

Chest X-Ray Checklist

Beneficiary Name	
Date of Service	
Claim Number	
MBI Number	
Billing Code	
Billing Modifier	

This checklist is provided as a reminder of what to include when responding to a request for records. The documentation should include, but is not limited to:

0 0	Name of beneficiary and date of service on all documentation Documentation legible and complete (including signature(s)) Abbreviation key (if applicable)
0	ned physician's order from the treating M.D. or Non-Physician Practitioner, or signed documentatior early reflects the ordering provider's intent.
Docum	entation of the signed interpretative report supporting services rendered
Docum o	entation of a condition supporting the medical necessity of the test Medicare does not cover chest X-rays ordered for preventive screening
Name o	of the radiology technician/operator of portable X-ray equipment
Signatu O O	ire guidelines: Check signatures to ensure legibility; if illegible, send a signature log If signatures are missing, you will need to submit a completed signature attestation form Policy and procedures associated with the use of electronic signatures
Advanc	e Beneficiary Notice of noncoverage (ABN) issued to the beneficiary/representative (if applicable)

For additional radiology service resources see:

- CMS website https://www.cms.gov
- CMS Internet Only Manual (IOM) Publication 100-02 Medicare Benefit Policy Manual, Chapter 15, Section 80
 <u>https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c15.pdf</u>
- CMS Internet Only Manual (IOM) Publication 100-04 Medicare Claims Processing Manual, Chapter 13, Sections 20 and 100
 - https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c13.pdf
- Code of Federal Regulations 42 CFR §410.32
 <u>https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-B/part-410/subpart-B/section-410.32</u>

This checklist is not intended to be all-inclusive. Each Medicare claim is given individual consideration for coverage.

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