

Local Coverage Article: Billing and Coding: Chest X-Ray Policy (A57497)

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Contractor Information

CONTRACTOR NAME	CONTRACT TYPE	CONTRACT NUMBER	JURISDICTION	STATE(S)
Noridian Healthcare Solutions, LLC	A and B MAC	01111 - MAC A	J - E	California - Entire State
Noridian Healthcare Solutions, LLC	A and B MAC	01112 - MAC B	J - E	California - Northern
Noridian Healthcare Solutions, LLC	A and B MAC	01182 - MAC B	J - E	California - Southern
Noridian Healthcare Solutions, LLC	A and B MAC	01211 - MAC A	J - E	American Samoa Guam Hawaii Northern Mariana Islands
Noridian Healthcare Solutions, LLC	A and B MAC	01212 - MAC B	J - E	American Samoa Guam Hawaii Northern Mariana Islands
Noridian Healthcare Solutions, LLC	A and B MAC	01311 - MAC A	J - E	Nevada
Noridian Healthcare Solutions, LLC	A and B MAC	01312 - MAC B	J - E	Nevada
Noridian Healthcare Solutions, LLC	A and B MAC	01911 - MAC A	J - E	American Samoa California - Entire State Guam Hawaii Nevada Northern Mariana Islands

Article Information

General Information

Article ID

A57497

Article Title

Billing and Coding: Chest X-Ray Policy

Article Type

Billing and Coding

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Original Effective Date

11/01/2019

Revision Effective Date

N/A

Revision Ending Date

N/A

Retirement Date

N/A

or Laryssa Marshall at (312) 893-6814. You may also contact us at ub04@healthforum.com.

CMS National Coverage Policy

Title XVIII of the Social Security Act (SSA), §1862(a)(1)(A), states that no Medicare payment shall be made for items or services which "are not reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member."

Title XVIII of the Social Security Act, §1862(a)(7) and 42 Code of Federal Regulations (CFR) §411.15(a)(1), exclude routine physical examinations.

Title XVIII of the Social Security Act, §1833(e), prohibits Medicare payment for any claim lacking the necessary documentation to process the claim.

CMS Manual System, Pub. 100-02, Medicare Benefit Policy Manual, Chapter 15, §80, Requirements for Diagnostic X-Ray, Diagnostic Laboratory, and Other Diagnostic Tests, sets forth the levels of physician supervision required for furnishing the technical component of diagnostic tests for a Medicare beneficiary who is not a hospital inpatient or outpatient.

CMS Manual System, Pub. 100-02, Medicare Benefit Policy Manual, Chapter 15, §§80.4-80.4.4, Coverage of Portable X-Ray Services Not Under the Direct Supervision of a Physician applicability of health and safety standards apply to all suppliers of portable x-ray services and the scope of portable x-ray benefit and exclusions from coverage as portable x-ray services.

CMS Manual System, Pub. 100-02, Medicare Benefit Policy Manual, Chapter 15, §250, Medical and Other Health Services Furnished to Inpatients of Hospitals and Skilled Nursing Facilities including payments under arrangement.

42 CFR 486.100, stipulates that portable X-rays must comply with Federal, State, and local laws and regulations.

CMS Manual System, Pub. 100-08, Medicare Program Integrity Manual, Chapter 3, §3.4.1.3, Diagnoses Code Requirement.

42 Code of Federal Regulations, §410.32, addresses diagnostic x-ray tests, diagnostic laboratory tests, and other diagnostic tests: Conditions.

CMS Manual System, Pub. 100-04, Medicare Claims Processing Manual, Chapter 13, §§100 and 100.1, Interpretation of Diagnostic Tests describes how physicians should handle billing when two providers read a chest X-ray. Medicare will pay for the interpretation and report that directly contributes to the diagnosis and treatment of the individual patient.

CMS Manual System, Pub, 100-02, Medicare Benefit Policy Manual, Chapter 15, §80.6.1, Definitions.

Article Guidance

Article Text:

The following coding and billing guidance is to be used with its associated Local coverage determination.

Coding Information

CPT/HCPCS Codes

Group 1 Paragraph:

N/A

Group 1 Codes:

CODE	DESCRIPTION
71045	RADIOLOGIC EXAMINATION, CHEST; SINGLE VIEW
71046	RADIOLOGIC EXAMINATION, CHEST; 2 VIEWS
71047	RADIOLOGIC EXAMINATION, CHEST; 3 VIEWS
71048	RADIOLOGIC EXAMINATION, CHEST; 4 OR MORE VIEWS

CPT/HCPCS Modifiers

Group 1 Paragraph:

N/A

Group 1 Codes:

N/A

ICD-10 Codes that Support Medical Necessity

Group 1 Paragraph:

N/A

Group 1 Codes:

ICD-10 CODE	DESCRIPTION
XX000	Not Applicable

Group 1 Medical Necessity ICD-10 Codes Asterisk Explanation:

N/A

ICD-10 Codes that DO NOT Support Medical Necessity

Group 1 Paragraph:

N/A

Group 1 Codes:

ICD-10 CODE	DESCRIPTION
D64.9	Anemia, unspecified
I70.90	Unspecified atherosclerosis
M06.9	Rheumatoid arthritis, unspecified
M25.559	Pain in unspecified hip
M54.5	Low back pain
N39.0	Urinary tract infection, site not specified
R41.0	Disorientation, unspecified
R41.82	Altered mental status, unspecified
R51	Headache
R52	Pain, unspecified
R68.89	Other general symptoms and signs
S09.90XA	Unspecified injury of head, initial encounter
T14.90XA	Injury, unspecified, initial encounter
Z01.810	Encounter for preprocedural cardiovascular examination
Z01.818	Encounter for other preprocedural examination
Z04.3	Encounter for examination and observation following other accident
Z98.890	Other specified postprocedural states

Additional ICD-10 Information

N/A

Bill Type Codes:

Contractors may specify Bill Types to help providers identify those Bill Types typically used to report this service. Absence of a Bill Type does not guarantee that the policy does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the policy should be assumed to apply equally to all claims.

CODE	DESCRIPTION
999x	Not Applicable

Revenue Codes:

Contractors may specify Revenue Codes to help providers identify those Revenue Codes typically used to report this service. In most instances Revenue Codes are purely advisory. Unless specified in the policy, services reported under other Revenue Codes are equally subject to this coverage determination. Complete absence of all Revenue Codes indicates that coverage is not influenced by Revenue Code and the policy should be assumed to apply equally to all Revenue Codes.

N/A

Other Coding Information**Group 1 Paragraph:**

N/A

Group 1 Codes:

N/A

Revision History Information

N/A

Associated Documents

Related Local Coverage Document(s)

Article(s)

A55936 - Response to Comments: Chest X-Ray Policy

LCD(s)

L37547 - Chest X-Ray Policy

DL37547

- (MCD Archive Site)

Related National Coverage Document(s)

N/A

Statutory Requirements URL(s)

N/A

Rules and Regulations URL(s)

N/A

CMS Manual Explanations URL(s)

N/A

Other URL(s)

N/A

Public Version(s)

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Keywords

N/A