Correct Coding Guidelines
- RP-041: Services Not Separately Reimbursed
- RP-045: Purchased Services

Policy Update History:

2 / 2023	Increased reduction of FY from 7% to 10%. Corrected policy effective date for NY region
11 / 2024	Administrative review with no changes in policy direction
9 / 2026	Merged RP-048 and RP-026 direction, changed policy name with no changes to policy direction

Highmark Reimbursement Policy Bulletin

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HISTORY VERSION

Bulletin Number:	RP-008
Subject:	X-rays Using Film, Computed Radiography and Computed Tomography: Modifiers FX, FY, CT
Effective Date:	January 1, 2017
End Date:	
Issue Date:	November 4, 2024
Revised Date:	November 2024
Date Reviewed:	October 2024
Source:	Reimbursement Policy

Applicable Commercial Market	**PA**	☒	**WV**	☒	**DE**	☒	**NY**	☒
Applicable Medicare Advantage Market	**PA**	☒	**WV**	☒	**DE**	☒	**NY**	☒
Applicable Claim Type	**UB**	☒	**1500**	☒				

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 addresses coverage guidelines for X-ray services using Film, Computed Radiography and Computed Tomography. Modifiers FX, FY and CT are used to indicate the type of x-ray technology used on when reporting X-ray services.

REIMBURSEMENT GUIDELINES:

Modifier FX

Effective January 1, 2017, service lines reporting X-ray services using film must include modifier FX. The Plan will apply a reimbursement reduction of 20% to the approved allowance on the technical component (and the technical component of the global fee) for X-ray services furnished using film.

Modifier FY

Effective January 1, 2018, service lines reporting X-ray services using computed radiography cassette-based imaging, must include modifier FY.

Effective for dates of service January 1, 2018, through February 26, 2023, the Plan will apply a reimbursement reduction of 7% to the approved allowance on the technical component (and the technical component of the global fee) for X-ray services furnished using computed radiography cassette-based imaging.

Effective for dates of service February 27, 2023, and thereafter, the Plan will apply a reimbursement reduction of 10% to the approved allowance on the technical component (and the technical component of the global fee) for X-ray services furnished using computed radiography cassette-based imaging.

Modifier CT

Effective February 1, 2018, service lines reporting Computed Tomography services furnished using equipment that does not meet each of the attributes of the National Electrical Manufacturers Association (NEMA) XR-29-2013 standard, must include modifier CT.

The Plan will apply a reimbursement reduction of 15% to the technical component (and the technical component of the global fee) for Computed Tomography (CT) services furnished using equipment that is inconsistent with the CT equipment standard.

Note: The policy applies to New York Commercial and Medicare Advantage effective February 27, 2023.

DEFINITIONS:

Modifier	Definition
FX	Imaging services that are taken using X-ray film.
FY	Imaging services that are X-rays taken using computed radiography technology/cassette-based imaging.
CT	Computed tomography services furnished using equipment- that does not meet each of the attributes of the National Electric Manufacturers Association (NEMA) standard.

REFERENCES:

- CMS Online Manual Pub. 100-04, Chapter 4, Section 20.6.13

POLICY UPDATE HISTORY INFORMATION:

1 / 2017	Implementation
11 / 2021	Added NY region applicable to the policy
1 / 2022	Added Delaware Medicare Advantage applicable to the policy
2 / 2023	Increased reduction of FY from 7% to 10%. Corrected policy effective date for NY region
11 / 2024	Administrative policy review with no changes in policy direction

Highmark Reimbursement Policy Bulletin

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HISTORY VERSION

Bulletin Number:	RP-008		
Subject:	X-rays Using Film, Computed Radiography and Computed Tomography: Modifiers FX, FY, CT		
Effective Date:	January 1, 2017	**End Date:**	
Issue Date:	February 27, 2023	**Revised Date:**	February 2023
Date Reviewed:	October 2022		
Source:	Reimbursement Policy		

Applicable Commercial Market	**PA**	☒	**WV**	☒	**DE**	☒	**NY**	☒
Applicable Medicare Advantage Market	**PA**	☒	**WV**	☒	**DE**	☒	**NY**	☒
Applicable Claim Type	**UB**	☒	**1500**	☒				

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:

Modifier FX: X-ray Taken Using Film
Effective January 1, 2017, service lines reporting X-ray services using film must include modifier FX.

