

Part B Insider (Multispecialty) Coding Alert

Reader Question: 76140 Payment Remains Tricky

Question: We are receiving repeated denials for code 76140. How can we earn for the X-ray that our physician read?

Answer: Medicare and some private payers assign "0" relative value units (RVUs) to 76140 (Consultation on X-ray examination made elsewhere, written report) and will not reimburse you for this service. If your commercial insurer allows payment for this service, ask for the coverage guidelines in writing before billing 76140 to avoid unnecessary denials.

If you want to ensure payment, consider having a patient sign an advance beneficiary notice for Medicare (or similar waiver for private payers) letting the patient know that insurance may deny coverage and that the patient will be responsible for costs in that case.

Alternative: Some coders report that their insurers require them to use the imaging code for the actual exam, appended with modifier 26 (Professional component), and indicate in the report that it is a second read. However, most payers will allow only the entity that originally provided the service to report the imaging code, and second reads are typically considered non-billable unless there is a medically necessary reason for the second interpretation (for example, the second doctor sees something that the first physician missed during the initial read).

Remember: Code 76140 isn't appropriate if the over-reads are performed as part of a quality assurance program. Code 76140 also isn't appropriate when a radiologist reviews an older film simply to compare it to a current exam. "A comparison with old studies, when available, is an integral component of the interpretation of any study," CPT® Assistant (July 2007) states. As a result, you should not report the comparison service separately.