Modifier -24

Policy REIMB-038

Origination Date: 11/06/2023

Reviewed/Revised Date: 12/04/2024

Next Review Date: 12/04/2025

Current Effective Date: 12/04/2024

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.
5. Provisions and terms of the provider contract may supersede this policy.

Description:

Centers for Medicare & Medicaid Services (CMS) states that modifier -24 is to be appended to an unrelated, appropriate level, evaluation and management (E&M) service performed by the same physician during a postoperative period to indicate that the E&M service is unrelated to the procedure. U of U Health Plans follows the CMS guidelines for the use of modifier -24.

Policy Statement and Criteria

1. Commercial Plans/CHIP

U or U Health Plans may separately reimburse an E&M service provided during a global period of an endoscopy or major/minor surgical procedure that is performed by the same provider when ALL the following criteria are met:

A. The E&M service is unrelated to the surgery;

B. Modifier -24 is appended to the E&M code;

C. Sufficient documentation establishes the E&M service is unrelated to the surgery (e.g., a diagnosis code that clearly indicates the reason is unrelated to the surgery);

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U of U Health Plans does NOT reimburse an E&M service submitted with modifier -24 that is intended to be used for the medical management of a patient following an endoscopy or major/minor surgical procedure by the same surgeon or physician who billed for postoperative care only with modifier -55.

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.

Clinical Rationale

Per CMS guidelines "Modifier "-24": Reports an unrelated evaluation and management service by same physician during a postoperative period. The physician may need to indicate that an evaluation and management service was performed during the postoperative period of an unrelated procedure. This circumstance is reported by adding the modifier "-24" to the appropriate level of evaluation and management service. Services submitted with the "-24" modifier must be sufficiently documented to establish that the visit was unrelated to the surgery. A diagnosis code that clearly indicates that the reason for the encounter was unrelated to the surgery is acceptable documentation. A physician who is responsible for postoperative care and has reported and been paid using modifier "-55" also uses modifier "-24" to report any unrelated visits."

Applicable Coding

Modifiers

Mod -24 Unrelated Evaluation and Management Service by the Same Physician or Other Qualified Health Care Professional during a Postoperative Period

References:

1. Center for Medicare and Medicaid Services (CMS) (2022). CMS Manual System; Revision #R11828CP (Feb 2, 2023); Pub 100-04; Chapter 12; Sections 40.1-40.4. Accessed: April 14, 2023. Available at: https://www.cms.gov/files/document/r11287cp.pdf
2. Center for Medicare and Medicaid Services (CMS). Medicare Claims Processing Manual. Chapter 12-Physicians/Nonphysician Practitioners. Accessed: April 14, 2023. Available at: https://go.cms.gov/manual-physicians-nonphysician-practitioners
3. Current Procedural Terminology (CPT®) Professional Edition (Chicago, IL: American Medical Association: ©2023)
4. Optum360® EncoderPro.com for Payers Professional. (2023). Accessed April 14, 2023. Available at: https://www.encoderprofp.com

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. Provisions and terms of the provider contract may supersede this 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.

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