

Department: Radiology	Section: All	Effective Date: 5/1/2012
Procedure Number 4.24		Revision #: 1

RIS Modifiers

Purpose:

To establish guidelines for the technologist to use when an exam must have a billing modifier added in order to receive payment/reimbursement; to prevent the exam from being read by the radiologist or to prevent charge from being created.

Policy:

A. Billing Modifiers:

1. Modifiers must be tracked in the RIS system prior to completion.
2. Modifiers will be used only on outpatients (including outpatient surgery) and ER patients.
3. Modifiers used at this time will include 52, 76, and 77.

i. **Modifier 52** is to be used for reduced services

Examples:

- A patient is having an IVP and has a reaction and can not continue with the exam.
- A fluoro patient is having a BE and refuses to finish the exam.
- An ER patient needs a two view femur, but because of trauma you can only perform one view.

ii. **Modifier 76** is to be used for duplicate exams ordered by the same physician, between midnight and midnight the next day.

Examples:

- NICU orders more than one CXR on the same patient.
- The ER or Ortho orders post-reduction, post-operative, or post-procedure radiographs that result in duplicate orders.
- Portable CXR in SICU for line placement.

iii. **Modifier 77** is to be used for duplicate exams ordered by a different physician, between midnight and midnight the next day.

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B. Tracking Modifiers:

1. Modifiers must be tracked in the RIS system prior to completion.
2. Modifiers used at this time will include COMP, NBCNTNR, NOCONTRAST, NOREPORT and NOBILL

- i. **COMP** is to be used when tracking imported exams only.
- ii. **NBCNTNR** is to be used for exams that should be counted in department productivity but should not be billed or generate a diagnostic report.

Examples:

- Nephrology exams
- OR cysto exams

- iii. **NOREPORT** is to be used for exams that should be billed and counted in department productivity but not create a diagnostic report.

Example:

- Panorex images

- iv. **NOCONTRAST** can be used on exams that require contrast be recorded when completing the exam and contrast was not used, or when multiple exams are tracked at once but the patient was only injected once.

Examples:

- A CT CHEST W and a CT ABDOMEN/PELVIS is performed together. The patient is only injected once so contrast should be tracked on the superior body part and the **NOCONTRAST** modifier should be added to the other exam.

- v. **NOBILL** – See Policy subsection C.

- C. Use of billing modifier 52 and tracking modifier NOBILL – The purpose of these two modifiers is to either indicate that services were provided but not completed or that the exam/procedure was stopped in the very initial stages. In either case the patient has presented and the exam has been tracked to begin. Both of these modifiers will still provide a template for the Radiologist

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to provide an interpretation or explanation of what occurred. From the charging perspective:

- 52 – a charge will be generated but at a reduced amount
- NOBILL – a charge will not be generated

The diagram below is intended to provide the technologist guidance on the use of these modifiers.

