

# Highmark Reimbursement Policy Bulletin



HISTORY VERSION

**Bulletin Number:** RP-008  
**Subject:** X-rays Using Film, Computed Radiography and Computed Tomography:  
Modifiers FX, FY, CT  
**Effective Date:** January 1, 2017      **End Date:**  
**Issue Date:** November 4, 2024      **Revised Date:** November 2024  
**Date Reviewed:** October 2024  
**Source:** Reimbursement Policy

<b>Applicable Commercial Market</b>	PA	<input checked="" type="checkbox"/>	WV	<input checked="" type="checkbox"/>	DE	<input checked="" type="checkbox"/>	NY	<input checked="" type="checkbox"/>
<b>Applicable Medicare Advantage Market</b>	PA	<input checked="" type="checkbox"/>	WV	<input checked="" type="checkbox"/>	DE	<input checked="" type="checkbox"/>	NY	<input checked="" type="checkbox"/>
<b>Applicable Claim Type</b>	UB	<input checked="" type="checkbox"/>	1500	<input checked="" type="checkbox"/>				

➔ A checked box indicates the policy is applicable to that market either entirely, or partially, as indicated within the policy.

Reimbursement Policy designation of Professional or Facility application is based on how the provider is contracted with the Plan. This Policy supersedes direction provided in Bulletins prior to the effective date of this policy.

## PURPOSE:

This policy addresses coverage guidelines for X-ray services using Film, Computed Radiography and Computed Tomography. Modifiers FX, FY and CT are used to indicate the type of x-ray technology used on when reporting X-ray services.

## REIMBURSEMENT GUIDELINES:

### Modifier FX

Effective January 1, 2017, service lines reporting X-ray services using film must include modifier FX. The Plan will apply a reimbursement reduction of 20% to the approved allowance on the technical component (and the technical component of the global fee) for X-ray services furnished using film.

### Modifier FY

Effective January 1, 2018, service lines reporting X-ray services using computed radiography cassette-based imaging, must include modifier FY.

Effective for dates of service January 1, 2018, through February 26, 2023, the Plan will apply a reimbursement reduction of 7% to the approved allowance on the technical component (and the technical component of the global fee) for X-ray services furnished using computed radiography cassette-based imaging.

Effective for dates of service February 27, 2023, and thereafter, the Plan will apply a reimbursement reduction of 10% to the approved allowance on the technical component (and the technical component of the global fee) for X-ray services furnished using computed radiography cassette-based imaging.

#### Modifier CT

Effective February 1, 2018, service lines reporting Computed Tomography services furnished using equipment that does not meet each of the attributes of the National Electrical Manufacturers Association (NEMA) XR-29-2013 standard, must include modifier CT.

The Plan will apply a reimbursement reduction of 15% to the technical component (and the technical component of the global fee) for Computed Tomography (CT) services furnished using equipment that is inconsistent with the CT equipment standard.

**Note:** The policy applies to New York Commercial and Medicare Advantage effective February 27, 2023.

#### **DEFINITIONS:**

<b>Modifier</b>	<b>Definition</b>
FX	Imaging services that are taken using X-ray film.
FY	Imaging services that are X-rays taken using computed radiography technology/cassette-based imaging.
CT	Computed tomography services furnished using equipment- that does not meet each of the attributes of the National Electric Manufacturers Association (NEMA) standard.

#### **REFERENCES:**

- CMS Online Manual Pub. 100-04, Chapter 4, Section 20.6.13

#### **POLICY UPDATE HISTORY INFORMATION:**

1 / 2017	Implementation
11 / 2021	Added NY region applicable to the policy
1 / 2022	Added Delaware Medicare Advantage applicable to the policy
2 / 2023	Increased reduction of FY from 7% to 10%. Corrected policy effective date for NY region
11 / 2024	Administrative policy review with no changes in policy direction

# Highmark Reimbursement Policy Bulletin



HISTORY VERSION

**Bulletin Number:** RP-008  
**Subject:** X-rays Using Film, Computed Radiography and Computed Tomography:  
Modifiers FX, FY, CT  
**Effective Date:** January 1, 2017      **End Date:**  
**Issue Date:** February 27, 2023      **Revised Date:** February 2023  
**Date Reviewed:** October 2022  
**Source:** Reimbursement Policy

<b>Applicable Commercial Market</b>	PA	<input checked="" type="checkbox"/>	WV	<input checked="" type="checkbox"/>	DE	<input checked="" type="checkbox"/>	NY	<input checked="" type="checkbox"/>
<b>Applicable Medicare Advantage Market</b>	PA	<input checked="" type="checkbox"/>	WV	<input checked="" type="checkbox"/>	DE	<input checked="" type="checkbox"/>	NY	<input checked="" type="checkbox"/>
<b>Applicable Claim Type</b>	UB	<input checked="" type="checkbox"/>	1500	<input checked="" type="checkbox"/>				

➔ A checked box indicates the policy is applicable to that market either entirely, or partially, as indicated within the policy.

Reimbursement Policy designation of Professional or Facility application is based on how the provider is contracted with the Plan. This Policy supersedes direction provided in Bulletins prior to the effective date of this policy.

