



PROVIDER *bulletin*

February 1, 2010

Effective for dates of service on or after February 1, 2010, the laboratory procedure codes listed below will no longer be split-billable using modifiers 26, TC and ZS. These modifiers will be end-dated effective January 31, 2010, for all laboratory procedure codes that have been defined as non-split-billable.

CPT-4 Codes:

80047 – 80076, 80100 – 80103, 80150 – 80299, 80400 – 80440, 80500 – 80502, 81000 – 81099, 82000 – 83018, 83021 – 83909, 83913 – 84163, 84202 – 84999, 85002 – 85055, 85130 – 85385, 85397 – 85557, 85597 – 85999, 86000 – 86063, 86140 – 86243, 86277 – 86318, 86329 – 86332, 86336 – 86480, 86485 – 86580, 86590 – 86849, 87001 – 87158, 87166 – 87206, 87209 – 87999

Providers are reminded that codes that are not split-billable may not be billed with modifier 26, TC or ZS, or the claim will deny. Kern Health Systems will allow a grace period through March 31, 2010, for providers to modify their billing process. Claims with dates of service after February 1, 2010, and received after March 31, 2010 will be denied if the codes that are not split-billable still include a modifier.

For more information regarding Medi-Cal updates, please refer to the Medi-Cal website at www.medi-cal.ca.gov.

Sincerely,

Stacy Reeves
Director of Provider Relations & Claims

