Professional Pricing Policy

Subject: **Evaluation and Management Services and Related Modifiers -25 & -57**	
Policy Number: HLCP-0009	Policy Section: **Coding**
Last Approval Date: May 17, 2022	Effective Date: July 22, 2022

Disclaimer

These policies serve as a guide to assist you in accurate claims submissions and to outline the basis for allowed amounts for HealthLink members. The determination that a service, procedure, item, etc. is covered under a member's benefit plan is not a determination that you will be reimbursed. Services must meet authorization and medical necessity guidelines appropriate to the procedure and diagnosis. You must follow proper billing and submission guidelines. You are required to use industry standard, compliant codes on all claim submissions. Services should be billed with Current Procedure Terminology (CPT) codes, Healthcare Common Procedure Coding System (HCPCS) codes and/or Revenue codes. The codes denote the services and/or procedures performed. The billed code(s) are required to be fully supported in the medical record and/or office notes. Unless otherwise noted within the policy, our policies apply to participating providers and facilities.

If appropriate coding/billing guidelines are not followed, HealthLink and/or its Payors may:

- *Reject or deny the claim*
- *Recover and/or recoup claim payment*

These policies may be superseded by provider or State contract language, or State, Federal requirements or mandates.

We strive to minimize delays in policy implementation. If there is a delay, we reserve the right to recoup and/or adjust pricing accordingly to the effective date. HealthLink reserves the right to review and revise its policies periodically when necessary. When there is an update, we will publish the most current policy to the website. Note: medical claim pricing and processing services provided by HealthLink are available to a payor; however not all payors purchase such services for the benefit plans they sponsor.

Policy

HealthLink accepts modifiers 25 and 57 for claims processing, but not always to determine allowance. These two modifiers are important to the adjudication of the claim because their use may result in overriding a specific edit in HealthLink's claims editing system.

HealthLink requires that all documentation and reporting requirements for billing an E/M service be followed as indicated in our pricing policies.

I. Modifier 25

A. Same Day Medical Visit:

When performing any surgery or other medical procedure, there is a certain amount of pre and post procedural evaluation and management work that is expected to be performed as well. Allowance for this E/M work is included in the allowed amount for the primary service. When this usual pre/post procedure work is rendered without a significant, separately identifiable E/M service, it is not appropriate to report an E/M visit code, nor is it appropriate to report an E/M visit code with modifier 25.

HealthLink's claim editing system identifies when an E/M visit is reported by the same provider on the same day as a minor surgery ("0" or "10" day global period) or an endoscopic, diagnostic, or therapeutic procedure (e.g. dialysis; chemotherapy; osteopathic manipulative treatment). Since the work value of an E/M service is included in the global allowance for a procedure, the E/M code is not separately allowed when identified as a "same day medical visit."

However, when "a significant, separately identifiable evaluation and management service" is performed on the same day as a minor surgery or an endoscopic, diagnostic, or therapeutic procedure, and this evaluation and management service is reported with modifier 25, our claim

editing system will override the same day medical visit edit, and the E/M service may be separately allowed.

B. More than One Same Day Evaluation and Management Service:

HealthLink does not allow for the lesser level or additional same level E/M service code when more than one E/M service is reported by the same physician or other qualified health care provider of the same specialty in the same provider group for the same patient on the same day, Modifier 25 is not allowed to override two separate E/M services unless one of the services is for a preventative exam as outlined in section C. below.

C. Same Day Evaluation and Management and Preventive Exam Visit:

HealthLink allows separate allowance for preventative medicine exams and problem-oriented E/M services performed on the same day by the same provider. Allowance is permitted under the following conditions:

- Modifier 25 is required to be appended to either the problem-oriented E/M or the preventative/wellness exam codes.
- The problem-oriented E/M code will be reduced by 50%
- Appropriate diagnosis codes must be billed for the respective visits.

II. Modifier 57

HealthLink's global surgical allowance for major surgical procedures includes E/M services performed one day preoperatively or on the same day as the surgical procedure. However, when the decision for surgery occurs one day preoperatively or on the same day as the major surgical procedure and the E/M service is reported with the "decision for surgery" modifier 57, our claim editing system will override the global surgical package edit and the E/M service may be separately allowed.

Related Coding

Standard correct coding applies

Exemptions

Policy History

05/17/2022	Biennial review approved and effective; minor administrative changes made to the policy body

Definitions

Modifier 25: Significant, Separately Identifiable Evaluation and Management (E/M) Service	Used by the provider when the patient's condition requires a significant, separately identifiable E/M service above and beyond the usual pre and post-procedure work on the same day as a procedure or other service. A different diagnosis is not required.
Modifier 57: Decision for Surgery	Used by the provider when an E/M service results in the initial decision to perform a major surgical procedure
Minor Surgery	"0" or "10" day global period
Major Surgery	90-day global period

General Professional Pricing Policy Definitions

Related Policies and Materials

Screening Services with Evaluation & Management Services
Claim Editing Overview
Documentation and Reporting Guidelines for Evaluation and Management Services
Global Surgery
Bundled Services and Supplies

References and Research Materials

This policy has been developed through consideration of the following

- Centers for Medicare and Medicaid Services (CMS)
- Coding with Modifiers, edition 2017
- American Medical Association (AMA) Current Procedural Terminology (CPT) 2020 Professional

Use of Pricing Policy

This policy is subject to federal and state laws, to the extent applicable, as well as the terms, conditions, and limitations of a member's benefits on the date of service. Pricing Policy is constantly evolving and we reserve the right to review and update these policies periodically.