

To: AmeriHealth Caritas Louisiana Providers

Date: October 4, 2018

Subject: Appropriate Use of Claim Modifiers 25 & 59

Summary: As a billing reminder, AmeriHealth Caritas Louisiana is providing links to articles on the appropriate usage of modifiers 25 and 59 to indicate a separate, distinct or independent service or procedure on the same day that another procedure or service is performed.

AmeriHealth Caritas Louisiana providers must follow the Centers for Medicare & Medicaid Services (CMS) guidelines for documenting and billing multiple services/procedures performed on the same date of service. AmeriHealth Caritas Louisiana has created a provider reference manual with guidance, examples and modifiers to assist your practice in correctly billing for services where modifiers 25 or 59 are used. The AmeriHealth Caritas Louisiana appropriate use of claims modifiers guide is included with this notice. Resources from CMS on appropriate use of same-day modifiers are posted below.

Assessment of Usage of Appropriate Modifiers

- AmeriHealth Caritas Louisiana is conducting an assessment of claims containing modifiers 25 and 59 to evaluate usage in accordance with CMS and AMA guidelines.
- AmeriHealth Caritas Louisiana may request medical records to support use of modifiers 25 and 59.

Action Needed:

- Familiarize yourself with CMS guidance on the use of appropriate same-day modifiers.
- Share this notice and training manual with your billing and practice management staff.

Resources:

- Proper Usage of Modifier 59 Article
<https://www.cms.gov/Medicare/Coding/NationalCorrectCodInitEd/Downloads/modifier59.pdf>
- The Medicare Claims Processing Manual, Publication 100-04, Chapter 12, Section 30.6.6, regarding the use of CPT modifiers, pages 26, 35-37, 47 and 49.
<https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c12.pdf>

Questions:

Thank you for your continued support and commitment to the care of our members. If you have questions about this communication, please contact AmeriHealth Caritas Louisiana's Provider Services department at 1-888-922-0007 or your Provider Network Management Account Executive.

Supplemental Billing Information for Modifiers 25 & 59

The Current Procedural Terminology (CPT) defines modifier 25 as 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.”

The CPT defines modifier 59 as a “distinct procedural service.”

General Guidelines for Modifier 25:

- Modifier 25 may be appended only to Evaluation and Management (E&M) codes within the range of 92002 – 92014 and 99201 – 99499.
- To appropriately append modifier 25 to an E&M code, the provided service must meet the definition of “significant, separately identifiable E&M service” as defined by CPT.
- When appending modifier 25 to an E&M service billed on the same date of service as a procedure or other service, documentation for the additional E&M must be entered in a separate section of the medical record in order to validate the separate and distinct nature of the E&M service. The additional E&M service must be able to stand alone as a billable service with no overlapping of key E&M components (e.g., medical history, medical examination, and medical decision-making performed).

General Guidelines for Modifier 59:

- Modifier 59 is used to identify procedures/services, other than E&M services, that are not normally reported together, but are appropriate under the circumstances.
 - Modifier 59 should not be appended to an E&M code. To report a separate and distinct E&M service with a non-E&M service performed on the same date, see modifier 25.
- When appending modifier 59, documentation must support that the procedure/service represents a different session or patient encounter, procedure or surgery, anatomic site or organ system, lesion (through a separate performed incision/excision or for a separate injury or area of extensive injuries), or procedure not typically performed on the same day by the same individual.
- Modifier 59 should only be reported if no more descriptive modifier (e.g., Modifier XE, XP, XS, or XU) is available, and it is the most accurate modifier that is available to describe the circumstances of the procedure or service.

Providers and other interested parties should refer to the National Correct Coding Initiative (*NCCI Policy Manual for Medicaid Services*) ([NCCI Policy Manual](#)) and the *Modifier 59* article ([Modifier 59 Article](#)) for detailed information regarding appropriate modifier usage, which can be found on the CMS [CMS Medicaid.gov](https://www.cms.gov) website.