# Medical Policy

PARAMOUNT

HMO AND PPO
ELITE (MEDICARE ADVANTAGE)
MARKETPLACE

## X-ray Interpretation

Policy Number: PG0006
Last Review: 11/01/2022

**GUIDELINES:**

- This policy does not certify benefits or authorization of benefits, which is designated by each individual policyholder terms, conditions, exclusions, and limitations contract. It does not constitute a contract or guarantee regarding coverage or reimbursement/payment. Self-Insured group specific policy will supersede this general policy when group supplementary plan document or individual plan decision directs otherwise.
- Paramount applies coding edits to all medical claims through coding logic software to evaluate the accuracy and adherence to accepted national standards.
- This medical policy is solely for guiding medical necessity and explaining correct procedure reporting used to assist in making coverage decisions and administering benefits.

**SCOPE:**

X Professional
X Facility

**DESCRIPTION:**

**X-rays** are a type of electromagnetic radiation, just like visible light. An x-ray machine sends individual x-ray particles through the body. The images are recorded on a computer or film. Structures that are dense (such as bone) will block most of the x-ray particles and will appear white. Metal and contrast media (special dye used to highlight areas of the body) will also appear white. Structures containing air will be black, and muscle, fat, and fluid will appear as shades of gray.

Paramount reimburses contracted providers for radiology services delivered in non-institutional settings such as an office, free-standing facility, or ambulatory surgical centers, and in institutional settings such as hospitals, or comprehensive outpatient rehabilitation facilities.

Reimbursement for split-billable radiology services is limited to one technical component (modifier TC) and one professional component (modifier 26) for each procedure, or an equivalent total amount of the two combined (one claim line without a modifier). Billings more than the two components combined will be denied.

The professional component represents supervision and interpretation of a procedure furnished to a patient resulting in a written narrative report in the patient's medical record. There is a distinction between an "interpretation and report" of an X-ray procedure and a "review" of the procedure. An interpretation and report should address findings, relevant clinical issues, and comparative data. A professional component billing based on a review of the findings of these procedures, without a complete written report like that which would be prepared by a specialist in the field, does not meet the conditions for separate payment of the service. The review is already included in the Evaluation and Management (E/M) medical decision-making component.

**POLICY:**

**Paramount Commercial Insurance Plans and Elite (Medicare Advantage) Plans**

**Reimbursement is warranted for only one physician/radiologist interpretation of any one specific X-ray procedure performed on a patient. Reimbursement is allowed for only one technical component (modifier TC) and only one professional component (modifier 26) for each individual X-ray when billed by any providers, for the same Member and date of service. When multiple claims for the professional and/or technical component of an individual X-ray procedure are billed by different providers for the same Member and date of service, only the first successfully adjudicated claim is reimbursed.**

**X-ray interpretations do not require prior authorization when appropriately billed as explained below.**

**Billing and Reimbursement:**

**Paramount Commercial Insurance Plans and Elite (Medicare Advantage) Plans**

Reimbursement is warranted for only one interpretation of an X-ray procedure furnished to an emergency room patient. Treating physicians (such as but not limited to emergency room physicians, orthopedic surgeons, trauma specialists, surgeons, internists, family physicians and podiatrists) who routinely review radiographs as an integral part of their reimbursed E&M services are usually not entitled to reimbursement for the professional component of the radiographic review. This service, like other diagnostic data evaluations, is usually covered by the reimbursement for the E&M.

An interpretation is supported with a written report and must include the following:

- Patient's name. date-of-birth, age, and hospital identification number (if applicable)
- Name of the ordering physician
- Name or type of examination
- Date of examination
- Interpretation that includes a complete exam of the X-ray using precise anatomic and radiologic terminology
- Pertinent clinical issues and an "impression" section
- Signature of the physician supplying the interpretation

Submit the date of service for the interpretation of the x-ray as the date of service of the diagnostic test.

Reimbursement for a second interpretation (which may be identified using modifier -77) may be warranted only under unusual circumstances (for which documentation is provided) such as a questionable finding for which the physician performing the initial interpretation believes another physician's expertise is needed or changed diagnosis resulting from a second interpretation of the results of the procedure.

Paramount will not reimburse Emergency Room (ER) physicians any additional monies for "interpretive fees" for interpretive services. The interpretation by the ER physician is a necessary component and is included in the global fee for the specific level of E/M service (i.e., problem, expanded problem detailed or complex focused evaluation). A review of findings without a written report is included in the medical decision-making portion of the E/M service, and Paramount will not reimburse this service separately.

Interpretation of x-ray's when performed solely for the purpose of quality control, as a service to the hospital rather than a service to the patient is not reimbursable.

**REVISION HISTORY EXPLANATION: ORIGINAL EFFECTIVE DATE: 10/30/2025**

| **Date** | Explanation & Changes |
|---|---|
| **04/15/07** | • No change |
| **02/01/08** | • No change |
| **02/15/09** | • Added verbiage |
| **07/26/10** | • Editing logic modified<br>• ClaimCheck® editing between procedure code 93010 and E/M services 99201-99215 and 99217-99255 was removed |
| **01/01/11** | • Updated |
| **12/10/13** | • Changed name of policy from Electrocardiograms (ECG/EKG) to Electrocardiogram and X-ray Interpretation<br>• Policy reviewed and updated to reflect most current clinical evidence<br>• Approved by Medical Policy Steering Committee as revised |
| **04/08/14** | • No change after review by Medical Policy Steering Committee |
| **08/27/14** | • Removed EKG edit per direction of Medical Director |

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|---|---|
| | • Title changed from Electrocardiogram and X-ray Interpretation to X-ray Interpretation<br>• Removed codes 93000, 93005, 93010 |
| **12/14/2020** | • Medical policy placed on the new Paramount Medical Policy Format |
| **11/01/2022** | • Policy review completed<br>• Policy coverage statements unchanged |
| **02/01/2023** | • Medical Policy updated to reflect Medicaid coverage to Anthem as of 02/01/2023 |
| **02/01/2024** | • Medical policy placed on the new Paramount Medical Policy Format |

**Paramount 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** https://www.paramounthealthcare.com/providers/medical-policies/policy-library

**REFERENCES/RESOURCES**

Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Internet-Only-Manuals-IOMs

American Medical Association, *Current Procedural Terminology (CPT®)* and associated publications and services https://www.ama-assn.org/amaone/cpt-current-procedural-terminology

Centers for Medicare and Medicaid Services, Healthcare Common Procedure Coding System, HCPCS Release and Code Sets https://www.cms.gov/Medicare/Coding/HCPCSReleaseCodeSets/HCPCS-Quarterly-Update

U.S. Preventive Services Task Force, https://www.uspreventiveservicestaskforce.org/uspstf/
Industry Standard Review

Hayes, Inc., https://www.hayesinc.com/

Industry Standard Review