

Coding Policy

Limited Radiographic Studies

CODING POLICY NUMBER: 68

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SCOPE: Providence Health Plan, Providence Health Assurance, Providence Plan Partners, and Ayin Health Solutions as applicable (referred to individually as “Company” and collectively as “Companies”). **The full Company portfolio of current coding policies is available online and can be [accessed here](#).**

POLICY APPLICATION

- Providence Health Plan Participating Providers (Excludes Facilities)
- Non-Participating Practitioners
- Commercial Medicaid/Oregon Health Plan Medicare

POLICY STATEMENT

- I. Company will reimburse for interpretation of limited comparative radiographic studies (e.g. post-reduction radiographs, post-intubation, post-catheter placement, etc.) at a reduced rate, because a reduced level of interpretive service is provided.

PROCEDURE

GENERAL

When limited comparative radiographic studies are performed, (e.g. post-reduction radiographs, post-intubation, post catheter placement, etc.), the CPT code for a comprehensive radiographic series should be reported with modifier -52, indicating that a reduced level of interpretive service was provided.

- *Example:* A repeat single view chest x-ray is performed to confirm catheter placement.
Report 71010-52

Providence Health Plan Coding Policy 57.0 addresses payment reduction for modifier -52.

REFERENCES

1. CMS/Medicare Rules and Regulations
2. Current Procedural Terminology (CPT)
3. Providence Health Plan Clinical Coding Edits

POLICY REVISION HISTORY

Date	Revision Summary
9/1995	Original policy effective date.
1/2023	Annual review. Converted to new template 5/2023.
1/2024	Annual review. No changes to policy.
1/2025	Annual review. No changes to policy.