



<b>Reimbursement Policy</b>	
Subject: <b>Modifiers 25 and 57: Evaluation and Management with Global Procedures</b>	
Policy Number: <b>G-06003</b>	Policy Section: <b>Coding</b>
Last Approval Date: <b>05/22/2024</b>	Effective Date: <b>05/22/2024</b>

\*\*\*\* Visit our provider website for the most current version of the reimbursement policies. If you are using a printed version of this policy, please verify the information by going to <https://www.bluecrossnc.com/providers/blue-medicare-providers/healthy-blue-medicare>. \*\*\*\*

### Disclaimer

These reimbursement policies serve as a guide to assist you in accurate claims submissions and to outline the basis for reimbursement if Blue Cross and Blue Shield of North Carolina (Blue Cross NC) Medicare Advantage covered the service for the Healthy Blue + Medicare<sup>SM</sup> (HMO-POS D-SNP) member's benefit plan.

The determination that a service, procedure, item, etc. is covered under a member's benefit plan is not a determination that you will be reimbursed. Services must meet authorization and medical necessity guidelines appropriate to the procedure and diagnosis as well as to the member's state of residence.

You must follow proper billing and submission guidelines. You are required to use industry standard, compliant codes on all claim submissions. Services should be billed with Current Procedure Terminology<sup>®</sup> (CPT) codes, Healthcare Common Procedure Coding System (HCPCS) codes, and/or revenue codes. These codes denote the services and/or procedures performed and, when billed, must be fully supported in the medical record and/or office notes. Unless otherwise noted within the policy, our reimbursement policies apply to both participating and non-participating professional providers and facilities.

If appropriate coding/billing guidelines or current reimbursement policies are not followed, Blue Cross NC Medicare Advantage may:

- Reject or deny the claim.
- Recover and/or recoup claim payment.
- Adjust the reimbursement to reflect the appropriate services and/or procedures performed.

<https://www.bluecrossnc.com/providers/networks-programs/blue-medicare/healthy-blue-medicare>

Blue Cross and Blue Shield of North Carolina Senior Health, DBA Blue Cross and Blue Shield of North Carolina, is an HMO-POS D-SNP plan with a Medicare contract and a NC State Medicaid Agency Contract (SMAC). Enrollment in Blue Cross and Blue Shield of North Carolina Senior Health depends upon contract renewal.

®, SM are marks of the Blue Cross Blue Shield Association, an association of independent Blue Cross and Blue Shield plans. All other marks and names are property of their respective owners. Blue Cross and Blue Shield of North Carolina is an independent licensee of the Blue Cross Blue Shield Association.

Blue Cross and Blue Shield of North Carolina  
Healthy Blue + Medicare (HMO-POS D-SNP)

Modifiers 25 and 57: Evaluation and Management with Global Procedures

These reimbursement policies may be superseded by mandates in provider, state, federal, or Centers for Medicare & Medicaid Services (CMS) contracts and/or requirements. Blue Cross NC Medicare Advantage strives to minimize delays in policy implementation. If there is a delay, we reserve the right to recoup and/or recover claims payment to the effective date in accordance with the policy. We reserve the right to review and revise these policies when necessary. When there is an update, we will publish the most current policy to the website.

### **Policy**

Blue Cross NC Medicare Advantage allows separate reimbursement for a significant, separately identifiable Evaluation and Management (E/M) provided on the day prior to or the day of a procedure when it is billed with Modifier 25 or an E/M service that results in an initial decision to perform surgery with a modifier 57 unless provider, state, federal, or CMS contracts and/or requirements indicate otherwise.

### **Modifier 25**

Blue Cross NC Medicare Advantage will allow separate reimbursement for E/Ms performed on the same day or the day prior to a major surgery (90-day global period) or minor surgery (0- or 10-day global period) when billed with a modifier 25.

Reimbursement is based on 100% of the applicable fee schedule or contracted/negotiated rate for the significant, separately identifiable E/M service performed by the same provider on the same day of the original service or procedure if all the following criteria are met:

- The appropriate level of E/M service is billed.
- Modifier 25 is appended to the E/M service, which is above and beyond the other service or procedure provided (including usual preoperative and postoperative care associated with the procedure).
- The reason for the E/M service is clearly documented in the member's medical record.
- The documentation supports that the member's condition required the significantly separate E/M service.

Failure to use Modifier 25 correctly may result in denial of the E/M service. Blue Cross NC Medicare Advantage reserves the right to perform post-payment review of claims submitted with Modifier 25.

### **Modifier 57**

Blue Cross NC Medicare Advantage will allow separate reimbursement for an Evaluation and Management (E/M) visit provided on the day prior to or the day of a major surgery (90-day global period) when it is billed with Modifier 57 to indicate the E/M visit resulted in the initial decision to perform the major surgical procedure.

Reimbursement for the E/M visit is based on 100% of the applicable fee schedule or contracted/negotiated rate. Blue Cross NC Medicare Advantage reserves the right to request medical records for review to support payment for the E/M visit.

Failure to use this modifier when appropriate may result in denial of the claim for the visit.

Blue Cross and Blue Shield of North Carolina  
Healthy Blue + Medicare (HMO-POS D-SNP)

Modifiers 25 and 57: Evaluation and Management with Global Procedures

**Nonreimbursable**

Blue Cross NC Medicare Advantage will not allow reimbursement for services billed with Modifier 57 in the following circumstances:

- An E/M visit the day before or day of the surgery when the decision to perform the surgery was made prior to the E/M visit.
- An E/M visit for minor surgeries (0- or 10-day global period) – since the decision to perform a minor surgery is usually reached the same day or day before the procedure, it is considered a routine preoperative service.
- A service billed with CPT® code other than an E/M code.

<b>Related Coding</b>	
Standard correct coding applies	

<b>Policy History</b>	
05/22/2024	Review approved and effective: updated title from Modifiers 25 and 57
04/27/2022	Review approved and effective: Combined policy for modifier 57 and modifier 25, policy name updated to Modifiers 25 and 57: Evaluation and Management with Global Procedures, the following policy was retired and added to Modifier 25: Significant, Separately Identifiable Evaluation and Management Service by the Same Physician on the Same Day of the Procedure or Other Service Policy number 06-107: Modifier 57: Decision for surgery
01/01/2021	Initial approval and effective

<b>References and Research Materials</b>	
This policy has been developed through consideration of the following: <ul style="list-style-type: none"> <li>• CMS</li> <li>• State contract</li> </ul>	

<b>Definitions</b>	
Modifier 25	Used to indicate that on the day a procedure or service was performed, the member’s condition required a significant, separately identifiable E/M service above and beyond the original service, or above and beyond the usual preoperative and postoperative care associated with the original procedure. A significant, separately identifiable E/M service is defined or substantiated by documentation that satisfies the relevant criteria for the respective E/M service to be reported.
Modifier 57	Used to indicate an E/M service that resulted in the initial decision to perform a surgery on the day of a major procedure or service.
General Reimbursement Policy Definitions	

Blue Cross and Blue Shield of North Carolina  
Healthy Blue + Medicare (HMO-POS D-SNP)  
Modifiers 25 and 57: Evaluation and Management with Global Procedures

<b>Related Policies and Materials</b>
Global Surgical Package
Modifier Usage
Preventive Medicine and Sick Visits on the Same Day

©2021-2024 Blue Cross and Blue Shield of North Carolina. All Rights Reserved.