

COMMERCIAL REIMBURSEMENT POLICY

Radiology Services General Guide

Active

Policy Number: Radiology – 001
Policy Title: Radiology Services General Guide
Section: Radiology
Effective Date: 01/01/24

Description

This policy addresses coding and reimbursement for radiology services.

Definitions

Radiology: A branch of medicine that deals with imaging technologies (e.g., X-ray, Ultrasound, Computed Tomography, Magnetic Resonance Imaging and Nuclear Medicine procedures) and interventional techniques used in the diagnosis and treatment of a wide range of diseases.

Policy Statement

Blue Cross does not allow providers to bill the health plan for radiology services that are not ordered by a physician or other qualified healthcare professional (QHP) because, in addition to receiving the radiology study results, the patient also needs interpretation of the tests, recommendations for future care, and a course of action that only a physician or other QHP can deliver.

Units

The number of units submitted on your claim must be the number of procedures performed, not the number of views taken.

Diagnosis

A diagnosis code is required for radiology services and should match or be compatible with the services provided. For example, the pregnant uterus ultrasound 76805 should be linked to a maternity related diagnosis.

Professional/Technical/ Global Billing

- -26 modifier is used only when the professional component is reported.
- -TC modifier is used only when the technical component is being reported
- Global procedure is to be reported if both components are performed by personnel in the same clinic.

○ Example:

Global	Professional only	Technical only
71045	71045-26	71045-TC

- Professional bilateral radiology services are reported as two lines with LT and RT modifiers.

Purchased Services

The entity that performs a test should be the one to bill for that test. However, a provider may, under arrangement with another provider, bill a service that is purchased from that other provider. For example, a clinical provider may bill for an X-ray that is done at a hospital because the clinic did not have the appropriate equipment. It is important to remember that only one provider may bill for the service.

Claims for purchased services should be submitted on the electronic 837P professional claim format as follows:

- Place of service – enter the place of service code where the service was done by the *performing* provider.
- Provider ID – enter the NPI provider number of the *ordering* physician.
- Service facility location – enter the name and address of the service facility along with the applicable NPI.
- Billing Provider – enter the NPI provider number of the *ordering* provider

Screening and Diagnostic Services

Generally, screening and diagnostic services done on the same day are considered mutually exclusive and the screening service will not be separately reimbursed.

Screening and Diagnostic Mammogram

A screening mammogram that is followed by a diagnostic mammogram appended with modifier – GG on the same day may be allowed.

Over-reads

Code 76140 (consultation on X-ray examination made elsewhere, written report) is considered an over-read, thus it is not allowed. Over-reads are an additional interpretation of a film and as such, are not billable to the plan or the patient as a separate charge.

Comparison X-ray

Contralateral unaffected body part X-rays taken for comparison purposes are not reimbursed.

Repeat Imaging

Repeat X-rays of the same body structure are allowed if performed at different times of day or before and after surgery, such as orthopedic procedures including casting. Repeat X-rays should be appended with modifiers -76 or -77.

Payment will be made for only one interpretation of any given x-ray, CT, MRI, ultrasound, or ECG/EKG. Subsequent interpretations or readings by another physician (indicated by the -77 modifier) will not be reimbursed. A re-interpretation by another physician is considered an integral part of the primary physician's services and is not separately reimbursable.

However, if the patient's condition warrants an immediate interpretation of an imaging study (emergency treatment -ET modifier), payment may be made to the attending or admitting physician even when a hospital staff physician also performs an imaging study interpretation.

Radiation Treatment Management

The weekly management code is 77427. Radiation treatment management is reported in units of five fractions or treatment sessions, regardless of the actual time in which the services are furnished. The services need not be furnished on consecutive days. Multiple fractions representing two or more treatment sessions furnished on the same day may be counted separately if there has been a distinct break in therapy sessions, and the fractions are of the character usually furnished on different days.

Code 77427 is also reported if there are three of four fractions beyond a multiple of five at the end of a course of treatment; one or two fractions beyond a multiple of five at the end of a course of treatment are not reported separately.

The code 77431 is meant to be utilized for radiation therapy management that includes the complete course of therapy, consisting of one or two fractions only. This code is not meant to fill in the gaps for the one or two fractions that may be left over at the end of a long course of therapy.

