



Policy Title	Modifier 25 Reimbursement Policy
Policy Department	Payment Strategy and Operations
Effective Date	4/1/2022
Revision Date(s)	
Next Review Date	

Disclaimer:

Clover Health applies CMS criteria and guidelines, National Coverage Determinations (NCD), Local Coverage Determinations (LCD), Clover Policies, and MCG for determining medical necessity. Clover Policies are intended to provide a standard guideline but are not used to preempt providers' judgment in rendering services. Providers are expected to provide care based on best practices and use their medical judgment for appropriate care.

Description:

Modifier 25 is used to indicate that a significant, separately identifiable evaluation and management (E/M) service was performed above and beyond the procedural code provided on the same day.

Definitions:

- Same physician - Physicians in the same group practice who are of the same specialty are considered to be the same. In this instance they must bill and be paid as though they were a single physician.

Policy:

This policy addresses how Clover Health applies the Medicare guidelines for E/M services appended with the modifier 25 and are considered for reimbursement.

- Modifier 25 is used to identify a separate and significant identifiable Evaluation and Management (E/M) service when performed by the same physician or other qualified healthcare professional on the same day of a procedure or other service.
- This means that on a day a service or procedure is performed, the patient's condition may need a separate, significant identifiable E/M service above and beyond the service which was already provided or beyond the usual pre/postoperative care that was associated with the procedure performed.
- The submission of modifier 25 appended to an E&M code indicates that documentation is available in the patient's records that will support the significant and separately identifiable nature of the E&M service.

Correct use of modifier 25

- Appended to an appropriate level of E/M service.
- If an E/M service may occur on the same day as a procedure. Clover allows payment when the documentation supports the 25 modifier.
- When the procedure performed has a global period listed on the Medicare fee schedule relative value file.

Incorrect use of modifier 25

- When modifier 25 is used by a physician other than the physician performing the procedure.
- Documentation shows the amount of work performed is consistent with the level of effort normally performed and is not a significant, separately identifiable E/M service.
- Modifier 25 should not be reported on procedure code 99211.
- Do not append the following E/M codes that are clearly for new patient only:
 - 92002
 - 92004
 - 99202-99205
 - 99341-99345



References
Modifier 25 Fact Sheet