

Coding Policy Policy and Procedure		
SUBJECT: Coding Policy 68.0 Limited Radiographic Studies	DEPARTMENT: Health Care Services	
ORIGINAL EFFECTIVE DATE: 09/01/1995	DATE(S) REVIEWED/REVISED: 08/05, 01/06, 01/07, 01/08, 01/09, 01/10, 01/11, 01/12, 01/13, 01/14, 01/15, 06/15, 01/16, 01/17, 01/18, 01/19, 01/20, 01/21, 01/22	
APPROVED BY: Coding Policy Review Committee	NUMBER: MC 68.0	PAGE: 1 of 1

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
Current Procedural Terminology (CPT)
Providence Health Plan Clinical Coding Edits