



Imaging: X-Rays and Computed Tomography

■ DAVID E. STERN, MD, CPC

Q. I understand that there will be reductions for x-ray reimbursements from Medicare in 2017. Is this true?

A. To give imaging providers an additional incentive to adopt more advanced x-ray technology, Medicare will reduce reimbursement, beginning in 2017, for the technical component (and the technical component of the global fee) in claims submitted for x-rays performed with analog equipment. The cuts will continue in future years for those using computed radiography equipment (**Table 1**).

Although the Centers for Medicare & Medicaid Services (CMS) have not made it clear how services performed using older technology will be identified, it is expected that they will create a modifier to append to the appropriate *Current Procedural Terminology* (CPT) code, similar to the XR-29 regulation for computed tomography (CT) scans in 2016.

Each method offers its own attributes (**Table 2**). With that in mind, you will also want to consider the number of x-rays performed in your facility, the staffing and space you have available, and the upfront cost when deciding whether to purchase different x-ray equipment.

It is assumed that most organizations have already replaced analog equipment, possibly with computed radiography before digital radiography was widely available. If you have not done so yet, it might be worth it to invest in digital radiography since it is inevitable that is the direction the industry is heading.

Q. I plan to purchase CT scanners and start providing scanning services. I already offer x-ray services. Are there certain equipment requirements that I should be aware of?



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Table 1. Reductions in Medicare Reimbursements for X-Rays

X-Ray Technology	Year Implemented	Reimbursement Reduction
Analog	2017	20%
Computed radiography	2018	7%
Computed radiography	2023	10%
Digital radiography	None	None

Table 2. Variables Affecting Costs of X-Ray Types

Analog X-Ray	Computed Radiography X-Ray	Direct Digital X-Ray
Ordinary x-ray machines use high dose	Lower dose than analog and higher than digital	New flat-panel detectors allow low dose
Need to repeat x-ray because of low quality of images	Image transferred to plate, then from plate to the reader	Constant quality because automatic exposure control software eliminates need to repeat x-ray
Only one local hard copy	Image can be digitized	Easy availability also in the Cloud for quality control and research
Poor image or viewer quality	Similar to quality of digital radiography at high dose levels and can degrade in the time it takes to process the cassette	Better image quality with respect to contrast and detail detectability
Delay between x-ray exposure and image availability	Image rendered digitally in under 1 minute	Image immediately available
Image archiving is labor intensive	Digitized image storage is more space efficient than film	Easy storage and instant access to archived images

A. CMS requires that health-care providers who provide CT scanning services comply with the XR-29 standard of the National Electrical Manufacturers Association (NEMA) in order to avoid reimbursement penalties. The NEMA XR-29 standard specifies four attributes of CT scanners that will help



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CODING Q & A

optimize and/or manage doses of ionizing radiation and deliver the diagnostic image quality needed by the provider:

- Digital Imaging and Communications in Medicine (DICOM)-compliant radiation-dose structured reporting
- Dose-check features
- Automatic exposure control
- Reference adult and pediatric protocols

Further, CMS will reduce the payment for the technical component (and the technical component of the global fee) of the Physician Fee Schedule service by 5% in 2016 and 15% in 2017 and subsequent years for CT services billed in imaging centers, physician offices, and hospital outpatient settings. Those services are identified by CPT codes:

- 70450 through 70498
- 71250 through 71275
- 72125 through 72133
- 72191 through 72194
- 73200 through 73206
- 73700 through 73706
- 74150 through 74178
- 74261 through 74263
- 75571 through 75574
- Any succeeding codes

If services are performed on CT scanners that are not compliant with NEMA Standard XR-29-2013, billers must append modifier **-CT**, "computed tomography services furnished using equipment that does not meet each of the attributes of the National Electrical Manufacturers Association (NEMA) XR-29-2013 standard," to the CPT code. More information on the modifier and the claim adjustment codes can be found in the *MLN Matters* newsletter at <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM9250.pdf>.

To determine whether your CT equipment complies with the XR-29 standard, you can contact your CT scanner's manufacturer. In addition, you should also visit your manufacturer's XR-29 vendor certification web portal on the MITA Smart Dose website (<http://www.medicalimaging.org/policy-and-positions/mita-smart-dose/>) to download verification of compliance. ■

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