

Getting Paid for X-Ray Reports Modifiers -26 and -77

If you do an x-ray report based on x-rays taken somewhere other than your office, you can still bill for the professional component of creating the radiographic report.

Even if you already have a radiologist report, it may be incomplete from a Chiropractic perspective. In the case that a more comprehensive interpretation and report is clinically needed and performed, append the modifiers -26 (professional component) and -77 (repeat procedure by another physician) to the original x-ray code.

Attach the incomplete radiologists report along with your comprehensive chiropractic analysis to demonstrate necessity for the “repeat” procedure.

****Use DocPlus Radiographic Form (RD2) to assist in creating your chiropractic relevancy analysis.**

ADDITIONAL X-RAY INTERPRETATION BY THE DC

E/M coding by the key components includes a review and interpretation of the records and reports (x-ray, lab, etc.). However, if the x-ray report is incomplete from a chiropractic perspective, and a more comprehensive interpretation and report is clinically needed and performed, append the modifiers -26 (professional component) and -77 (repeat procedure by another physician). In essence, your chiropractic report of the x-ray is a supplement to the initial incomplete radiologist report.

From a CPT coding perspective, it is proper to use the modifier -26 for the professional component, along with the modifier -77, which indicates a “repeat procedure.” It would be appropriate to attach the incomplete report from the radiologist along with your comprehensive chiropractic relevancy analysis. This demonstrates to the person reviewing your claim the necessity for this “repeat” procedure.

Alert: Discussion with the patient about the x-rays is a **counseling** component within an E/M service. It is not a component of the x-ray/imaging test, interpretation and report.