Modifier FY: X-ray Taken Using Computed Radiography Technology/Cassette-Based Imaging
Effective January 1, 2018, service lines reporting X-ray services using computed radiography cassette-based imaging, must include modifier FY.

Modifier CT: Computed tomography services furnished using equipment that does not meet each of the attributes of the National Electrical Manufacturers Association standard
Effective February 1, 2018, service lines reporting Computed Tomography services furnished using equipment that does not meet each of the attributes of the National Electrical Manufacturers Association (NEMA) XR-29-2013 standard, must include modifier CT.

REIMBURSEMENT GUIDELINES:

Note: The policy applies to New York Commercial and Medicare Advantage effective February 27, 2023.

The Plan will apply a reimbursement reduction of 20% to the approved allowance on the technical component (and the technical component of the global fee) for X-ray services furnished using film (modifier FX).

Effective for dates of service January 1, 2018, through February 26, 2023, the Plan will apply a reimbursement reduction of 7% to the approved allowance on the technical component (and the technical component of the global fee) for X-ray services furnished using computed radiography cassette-based imaging (modifier FY).

Effective for dates of service February 27, 2023, and thereafter, the Plan will apply a reimbursement reduction of 10% to the approved allowance on the technical component (and the technical component of the global fee) for X-ray services furnished using computed radiography cassette-based imaging (modifier FY).

The Plan will apply a reimbursement reduction of 15% to the technical component (and the technical component of the global fee) for Computed Tomography (CT) services furnished using equipment that is inconsistent with the CT equipment standard.

REFERENCES:

- CMS Online Manual Pub. 100-04, Chapter 4, Section 20.6.13

POLICY UPDATE HISTORY INFORMATION:

1 / 2017	Implementation
11 / 2021	Added NY region applicable to the policy
1 / 2022	Added Delaware Medicare Advantage applicable to the policy
2 / 2023	Increased reduction of FY from 7% to 10%. Corrected policy effective date for NY region

Highmark Reimbursement Policy Bulletin

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HISTORY VERSION

Bulletin Number:	RP-008		
Subject:	X-rays Using Film, Computed Radiography and Computed Tomography: Modifiers FX, FY, CT		
Effective Date:	January 1, 2017	**End Date:**	
Issue Date:	January 3, 2022	**Revised Date:**	January 2022
Date Reviewed:	October 2021		
Source:	Reimbursement Policy		

Applicable Commercial Market	**PA**	☒	**WV**	☒	**DE**	☒	**NY**	☒
Applicable Medicare Advantage Market	**PA**	☒	**WV**	☒	**DE**	☒	**NY**	☒
Applicable Claim Type	**UB**	☒	**1500**	☒				

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:

Modifier FX: X-ray Taken Using Film
Effective January 1, 2017, service lines reporting X-ray services using film must include modifier FX.

Modifier FY: X-ray Taken Using Computed Radiography Technology/Cassette-Based Imaging
Effective January 1, 2018, service lines reporting X-ray services using computed radiography cassette-based imaging, must include modifier FY.

Modifier CT: Computed tomography services furnished using equipment that does not meet each of the attributes of the National Electrical Manufacturers Association standard
Effective February 1, 2018, service lines reporting Computed Tomography services furnished using equipment that does not meet each of the attributes of the National Electrical Manufacturers Association (NEMA) XR-29-2013 standard, must include modifier CT.

REIMBURSEMENT GUIDELINES:

The Plan will apply a reimbursement reduction of 20% to the approved allowance on the technical component (and the technical component of the global fee) for X-ray services furnished using film (modifier FX).

The Plan will apply a reimbursement reduction of 7% to the approved allowance on the technical component (and the technical component of the global fee) for X-ray services furnished using computed radiography cassette-based imaging (modifier FY).

The Plan will apply a reimbursement reduction of 15% to the technical component (and the technical component of the global fee) for Computed Tomography (CT) services furnished using equipment that is inconsistent with the CT equipment standard.

