

Health Plus Medical & Claims Payment Bulletin

Bulletin number: CL - 707

Original Bulletin Date: 03/01/06

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Subject: Radiology Services

Policy:

Claim Submission:

Radiology services include X-rays, ultrasound, nuclear medicine, computed tomography, mammography, and magnetic resonance. It also includes interventional radiology procedures as well as radiation therapy.

Claims for diagnostic and therapeutic radiology services may be billed to Health Plus using CPT codes in the 70000 series. The following are the CPT codes that apply when billing for radiology services:

70010 – 76499	Diagnostic radiology
76506 – 76999	Diagnostic ultrasound
77261 – 77799	Radiation therapy
78000 – 79999	Nuclear medicine

For policy on Positron Emission Tomography (PET) scanning, see CL - 715.

Radiology procedures may be billed as including both the technical and professional components, or these two components may be billed as separate claims.

Global billing should only be billed by providers who own their own imaging equipment; otherwise the professional component only, should be billed.

The **technical component** of a procedure includes the cost of the equipment and the technical staff required to perform the test. When billing for the technical component, modifier 'TC' must be billed.

The **professional component** includes the physician supervision and interpretation of a test and/or the surgical portion of an interventional procedure. A written report, signed by the radiologist or other interpreting physician, is part of a radiologic service and should not be billed separately. When billing for the professional component, modifier '26' must be billed.

Do not bill CPT codes for injection of intravascular contrast material along with CT, CTA, MRI, and MRA procedures. The injection of contrast is included in these radiology procedure codes within the 70000 section.

CPT codes designed “separate procedure” should not be billed in addition to the procedure or service of which they are considered an integral component.

When billing for both the procedure, supervision, and interpretation performed by one physician, CPT codes designated supervision and interpretation, outside the 70000, are to be used.


Radiology services for which there is not CPT code should be reported with an unlisted procedure code from the applicable section of the CPT code book. A copy of the procedure report should be submitted with any claim on which an unlisted procedure code is reported, along with a cover letter explaining the procedure.

Payment:

Health Plus will reimburse for a single ultrasound examination (CPT codes 76825 – 76828) during a normal pregnancy without authorization.

Claims for Magnetic Resonance Imaging (MRI) require prior authorization.

Policies in this manual are intended to reflect standard Health Plus procedures. In instances where a provider’s contract contains other policies which may be more or less restrictive than those in this manual, these contractual provisions will apply.

Date Approved:	5/16/06	Approved By:	
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