

## Modifier Coding Alert

### Reader Question: Forget Modifier 26 for Interpretation Only

**Question:** Our allergy and immunology department is "provider based" and is billing POS 22. The RN paid by the hospital performs the technical portion of the allergy test (95004, 95018, 95165) while our providers are doing the interpretation and report.

Per Medicare, there are no separate TC/PC modifiers allowed on these codes so we cannot add a modifier 26 for our services. How can I code the interpretation and report of an allergy test only?

Connecticut Subscriber

**Answer:** Because there isn't a separate code for performing the skin test and a separate code for interpreting the skin test, you can't code them separately. You're correct that you can't attach modifier 26 (Professional component) with the second interpretation.

The reimbursement for 95004 (Percutaneous tests [scratch, puncture, prick] with allergenic extracts, immediate type reaction, including test interpretation and report, specify number of tests) takes into account for both the performance and interpretation.

Not knowing the exact clinical scenario makes it difficult to provide a solution, but you may want to code the second interpretation as part of the physicians E/M.