REFERENCES:

- CMS Online Manual Pub. 100-04, Chapter 4, Section 20.6.13

POLICY UPDATE HISTORY INFORMATION:

1 / 2017	Implementation
11 / 2021	Added NY region applicable to the policy
1 / 2022	Added Delaware Medicare Advantage applicable to the policy

Highmark Reimbursement Policy Bulletin

HISTORY VERSION

Bulletin Number:	RP- 008
Subject:	X-rays Using Film, Computed Radiography and Computed Tomography: Modifiers FX, FY, CT
Effective Date:	January 1, 2017
End Date:	
Issue Date:	November 1, 2021
Revised Date:	July 2021
Date Reviewed:	July 2021
Source:	Reimbursement Policy

Applicable Commercial Market	**PA**	☒	**WV**	☒	**DE**	☒	**NY** ☒
Applicable Medicare Advantage Market	**PA**	☒	**WV**	☒	**DE**	☐	**NY** ☒
Applicable Claim Type	**UB**	☒	**1500**	☒			

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:

Modifier FX: X-ray Taken Using Film
Effective January 1, 2017, service lines reporting X-ray services using film must include modifier FX.

Modifier FY: X-ray Taken Using Computed Radiography Technology/Cassette-Based Imaging
Effective January 1, 2018, service lines reporting X-ray services using computed radiography cassette-based imaging, must include modifier FY.

Modifier CT: Computed tomography services furnished using equipment that does not meet each of the attributes of the National Electrical Manufacturers Association standard
Effective February 1, 2018, service lines reporting Computed Tomography services furnished using equipment that does not meet each of the attributes of the National Electrical Manufacturers Association (NEMA) XR-29-2013 standard, must include modifier CT.

REIMBURSEMENT GUIDELINES:

The Plan will apply a reimbursement reduction of 20% to the approved allowance on the technical component (and the technical component of the global fee) for X-ray services furnished using film (modifier FX).

The Plan will apply a reimbursement reduction of 7% to the approved allowance on the technical component (and the technical component of the global fee) for X-ray services furnished using computed radiography cassette-based imaging (modifier FY).

The Plan will apply a reimbursement reduction of 15% to the technical component (and the technical component of the global fee) for Computed Tomography (CT) services furnished using equipment that is inconsistent with the CT equipment standard.

REFERENCES:

- CMS Online Manual Pub. 100-04, Chapter 4, Section 20.6.13

POLICY UPDATE HISTORY INFORMATION:

1 / 2017	Implementation
11 / 2021	Added NY region applicable to the policy

Highmark Reimbursement Policy Bulletin

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Bulletin Number:	RP-008
Subject:	X-rays Using Film, Computed Radiography and Computed Tomography: Modifiers FX, FY, CT
Effective Date:	January 1, 2017 **End Date:**
Issue Date:	February 1, 2018
Source:	Reimbursement Policy

Applicable Commercial Market	**PA**	☒	**WV**	☒	**DE** ☐
Applicable Medicare Advantage Market	**PA**	☒	**WV**	☒	
Applicable Claim Type	**UB**	☒	**1500**	☒	

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.

PURPOSE:

Modifier FX: X-ray Taken Using Film
Effective January 1, 2017, service lines reporting X-ray services using film must include modifier FX.

Modifier FY: X-ray Taken Using Computed Radiography Technology/Cassette-Based Imaging
Effective January 1, 2018, service lines reporting X-ray services using computed radiography cassette-based imaging, must include modifier FY.

Modifier CT: Computed tomography services furnished using equipment that does not meet each of the attributes of the National Electrical Manufacturers Association standard
Effective February 1, 2018, service lines reporting Computed Tomography services furnished using equipment that does not meet each of the attributes of the National Electrical Manufacturers Association (NEMA) XR-29-2013 standard, must include modifier CT.

REIMBURSEMENT GUIDELINES:

The Plan will apply a reimbursement reduction of 20% to the approved allowance on the technical component (and the technical component of the global fee) for X-ray services furnished using film (modifier FX).

The Plan will apply a reimbursement reduction of 7% to the approved allowance on the technical component (and the technical component of the global fee) for X-ray services furnished using computed radiography cassette-based imaging (modifier FY).

The Plan will apply a reimbursement reduction of 15% to the technical component (and the technical component of the global fee) for Computed Tomography (CT) services furnished using equipment that is inconsistent with the CT equipment standard.

ADDITIONAL BILLING INFORMATION, REFERENCES AND GUIDELINES:

- CMS Online Manual Pub. 100-04, Chapter 4, Section 20.6.13