

## **CLAIMS PAYMENT POLICY: EVALUATION AND MANAGEMENT VISITS BUNDLED WITH URINALYSIS BY DIP STICK OR REAGENT STRIP OR TABLET**

### **Background:**

This policy addresses the Department for Medicaid Services (DMS) reimbursement policies pertaining to urinalysis by dipstick or tablet reagent for professional provider claims submitted on a CMS-1500 form.

Kentucky Legislative Research Commission, Section 6 Laboratory, Venipuncture and Catheter policy: 907 KAR 3:010 Reimbursement for physicians' services states the following:

Section 6. Laboratory, Venipuncture, and Catheter.

(1) Except for a service specified in paragraph (a) or (b) of this subsection, a physician laboratory service shall be reimbursed in accordance with 907 KAR 1:028.

(a) Charges for a laboratory test performed by dipstick or reagent strip or tablet in a physician's office shall be included in the office visit charge.

### **What does this mean for providers?**

In accordance with Kentucky state regulation, CPT codes 81002 and 81003 are not separately reimbursable when an office visit charge is billed for the same member for the same date of service. CPT codes 81002 and 81003 are considered included or bundled in the office visit charge.

Modifier 25 is exempt for use in accordance with Kentucky Legislative Research Commission, Section 6. Laboratory, Venipuncture, and Catheter policy: 907 KAR 3:010.

Office visits are defined as CPT codes in the ranges of 99202 – 99205, 99211 – 99215, and 99241 – 99245.

Please note: Coding information is provided for informational purposes only. The inclusion or omission of a CPT, HCPCS, or ICD-10 code does not imply member coverage or provider reimbursement. Consult the member's benefits that are in place at time of service to determine coverage (or non-coverage) as well as applicable federal/state laws.

### **Appeal process:**

If denied, beneficiaries and/or providers may appeal to DMS/MCO per federal and state appeal statutes and regulations.

**References:**

Kentucky Legislative Research Commission, Section 6 Laboratory, Venipuncture and Catheter policy: 907 KAR 3:010 Reimbursement for physicians' services.

Retrieved on April 27, 2022 from <https://apps.legislature.ky.gov/law/kar/titles/907/003/010/>

**Important information about this document:**

- This claim payment policy is a policy regarding claims or claim line processing and/or reimbursement related to the administration of Passport Health Plan by Molina Healthcare health plan benefits. They are not recommendations for treatment, nor should they be used as treatment guidelines. Providers are responsible for diagnosing, treating, and making clinical recommendations to the member.
- This claim payment policy is subject, but not limited to the following:
  - State and federal laws and regulations;
  - Policies and procedures promulgated by the Centers for Medicare and Medicaid Services, including National Coverage Determinations and Local Coverage Determinations:
  - Passport Health Plans by Molina Healthcare's contract with the Department for Medicaid Services
  - The provisions of the contract between the provider and Passport Health Plan by Molina Healthcare; and
  - The terms of a member's particular benefit plan, including those terms outlined in the member's Evidence of Coverage, Certificate of Coverage, and other policy documents.
- In the event of a conflict between this document a member's policy document, the terms of a member's benefit plan will always supersede this document. The use of this policy is neither a guarantee of payment nor a prediction of how a specific claim will be adjudicated. Any coding information is for informational purposes only. No inferences should be made regarding coverage or provider reimbursement as a result of the inclusion or omission, in this document of a CPT, HCPCS, or ICD-10 code. Always consult the member's benefits that are in place at time of service to determine coverage or non-coverage. Claims processing is subject to a number of factors, including the member's eligibility and benefit coverage on the date of service, coordination of benefits, referral/authorization requirements, utilization management protocols, and Passport Health Plan by Molina Healthcare's policies. Services must be medically necessary in order to be covered.