

Part B Insider (Multispecialty) Coding Alert

Reader Question: Second Opinions on X-Rays May Not Be Payable

Question: We are a radiology facility that our radiologists own, so we bill globally. We have been asked to do a second opinion read on a couple of scans done at another facility. How should we code this? Are we allowed to bill insurances? Do we need a signed consent form from the patient?

Wisconsin Subscriber

Answer: For these situations, experts suggest checking with the relevant payers and getting their preferences in writing for these services. The most applicable code for second opinion or over-read services in which an outside physician asks the radiologist to provide a new interpretation of an existing study is 76140 (Consultation on x-ray examination made elsewhere, written report). You should not append modifier 26 (Professional component) to this code, and you should not additionally report the code specific to the imaging exam performed.

Snag: Payers often don't assign relative value units (RVUs) to 76140, which means you may not be reimbursed when reporting this code. One option is to arrange to charge the outside entity requesting the second interpretation.

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, append modifier 26 (Professional component), and indicate in the report that it is a second read. Always obtain payer guidance in writing. Many payers will allow only the entity that originally provided the service to report the imaging code.

Remember: Code 76140 isn't appropriate if the overreads 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.