

**To:** AmeriHealth Caritas Pennsylvania Community HealthChoices (CHC) Providers

**Date:** September 1, 2020

**Subject:** Modifier 25 Policy – Reimbursement of significant, separately identifiable evaluation and management services during the global surgery period of minor procedures

**Summary: Effective November 1, 2020, AmeriHealth Caritas Pennsylvania CHC will pay a reduced reimbursement of certain Evaluation and Management (E/M) procedure codes billed with Current Procedure Terminology (CPT) modifier 25 when services occur within the minor procedure Global Surgery timeframes as defined by the Centers for Medicare and Medicaid Services (CMS).**

Consistent with CMS professional service reimbursement guidelines, AmeriHealth Caritas Pennsylvania CHC's reimbursement for certain preoperative and postoperative services is included in the Global Surgical Package and, therefore, such services are not separately reimbursable.

Under specific circumstances, E/M visits occurring during the major or minor (90 day or 10/0 day) Global Surgery period may be appropriate and separately payable to the same specialty physician or other health care professional who performed the treatment or surgical procedure. All such E/M services must be billed with the correct Current Procedure Terminology (CPT) modifier to explain the reason the services should be considered separately payable.

CPT modifier 25 – significant, separately identifiable evaluation and management service – is used to correctly identify separately payable E/M services performed during global period of minor (0 or 10 day) procedures. Modifier 25 is not recognized as an exception to allow separate payment for E/M services during the major (90 day) global period.

#### **Reimbursement Guidelines**

Reimbursement will be according to the provider's contract and applicable State and/or Medicare Fee Schedule(s).

Certain office or other outpatient visit E/M procedures (CPT codes: 99201, 92004, 92012, 92014 and 99201-99215)) appended with Modifier 25, when the service date occurs during the minor (0 or 10 Day) Global Surgery period as defined by CMS, will be reimbursed at a reduced rate as follows:

- E/M services billed by the same specialty physician or other health care professional performing 0 day Global procedures occurring the same day of the procedure will be reimbursed at 50% of the allowable amount;



- E/M services billed by the same specialty physician or other health care professional performing 10 day Global procedures on the day of the procedure or within 10 days of the procedure date will be reimbursed at 50% of the allowable amount.

Note – There will be an explanation code on the E&M line indicating which claims have been reduced.

If services are billed/coded inappropriately\*, the Plan may:

- Reject or deny the claim
- Recoup claim payment

\* Indicated by explanation code JV1

**Exceptions:**

E/M procedures from any other CPT category such as: Hospital Inpatient; Observation; Emergency Room, or Preventive Medicine will be reimbursed at the non-reduced allowable amount, as defined by the provider’s contract, when billed with required modifiers

**Questions:**

If you have questions about this communication, please contact your Provider Account Executive or the Provider Services department at 1-800-521-6007.

