

Medicare Claims Processing Manual

Chapter 13 - Radiology Services and Other Diagnostic Procedures

Crosswalk

New Chap.	New Sect.	Int. Pub. 13	Carrier Pub. 14	SNF Pub 12	PMs	Other	Description
13	10		B3-15021.1				ICD -9-CM Coding for Diagnostic Tests
13	10.1			SNF-533			Billing Part B Radiology Services and Other Diagnostic Procedures
13	20		B3-15022				Payment Conditions for Radiology Services
13	20.1						Professional Component (PC)
13	20.2						Technical Component (TC)
13	20.2.1						Hospital and Skilled Nursing Facility (SNF) Patients
13	20.2.2						Services Not Furnished in Hospitals
13	20.2.3						Services Furnished in Leased Departments
13	20.2.4		B3-15048				Purchased Diagnostic Tests - Carriers
13	20.2.4.1						Carrier Payment Rules
13	20.2.4.2						Payment to Physician for Purchased Diagnostic Tests

New Chap.	New Sect.	Int. Pub. 13	Carrier Pub. 14	SNF Pub 12	PMs	Other	Description
13	30						Computerized Axial Tomography (CT) Procedures
13	30.1						Low Osmolar Contrast Media (LOCM) (HCPCS Codes A4644-A4646)
13	30.1.1						Payment Criteria
13	30.1.2						Payment Level
13	30.1.3			SNF-533.1F			SNF Billing and Intermediary Payment for Contrast Material Other Than Low Osmolar Contrast Material (LOCM) (Radiology)
13	30.1.3.1			SNF-533.1G			Intermediary Payment for Low Osmolar Contrast Material (LOCM) (Radiology)
13	40						Magnetic Resonance Imaging (MRI) Procedures
13	40.1	A3-3665	B3-4602,			R1 883A3, R1 795B3	Magnetic Resonance Angiography
13	40.1.1						Magnetic Resonance Angiography Coverage Summary
13	40.1.2						HCPCS Coding Requirements
13	40.1.3						Special Billing Instructions for RHCs and FQHCs

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13	40.1.4						Payment Requirements
13	50						Nuclear Medicine (CPT 78000 Through 79999)
13	50.1						Payments for Radionuclides
13	50.2						Stressing Agent
13	50.2.1			SNF-533.1I			Intermediary Payment for IV Persantine
13	50.2.2			SNF-533.3			Intermediary Payment for Adenosine
13	50.3						Application of Multiple Procedure Policy (CPT Modifier 51)
13	50.4						Generation and Interpretation of Automated Data
13	60			SNF-533.2	AB-02-115		Positron Emission Tomography (PET) Scans
13	60.1				AB-02-115		Expanded Coverage of PET Scans for Claims with Dates of Service on or After July 1, 2002
13	60.2				AB-02-065		Expanded Coverage of PET Scans for Claims with Dates of Service on or After October 1, 2002
13	60.2.1				AB-02-065		Coverage for Myocardial Viability

New Chap.	New Sect.	Int. Pub. 13	Carrier Pub. 14	SNF Pub 12	PMs	Other	Description
13	60.3						Intermediary Postpayment Review
13	60.4				AB-01-168		Use of Gamma cameras and Full ring and Partial Ring PET Scanners for PET Scans
13	70						Radiation Oncology (Therapeutic Radiology)
13	70.1						Weekly Radiation Therapy Management (CPT 77419-77430)
13	70.2						Services Bundled Into Treatment Management Codes
13	70.3						Radiation Treatment Delivery (CPT 77401-77417)
13	70.4						Clinical Brachytherapy (CPT Codes 77750-77799)
13	70.5						Radiation Physics Services (CPT Codes 77300-77399)
13	80						Supervision and Interpretation (S&I) Codes and Interventional Radiology
13	80.1						Physician Presence
13	80.2						Multiple Procedure Reduction

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13	90		B3-2070.4, B3-15022.G, B3-4131, B3-4831				Services of Portable X-Ray Suppliers
13	90.1						Professional Component
13	90.2						Technical Component
13	90.3				B-03-049		Transportation Component (HCPCS Codes R0070-R0076)
13	90.4						Set-Up Component (HCPCS Code Q0092)
13	90.5			SNF 533.1J			Transportation of Equipment Billed by a SNF to an Intermediary
13	100		15023				Interpretation of Diagnostic Tests
13	100.1						X-Rays and EKGs Furnished to Emergency Room Patients
13	110			SNF-533.1, SNF-533.1A, B, C, D, E		TM 368 (CR1323)	Special Billing Instructions for Claims Submitted to Intermediaries
13	110.1						Aborted Procedure
13	110.2						Combined Procedures (Radiology)
13	110.3			SNF-533.1H			Payment for Radiopharmaceuticals

New Chap.	New Sect.	Int. Pub. 13	Carrier Pub. 14	SNF Pub 12	PMs	Other	Description
13	120			SNF-533.4			Radiology or Other Diagnostic Unlisted Service or Procedure Billing Instructions for Intermediary Claims
13	130						EMC Formats
13	140	A3-3631.n	B3-4181	SNF-533.5			Bone Mass Measurements
13	140.1	A3-3631.n	B3-4181.1	SNF-533.5A			Conditions of Coverage
13	140.2	A3-3631.n	B3-4181.2	SNF-533.5B			Frequency Standard
13	140.3	A3-3631.n	B3-4181.3, B3-4181.4	SNF-533.5C			Payment Methodology and HCPCS Coding