

Consultation on X-Ray Examination Made Elsewhere

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Policy Statement

Consultation on X-ray examination made elsewhere is not billable as a separate service by the treating health care provider. The relative work value of the E/M service includes the value for reviewing medical records and diagnostic studies. One of the “key components” of the elements of medical decision-making includes the amount and complexity of the data.

Purpose

To define the policy of Optum* by OptumHealth Care Solutions, LLC on the review and interpretation of plain-film radiographs taken by an outside entity.

Scope

All in network health care providers, involving all provider types, where utilization review determinations are performed.

*Optum is a brand used by OptumHealth Care Solutions, LLC and its affiliates

Description

CPT Code 76140 is a service code that is typically utilized by a radiologist or other consultant to reflect an outside second opinion (consultation) on a radiographic study with a written report.

When a patient presents with diagnostic studies from an outside facility, the treating health care provider may review them and write a report of the findings. However, this would not be billed as 76140. Further, this code is not intended to be used by providers within the same facility to reread radiographs.

This code is reported when one provider asks a second provider in a different facility to provide advice and/or opinion on an imaging study. The second provider interprets the studies and provides a written report. The consulting provider does not actually see the patient.

Coding

Note: The Current Procedural Terminology (CPT) codes listed in this policy may not be all inclusive and are for reference purposes only. The listing of a service code in this policy does not imply that the service described by the code is a covered or non-covered health service. Coverage is determined by the member's benefit document.

Code	Description
76140	Consultation on X-ray examination made elsewhere, written report

References

1. ChiroCode DeskBook, 2020; p. 406. <http://www.chirocode.com>
2. Current Procedural Terminology (CPT) Coding Manual. AMA Press
3. Coding of X-rays and Other Imaging Studies. American Chiropractic Association (2015). Accessed: 2/24/20: <https://www.acatoday.org/LinkClick.aspx?fileticket=TMVItxHZfiU%3D&portalid=60>

Policy History/Revision Information

Date	Action/Description
3/30/2004	Original effective date
10/18/2004	Annual review and approval completed
2/14/2006	Annual review and approval completed
4/10/2008	Annual review and approval completed
1/15/2009	Policy reformatted
4/30/2009	Annual review and approval completed
4/08/2010	Annual review and approval completed
10/26/2010	Policy rebranded to "OptumHealth Care Solutions, Inc. (OptumHealth)"
4/07/2011	Annual review and approval completed
4/19/2012	Annual review and approval completed
4/18/2013	Annual review and approval completed
4/17/2014	Annual review and approval completed; Policy rebranded "Optum* by OptumHealth Care Solutions, Inc."
4/16/2015	Annual review and approval completed
4/21/2016	Updated the <i>Description</i> ; Annual review and approval completed
4/20/2017	Annual review and approval completed; Updated the Description and References; Legal entity name changed from "OptumHealth Care Solutions, Inc." to "OptumHealth Care Solutions, LLC."
4/26/2018	Annual review and approval completed
4/25/2019	Annual review and approval completed; updated references
4/23/2020	Annual review and approval completed; updated references

Contact Information

Please forward any commentary or feedback on Optum utilization management policies to: policy.inquiry@optumhealth.com with the word "Policy" in the subject line.

The services described in Optum* by OptumHealth Care Solutions, LLC policies are subject to the terms, conditions and limitations of the Member's contract or certificate. Optum reserves the right, in its sole discretion, to modify policies as necessary without prior written notice unless otherwise required by Optum's administrative procedures.

Certain internal policies may not be applicable to self-funded members and certain insured products. Refer to the member's Summary Plan Description (SPD) or Certificate of Coverage (COC) to determine whether coverage is provided or if there are any exclusions or benefit limitations applicable to any of these policies. If there is a difference between any policy and the member's SPD or COC, the member's SPD or COC will govern.