LifeWise Assurance Company

Payment Policy

cmi_051714

Title	**Modifier 25 – Significant, Separately Identifiable Evaluation &Management (E&M) Service on Same Day of Procedure or Other Service**		
Number	**CP.PP.101.v3.0**		
Last Approval Date	09/04/24	**Original Effective Date**	08/17/99
Replaces	N/A		
Cross Reference	• *Modifier 57 – Decision for Surgery* • *Evaluation and Management (E&M) Visit Billed with Preventive Medicine Examination* • *Global Surgery* • *Screening Services with Evaluation and Management Services*		

Coverage of any service is determined by a member's eligibility, benefit limits for the service or services rendered and the application of the Plan's Medical Policy. Final payment is subject to the application of claims adjudication edits common to the industry and the **Plan's professional or facility services claims coding policies**. Reimbursement is restricted to the provider's scope of practice as well as the fee schedule applicable to that provider.

Purpose	To define when the Plan recognizes evaluation and management (E&M) services appended with modifier 25 that are submitted on a CMS 1500 paper claim or 837P electronic claim form.
Scope	Applies to all Premera Blue Cross, Premera Blue Cross Blue Shield of Alaska, LifeWise Health Plan of Washington, LifeWise Assurance Company and Premera Blue Cross HMO lines of business and products.
Policy	The Plan recognizes modifier 25 appended to a professional service to signify that a significant, separately identifiable E&M service was performed by the same physician or other qualified healthcare professional on the same dates of service as a procedure or other service. This E&M service represents a service that is **above and beyond the other service(s) provided or beyond the usual pre- and post-operative care associated with the procedure that was performed.** Modifier 25 is appended **only to E&M codes** (codes 99202-99499). Modifier 25 should not be used to report an E&M service that resulted in the decision to perform a **major surgery (90 global days)**. Modifier 57– *Decision for Surgery* should be added to an E&M service where the decision to perform a major surgery was made. Modifier 25 should not be appended to an E&M service performed on the same day as a **minor surgical procedure (00 or 10 global days)** when the patient's visit was **solely** for the performance of the minor procedure. Modifier 25 should not be appended to an E&M service if no other service was performed and billed for the same date of service. Appending modifier 25 to an E&M service **will not automatically allow for payment of the E&M service** that is submitted with another procedure or service performed on the same date of service. The documentation must support the significant, separate, and distinct nature of the E&M service. 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 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 and available for review upon request.
Violations of Policy	Violations of this policy by any party that enters into a written arrangement with the Plan may result in increased auditing and monitoring, performance guarantee contractual penalties and/or termination of the contract. Disciplinary actions will be appropriate to the seriousness of the violation and shall be determined in Plan's sole discretion. Violations of this policy may be grounds for corrective action, up to and including termination of employment.
Exceptions	None
Laws, Regulations & Standards	None
References	• American Medical Association's Current Procedural Terminology (AMA/CPT); Professional Edition codebook • The Centers for Medicare and Medicaid Services (CMS) • National Correct Coding Initiative (NCCI) guidelines • Office of Inspector General Report "Use of Modifier 25"

Policy Owner Review	Payment Integrity Oversight Committee	
Contact	Any questions regarding the contents of this policy or its application should be directed to the Payment Integrity Department.	
Annual Review Dates	09/04/24; 12/13/23; 01/17/23; 02/10/22; 02/25/21; 03/05/20; 04/08/19; 04/19/18; 07/18/17; 08/08/16; 08/10/15; 08/10/14; 08/15/13; 08/19/12; 08/29/11; 11/22/09; 12/19/08; 12/20/07; 11/24/06; 08/29/05; 01/18/05; 10/08/04; 01/19/04; 08/13/02	
Version History	04/19/18	Clarified criteria in the first and last paragraphs of the "Policy" section
	04/08/19	Annual review; no changes
	03/05/20	Added a cross reference to policy "Screening Services with Evaluation and Management Services"
	02/25/21	Clarified the Purpose statement to indicate that the policy pertains to Professional services billed on a CMS-1500 or 837P electronic claim forms
	02/10/22	Added clarification on the correct use of modifier 25 on E&M services indicating that appending modifier 25 does not result in automatic reimbursement unless supported by the documentation in the member's medical record
	01/17/23	Annual review; no changes
	12/13/23	In the Policy section, minor revisions to identify global days for minor and major surgical procedures.
	09/04/24	Annual review; no changes

This policy was published on September 09, 2024