

**Update to Payment Policies for Healthcare Services  
 Provided to Injured Workers and Crime Victims**

## **Chapter 13: Independent Medical Exams (IME)**

<p><b>1112M</b></p>	<p><b>IME, additional examiner for Standard IME</b></p> <p>Use where input from more than 1 examiner is combined into 1 report. Includes:</p> <ul style="list-style-type: none"> <li>• Record review,</li> <li>• Exam, and</li> <li>• Contribution to combined report.</li> </ul> <p>L&amp;I expects these exams will typically involve at least 30 minutes of face-to-face time with the worker.</p> <p>Note: One examiner on an IME with a combined report should bill a standard exam code (<b>1108M</b>).</p>	<p><b>\$618.40</b></p>
<p><b>1126M</b></p>	<p><b>IME, additional examiner for Complex IME</b></p> <p>Use where input from more than 1 examiner is combined into 1 report. Includes:</p> <ul style="list-style-type: none"> <li>• Record review,</li> <li>• Exam, and</li> <li>• Contribution to combined report.</li> </ul> <p>L&amp;I expects these exams will typically involve at least 30 minutes of face-to-face time with the worker.</p> <p>Note: One examiner on an IME that has a combined report should bill a complex exam code . The IME report must meet the criteria required for a complex IME (<b>1109M</b>).</p>	<p><b>\$773.00</b></p>

<p><b>Modifier -26</b></p>	<p><b>Radiology services in conjunction with an IME-Professional Component</b></p> <p>Certain procedures are a combination of the professional (<b>-26</b>) and technical (<b>-TC</b>) components. <b>Modifier -26</b> must be used when only the professional component is performed. When a global service is performed, <b>neither modifier can be used.</b></p> <p>Payment will be made at the established professional component (<b>modifier -26</b>) rate for each specific radiology service. The professional interpretation or reinterpretation of all imaging studies reviewed must be documented within the IME report. Additionally, <b>modifier -7N</b> must be appended to all imaging study billings. When <b>modifier -26</b> is appended, it must appear prior to <b>-7N.</b></p> <p><b>Link:</b> Fees are listed in the L&amp;I Professional Services Fee Schedules, available at:  <a href="http://www.lni.wa.gov/apps/FeeSchedules/">http://www.lni.wa.gov/apps/FeeSchedules/</a>.</p> <p>Additional information on documentation requirements is listed under the Payment Policy “Radiology Reporting Requirements for IMEs” below.</p>	<p><b>N/A</b></p>
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# Payment policy: Radiology reporting requirements for IMEs

## Requirements for billing

Documentation for the professional interpretation of radiology procedures is required for all professional component billing. When billing for the professional component of radiology services, bill using **modifier –26** and **modifier –7N**.



**Note:** Documentation refers to charting of justification, findings, diagnoses, and test result integration, including a comparison between repeat radiology studies when applicable.

IME providers who read imaging studies they order in relation to an IME, or reinterpret imaging studies previously performed, are required to document their findings within the IME report. Each imaging study must be separately documented in its own section and include all of the following:

- Date the imaging study was performed, *and*
- The anatomic location of the procedure and type of procedure (lumbar spine plain films, abdomen CT, cervical spine MRI, etc.), *and*
- Specific views (AP, lateral, oblique, weight bearing, axial, sagittal, coronal, with or without contrast, etc., as applicable), *and*
- When ordering imaging studies, a brief sentence describing the reason for the study, such as:
  - “Lower back pain; evaluate for degenerative changes and rule out leg length inequality.”
  - “Neck pain radiating to upper extremity; rule out disc protrusion,” *and*
- Description of, or listing of, imaging findings:
  - **Advanced imaging reports** should follow generally accepted standards to include relevant findings related to the particular type of study, *and*
  - **Radiology reports on plain films of skeletal structures** should include evaluation of osseous density and contours, important postural/mechanical considerations, assessment of any joint space abnormalities, and assessment of any important abnormal soft tissue findings, *and*

- Radiology **reports on chest plain films** should include assessment of lung fields, bronchovascular markings, apices, tracheal air shadow, mediastinal and hilar contours, cardiovascular contours, costophrenic recesses, any abnormalities below the diaphragm, and assessment of any important osseous abnormalities shown incidentally (ribs, clavicles, scapulae, proximal humeri, spine), *and*
- Imaging impressions, which summarize and provide significance for the imaging findings described in the body of the IME report. If the same imaging study was performed on multiple dates of service, the provider must document a comparison between the studies, in sequential order, noting any significant changes that occurred. For example:
  - For a neck comparison where there is a difference between the original imaging study and the most recent findings, the impression could be: “A comparison of this recent study from 7/1/2019 is made to the study of 5/1/2018. 5/1/2018 which noted narrowing of the disc space at C-5 with bony protuberance at right facet causing impingement. New image from 7/1/2019 shows bony protuberance has grown 5mm and is contributing to increased impingement of the nerve root. This appears to be a continuation of a natural growth process.”

In addition to the above information, when reinterpreting imaging studies, the IME provider must document whether they are or aren't in agreement with original interpretation of the imaging study.



**Note:** Documentation such as "X-rays are negative" or "X-rays are normal" don't fulfill the reporting requirements described in this section and the insurer **won't pay** for the professional component in these circumstances.

## Payment limits

### Reinterpretation of imaging studies

Reinterpretation of imaging studies may only be billed once per panel exam. The reinterpretation is only payable for studies related to the accepted or contended condition.

In addition, services must be billed with the correct CPT® code for the specific imaging study reinterpreted, along with **modifier -26** and **modifier -7N**.

### Example of how to bill for IME services including reinterpretation of imaging studies

The following example demonstrates how to bill when IME providers perform a reinterpretation of imaging studies. This example isn't reflective of the documentation requirements for an IME.

**Example:** A panel IME is performed on 7/1/19 meeting the documentation criteria for a complex IME. The IME providers review the following imaging studies, all related to the accepted conditions:

- 1 – 3 view knee x-ray performed 6/1/17
- 2 – 2 view shoulder x-rays performed 6/1/17 and 8/2/18
- 1 – Shoulder MRI without contrast

The correct billing for the services is:

**Examiner 1**

Line item	Procedure code (and modifiers)	Number of Units
1	1109M	1
2	CPT® 73562-26-7N	1
3	CPT® 73030-26-7N	2
4	CPT® 73221-26-7N	1

**Examiner 2**

Line item	Procedure code (and modifiers)	Number of Units
1	1126M	1



**Note:** Reinterpretation is only payable once per panel exam.