

## **Modifier Coding Alert**

## Reader Question: Performing Audiology on an Inpatient Warrants Modifier 26, Alone

**Question:** How do I bill for a 99203 and 92567 when the patient has been brought to my physician's office by hospital transport, but the patient is still technically an inpatient. If I bill point of service (POS) as office with 99203, it denies based on POS. But, the office is where the patient was seen and I can't bill a hospital visit, correct?

Tennessee Subscriber

**Answer:** If a patient is an inpatient, her status is inpatient and it does not matter that she is being seen in your office. You need to use hospital inpatient E/M codes 99221-99223 (Initial hospital care, per day, for the evaluation and management of a patient, ...), not 99203 (Office or other outpatient visit for the evaluation and management of a new patient, ...).

**Remember:** If your provider performs audiology services for this "inpatient," you will only be paid for professional component, not the technical component. You have to bill using modifier 26 (Professional component) if the code has a professional component. If the code does not have a professional component, you will not get paid for the services. Even though the audiologist is yours and the equipment is yours, you can't be paid for the technical component of the service for an inpatient. q