

## Significant-Separately Identifiable Evaluation and Management Service (Modifier 25)

Reimbursement Policy ID: RPC.0009.7700

Recent review date: 11/2022

Next review date: 11/2023

*AmeriHealth Caritas Ohio claim payment policies and the resulting edits are based on guidelines from established industry sources such as the Centers for Medicare and Medicaid Services (CMS), the American Medical Association (AMA), state regulatory agencies, and medical specialty professional societies. In making claim payment determinations, the health plan also uses coding terminology and methodologies that are based on accepted industry standards, including the Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology (CPT), the International Statistical Classification of Diseases and Related Health Problems, 10th Revision (ICD-10); and the National Uniform Billing Code (NUBC).*

*Other factors affecting reimbursement may supplement, modify, or in some cases supersede medical/claim payment policy. These factors may include but are not limited to: legislative or regulatory mandates, a provider's contract, and/or a member's eligibility to receive covered health care services.*

### Policy Overview

This policy describes requirements for billing of significant, separately identifiable Evaluation and Management (E/M) services by providers contracted with AmeriHealth Caritas Ohio.

AmeriHealth Caritas Ohio recognizes modifier 25 for significant, separately identifiable E/M services, consistent with CPT/HCPCS terminology, National Correct Coding Initiative (NCCI) policy, and Ohio Department of Medicaid (ODM) billing guidelines.

### Exceptions

Modifier 25 should not be used for E/M services that resulted in the decision to perform a surgical procedure on the same date.

Modifier 25 should not be used for surgical procedures or other non-E/M services. See Reimbursement Policy RPC.0010.7700 on Distinct Procedural Service (Modifier 59, X{EPSU}).

### Coding

AmeriHealth Caritas Ohio utilizes NCCI Procedure-to-Procedure (PTP) edits to prevent payment of procedures that normally should not be reported together. Only if clinically appropriate should the NCCI associated modifier for significant, separately identifiable E/M service, recognized as modifier 25, be used to bypass a PTP edit:

- The most comprehensive CPT/HCPCS code(s) for the complete service performed must be reported. E/M services performed on the same date as a surgical procedure that are considered preoperative or

otherwise inclusive to the global surgical package, particularly the decision to perform a minor surgical procedure, should not be separately reported.

- Clinical documentation must support that significant, separately identifiable E/M services were performed. Different diagnoses alone do not justify significant, separately identifiable E/M services.

Please refer to CPT/HCPS manuals for complete descriptions of procedures as well as the complete definition of significant, separately identifiable E/M services. Please refer to NCCI coding policy manuals for policies and to NCCI edit files for modifier indicators assigned to PTP coding edits. Please refer to ODM fee schedules for global periods assigned to procedure codes by Ohio Department of Medicaid.

## Definitions

### **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**

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 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. A significant, separately identifiable E/M service is defined or substantiated by documentation that satisfies the relevant criteria for the respective E/M service to be reported (see Evaluation and Management Services Guidelines for instructions on determining level of E/M service). The E/M service may be prompted by the symptom 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. This circumstance may be reported by adding modifier 25 to the appropriate level of E/M service. Note: This modifier is not used to report an E/M service that resulted in a decision to perform surgery. See modifier 57. For significant, separately identifiable non-E/M services, see modifier 59.

### **Global Surgical Package**

The global surgical package, also called global surgery, includes all the necessary services normally furnished by a surgeon before, during, and after a procedure. Payment for a surgical procedure includes the preoperative, intra-operative, and post-operative services routinely performed by the surgeon or by members of the same group with the same specialty. Physicians in the same group practice who are in the same specialty must bill and be paid as though they were a single physician.

### **Minor Surgery**

A minor surgery is a procedure code with a 0- or 10-day global period.

## Applicable Claim Types

Line of Business	Facility	Professional
Medicare	No	No
Medicaid	Yes	Yes
ACA Exchange	No	No

## Edit Sources

- I. *Current Procedural Terminology (CPT®), Healthcare Common Procedure Coding System (HCPCS), International Statistical Classification of Diseases and Related Health Problems, 10th Revision (ICD-10)*; and associated publications and services.
- II. Centers for Medicare and Medicaid Services (CMS) *National Correct Coding Initiative (NCCI)*:  
<https://www.cms.gov/medicare-medicare-coordination/national-correct-coding-initiative-ncci>
- III. Centers for Medicare and Medicaid Services (CMS) *Global Surgery Booklet*.  
<https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/GlobalSurgery-ICN907166Printfriendly.pdf>
- IV. Ohio Department of Medicaid (ODM) *Modifiers Recognized by Ohio Medicaid* and fee schedules:  
<https://medicaid.ohio.gov/resources-for-providers/billing/billing>

## Attachments

N/A

## Policy History

12/01/2022	AmeriHealth Caritas Implementation
10/13/2022	Reimbursement Policy Committee Approval