

Internal Medicine Coding Alert

Reader Questions; X-Ray Interpretation Only? Add -26

Question: How should we report a scenario in which the physician did not take x-rays but interpreted them?

Missouri Subscriber

Answer: Report the same codes you would if the physician had taken the x-rays himself, but make sure you append modifier -26 (Professional component) to the x-ray code.

For example, if the internist interprets two views of a patient's wrist, but someone else performed the x-ray, you should report code 73100 (Radiologic examination, wrist; two views) with modifier -26 attached. The modifier tells the payer that you are billing for the interpretation of the x-ray, but not for taking the picture. (When you append modifier -26, the payer deducts the technical component from 73100's payout.)

The trouble starts when, in many instances, two entities bill for professional services - for example, a radiologist and the internist. Although CMS mandates that it pays only the physician who interpreted the results at the same time as the patient's care, many private insurance companies (incorrectly) pay only the first claim they receive, or pay for the interpretation of a board-certified radiologist.