

PROFESSIONAL NETWORK REIMBURSEMENT POLICY

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| POLICY TITLE | Radiology Services |
| POLICY NUMBER | NR-07.003 |

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[DEFINITIONS
VARIATIONS](#) - Yes

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I. DESCRIPTION/BACKGROUND

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This policy documents the coding requirements for reporting and reimbursement methodology applied to reported radiology services when performed by radiologist or other professional provider, or a free standing radiology center.

II. DEFINITIONS

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American Medical Association (AMA) – An organization whose mission is to promote the science and art of medicine and the betterment of public health. The AMA speaks out on issues important to patients and the nation’s health and exercises a strong advocacy agenda on behalf of patients and provider. The AMA is also committed to providing timely information on matters important to the health of America and includes the development and promotion of standards in medical practice, research, and education.

Centers for Medicare and Medicaid Services (CMS) – The current name of the government agency, which administers Medicare.

Current Procedural Terminology (CPT) - The American Medical Association’s (AMA) guidelines for coding and procedure reporting.

Global Procedure – A procedure that includes both technical and professional components in the procedure code definition.

Professional Component– This component includes the physician’s supervision, interpretation, and clinical report of the procedure

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National Correct Coding Initiative (NCCI) - The CMS developed the National Correct Coding Initiative (NCCI) to promote national correct coding methodologies and to control improper coding leading to inappropriate payment in Part B claims. The CMS developed its coding policies based on coding conventions defined in the American Medical Association's CPT Manual, national and local policies and edits, coding guidelines developed by national societies, analysis of standard medical and surgical practices, and a review of current coding practices.

Technical Component – This component represents the equipment, supplies, technical personnel, and costs related to the performance of the procedure other than the professional services.

III. POLICY

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Capital BlueCross utilizes the Optum™ Claims Edit System (CES) as the primary software resource for the application of correct coding and reimbursement methodology for radiology services. In general, radiology services may be eligible for reimbursement consideration when reported in accordance with, but not limited to:

- Correct coding guidelines as documented by the American Medical Association and other nationally recognized sources
- PC/TC (Professional Component/Technical Component) Indicator located on the National Physician Fee Schedule Relative Value (RVU) File published by the Centers for Medicare and Medicaid Services (CMS),
- National Correct coding Initiative (NCCI) Edits published by the Centers for Medicare and Medicaid Services (CMS),
- Bundling/Unbundling as documented by the American Medical Association and other nationally recognized sources.

Reimbursement of eligible radiology services will be made at the Plan allowance. Reimbursement for a discontinued service, reported by appending Modifier 53 (Discontinued procedure) to the appropriate procedure code will be made at a percentage of Plan allowance, based on the percentage of the procedure completed.

Portable Radiology and ECG Services

A portable x-ray or ECG supplier should report a global radiology service (including both professional and technical components) only if an employee of the portable x-ray or ECG supplier also performs the professional component. Reimbursement of eligible portable radiology and ECG services will be made at the Plan allowance. Charges for the

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transportation and set-up of portable x-ray and ECG equipment are considered part of the radiographic service and are not separately reimbursed.

Please refer to the following Professional Network Reimbursement Policies for additional information:
 NR-30.019 *Correct Coding and Reimbursement Methodology*
 NR-30.020 *Payment Policy Indicators*

In addition to the criteria and conditions contained in this policy, the service, procedure or item must be deemed medically necessary, must be a covered member benefit and is subject to member cost sharing provisions.

IV. EXCLUSIONS

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When a global procedure is reported in a skilled nursing facility or member’s home by a portable x-ray supplier, the global procedure will be eligible for reimbursement consideration.

V. VARIATIONS

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This policy is applicable to all programs and products administered by Capital BlueCross unless otherwise indicated below.

BlueJourney PPO¹

BlueJourney HMO¹

¹ Portable x-ray set-up and transportation are eligible for separate reimbursement consideration for services performed in a nursing facility, skilled nursing facility, custodial care facility, patient’s home, or mobile x-ray unit. Portable x-ray set-up is eligible for reimbursement consideration for each eligible radiological procedure (other than retakes) during single and multiple patient trips. Portable x-ray transportation is eligible for reimbursement consideration for each trip to a particular location. When reporting transportation of portable x-ray equipment for provision of services to more than one (1) patient at the same location (R0075), providers must report transportation of portable x-ray equipment using one of the following modifiers:

- UN – Two patients served
- UP – Three patients served
- UQ – Four patients served
- UR – Five patients served
- US – Six or more patients served

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Reimbursement will be based on the number of patients served during the visit. If portable x-ray transportation is reported without a modifier, Capital BlueCross will deny the service advising the provider, “To consider this service for payment, we need the appropriate procedure code modifier from the provider”. Portable x-ray set-up and transportation are not eligible for separate reimbursement for screening mammography or ECG services.

VI. REFERENCES

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*CPT 2020 Professional Edition
American Medical Association*

*HCPCS Level II Expert
Optum™ 2020*

*EncoderPro for Payers
Optum™ 2020*

Current and historical versions of the RVU File can be located by accessing the CMS website.

Current and historical versions NCCI Edits can be located by accessing the CMS website.