

Radiology for Chest Policy

Purpose

This policy is intended to ensure correct provider reimbursement and serves only as a general resource regarding Molina Healthcare's reimbursement policy for the services described in this policy. It is not intended to address every aspect of a reimbursement situation, nor is it intended to impact care decisions. This policy was developed using nationally accepted industry standards and coding principles. In a conflict, federal and state guidelines, as applicable, and the member's benefit plans supersede the information in this policy. Also, to the extent of conflicts between this policy and the provider contract language, the Provider contract language will prevail. Coverage may be mandated by applicable legal requirements of a State, the Federal government or the Centers for Medicare and Medicaid Services (CMS). References included were accurate at the time of policy approval. If there is a state exception, please refer to the state exception table listed below.

Policy Overview

Radiology for the chest should be conducted solely when relevant signs, symptoms, or diseases are identified. According to CMS policy and the American College of Radiology, a chest X-ray (CPT codes 71045, 71046) should not be performed for screening purposes in the absence of these pertinent signs, symptoms, or diseases.

DX Required:

Z00.0	Z00.01	Z00.5	Z00.6
Z00.8	Z02.0	Z02.1	Z02.2,
Z02.3	Z02.4	Z02.5	Z02.6,
Z02.8	Z02.81	Z02.82	Z02.83,
Z02.85	Z02.86	Z02.8	Z02.89,
Z04.6	Z01.810	Z01.811	Z01.818

- Exclude Approved Authorizations
- DX can be billed in any position on the claim.

Radiographs of the chest are commonly performed in the following settings:

- Outpatient offices
- Clinics
- Outpatient hospital departments
- Inpatient hospital episodes
- Skilled nursing facilities (SNF)

Radiographs are commonly used to diagnose and aid in treatment decisions for:

- Pulmonary diseases
- Cardiac diseases
- Infections and inflammatory diseases
- Chest and upper abdominal trauma situations
- Malignant and metastatic diseases
- Allergic and drug related diseases

**Note this is not an exhaustive list*

In general, the following are not currently accepted medical practices:

- Preprocedural chest X-rays in the absence of pulmonary or cardiac diseases
- Chest X-rays in the absence of signs or symptoms
- Chest X-rays for minor trauma of the head, lower back, or extremities

CMS has a list of ICD-10 codes that do not meet medical necessity for chest x-ray services for Group 1 codes:

- 71045
- 71046
- 71047
- 71048

Reimbursement Guidelines

Molina Healthcare will reimburse radiology services for chest examinations only when relevant signs, symptoms, or diseases are diagnosed. It is required that radiology performed on the chest includes the appropriate diagnosis codes. Should there be any incorrect submission of the combination of diagnosis and procedure codes, Molina Healthcare reserves the right to review, deny, and recover any claims paid incorrectly.

Supplemental Information

Definitions

Term	Definition
CMS	The Centers for Medicare & Medicaid Services

State Exceptions

State	Exception
MI	MI Medicaid is Exempt

Documentation History

Type	Date	Action
Initial Creation Date	09/08/2023	New Policy
Revised Date	12/17/2024	Updated template and verified links
Revised Date	04/09/2025	Updated template and verified links
Revised Date	08/08/2025	Updated template and verified links
Revised Date	08/20/2025	Added page numbers; aligned bullet points. Changed layout to 1 inch all around; changed Coding Disclaimer to 10 point from 9 point.

References

This policy was developed using:

- CMS
- State Medicaid Regulatory Guidance

- State Contracts

Reference	Link
	0136-Radiologic Examination of the Chest: Medical Necessity and Documentation Requirements CMS
	Article - Billing and Coding: Chest X-Ray Policy (A57497)
CMS	Article - Billing and Coding: Chest X-Ray Policy (A57498)
OH	Ohio Molina Medicaid Correct Coding - Code-Editing Guidelines May 2019

***CODING DISCLAIMER.** Codes listed in this policy are for reference purposes only and may not be all-inclusive. Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for reimbursement. Listing of a service or device code in this policy does guarantee coverage. Coverage is determined by the benefit document. Molina adheres to Current Procedural Terminology (CPT®), a registered trademark of the American Medical Association (AMA). All CPT codes and descriptions are copyrighted by the AMA; this information is included for informational purposes only. Providers and facilities are expected to utilize industry standard coding practices for all submissions. When improper billing and coding is not followed, Molina has the right to reject/deny the claim and recover claim payment(s). Due to changing industry practices, Molina reserves the right to revise this policy as needed.