

Radiological Services

Regence BlueShield reimburses for hospital-based, institutional, non-institutional (office and freestanding imaging centers) radiology services. These services are reimbursed one time for each diagnostic or therapeutic encounter.

Radiology Guidelines

Radiological services are composed of a technical component and a professional component:

Technical component (-TC)

Reimburses for personnel, equipment and supplies and, in some cases, the contrast material.

Professional component (-26)

Reimburses the physician's professional interpretation and/or supervision services.

Technical Component

When technical services are provided in an institutional setting, such as outpatient hospitals, reimbursement for the technical component of the radiology code is made to the facility.

Inpatient radiology technical services are included in the reimbursement to the hospital.

Professional Component

Regence BlueShield will reimburse for one professional component per radiology code regardless of the number of claims submitted.

Professional services provided in the institutional setting (inpatient or outpatient) are reimbursed for the professional component of the radiology codes.

Global / Non-Institutional

Services provided in a physician's office or a freestanding center owned by the radiologist are reimbursed to the global allowable, which includes both the technical and professional components.

Radiological Services

Second Opinions

Member Request

If a member is requesting a second opinion, Regence BlueShield will allow reimbursement for one second opinion professional component of the radiology code.

Additional opinions may be subject to review.

- There must be documentation in the member's record that they have requested a second reading of the radiology documents and films.
- There must be a written report of the second opinion.
- The second opinion must be by a different provider group of radiologists. Regence BlueShield defines "same provider" as same specialty and same tax ID number.

Provider Request

Regence BlueShield will reimburse for one second opinion professional component of a radiology code if the physician feels a second opinion is medically necessary. Additional opinions may be subject to review:

- The second opinion must be by a different provider group of radiologists. Regence BlueShield defines "same provider" as: same specialty, same tax ID number.
- There must be documentation in the member's record that the provider requested a second reading of the radiology documents and films and the rationale for the request. There must be a written report of the second opinion.

Referred Cases

In order for members with regular Regence BlueShield plans to receive their highest level of benefits, they must use the services of participating practitioners.

- Members with Regence BlueShield PPO plans receive their highest level of benefits when they use the services of Preferred Plan providers.
- Members with Regence BlueShield Selections (Point of Service) plans, care of this nature must be referred by the member's PCP in order for the member to receive their highest level of benefits.

Note: *If you are referring a member, please make sure that you refer him or her to the appropriate practitioners.*

If you submit claims for a member who was referred to you by another practitioner, indicate the referring practitioner's name in box 17 of the CMS-1500 claim form. For current lists of either participating or preferred providers, please call provider customer service number at **1-800-322-1737**.