COMPLIANCE ALERT

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SUBJECT: Medicare Guidance on Coding and Billing Date of Service on Professional Claims

DATE: September 20, 2017

The Centers for Medicare and Medicaid Services’ Medicare Learning Network issued *MLN Matters* article SE17023 on September 19, 2017. The purpose of the article is to clarify the correct date of service to report on professional claims.

In general, expenses are considered to have been incurred on the date the patient received the item or service, regardless of when it was paid for or ordered.

For each of the service types listed below, CMS clarifies the appropriate date(s) of service to report. Please review the sections applicable to your particular line(s) of business.

**Services which transpire over to another calendar date**

This category could include multiple types of services, anesthesia when the administration of anesthesia service continues to a new calendar date; the services of teaching physicians when the resident service was provided late at night and the teaching physician sees the patient the next day, MOHS surgery when the service must continue a second date if the patient cannot tolerate the original surgery.

In these cases, the date of service is the date the service concluded. The anesthesia service is billed with the date for the second day. The teaching physician is billed based on the date the teaching physician had a face-to-face with the patient. The date of service for the MOHS surgery will be the date completed.
Radiology Services

Typically, radiology services have two separate components, a professional and technical component. These services will have a PC/TC indicator of “1” on the Medicare Physician Fee Schedule Relative Value File. The technical component is billed on the date the patient had the test performed. The professional component is billed on the date the physician provided the interpretation and report of the radiology service. If these are furnished on different dates, they must be billed on different dates using the TC Modifier for the technical component and the 26 Modifier for the professional component.

Cardiovascular Monitoring Services

There are many different procedure codes that represent cardiovascular monitoring services. These can be identified as professional components, technical components, or a combination of the two. Some of these monitoring services may take place at a single point in time, others may take place over 24 or 48 hours, or over a 30-day period. The determination of the date of service is based on the description of the procedure code and the time listed. When the service includes a physician review and/or interpretation and report, the date of service is the date the physician completes that activity. If the service is a technical service, the date of service is the date the monitoring concludes based on the description of the service. For example, if the description of the procedure code includes 30 days of monitoring and a physician interpretation and report, then the date of service will be no earlier than the 30th day of monitoring and will be the date the physician completed the professional component of the service.

Diagnostic Psychological and Neuropsychological Tests

In some cases, for various reasons, psychological and neuropsychological tests (96101/96127) are completed in multiple sessions that occur on different days. In these situations, the date of service that should be reported on the claim is the date of service on which the service (based on CPT code description) concluded. Documentation should reflect that the service began on one day and concluded on another day (the date of service reported on the claim). If documentation is requested, medical records for both days should be submitted.

Psychiatric Testing when provided over multiple days based on the patient being able to provide information, is billed based on the time involved as described by CPT and the last date of the test.
Surgical and Anatomical Pathology

Surgical and anatomical pathology services may have two components: a professional and a technical component. These services will have a PC/TC indicator of “1” on the Medicare Physician Fee Schedule Relative Value File. The technical component is billed on the date the specimen was collected. This would be the surgery date. The professional component is billed on the date of service when the physician provided the interpretation and report of the pathology service. If these occur on different dates, these must be billed on different dates using the TC Modifier for the technical component and the 26 Modifier for the professional component.

When the collection spans two calendar dates, use the date the specimen collection ended.

Stored specimens – If the test is performed on a stored specimen (stored less than or equal to 30 calendar days), the date of service must be the date the test was performed only if:

- the test is ordered by the patient’s physician at least 14 days following the date of the patient’s discharge from the hospital;
- the specimen was collected while the patient was undergoing a hospital procedure;
- it would be medically inappropriate to have collected the specimen other than during the hospital procedure for which the patient was admitted;
- the results of the test do not guide treatment provided during the hospital stay; and
- the test was reasonable and medically necessary for treatment of illness or injury.

If the test is ordered on a specimen stored more than 30 days, the date of service for the technical service is the date the specimen is retrieved from storage. The professional component is billed on the date the physician provided the interpretation and report.

Clinical Lab Services

Generally, the date of service is the date the specimen was collected. If the specimen is collected over a period that spans two calendar dates, the date of service is the date the collection ended. There are two exceptions to the general date of service rule for laboratory tests performed on stored specimens (refer to Surgical and
Anatomical Pathology section above) and chemotherapy sensitivity tests performed on live tissue. Feel free to contact the Office of Compliance for further guidance on either of these exceptions.

**Home Prothrombin Time (PT/INR) Monitoring**

There are three procedure codes applicable to this service:

- **G0248** describes the initial demonstration use of home INR monitoring and instructions for reporting. The date of service is the date the demonstration and instructions for reporting are given in a face-to-face setting with the patient.

- **G0249** describes the provision of test materials and equipment for home INR monitoring. The date of service is the date the test materials and equipment are given to the patient.

- **G0250** describes the physician review, interpretation, and patient management of home INR testing. The date of service is the date of the fourth test interpretation.

**Surgical Services**

Medicare’s payment for most surgical services is made using the global surgery rules. All services considered to be part of the global package including follow-up visits, are considered to have occurred on the same day as the surgical service and are not submitted separately. Surgeons who transfer post-operative care to another practitioner will submit their claims using the date of the surgery as the date of service along with Modifier 55. The practitioner receiving the transfer of care will submit his/her post-operative services using the surgical procedure code along with the date of the surgery as his/her date of service.

**Maternity benefits**

All expenses incurred for surgical and obstetrical care including preoperative/prenatal examinations, testing, and post-operative/postnatal services are part of the maternity package and may be billed under the appropriate surgical code on the date of delivery or termination. Charges the practitioner may impose that are not related to the delivery are incurred on the date furnished.

**Physician End-Stage Renal Disease Services**

A physician may provide monthly or daily oversight of a patient on dialysis with End-Stage Renal Disease (ESRD). For physicians billing the monthly capitation
payment, the date of service is the first through the last day of the month. For
transient or less than a full month service, these can be billed on a per diem basis.
The date of service is the date of responsibility for the patient by the billing
physician. This would also include when a patient’s dies during the calendar month.

**Care Plan Oversight (CPO)**

CPO is physician supervision of a patient receiving complex and/or
multidisciplinary care as part of Medicare covered services provided by a
participating home health agency or Medicare approved hospice. Providers must
provide physician supervision of a patient involving 30 or more minutes of the
physician’s time per month to report CPO services. The claim for CPO must not
include any other services and is only billed after the end of the month in which CPO
was provided. The date of service submitted on the claim is the date the provider
completed the 30 minutes of supervision.

**Transitional Care Management (TCM)**

TCM services are a 30-day service provided when a patient is discharged from an
appropriate facility and requires moderate or high-complexity medical decision
making. The date of service is the date the practitioner completes the required face-
to-face visit. Keep in mind, there are additional services to be provided during the
30-day period.

**Home Health Certification and Recertification**

The date of service is the date the physician completes the plan of care. The
physician should sign and date at that time allowing for a few days’ delay when a
transcriptionist is involved.

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Please share with applicable faculty, fellows, residents, nonphysician practitioners,
billing and clinic staff. This Compliance Alert will be posted to the Compliance
website (https://hsci.ufl.edu/college-of-medicine/compliance/edu.aspx) should
you need to reference it in the future.

Do not hesitate to contact the Office of Compliance if you have any questions on
these clarifications.

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