## PURPOSE:

### Modifier FX: X-ray Taken Using Film

Effective January 1, 2017, service lines reporting X-ray services using film must include modifier FX.

### Modifier FY: X-ray Taken Using Computed Radiography Technology/Cassette-Based Imaging

Effective January 1, 2018, service lines reporting X-ray services using computed radiography cassette-based imaging, must include modifier FY.

### Modifier CT: Computed tomography services furnished using equipment that does not meet each of the attributes of the National Electrical Manufacturers Association standard

Effective February 1, 2018, service lines reporting Computed Tomography services furnished using equipment that does not meet each of the attributes of the National Electrical Manufacturers Association (NEMA) XR-29-2013 standard, must include modifier CT.

## REIMBURSEMENT GUIDELINES:

**Note:** The policy applies to New York Commercial and Medicare Advantage effective February 27, 2023.

The Plan will apply a reimbursement reduction of 20% to the approved allowance on the technical component (and the technical component of the global fee) for X-ray services furnished using film (modifier FX).

Effective for dates of service January 1, 2018, through February 26, 2023, the Plan will apply a reimbursement reduction of 7% to the approved allowance on the technical component (and the technical component of the global fee) for X-ray services furnished using computed radiography cassette-based imaging (modifier FY).

Effective for dates of service February 27, 2023, and thereafter, the Plan will apply a reimbursement reduction of 10% to the approved allowance on the technical component (and the technical component of the global fee) for X-ray services furnished using computed radiography cassette-based imaging (modifier FY).

The Plan will apply a reimbursement reduction of 15% to the technical component (and the technical component of the global fee) for Computed Tomography (CT) services furnished using equipment that is inconsistent with the CT equipment standard.

#### REFERENCES:

- CMS Online Manual Pub. 100-04, Chapter 4, Section 20.6.13

#### POLICY UPDATE HISTORY INFORMATION:

1 / 2017	Implementation
11 / 2021	Added NY region applicable to the policy
1 / 2022	Added Delaware Medicare Advantage applicable to the policy
2 / 2023	Increased reduction of FY from 7% to 10%. Corrected policy effective date for NY region

# Highmark Reimbursement Policy Bulletin



HISTORY VERSION

**Bulletin Number:** RP-008  
**Subject:** X-rays Using Film, Computed Radiography and Computed Tomography: Modifiers FX, FY, CT  
**Effective Date:** January 1, 2017 **End Date:**  
**Issue Date:** January 3, 2022 **Revised Date:** January 2022  
**Date Reviewed:** October 2021  
**Source:** Reimbursement Policy

<b>Applicable Commercial Market</b>	PA	<input checked="" type="checkbox"/>	WV	<input checked="" type="checkbox"/>	DE	<input checked="" type="checkbox"/>	NY	<input checked="" type="checkbox"/>
<b>Applicable Medicare Advantage Market</b>	PA	<input checked="" type="checkbox"/>	WV	<input checked="" type="checkbox"/>	DE	<input checked="" type="checkbox"/>	NY	<input checked="" type="checkbox"/>
<b>Applicable Claim Type</b>	UB	<input checked="" type="checkbox"/>	1500	<input checked="" type="checkbox"/>				

➔ A checked box indicates the policy is applicable to that market either entirely, or partially, as indicated within the policy.

Reimbursement Policy designation of Professional or Facility application is based on how the provider is contracted with the Plan. This Policy supersedes direction provided in Bulletins prior to the effective date of this policy.

## PURPOSE:

### Modifier FX: X-ray Taken Using Film

Effective January 1, 2017, service lines reporting X-ray services using film must include modifier FX.

### Modifier FY: X-ray Taken Using Computed Radiography Technology/Cassette-Based Imaging

Effective January 1, 2018, service lines reporting X-ray services using computed radiography cassette-based imaging, must include modifier FY.

### Modifier CT: Computed tomography services furnished using equipment that does not meet each of the attributes of the National Electrical Manufacturers Association standard

Effective February 1, 2018, service lines reporting Computed Tomography services furnished using equipment that does not meet each of the attributes of the National Electrical Manufacturers Association (NEMA) XR-29-2013 standard, must include modifier CT.

## REIMBURSEMENT GUIDELINES:

The Plan will apply a reimbursement reduction of 20% to the approved allowance on the technical component (and the technical component of the global fee) for X-ray services furnished using film (modifier FX).

The Plan will apply a reimbursement reduction of 7% to the approved allowance on the technical component (and the technical component of the global fee) for X-ray services furnished using computed radiography cassette-based imaging (modifier FY).

The Plan will apply a reimbursement reduction of 15% to the technical component (and the technical component of the global fee) for Computed Tomography (CT) services furnished using equipment that is inconsistent with the CT equipment standard.

