

Important Clarification Notice: Radiology/Imaging Guidelines for Emergency Room Preliminary Reads (Wet Reads)

Recently, Horizon Blue Cross Blue Shield of New Jersey noticed some billing errors occurring with Emergency Room (ER) services for ER radiology imaging professional component (Modifier 26) services. Our data analysis found that the professional component (interpretation and report) was being billed by two physicians for the same diagnostic exam on the same patient. We would like to clarify that it is inappropriate for the ER Physician to bill the professional component *unless* they are providing a detailed radiology report. The information below will help define how these claims should be submitted and by whom. Effective 1/01/2013, Horizon BCBSNJ will ensure that only appropriate billing is being reimbursed.

Definitions:

Preliminary Reads (Wet Reads): A concise diagnosis of the medical condition of a patient, with recommendations for additional procedures, as diagnostically applicable. It is an incomplete diagnosis as it focuses on a single aspect of the patient's condition. Preliminary reports are primarily used for emergency department coverage and as such, thirty minutes or less is the industry standard of care.

Professional Component (Modifier 26): The permanent interpretation of a diagnostic procedure. It should contain all of the elements and clinical details of a well-written report in accordance with the standards established by the radiology practice and the recipient hospital or medical center. Documentation of any discrepancy between the preliminary and final review must also be included. The final report is entered into the patient's permanent medical record and is the document used to invoice payers for professional services rendered.

Evaluation and Management (E&M) codes: A preliminary read (a.k.a. Wet Read) is considered part of the initial E&M code. There can be only one official interpretation of the films or procedure by a radiologist. The film review is considered part of the ER evaluation and management reimbursement. If the service is performed in the ER and a preliminary read is performed by the ER physician/group, then the physician/group cannot bill unless an official report (interpretation and written report) has been completed. Therefore, reimbursement would only be issued to the radiologist who performed and completed the interpretation and report.

References:

American Medical Association CPT[®] Code/Relative Value Search:
<https://ocm.ama-assn.org/OCM/CPTRelativeValueSearch.do>