

Policy	REIMB-012
Effective Date	09/01/2024
Reviewed/Revised Date	07/17/2024
Next Review Date	07/17/2026
Origination Date	06/01/2024
Originated Department	Medical Management

Modifier - 25

Audience
Medical Management, Claims

Purpose
<p>Medical policies provide general support for applying Mountain Health Co-Op 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 at any time.</p>

Definition
<p>The use of the CPT modifier '25' is to report all significant, separately identifiable evaluation and management (E/M) visits by the same physician on the same day of a minor surgical procedure or other service. A minor procedure is defined as having a 0 or 10-day global period. A physician may need to indicate that on the day he/she performed a minor procedure or service identified by a CPT code, the patient's condition required a significant, separately identifiable E/M service beyond the other service provided or beyond the usual preoperative care associated with the procedure performed. To bill for the E/M service, all key components (history, examination, medical decision-making) must be performed and supported by medical record documentation.</p>

Policy/Procedure

Mountain Health Co-Op recognizes modifier -25 ONLY if the medical record demonstrates appropriate documentation to specifically support BOTH the E/M and additional services as separately identifiable based on AMA CPT CCI coding guidelines.

Using modifier 25 on an E/M service indicates that documentation is available in the patient's record to support billing the service 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 service date.

Providers are **REQUIRED** to submit the medical records supporting **modifier -25** or claim lines indicating the *Significant, Separately Identifiable Evaluation and Management Service* will be denied.

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). (2024) Optum360, LLC. CPT is a registered trademark of the American Medical Association (AMA).

Vendors

- Health Plan Services (HPS)

Review/Revision/Approval History

Date	Description
06/01/2024	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.

Mountain Health Co-Op makes no representations and accepts no liability regarding the content of any external information cited or relied upon in this policy. Mountain Health Co-Op updates its Coverage Policies regularly and reserve

es the right to amend these policies and give notice per State and Federal requirements.

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