RB.005.A	Modifier 25

Title: Modifier 25 **Policy #**: RB.005.A **Type**: Claim Payment **Sub-Type**: RB (Reimbursement)	**Implementation Date**: 7/1/2016 **Version Date [A]**: 7/1/2016 **Last Reviewed**: 3/8/2022 **Notification Release**: N/A

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PRODUCT VARIATIONS

This policy applies to all HealthPartners Plan (HPP) lines-of-business unless noted below.

POLICY STATEMENT

- Modifier 25 must be used to indicate a significant, separately identifiable E/M service performed on the same day a procedure or other service identified by a CPT code is performed by the same physician or qualified healthcare professional.
- Modifier 25 must be appended to the appropriate E/M service code.
- Both the medically necessary E/M service and the procedure must be appropriately and sufficiently documented by the physician or qualified healthcare professional in the patient's medical record to support the claim for these services, even though the documentation is not required to be submitted with the claim.

POLICY GUIDELINES

Modifier 25 should be used to indicate that on the day of a procedure or service, the patient's' condition required a significant, separately identifiable E/M service above and beyond the usual pre-operative and postoperative care associated with the procedure or other service.

Different diagnoses are not required for reporting the E/M service on the same date as the procedure or other service.

Claims for E/M services reported with modifier 25 may be subject to other payment rules such as those described in the National Correct Coding Initiative (NCCI) Coding Policy Manual.

CODING

NOTE: The Current Procedural Terminology (CPT®) codes and Healthcare Common Procedure Coding System (HCPCS) codes listed in this policy are for reference purposes only. Listing of a code in this policy does not imply that the service is covered and is not a guarantee of payment. Other policies and coverage guidelines may apply. When reporting services, providers/facilities should code to the highest level of specificity using the code that was in effect on the date the service was rendered. This list may not be all inclusive.

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ICD-10 Code	Description
N/A	N/A

BENEFIT APPLICATION

Medical policies do not constitute a description of benefits. This medical necessity policy assists in the administration of the member's benefits which may vary by line of business. Applicable benefit documents govern which services/items are eligible for coverage, subject to benefit limits, or excluded completely from coverage. This policy is invoked only when the requested service is an eligible benefit as defined in the Member's applicable benefit contract on the date the service was rendered. Services determined by the Plan to be investigational or experimental, cosmetic, or not medically necessary are excluded from coverage for all lines of business.

DESCRIPTION OF SERVICES

The Current Procedural Terminology (CPT) states Modifier 25 may be used to indicate a "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."

It may be necessary to indicate that on the day a procedure or service identified by a CPT code was performed, the patient's condition required a significant, separately identifiable Evaluation and Management (E/M) service above and beyond the other service provided or beyond the usual preoperative and postoperative care associated with the procedure that was performed.

The significant, separately identifiable E/M service is substantiated by documentation that satisfies the criteria for the respective E/M service to be reported. The E/M service may be prompted by the symptoms or condition for which the procedure and/or service was provided. As such, different diagnoses are not required for reporting of the E/M services on the same date.

The Centers for Medicare & Medicaid Services (CMS) guidelines for use of Modifier 25 includes the following:

Physicians and qualified nonphysician practitioner (NPP) should use CPT modifier -25 to identify a significant, separately identifiable E/M service provided by the same physician/ qualified NPP to the same patient on the same day as another procedure or other service with a global fee period.

CPT modifier 25 should be used when the E/M service is above and beyond the usual pre- and post-operative work of the procedure with a global fee period performed on the same day as the E/M service.

Same physician includes physicians in the same group practice who are in the same specialty. They must bill and be paid as though they were a single physician.

Both the medically necessary E/M service and the procedure must be appropriately and sufficiently documented by the physician or qualified NPP in the patient's medical record to support the claim for these services, even though the documentation is not required to be submitted with the claim.

All E/M services provided on the same day as a procedure are part of the procedure and Medicare only makes separate payment if an exception applies.

CLINICAL EVIDENCE

N/A

DEFINITIONS

N/A

DISCLAIMER

Approval or denial of payment does not constitute medical advice and is neither intended to guide nor influence medical decision making.

POLICY HISTORY

This section provides a high-level summary of changes to the policy since the previous version.

Summary	Version	Effective Date
2022 review. No changes to policy.	A	7/1/2017
2020 review. No changes to policy.	A	7/1/2017
N/A	A	7/1/2017

REFERENCES

1. https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/mm5025.pdf
2. https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c12.pdf
3. http://www.novitas-solutions.com/webcenter/portal/MedicareJL/page15?_afrLoop=906428742939000&_adf.ctrl-state=9sqi2y9ox_59&contentId=00097341#!

4. https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/GloballSurgery-ICN907166.pdf