Modifier -25

Policy Reimb-014

Origination Date: 02/04/2015

Reviewed/Revised Date: 02/24/2021

Next Review Date: 02/24/2022

Current Effective Date: 02/24/2021

Disclaimer:

1. Policies are subject to change in accordance with State and Federal notice requirements.
2. Policies outline coverage determinations for U of U Health Plans Commercial, and Healthy U (Medicaid) plans. Refer to the "Policy" section for more information.

Description:

Modifier -25 may be necessary to indicate that on the same day of a procedure or service identified by a CPT code, the same physician or other qualified healthcare professional, may perform another significant and separately identifiable Evaluation and Management (E/M) service above and beyond the original service(s) provided or beyond the usual preoperative and postoperative care associated with the procedure.

This policy only applies to E/M services billed with modifier -25 and does not alter procedural code reimbursement.

Policy Statement and Criteria

1. Commercial Plans

U of U Health Plans will recognize modifier -25 if the medical record demonstrates appropriate documentation to specifically support both the E/M and other services as separately identifiable services based on AMA CPT CCI coding guidelines.

Use of modifier 25 on an E/M service indicates that documentation is available in the patient's record to support the service being billed as a significant and separately billable service, unrelated to the procedure or original service(s) performed. This documentation should be clearly distinct from the documentation related to the other procedure or service(s) performed on the same date of service.

2. Medicaid Plans

U of U Health Plans (Healthy U) will recognize modifier -25 if the medical record demonstrates appropriate documentation to specifically support both services for the following sections of E/M codes:

A. New patients **(99202-99205, 99381-99387, G0402, G0438)**

B. Emergency Department **(99281-99285)**

C. Critical Care patients **(99291-99292)**

D. Domiciliary or Rest Home visits for new or established patients **(99324-99337)**

E. Home Visit for new or established patients **(99342-99350)**

F. Established patients **(99211-99215, 99391-99397, G0439)**

   i. Established patients codes will be adjudicated at 40% of the E/M contracted allowed amount.

For E/M evaluations billed with chemotherapy administration a 25 modifier will be allowed if "significant, separately identifiable services" are performed upon review of the documentation submitted and will be reimbursed at 100% of the Medicaid fee schedule.

Additional CPT codes not listed above will be adjudicated at 0% of the E/M contracted allowed amount.

3. Medicare Plans

Coverage is determined by the Centers for Medicare and Medicaid Services (CMS); if a coverage determination has not been adopted by CMS and InterQual criteria are not available, the U of U Health Plans Commercial criteria will apply. For the most up-to-date Medicare policies and coverage, please visit their search website at: http://www.cms.gov/medicare-coverage-database/overview-and-quick-search.aspx?from2=search1.asp& or the manual website

Applicable Coding

Modifier -25	Significant, Separately Identifiable Evaluation and Management Service by the Same Physician or Other Qualified Health Care Professional on the Same Day of the Procedure or Other Service

References:

1. Current Procedural Coding Expert (CPT). (2019) Optum360, LLC. CPT is a registered trademark of the American Medical Association (AMA).
2. Utah Medicaid Provider Manual Physician Services Division of Medicaid and Health Financing Updated October 2020; Accessed December 2020. https://medicaid.utah.gov/Documents/manuals/pdfs/Medicaid%20Provider%20Manuals/Physician%20Services/Physician%20Services%20Manual/PhysicianServices.pdf

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.

U of U Health Plans makes no representations and accepts no liability with respect to the content of any external information cited or relied upon in this policy. U of U Health Plans updates its Coverage Policies regularly, and reserves the right to amend these policies and give notice in accordance with State and Federal requirements.