

### JF CHEST X-RAY POLICY CHECKLIST

This checklist is intended to provide healthcare providers with a reference for use when responding to documentation requests for this service. It is not intended to replace the published guidelines or policy.

# **Policy References**

- Chest X-Ray Local Coverage Determination Policy (L37549)
- Policy Article (A57498)

#### **Documentation References**

- JF Documentation Guidelines for Medicare Services
- JF Radiology Documentation Requirements

## The treating clinician must complete the following items

Documentation of order or evidence of intent to order

Documentation supporting the diagnosis code(s)

Documentation to support the code(s) and modifier(s) billed

#### **Medical Documentation**

Coverage is possible when all of the following are met:

Reason(s) for the chest radiograph(s) must be clearly documented in the clinical chart Includes signs and symptoms and/or relevant history (including known diagnoses) Explanation of how the results of the X-ray will be used for the patient's care Includes number of radiology exam chest views - single, 2, 3, 4, or more views Supports interpretation and/or report with appropriate modifiers appended to code

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