Stereotactic Radiosurgery/Radiation Treatment

Type	Code	Frequency
Cranial - single lesion	61796 (simple) 61798 (complex)	Once per 2 weeks
Cranial – additional lesions	61797, 61799	4 times per 2 weeks
Spinal – one lesion	63620	Once per 2 weeks*
Spinal – additional lesions	63621	2 times per 2 weeks
Stereotactic body radiation treatment AND stereotactic radiosurgery – any number of lesions	77371, 77372, 77373 G0339 or G0340	5 combined units per 2 weeks
	77371, 77373 or G0339	1 combined unit per 2 weeks
Radiation therapy management with complete course of therapy	77431	Once per 8 weeks
Stereotactic radiation treatment management of cranial lesion[s], complete course of treatment	77432	Once per 2 weeks
Stereotactic body radiation therapy, treatment management, per treatment course	77435	Once per 2 weeks
Intensity Modulated Radiation Therapy (IMRT)	77338	Once per 8 weeks
Special Treatment Procedures (ex. total body irradiation or per oral irradiation)	77470	Once per 8 weeks

*Modifier exception applies when reporting 63620 more than once during a course of treatment if a different lesion is being treated during a subsequent session.

Documentation Submission

Documentation must identify and describe the services performed. If a denial is appealed, this documentation must be submitted with the appeal.

Coverage

Eligible services will be subject to the subscriber benefits, applicable fee schedule amount and any coding edits.



The following applies to all claim submissions.

All coding and reimbursement is subject to all terms of the Provider Service Agreement and subject to changes, updates, or other requirements of coding rules and guidelines. All codes are subject to federal HIPAA rules, and in the case of medical code sets (HCPCS, CPT, ICD), only codes valid for the date of service may be submitted or accepted. Reimbursement for all Health Services is subject to current Blue Cross Medical Policy criteria, policies found in the Provider Policy and Procedure Manual sections, Reimbursement Policies and all other provisions of the Provider Service Agreement (Agreement).

In the event that any new codes are developed during the course of Provider's Agreement, such new codes will be paid according to the standard or applicable Blue Cross fee schedule until such time as a new agreement is reached and supersedes the Provider's current Agreement.

All payment for codes based on Relative Value Units (RVU) will include a site of service differential and will be calculated using the appropriate facility or non-facility components, based on the site of service identified, as submitted by Provider.

Coding

The following codes are included below for informational purposes only and are subject to change without notice. Inclusion or exclusion of a code does not constitute or imply subscriber coverage or provider reimbursement.

- CPT/HCPCS Modifier:** 26 76 77 ET GG LT RT
- TC
- ICD-10 Diagnosis:** N/A
- ICD-10 Procedure:** N/A
- CPT/HCPCS:** Refer to [Appendix](#)
- Revenue Codes:** N/A

Resources

Centers for Medicare and Medicaid Services Manual Pub.100-4, Chapter 12, Section 20.3 and Chapter 13, Section 100.1
National Correct Coding Initiative (NCCI)

Policy History

06/09/2016	Initial Committee Approval Date
05/24/2017	Annual Policy Review: no update
07/15/2019	Annual Policy Review: Code: added/deleted codes
01/26/2021	Annual Policy Review Codes removed: 76970, 78135
07/26/2022	Annual Policy Review – Combined Radiology – 002 Cranial Stereotactic Radiosurgery and Radiology – 015 Repeat Imaging Interpretation into this policy. Code update: Q1 update – Added 77089, 77090, 77091, 77092 and removed 72275, 76101, 76102
11/28/2023	Annual Policy Review



01/01/2024	Code update
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Appendix

