

<b>Coding Policy Policy and Procedure</b>		
SUBJECT: Coding Policy 68.0 Limited Radiographic Studies	DEPARTMENT: <b>Health Care Services</b>	
ORIGINAL EFFECTIVE DATE: 09/01/1995	DATE(S) REVIEWED/REVISED: 08/05, 01/06, 01/07, 01/08, 01/09, 01/10, 01/11, 01/12, 01/13, 01/14, 01/15, 06/15, 01/16, 01/17, 01/18, 01/19, 01/20, 01/21, 01/22, 01/23	
APPROVED BY: Coding Policy Review Committee	NUMBER: <b>MC 68.0</b>	PAGE: <b>1 of 1</b>

**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”).

**APPLIES TO:**

Health Plan Practitioners (excludes facilities)  
All Lines of Business

**POLICY:**

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:**

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.**

**REFERENCE:**

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