



PROVIDER *bulletin*

11/01/2018

Dear Provider,

Kern Health Systems would like to clarify billing guidelines applicable to CPT code 96372 - therapeutic, prophylactic or diagnostic injection. CPT code 96372 is not paid when billed with an office visit and HCPCS codes for injections. CPT code 96372 is denied as there is physician administration rate included within the HCPCS injection code and the injection is related to the office visit.

In a review of received claims and patient medical records, Kern Health Systems has found that some providers are inappropriately billing CPT code 96372 with modifier 59, or an office visit code with modifier 25, to ensure payment of CPT 96372. Billing CPT code 96372 with modifier 59 must be justified within the patient's medical record as a separate service not included in the scope of any other service billed. These services, when billed, are subject to random audit by our Compliance Department to ensure all rules and regulations of Anti-Fraud, Waste and Abuse are followed.

If you have any questions, please contact your Provider Relations Representative.

Melissa Lopez
Provider Relations Manager
Kern Health Systems