61796	61797	61798	61799	63620	63621				
70010	70015	70030	70100	70110	70120	70130	70134	70140	70150
70160	70170	70190	70200	70210	70220	70240	70250	70260	70300
70310	70320	70328	70330	70332	70336	70350	70355	70360	70370
70371	70380	70390	70450	70460	70470	70480	70481	70482	70486
70487	70488	70490	70491	70492	70496	70498	70540	70542	70543
70544	70545	70546	70547	70548	70549	70551	70552	70553	70554
70555	70557	70558	70559	71045	71046	71047	71048	71100	71101
71110	71111	71120	71130	71250	71260	71270	71271	71275	71550
71551	71552	71555	72020	72040	72050	72052	72070	72072	72074
72080	72081	72082	72083	72084	72100	72110	72114	72120	72125
72126	72127	72128	72129	72130	72131	72132	72133	72141	72142
72146	72147	72148	72149	72156	72157	72158	72159	72170	72190
72191	72192	72193	72194	72195	72196	72197	72198	72200	72202
72220	72240	72255	72265	72270	72285	72295	73000	73010	73020
73030	73040	73050	73060	73070	73080	73085	73090	73092	73100
73110	73115	73120	73130	73140	73200	73201	73202	73206	73218
73219	73220	73221	73222	73223	73501	73502	73503	73521	73522
73523	73525	73551	73552	73560	73562	73564	73565	73580	73590
73592	73600	73610	73615	73620	73630	73650	73660	73700	73701
73702	73706	73718	73719	73720	73721	73722	73723	73725	74018
74019	74021	74022	74150	74160	74170	74174	74175	74176	74177
74178	74181	74182	74183	74185	74190	74210	74220	74221	74230
74235	74240	74246	74248	74250	74251	74261	74262	74263	74270
74280	74283	74290	74300	74301	74328	74329	74330	74340	74355
74360	74363	74400	74410	74415	74420	74425	74430	74440	74445
74450	74455	74470	74485	74712	74713	74740	74742	74775	75557
75559	75561	75563	75565	75571	75572	75573	75731	75733	75736
75741	75743	75746	75756	75774	75801	75803	75805	75807	75809
75810	75820	75822	75825	75827	75831	75833	75840	75842	75860
75870	75872	75880	75885	75887	75889	75891	75893	75894	75898
75901	75902	75956	75957	75958	75959	75970	75984	75989	76000
76010	76080	76098	76100	76120	76125	76140	76145	76376	76377
76380	76390	76391	76496	76497	76498	76499	76506	76510	76511
76512	76513	76514	76516	76519	76529	76536	76604	76641	76642
76700	76705	76706	76770	76775	76776	76800	76801	76802	76805
76810	76811	76812	76813	76814	76815	76816	76817	76818	76819
76820	76821	76825	76826	76827	76828	76830	76831	76856	76857
76870	76872	76873	76881	76882	76885	76886	76932	76936	76937
76940	76941	76942	76945	76946	76948	76965	76975	76977	76978
76979	76981	76982	76983	76998	76999	77001	77002	77003	77011

77012	77013	77014	77021	77022	77046	77047	77048	77049	77053
77054	77061	77062	77063	77065	77066	77067	77071	77072	77073
77074	77075	77076	77077	77078	77080	77081	77084	77085	77086
77089	77090	77091	77092	77261	77262	77263	77280	77285	77290
77293	77295	77299	77300	77301	77306	77307	77316	77317	77318
77321	77331	77332	77333	77334	77336	77338	77370	77371	77372
77373	77385	77386	77387	77399	77401	77402	77407	77412	77417
77423	77424	77425	77427	77431	77432	77435	77469	77470	77499
77520	77522	77523	77525	77600	77605	77610	77615	77620	77750
77761	77762	77763	77767	77768	77770	77771	77772	77778	77789
77790	77799	78012	78013	78014	78015	78016	78018	78020	78070
78071	78072	78075	78099	78102	78103	78104	78110	78111	78120
78121	78122	78130	78140	78185	78191	78195	78199	78201	78202
78215	78216	78226	78227	78230	78231	78232	78258	78261	78262
78264	78265	78266	78267	78268	78278	78282	78290	78291	78299
78300	78305	78306	78315	78350	78351	78399	78414	78428	78429
78430	78431	78432	78433	78434	78445	78451	78452	78453	78454
78456	78457	78458	78459	78466	78468	78469	78472	78473	78481
78483	78491	78492	78494	78496	78499	78579	78580	78582	78597
78598	78599	78600	78601	78605	78606	78608	78609	78610	78630
78635	78645	78650	78660	78699	78700	78701	78707	78708	78709
78725	78730	78740	78761	78799	78800	78801	78802	78803	78804
78808	78811	78812	78813	78814	78815	78816	78830	78831	78832
78835	78999	79005	79101	79200	79300	79403	79440	79445	79999
93000	93005	93010							
G0339	G0340								