



radiology payment policy

description of procedure/service

This policy applies to the payment of radiology claims provided in an outpatient setting.

policy

Fallon Community Health Plan will reimburse for covered radiology services provided at a contracted facility. In addition, covered radiology services provided at a non-contracted facility may be reimbursable if ordered by the primary care physician or with a valid referral to the ordering specialist.

benefits application

- FCHP Direct Care/FCHP Select Care
- FCHP Independent Care
- FCHP Flex Care Direct/Select
- Fallon Senior Plan™
- FCHP MassHealth
- Major Medical
- Bill at Home/Direct Enrollment
- Fallon Preferred Care
- Fallon Senior Preferred Care

coverage and reimbursement criteria

Fallon Community Health Plan will reimburse for covered radiology services as stated above. Radiology consults for diagnostic procedures are not reimbursable. All non-emergent radiology services provided at a non-contracted facility without a referral to the ordering specialist will be rejected. These will have a member financial liability associated with them for all products except FCHP MassHealth and FCHP Commonwealth Care.

Fallon Community Health Plan requires that providers refer patients to contracted radiology facilities and contracted radiologists unless preauthorization is obtained.

preauthorization guidelines

Preauthorization is required for limited radiology testing (e.g., PET scans) as outlined in the FCHP *Provider Manual*.

billing/coding guidelines

Technical services only should be billed on an UB-92 form

- Both revenue and CPT codes with appropriate modifier should be submitted
- List the ordering physician in Box 83 on the UB-92 form
- Claims must be submitted with the appropriate diagnosis code(s).

Professional services should be submitted on an CMS –1500 form

- Claims should be billed with appropriate CPT/HCPCS codes and modifiers
- List the referring physician in Box 17 of the CMS-1500 form.
- Claims must be submitted with the appropriate diagnosis code(s).

place of service

This policy applies to services rendered in an outpatient setting.

policy implementation

Policy number: ADM0035
Origination: 05/28/03
Last review: 07/18/07
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