BlueCross BlueShield of North Carolina MEDICARE

Reimbursement Policy	
Subject: **Modifier 24**	
Policy Number: **G-06011**	Policy Section: **Coding**
Last Approval Date: **12/27/2022**	Effective Date: **12/27/2022**

**** Visit our provider website for the most current version of the reimbursement policies. If you aare 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℠ (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® (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

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These reimbursement policies may be superseded by mandates in provider, state, federal, or Centers for Medicare & Medicaid Services (CMS) contracts and/or requirements.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 limited reimbursement for physicians or other qualified healthcare professionals for professional claims billed with Modifier 24 unless provider, state, federal, or CMS contracts and/or requirements indicate otherwise.

Reimbursement is based on 100% of the applicable fee schedule or contracted/negotiated rate for the Evaluation and Management (E&M) service performed during the postoperative period of the original procedure if the following criteria are met:

- The appropriate level of E&M service is billed and appended with Modifier 24.
- A diagnosis code unrelated to the original procedure is indicated for the E&M service.
- The reason for the E&M service is clearly documented in the member's medical record.

Failure to use Modifier 24 correctly may result in denial of the E&M service, and/or claim payments may be recouped and/or recovered.

Related Coding
Standard correct coding applies

Policy History	
12/27/2022	Review approved and effective: title updated to remove Unrelated Evaluation and Management Service by the Same Physician or Other Qualified Healthcare Professional during the Postoperative Period; minor language and format changes; updated related policies section
01/01/2021	Initial approval and effective

References and Research Materials
This policy has been developed through consideration of the following: • CMS • Department of Health and Human Services, DHB Contract • Optum EncoderPro 2022

Definitions	
Modifier 24	Unrelated Evaluation and Management Service by the Same Physician or Other Qualified Healthcare Professional During a Postoperative Period: • Used to indicate that the same physician or other qualified healthcare professional needed to perform an Evaluation and

	Management (E&M) service during the postoperative period for a reason unrelated to the original procedure. E&M services performed during the postoperative period of the original service usually are considered part of the global surgical package.
General Reimbursement Policy Definitions	

Related Policies and Materials
Modifier Usage
Modifiers 25 and 57