



PROVIDER *bulletin*

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Kern Health Systems would like to clarify guidelines applicable to pathology billing with E&M services provided same day by the same provider.

PATHOLOGY BILLING WITH E&M SERVICES: PROVIDED ON THE SAME DAY, BY THE SAME PROVIDER

Professional (Split Billing) Emergency room physicians, surgeons, specialists, internists, family physicians (Primary Care Physicians), podiatrists and other treating physicians who routinely review pathology results as an integral part of their reimbursed patient care services are not entitled to an additional reimbursement of a professional component for that review. This service, like other diagnostic data evaluation, is covered by the reimbursement for office visit and treatment.

Modifier 26 Providers are not reimbursed for the professional component (modifier 26) of pathology claims billed with an Evaluation & Management (E&M) procedure performed by the same provider on the same date of service.

Split-Billable Split-billable services: When billing for both the professional and technical service components, a modifier is neither required nor allowed. When billing for only the professional component, use modifier 26. **When billing for only the technical component, use modifier TC.**

<u>Modifier</u>	<u>Description</u>
26	Professional component (Split Billing)
TC	Technical component

Pathology Procedures of minor complexity billed with an E&M service (office visits, preventive visits, etc.) on the same date of service by the same provider must be billed with modifier TC for the technical component only.

The following CPT codes would require the TC modifier if billed with and E&M service on the same date of service by the same provider. Any other tests actually performed on the same date of service as the E&M service that are reviewed at the time of the E&M service by the same provider should also be billed with the TC modifier if it is a split billable code.

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

The following codes will have to have the TC modifier if billed with E&M services on the same date:

- 81000** Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; non-automated, with microscopy
- 81001** Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; automated, with microscopy
- 81002** Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; non-automated, without microscopy
- 81003** Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; automated, without microscopy
- 81005** Urinalysis; qualitative or semiquantitative, except immunoassays
- 82947** Glucose; quantitative, blood (except reagent strip)
- 82270** Blood, occult, by peroxidase activity (eg, guaiac), qualitative; feces, consecutive collected specimens with single determination, for colorectal neoplasm screening (ie, patient was provided 3 cards or single triple card for consecutive collection)
- 82271** Blood, occult, by peroxidase activity (eg, guaiac), qualitative; other sources
- 82272** Blood, occult, by peroxidase activity (eg, guaiac), qualitative, feces, 1-3 simultaneous determinations, performed for other than colorectal neoplasm screening
- 85013** Blood count; spun microhematocrit
- 85014** Blood count; hematocrit (Hct)
- 85018** Blood count; hemoglobin (Hgb)
- 87804** Infectious agent antigen detection by immunoassay with direct optical observation; Influenza
- 87880** Infectious agent antigen detection by immunoassay with direct optical observation; Streptococcus, group A

