Internal Medicine Coding Alert

Reader Questions: Use E/M Codes to Reflect X-Ray Reinterpretations

Question: If an internist performs an x-ray interpretation but the practice does not perform the actual x-ray, how should I code the service?

Florida Subscriber

Answer: There are several ways to code these interpretations, depending on the circumstances:

• **Interpretation when you don't own the equipment:** Suppose the internist sends the patient to an outside x-ray facility for a chest x-ray, but the internist performs the interpretation himself. In this case, you should report the appropriate radiology code (for example, 71010, Radiologic examination, chest; single view, frontal) appended with modifier 26 (Professional component). The x-ray facility would append modifier TC (Technical component) to its claim.

• **Reinterpretation of another physician's x-ray:** Suppose the patient brings the chest x-ray back to you, but the x-ray facility's radiologist has already interpreted the films. In this case, you should not bill for interpretation because the radiologist has already reported it. You should count your internist's re-read toward the medical decision-making portion of the E/M for that visit.

Caveat: There are some rare instances when you can bill for the professional component in cases like this. If, for example, the internist reviews the films and disagrees with the radiologist's interpretation, the internist could write her own interpretation and bill that to the insurer with modifiers 77 (Repeat procedure by another physician) and 26 appended.

On these claims, you're well advised to send the insurer both interpretations (the radiologist's and the internist's) and documentation highlighting the differences between the interpretations.