**REFERENCES:**

- CMS Online Manual Pub. 100-04, Chapter 4, Section 20.6.13

**POLICY UPDATE HISTORY INFORMATION:**

1 / 2017	Implementation
11 / 2021	Added NY region applicable to the policy
1 / 2022	Added Delaware Medicare Advantage applicable to the policy

# Highmark Reimbursement Policy Bulletin



HISTORY VERSION

**Bulletin Number:** RP- 008  
**Subject:** X-rays Using Film, Computed Radiography and Computed Tomography:  
Modifiers FX, FY, CT  
**Effective Date:** January 1, 2017  
**Issue Date:** November 1, 2021  
**Date Reviewed:** July 2021  
**Source:** Reimbursement Policy

**End Date:**  
**Revised Date:** July 2021

**Applicable Commercial Market**

PA  WV  DE  NY

**Applicable Medicare Advantage Market**

PA  WV  DE  NY

**Applicable Claim Type**

UB  1500

Reimbursement Policy designation of Professional or Facility application is based on how the provider is contracted with the Plan. This Policy supersedes direction provided in Bulletins prior to the effective date of this Policy.

## PURPOSE:

### **Modifier FX: X-ray Taken Using Film**

Effective January 1, 2017, service lines reporting X-ray services using film must include modifier FX.

### **Modifier FY: X-ray Taken Using Computed Radiography Technology/Cassette-Based Imaging**

Effective January 1, 2018, service lines reporting X-ray services using computed radiography cassette-based imaging, must include modifier FY.

### **Modifier CT: Computed tomography services furnished using equipment that does not meet each of the attributes of the National Electrical Manufacturers Association standard**

Effective February 1, 2018, service lines reporting Computed Tomography services furnished using equipment that does not meet each of the attributes of the National Electrical Manufacturers Association (NEMA) XR-29-2013 standard, must include modifier CT.

## REIMBURSEMENT GUIDELINES:

The Plan will apply a reimbursement reduction of 20% to the approved allowance on the technical component (and the technical component of the global fee) for X-ray services furnished using film (modifier FX).

The Plan will apply a reimbursement reduction of 7% to the approved allowance on the technical component (and the technical component of the global fee) for X-ray services furnished using computed radiography cassette-based imaging (modifier FY).

The Plan will apply a reimbursement reduction of 15% to the technical component (and the technical component of the global fee) for Computed Tomography (CT) services furnished using equipment that is inconsistent with the CT equipment standard.

**REFERENCES:**

- CMS Online Manual Pub. 100-04, Chapter 4, Section 20.6.13

**POLICY UPDATE HISTORY INFORMATION:**

1 / 2017	Implementation
11 / 2021	Added NY region applicable to the policy

HISTORICAL



# Highmark Reimbursement Policy Bulletin



**Bulletin Number:** RP-008  
**Subject:** X-rays Using Film, Computed Radiography and Computed Tomography:  
Modifiers FX, FY, CT  
**Effective Date:** January 1, 2017      **End Date:**  
**Issue Date:** February 1, 2018  
**Source:** Reimbursement Policy

<b>Applicable Commercial Market</b>	PA	<input checked="" type="checkbox"/>	WV	<input checked="" type="checkbox"/>	DE	<input type="checkbox"/>
<b>Applicable Medicare Advantage Market</b>	PA	<input checked="" type="checkbox"/>	WV	<input checked="" type="checkbox"/>		
<b>Applicable Claim Type</b>	UB	<input checked="" type="checkbox"/>	1500	<input checked="" type="checkbox"/>		

Reimbursement Policy designation of Professional or Facility application is respective to how the provider is contracted with The Plan. Provider contractual agreements supersede Reimbursement Policy direction and regional applicability.

## PURPOSE:

### Modifier FX: X-ray Taken Using Film

Effective January 1, 2017, service lines reporting X-ray services using film must include modifier FX.

### Modifier FY: X-ray Taken Using Computed Radiography Technology/Cassette-Based Imaging

Effective January 1, 2018, service lines reporting X-ray services using computed radiography cassette-based imaging, must include modifier FY.

### Modifier CT: Computed tomography services furnished using equipment that does not meet each of the attributes of the National Electrical Manufacturers Association standard

Effective February 1, 2018, service lines reporting Computed Tomography services furnished using equipment that does not meet each of the attributes of the National Electrical Manufacturers Association (NEMA) XR-29-2013 standard, must include modifier CT.

## REIMBURSEMENT GUIDELINES:

The Plan will apply a reimbursement reduction of 20% to the approved allowance on the technical component (and the technical component of the global fee) for X-ray services furnished using film (modifier FX).

*This policy position applies to all commercial and/or Medicare Advantage lines of business as indicated above. Reimbursement policies are intended only to establish general guidelines for reimbursement under Highmark plans. Highmark retains the right to review and update its reimbursement policy guidelines at its sole discretion.*

The Plan will apply a reimbursement reduction of 7% to the approved allowance on the technical component (and the technical component of the global fee) for X-ray services furnished using computed radiography cassette-based imaging (modifier FY).

The Plan will apply a reimbursement reduction of 15% to the technical component (and the technical component of the global fee) for Computed Tomography (CT) services furnished using equipment that is inconsistent with the CT equipment standard.

**ADDITIONAL BILLING INFORMATION, REFERENCES AND GUIDELINES:**

- CMS Online Manual Pub. 100-04, Chapter 4, Section 20.6.13

HISTORY