



PROVIDER BULLETIN

No. 05-22

August 15, 2005

TO: Pathologist Providers in the Nebraska Medicaid Program
FROM: Mary Steiner, Medicaid Administrator
BY: Janeen Berg, RN, Program Specialist
RE: Billing Instructions Revision for Physicians with Pathology Speciality

Please share this information with your staff and billing department.

Nebraska Medicaid has revised NAC 471-000-62 Nebraska Medicaid Billing Instructions for Physician, Laboratory, and Ambulatory Surgical Center Services. Review the attached pages that include the changes and update your Provider Handbook.

The changes related to lab services are:

Page 6---Added---If the physician (with a specialty of pathology) is billing for a test on a sample received from an inpatient, outpatient, or physician's office, use the appropriate code designating *place of service as independent laboratory (81)*.

Page 12---Added---For laboratory services performed in a physician's office, use the appropriate CPT code for the service.

- Use the unmodified code when the physician performs both the professional and technical components.
- Use modifier 'TC' when the technical component is performed at the physician's office or a laboratory center and the professional component (i.e. interpretation and report) is provided by an outside source. The professional component must be billed by the provider of the service.
- When the physician performs only the professional component (i.e. interpretation and report), use modifier '26' if the CPT procedure code description includes both the technical and professional components.
- Do not use modifier '26' if the CPT procedure code description specifies only the professional component.

REMOVE APPENDIX CODED

471-000-62, Rev. May 1, 2004

INSERT APPENDIX CODED

471-000-62, Rev. August 5, 2005

Another note: It is **not necessary to use the '90' modifier** when billing Nebraska Medicaid.

If you have any further questions, please call Janeen Berg, RN, Program Specialist at 402-471-9342.

