



AmeriHealth Caritas[™]
District of Columbia

To: AmeriHealth Caritas District of Columbia Providers

Date: February 23, 2021

Subject: Modifier 25 Policy Update

A revision has been made to the Modifier 25 Policy notice you received on July 30, 2020. Common Procedure Terminology (CPT) codes 99202 and 99213 are now excluded from the policy, as both codes already have a modifier 25 payment embedded in the DC Medicaid fee schedule and thus are not subject to further adjustment under this policy. Please see the revised policy notice below.

Summary: Effective August 30, 2020, AmeriHealth Caritas District of Columbia (DC) will pay a reduced reimbursement of certain Evaluation and Management (E/M) procedures billed with Common Procedure Terminology (CPT) modifier 25 when services occur within the minor procedure Global Surgery timeframes as defined by the Centers for Medicare and Medicaid Services (CMS).

Consistent with CMS professional service reimbursement guidelines, AmeriHealth Caritas DC reimbursement for certain preoperative and postoperative services is included in the Global Surgical Package and, therefore, such services are not separately reimbursable.

Under specific circumstances, E/M visits occurring during the major or minor (90 day or 10/0 day) Global Surgery period may be appropriate and separately payable to the same specialty physician or other health care professional who performed the treatment or surgical procedure. All such E/M services must be billed with the correct Common Procedure Terminology (CPT) modifier to explain the reason the services should be considered separately payable.

CPT modifier 25 – significant, separately identifiable evaluation and management service – is used to correctly identify separately payable E/M services performed during global period of minor (0 or 10 day) procedures. Modifier 25 is not recognized as an exception to allow separate payment for E/M services during the major (90 day) global period.

Reimbursement Guidelines

AmeriHealth Caritas DC will reimburse according to the provider's contract and applicable State and/or Medicaid Fee Schedule(s).

Certain office or other outpatient visit E/M procedures (CPT codes: 99201, 99214, 99215, 92004, 92012, 92014 and 99203-99212) appended with modifier 25, when the service date occurs during the minor (0 or 10 Day) Global Surgery period as defined by CMS, will be reimbursed at a reduced rate as follows:



AmeriHealth Caritas™
District of Columbia

- E/M services billed by the same specialty physician or other health care professional performing 0 day Global procedures occurring the same day of the procedure will be reimbursed at 50% of the allowable amount;
- E/M services billed by the same specialty physician or other health care professional performing 10 day Global procedures on the day of the procedure or within 10 days of the procedure date will be reimbursed at 50% of the allowable amount.

If services are billed/coded inappropriately, AmeriHealth Caritas DC may:

- Reject or deny the claim
- Recoup claim payment

Exceptions:

E/M procedures from any other CPT category such as: Hospital Inpatient; Observation; Emergency Room; or Preventive Medicine will be reimbursed at the non-reduced allowable amount, as defined by the provider's contract, when billed with required modifiers.

Questions:

If you have questions about this communication, please contact your Provider Account Executive or the Provider Services department at 202-408-2237.