
Film-Based Imaging Reimbursement Cut (January 2017)

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If you rely on film-based imaging in your practice, Medicare reimbursement will change when you bill for an x-ray. Film-based imaging services billed globally, or when billing the technical component only, must be submitted with a modifier FX. The new modifier, required as of January 1, 2017, triggers a reduction of 20% to the technical reimbursement. No modifier is required if you have digital or computed radiology (CR). Note, however, that CR is slated for a similar reduction in payment beginning on January 1, 2018.

See CMS' article for more information on the new cut [here](#).

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