of Tennessee
1 Cameron Hill Circle
Chattanooga, TN 37402
bcbst.com

Upcoming Code Edits (Effective July 1, 2019)

Professional Services Billed on CMS 1500 Form

When submitting procedures with professional, technical and global components, please use an appropriate modifier. The modifier must be consistent with the place where the service was rendered.

If submitting a diagnostic test or radiology service for a place of service outside your office, then you should:

1. Append modifier 26 to the service specifying that only the professional component was rendered; or
2. Bill only the professional component code when applicable. Do not bill the global or technical component in a place of service other than the office setting. The technical component will be reimbursed to the facility where the patient was seen.
   The only exception is for place of service code 24 (Ambulatory Surgical Center) for pathology services only.

NOTE: If the procedure has been billed as the global or technical component but the technical component has been reimbursed to another provider, then the claim line will be **denied**.