

# Radiology

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**Origination Date: 07/13/2017**

**Last Review: 02/27/2024**

**Next Review: 02/2025**

## **Description**

Many diagnostic services are composed of a **technical** and a **professional** component.

The technical component refers to the equipment and technician performing the test. It is identified by adding Modifier TC to the procedure code.

The **professional** component refers to the interpretation of the results of the test. When the professional component is reported separately the service may be identified by adding Modifier 26 to the procedure code. Interpretation of a diagnostic procedure includes a written report.

## **Policy**

Oscar reimburses for radiology services to treat or diagnose medical conditions subject to coverage, medical necessity, and policy restrictions.

## **Reimbursement Guidelines**

### **Multiple Radiology Procedures**

The multiple procedure payment reduction on diagnostic imaging applies when multiple services are furnished by the same physician or physicians in the same group practice, to the same patient, in the same session, on the same day (CPT/HCPCS code where the CMS NPFS Status Indicator is equal to 4). The allowance for the technical component of the primary procedure is 100%. The allowance for the technical component of the second and each subsequent imaging procedure is 50%. The allowance for the professional component of the primary procedure is 100%. The allowance for the professional component of the second and each subsequent imaging procedure is 95%.

### **PET Scans**

Oscar requires PET scans to be billed with a PI or a PS modifier to be considered reimbursable. (See Modifier Guidelines)

### **Contrast Media/Radiopharmaceutical Material**

Oscar considers specific contrast media/radiopharmaceutical material codes to be never separately reimbursable from the radiology procedure. Oscar also considers some codes to only be reimbursable when provided in conjunction with an appropriate service.

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## **Billing and Coding**

Please reference the CMS Physician Fee Schedule Relative Value Files using the appropriate year and quarter for applicable codes.

## **Related Policies**

Modifier Guidelines

## **References**

1. Medicare Claims Processing Manual, Ch. 13-Radiology Services and Other Diagnostic Procedures

Date Action	Description
7/13/2017	Original Documentation
9/30/2017	Approved and inclusion in Oscar Provider Manual
8/29/2018	Policy Updated
2/27/2024	Annual Review; Added Date Section, Added Description Section, Minor Revisions to Multiple Procedure Section. Removed Coding Table, Added Related Policy Section, Added Reference Section. Internally Reviewed and Approved.