# Payment Policy | Emergency room

Radiology/Imaging Interpretation



**EFFECTIVE DATE:** 3 | 01 | 2018

POLICY LAST UPDATED: 2|20|2018

**NOTE:** The effective date of this policy reflects the date that BCBSRI documented a long-standing reimbursement policy. The information is this policy does not indicate a change in the way that BCBSRI covers/reimburses the services/procedures described in this policy.

## **OVERVIEW**

This Blue Cross & Blue Shield of RI (BCBSRI) policy describes correct billing for radiology services completed in the hospital emergency room.

# **MEDICAL CRITERIA**

Not applicable.

#### PRIOR AUTHORIZATION

Not applicable.

## **POLICY STATEMENT**

### BlueCHiP for Medicare and Commercial Products

BCBSRI will only reimburse the first provider who completes and files the comprehensive review and interpretation of radiology service performed in the emergency room. BCBSRI follows CPT coding guidelines, which states the emergency room physician should not bill a preliminary read (previously known as a wet read) separately as the initial read is included in the E&M service billable by the ER physician. The rendering of comprehensive detailed review and interpretation of the imaging completed in the emergency room in most instances should be conducted and billed by a board certified radiologist.

Emergency room doctors are permitted to bill for this service only when a full written interpretation is included and is a separate record within the patient's medical record. Billing the review and interpretation for the same patient on the same date of service by two providers will deny as a duplicate service.

#### **COVERAGE**

Benefits may vary between groups and contracts. Please refer to the appropriate Benefit Booklet, Evidence of Coverage or Subscriber Agreement for applicable radiology benefits/coverage.

# CODING

Not applicable

## **RELATED POLICIES**

Not applicable

## **PUBLISHED**

Provider update March 2018

#### REFERENCES

https://www.cms.gov/Regulations-and Guidance/Guidance/Manuals/downloads/clm104c13.pdf

CLICK THE ENVELOPE ICON BELOW TO SUBMIT COMMEN	TS
This medical policy is made available to you for informational purposes only. It is not a guarantee of payment or a substitute for your medi- judgment in the treatment of your patients. Benefits and eligibility are determined by the member's subscriber agreement or member certifica- and/or the employer agreement, and those documents will supersede the provisions of this medical policy. For information on member-speci- benefits, call the provider call center. If you provide services to a member which are determined to not be medically necessary (or in some cas- medically necessary services which are non-covered benefits), you may not charge the member for the services unless you have informed the meml and they have agreed in writing in advance to continue with the treatment at their own expense. Please refer to your participation agreement(s) the applicable provisions. This policy is current at the time of publication; however, medical practices, technology, and knowledge are constant changing. BCBSRI reserves the right to review and revise this policy for any reason and at any time, with or without notice. Blue Cross & Blue Shie of Rhode Island is an independent licensee of the Blue Cross and Blue Shield Association.	ate fic ses er for tly