

Policy	REIMB-031
Effective Date	05/01/2025
Reviewed/Revised Date	05/01/2025
Next Review Date	10/01/2026
Origination Date	05/01/2025
Originated Department	Clinical Operations

Urinalysis with Evaluation and Management (E&M) Services

Audience
Medical Management, Claims

Purpose
<p>Medical policies provide general support for applying Mountain Health Co-Op's member policy document coverage decisions, and the member-specific benefit plan document must be referenced. The terms of the member-specific Policy document may differ from the standard benefit plan based on this medical policy. If there is a conflict between a member-specific policy document and the Mountain Health Co-Op medical policy, the document supersedes this policy. Any person(s) applying this medical policy must identify member eligibility, the member-specific policy document, and related policies or guidelines before applying this medical policy, including the existence of any state or federal guidance. Mountain Health Co-Op medical policies are designed for informational purposes only and are not an authorization, explanation of benefits, or contract. Receipt of benefits is subject to the satisfaction of all terms and conditions of the member-specific policy document coverage. Mountain Health Co-Op reserves the sole discretionary right to modify all policies and guidelines anytime.</p>

Definition
<p>This policy provides guidelines for reimbursement when a urinalysis procedure (CPT codes 81002 or 81003) is billed on the same date of service as an Evaluation and Management (E&M) service for the same member and by the same provider. This policy applies to professional provider claims only.</p>

Policy/Procedure
<p>Mountain Health Co-op considers CPT 81002 (Urinalysis, non-automated) and CPT 81003 (Urinalysis, automated, without microscopy) to be incidental to Evaluation and Management services rendered on the same day by the same provider, for the same member.</p>

- When either CPT 81002 or 81003 is billed in conjunction with any E&M service, the urinalysis will not be separately reimbursed, even when:
 - A modifier 25 is appended to the E&M code, or
 - A modifier 59 is appended to the urinalysis code
- This bundling logic applies to claims billed:
 - On the same or different claims
 - Current Procedural Terminology (CPT®) – © 2025 American Medical Association
 - Medicare National Correct Coding Initiative (NCCI) edits
 - Mountain Health Co-Op internal coding and payment policies
 - AMA CPT® Editorial Panel rules and coding guidance
 - By the same rendering or billing provider

Procedure:

- Claim Editing Logic: Mountain Health Co-op will maintain an incidental or mutually exclusive edit on CPT codes 81002 and 81003, regardless of appended modifiers.
- These codes will be denied as bundled, and edits are not overridable.
- Only the E&M service will be considered for payment when these codes are submitted together under the policy criteria

References

1. Current Procedural Terminology (CPT®) – © 2025 American Medical Association
2. Medicare National Correct Coding Initiative (NCCI) edits
3. Mountain Health Co-op internal coding and payment policies
4. AMA CPT® Editorial Panel rules and coding guidance

Vendors

- Health Plan Services (HPS)

Review/Revision/Approval History

Date	Description
05/01/2025	New Policy

Disclaimer

This document is for informational purposes only and should not be relied on in the diagnosis and care of individual patients. Medical and Coding/Reimbursement policies do not constitute medical advice, plan preauthorization, certification, an explanation of benefits, or a contract. Members should consult appropriate healthcare providers for medical advice, care, and treatment. Benefits and eligibility are determined before medical guidelines and payment guidelines are applied. Benefits are determined by the member’s benefit plan, effective when services are rendered.

The codes for treatments and procedures applicable to this policy are included for informational purposes. Including or excluding a procedure, diagnosis, or device code(s) does not constitute or imply member coverage or provider reimbursement policy. Please refer to the

member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as they apply to an individual member.

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