

<b>Reimbursement Guide Name:</b>	<b>Comparison View X-Ray</b>	<b>Reimbursement Guide #:</b>	<b>RG-103</b>
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<b>Reimbursement Guide Information</b>	
<b>Owner Department:</b>	Risk Adjustment and Medical Economics
<b>Owner:</b>	Code Review Program Manager
<b>Affected Departments:</b>	
<b>Reimbursement Guide Applies To:</b>	All product lines
<b>Electronic Signature/Date:</b>	No Users

## Purpose of the Reimbursement Guide

The purpose of this reimbursement guide is intended to define Comparison View X-rays, provide clarification of which services are and are not eligible for reimbursement, and specify the criteria and requirements which must be met. This policy further describes how FirstCarolinaCare reimburse for Comparison View X-Rays.

## Statement of the Reimbursement Guide

FirstCarolinaCare will not cover routine, contralateral comparison side plain films.

## Procedure

There are rare exceptions when contralateral comparison side plain films may be medically necessary for some pediatric conditions and for pre-surgical considerations with severe degenerative joint disorders. Repeat X-rays of the same body structure are allowed if performed at different times of day or before and after surgery, such as orthopedic procedures including casting.

Providers are expected to:

1. Submit claims for comparison view X-rays with chart documentation, which explains specifically why the contralateral comparison images are medically necessary.
2. Appending a repeat modifier (-76 or -77) will not be allowed for comparison view x-rays.

## References

1. American College of Radiology, Practice Parameter for the Performance of Radiography of Extremities, page 4. C. S <https://www.acr.org/-/media/ACR/Files/Practice-Parameters/Rad-Extremity.pdf>

## History

<b>Created Date:</b>	02/27/23
<b>Effective Date:</b>	01/01/20
<b>Next Review Date:</b>	Not Set
<b>Revision Date:</b>	