



CLAIMS PROCESSING UPDATE TO IMPACT MODIFIER 25 AND MODIFIER 59

Effective Feb. 13, 2017, Highmark will implement new programming in our claims processing system that will help enforce medical codes that should not be routinely paid together, such as evaluations and physical medicine services, per our payment policies and industry standards. The change will be applicable to our Commercial plans in Pennsylvania, West Virginia and Delaware.

BACKGROUND

Modifier 59

Currently, the presence of Modifier 59 on a claim line allows that line to bypass systems edits in processing. Highmark recently decided to more closely match National Correct Coding Initiative (NCCI) guidelines created by the Centers for Medicare and Medicaid Services (CMS) as a basis for Modifier 59 edit overrides.

CMS NCCI edits indicate when the presence of an override modifier is permitted to bypass code combination logic, and to allow separate reimbursement for both the combination and the component code. When NCCI indicates code combinations that are never allowed separate reimbursement for both procedures, our reimbursement will be limited to the allowance of the higher paying procedure of the code combination. In these instances, Modifier 59 will not be allowed to override the code combination for the same patient, same date of service and same provider specialty. NCCI Modifier Allowed Indicator values "0" and "9" indicate the code combination is never allowed.

Modifier 25

When Level 4 and Level 5 Evaluation and Management services are reported with Modifier 25 and physical medicine or manipulation services, the E&M service will not be reimbursed. These physical medicine services and manipulations also include all aspects of the service, including pre-, intra-, and post-service work. Therefore, a separate evaluation and management service must be medically necessary, reported at a clinically appropriate level based on decision making of medical complexity and be documented in the patient's medical records for review through routine post payment appeal processes.

As previously communicated but not systematically enforced, after hours procedure codes will not be reimbursed regardless of the presence of Modifier 25. Modifier 25 should not be appended to an Evaluation and Management service when billed with an After Hours procedure code.

WHAT PROVIDERS NEED TO KNOW

- Effective with dates of service on/after Feb. 13, 2017, for Commercial claims that include both Modifier 25 and Modifier 59, the Highmark allowance will be limited to the higher paying procedure of the code combination.
- Please be sure to share this information with your billing staff and/or vendor.