SCOPE:
Providence Health Plan, Providence Health Assurance, Providence Plan Partners, and Ayin Health Solutions as applicable (referred to individually as “Company” and collectively as “Companies”).

APPLIES TO:
Health Plan Practitioners (excludes facilities)
All Lines of Business

POLICY:
Company will reimburse for interpretation of limited comparative radiographic studies (e.g. post-reduction radiographs, post-intubation, post-catheter placement, etc.) at a reduced rate, because a reduced level of interpretive service is provided.

PROCEDURE:
When limited comparative radiographic studies are performed, (e.g. post-reduction radiographs, post-intubation, post catheter placement, etc.), the CPT code for a comprehensive radiographic series should be reported with modifier -52, indicating that a reduced level of interpretive service was provided.

- Example: A repeat single view chest x-ray is performed to confirm catheter placement. Report 71010-52

Providence Health Plan Coding Policy 57.0 addresses payment reduction for modifier -52.

REFERENCE:
CMS / Medicare Rules and Regulations
Providence Health Plan Clinical Coding Edits