

Reimbursement Guide Name:	Comparison View X-Ray	Reimbursement Guide #:	RG-103
----------------------------------	------------------------------	-------------------------------	---------------

Reimbursement Guide Information	
Owner Department:	Risk Adjustment and Medical Economics
Owner:	Code Review Program Manager
Affected Departments:	
Reimbursement Guide Applies To:	All product lines
Electronic Signature/Date:	No Users

Purpose of the Reimbursement Guide

The purpose of this reimbursement guide is intended to define Comparison View X-rays, provide clarification of which services are and are not eligible for reimbursement, and specify the criteria and requirements which must be met. This policy further describes how Health Alliance and Health Alliance Northwest reimburse for Comparison View X-Rays.

Statement of the Reimbursement Guide

Health Alliance will not cover routine, contralateral comparison side plain films.

Procedure

There are rare exceptions when contralateral comparison side plain films may be medically necessary for some pediatric conditions and for pre-surgical considerations with severe degenerative joint disorders. Repeat X-rays of the same body structure are allowed if performed at different times of day or before and after surgery, such as orthopedic procedures including casting.

Providers are expected to:

1. Submit claims for comparison view X-rays with chart documentation, which explains specifically why the contralateral comparison images are medically necessary.
2. Appending a repeat modifier (-76 or -77) will not be allowed for comparison view x-rays.

References

1. American College of Radiology, Practice Parameter for the Performance of Radiography of Extremities, page 4. C. S <https://www.acr.org/-/media/ACR/Files/Practice-Parameters/Rad-Extremity.pdf>

History

Created Date:	02/27/23
Effective Date:	01/01/20
Next Review Date:	Not Set
Revision Date:	