



Correct Modifiers Make All the Difference When Coding for X-ray Services

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Q. During a recent internal audit of claims where x-rays were being billed, it was brought to my attention that we were not using the appropriate modifiers since we use computed radiography (CR) x-ray machines. What are those modifiers and will using them affect my reimbursement?

A. As outlined in the Consolidated Appropriation Act of 2016, the Centers for Medicare and Medicaid Services (CMS) imposed reimbursement cuts to the technical component for x-rays performed on older technology beginning in 2017 with increased cuts in 2018 and 2023. (See **Table 1**.)

In order to track the usage of these x-ray technologies, CMS introduced modifier FX in 2017 to indicate an x-ray was taken using film, and modifier FY was introduced in 2018 to indicate an x-ray was taken using computed radiography. No modifier is required if an x-ray is taken using digital radiography.

Computed radiography (CR) uses a cassette-based system like analog film to create a digital image, and is considered to be a bridge between classic radiography and digital radiography (DR). CMS rationalizes incentivizing the use of digital radiography as it is the latest advancement to the radiography field, has higher efficiency, and offers high-volume capabilities for larger or busier clinics. However, since both CR and DR produce equivalent electronic images that can be easily stored and transmitted electronically, a skeptic might interpret the difference in payment between CR and DR could simply be seen as a cost-saving method for CMS.

You will want to check with your regional and commercial

Table 1. Reimbursement Reductions for Older X-ray Technology

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

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payers to see if they are expecting these modifiers as well, especially for their Medicare products. For example, beginning in 2018, Blue Cross Blue Shield of Tennessee announced the requirement of the use of modifier -FY on all x-rays taken using CR, as well as the intention to impose the payment reduction rate introduced by Medicare on all of their Medicare Advantage plans.

If your practice is using CR machines, what is the impact of the reimbursement cut on just chest x-rays? According to the Medicare Physician Fee Schedule (MPFS), the national average reimbursement for the technical component of a plain film radiograph is \$20.90. CMS will impose a 7% rate cut, or approximately \$1.46 per x-ray. The cuts could add up, depending on how many you perform in a day.



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Study	Code	TC (\$)	Computed radiography 7% reduction (current)	Computed radiography 10% reduction (2023)	Analog radiography 20% reduction
Chest, 2 views	71046	\$20.90	\$1.46	\$2.09	\$4.18
Foot, 3 views	73630	\$23.07	\$1.61	\$2.31	\$4.61
Ankle, 3 views	73610	\$24.87	\$1.74	\$2.49	\$4.97
Knee, 3 views	73562	\$28.11	\$1.97	\$2.81	\$5.62
Shoulder, 2 views	73030	\$20.90	\$1.46	\$2.09	\$4.18
Ribs w/PA, chest, 3 views	71101	\$25.95	\$1.82	\$2.60	\$5.19
Elbow, 3 views	73080	\$21.26	\$1.49	\$2.13	\$4.25
Wrist, 3 views	73110	\$28.11	\$1.97	\$2.81	\$5.62
Hand, 3 views	73130	\$24.87	\$1.74	\$2.49	\$4.97
Finger(s), 2 views	73140	\$27.03	\$1.89	\$2.70	\$5.41
Average		\$24.51	\$1.72	\$2.45	\$4.90

Table 2. Comparison

Computed Radiography X-ray	Direct Digital X-ray
Lower initial investment	More expensive initial investment
Can be retrofitted to existing installations	All new setup necessary
Lower dose than analog and higher than digital	Flat panel detectors allow low dose
Labor-intensive due to need for cassette transfer to plate reader	Completely digitized set-up
Image can be digitized	Easy availability also in the cloud for quality control and research
Similar to quality of DR 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
Final image viewing is 5 to 7 minutes	Rapid image viewing within 1 minute
Digitized image storage is more space efficient than film	Easy storage and instant access to archived images
Less costly to replace	More costly parts, requires protection from dropping or rough handling
Easier to damage and needs more maintenance	Online or remote servicing possible

A typical urgent care bills less than 200 x-rays to Medicare per year. At 200 x-rays billed to Medicare in one year, the annual loss in reimbursement for using CR would be approximately \$344 currently and \$490 by 2023.

Is switching from CR to DR right for you at this time? You will want to consider the number of x-rays performed in your facility(ies), the staffing and space you have available, as well as the upfront cost when deciding whether to purchase different x-ray equipment.

Each method offers its own attributes (**Table 2**).

From a purely financial perspective, however, the above

grid is a fairly pedantic exercise for urgent care centers. Even if the center's actual loss is three times the estimated average loss at \$1,500 per year, the high cost of transitioning to DR will not produce a return on investment within any reasonable timeframe. Thus, this change in reimbursement should not be the major factor in any decision to switch to DR.

Until you decide to upgrade from computed radiography, advise your billing team to add modifier -FY to x-ray codes that are taken using the computed radiography machines. Add modifier -FX for plain film x-rays for compliant coding and to avoid possible penalties. ■