

## URINALYSIS WITH E&M SERVICE

Policy # CR-105

Implementation Date: 3/1/26

Review Dates

Revision Dates:

### Description

Urinalysis is commonly used to detect and diagnose renal and metabolic disorders. When performed during an evaluation and management (E/M) service, urinalysis is generally considered a routine diagnostic test. An E/M service should involve a comprehensive evaluation and management of the patient's medical condition(s), which includes appropriate diagnostic testing and screening.

Some procedures are considered integral to the overall service provided. An incidental procedure is performed at the same time as a more complex primary procedure and is deemed necessary to ensure effective evaluation and treatment.

### COMMERCIAL PLAN POLICY AND CHIP (CHILDREN'S HEALTH INSURANCE PROGRAM)

**Select Health considers diagnostic screening urinalysis to be an integral component of an evaluation and management (E/M) service.** Separate reimbursement for CPT codes 81002 or 81003 is not allowed unless modifier 25 is appended to the preventive or medical E/M service. The use of modifier 25 indicates that all services inherent to the E/M were performed and that the urinalysis was not conducted for routine diagnostic or screening purposes.

### SELECT HEALTH MEDICARE (CMS)

**Select Health Medicare will follow Commercial guidelines.**

### SELECT HEALTH COMMUNITY CARE (MEDICAID)

**Select Health Community Care will follow Commercial guidelines.**

### Applicable Codes

<b>81002</b>	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; non-automated, without microscopy
<b>81003</b>	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; automated, without microscopy

### Sources

1. Current Procedural Terminology (CPT®) (2026) – American Medical Association.

### Disclaimer

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The codes for treatments and procedures applicable to this policy are included for informational purposes. Inclusion or exclusion of 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 it applies to an individual member.

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