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**To:           Chiropractic Providers**

**Subject:    Reimbursement for Spinal X-rays**

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## Overview

An IndianaAIM system audit is in place to ensure the maximum reimbursement amount of claims billed for multiple component X-rays of the full spine series of X-rays, current procedure terminology (CPT) code 72010, does not exceed the maximum allowable rate for the series. This policy is set out in regulation *405 IAC 5-12-3(1)*. As of January 1, 1994, the maximum allowable rate for these services is \$44.76. It was recently discovered that IndianaAIM was allowing payment up to \$95.00 for individually billed components of the full spine series. This has resulted in overpayments to providers.

When the maximum reimbursement amount for the full spine series was reduced from \$95.00 to \$44.76, effective January 1, 1994, the audit that monitored payment for component X-rays was inadvertently unchanged. The audit will be adjusted effective November 1, 2001, to limit component X-rays to a maximum reimbursement of \$44.76.

## Chiropractic Radiology Services

Reimbursement for chiropractic radiology services is available without prior authorization (PA), subject to the following restrictions:

- Reimbursement for X-rays is allowable only when the X-rays are necessitated by a condition-related diagnosis.
- Reimbursement is limited to one series of full spine X-rays, CPT code 72010, per member, per calendar year. Individual components of the full spine series can be submitted when the patient's condition necessitates only the specific component, instead of the entire series. However, pursuant to *405 IAC 5-12-3(1)*, if

components are billed separately, the total reimbursement is limited to the maximum allowable amount for the series. The reimbursement rate for code 72010 was reduced from \$95.00 to \$44.76 effective, January 1, 1994.

- Procedure codes 72020, 72069, 72080, 72114, 72040, 72070, 72090, 72120, 72050, 72072, 72100, 72052, 72074, and 72110 are components of the full spine series and are subject to the above stated limitations.
- Diagnostic radiological examinations of the head and vascular system, as defined by the applicable procedure code are not reimbursable. Diagnostic ultrasound examinations are not reimbursable. Reimbursement for localized spine series X-rays, and for X-rays of the joints or extremities, is allowable only when the X-rays are necessitated by a condition-related diagnosis.
- Additional X-rays necessitated by the failure of another practitioner to forward, upon request, X-rays or related documentation to a chiropractic provider, are not reimbursable.
- Under *IC 16-39-1-2*, a provider is entitled to receive access to, or a copy of, X-rays from other providers at the other provider's actual cost, upon a patient's written request to the other providers and upon reasonable notice. Indiana Health Coverage Programs (IHCP) does not reimburse providers for costs associated with obtaining copies of medical records, including X-rays.

## Additional Information

If there are any questions about the information contained in this bulletin, please contact EDS Customer Assistance at (317) 655-3240 in the Indianapolis local area or 1-800-577-1278.

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