

Corporate Reimbursement Policy

Professional Pathology Billing Guidelines AHS – R2169

File Name: professional_pathology_billing_guidelines
Origination: 7/2019
Last Review: 7/2019
Next Review: 7/2020

Description

All claims are required to include a place of service (POS) code from the POS code set maintained by the Centers for Medicare & Medicaid Services (CMS). While CMS maintains this code set, it is used by all other public and private health insurers, including BCBSNC.

Many diagnostic service contain both a technical and a professional component. Often these components are furnished in different settings. As a general policy, the POS code assigned by the physician/practitioner for the professional component of a diagnostic service is the setting in where the patient received the technical component of that service.

When a physician/practitioner provides the professional component/interpretation of a diagnostic test, from a distant site, the POS code assigned by the physician/practitioner will be the setting in which the patient received the technical component of the service. For example: if an MRI is performed at an outpatient hospital, the hospital would submit a claim for the technical component with POS outpatient hospital. The physician furnishing the professional component of the MRI from his/her office location would submit a claim also with POS of outpatient hospital to indicate that the face-to-face portion of the MRI, the technical component, was performed in the outpatient hospital setting.

Policy

Blue Cross Blue Shield North Carolina (BCBSNC) will reimburse professional pathology service in accordance with the guidelines outlined below.

Benefits Application

This medical policy relates only to the services or supplies described herein. Please refer to the Member's Benefit Booklet for availability of benefits. Member's benefits may vary according to benefit design; therefore member benefit language should be reviewed before applying the terms of this medical policy.

Service Guidelines

- Pathology interpretation billed as the professional component (PC) only must be billed with the 26 modifier and billed as POS 11
- When the specimen originates in a hospital POS (19, 21, 22, 23), the claim must be billed as that POS **including** those situations where the technical component (TC) is performed by the pathology practice.
- Patient specimens that originate from a physician office or an ambulatory surgery center, and the pathology practice performs the TC, should be billed as POS 81.

Professional Pathology Billing Guidelines AHS – R2169

- Pathologists billing under their individual NPI must utilize POS 11; use of POS 81 requires the use of the practice NPI
 - A pathology practice must organize their NPI's to reflect a "parent" NPI that reflects the overall practice. Subpart NPI's must be utilized and organized for the following NPI's:
 - POS 11: individual pathologist NPI's, professional services only
 - POS 19, 21, 22, 23: specimens originating from the hospital environment
 - POS 24: ASC only
 - POS 81: NPI must be identified as an "independent lab" and requires a separate contract from the professional contract with the plan

Billing/Coding/Physician Documentation Information

This policy may apply to the following codes. Inclusion of a code in this section does not guarantee that it will be reimbursed. For further information on reimbursement guidelines, please see Administrative Policies on the Blue Cross Blue Shield of North Carolina web site at www.bcbsnc.com. They are listed in the Category Search on the Medical Policy search page.

Applicable service codes: surgical pathology code range 88300-88399

Scientific Background and Reference Sources

Centers for Medicare & Medicaid Services. <https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R2679CP.pdf>

Policy Implementation/Update Information

- | | |
|---------|--|
| 7/30/19 | New reimbursement policy developed. BCBSNC will reimburse professional pathology services in accordance with the guidelines outlined in the policy. Policy noticed 7/30/2019 for effective date 10/1/2019. (an) |
| 10/1/19 | Last paragraph in Description section deleted. In the Service Guidelines section, 3 rd bullet point, deleted POS 11 or 24. Notification given 10/1/19 for effective date 12/2/19. (an) |

Medical policy is not an authorization, certification, explanation of benefits or a contract. Benefits and eligibility are determined before medical guidelines and payment guidelines are applied. Benefits are determined by the group contract and subscriber certificate that is in effect at the time services are rendered. This document is solely provided for informational purposes only and is based on research of current medical literature and review of common medical practices in the treatment and diagnosis of disease. Medical practices and knowledge are constantly changing and BCBSNC reserves the right to review and revise its medical policies periodically.