

Modifier -25

Policy REIMB-014

Origination Date: 02/04/2015

Reviewed/Revised Date: 06/26/2024

Next Review Date: 06/26/2025

Current Effective Date: 06/26/2024

Disclaimer:

1. Policies are subject to change in accordance with State and Federal notice requirements.
2. Policies outline coverage determinations for U of U Health Plans Commercial, CHIP and Healthy U (Medicaid) plans. Refer to the "Policy" section for more information.
3. Services requiring prior-authorization may not be covered, if prior-authorization is not obtained.
4. **This Medical Policy does not guarantee coverage or payment of the service. The service must be a benefit in the member's plan and the member must be eligible for coverage at the time of service. Additional payment guidelines may be applied that are not included in this policy.**

Description:

Modifier -25 may be necessary to indicate that on the same day of a procedure or service identified by a CPT code, the same physician or other qualified healthcare professional, may perform another significant and separately identifiable Evaluation and Management (E/M) service above and beyond the original service(s) provided or beyond the usual preoperative and postoperative care associated with the procedure.

This policy only applies to E/M services billed with modifier -25 and does not alter procedural code reimbursement.

Policy Statement and Criteria

1. Commercial Plans/CHIP

U of U Health Plans will recognize modifier -25 if the medical record demonstrates appropriate documentation to specifically support both the E/M and other services as separately identifiable services based on AMA CPT CCI coding guidelines.

Use of modifier 25 on an E/M service indicates that documentation is available in the patient's record to support the service being billed 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 date of service.

2. Medicaid Plans

Coverage is determined by the State of Utah Medicaid program; if Utah State Medicaid has no published coverage position and InterQual criteria are not available, the U of U Health Plans Commercial criteria will apply. For the most up-to-date Medicaid policies and coverage, please visit their website at: <https://medicaid.utah.gov/utah-medicaid-official-publications/> or the [Utah Medicaid code Look-Up tool](#)

CPT/HCPCS codes covered by Utah State Medicaid may still require further evaluation to determine medical necessity for coverage.

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).
2. Utah Medicaid Provider Manual Physician Services Division of Medicaid and Health Financing Updated October 2020; Accessed December 2020.
<https://medicaid.utah.gov/Documents/manuals/pdfs/Medicaid%20Provider%20Manuals/Physician%20Services/Physician%20Services%20Manual/PhysicianServices.pdf>

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 with appropriate health care providers to obtain needed 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 individual benefit plan that is in effect at the time services are rendered.

The codes for treatments and procedures applicable to this policy are included for informational purposes. Inclusion or exclusion of 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 it applies to an individual member.

U of U Health Plans makes no representations and accepts no liability with respect to the content of any external information cited or relied upon in this policy. U of U Health Plans updates its Coverage Policies regularly, and reserves the right to amend these policies and give notice in accordance with State and Federal requirements.

No part of this publication may be reproduced, stored in a retrieval system or transmitted, in any form or by any means, electronic, mechanical, photocopying, or otherwise, without permission from U of U Health Plans.

"University of Utah Health Plans" and its accompanying logo, and its accompanying marks are protected and registered trademarks of the provider of this Service and or University of Utah Health. Also, the content of this Service is proprietary and is protected by copyright. You may access the copyrighted content of this Service only for purposes set forth in these Conditions of Use.

© CPT Only – American Medical Association