

Frequently Asked Questions and Answers Related to Modifier -25

April 13, 2023

Question: Why has Blue Cross VT implemented additional claim coding edits?

Answer: The implementation of the additional claim coding edits ensures accurate coding of services consistent with standard business practices and allows us to process claims efficiently and with accurate reimbursement rates. In addition, we are required by our Association to have two levels of claim edits. Our first level is CLAIMSXTEN-SELECT™ and the second level is Cotiviti, Inc.

Question: Where do I locate the details of claim edits used by Blue Cross VT?

Answer: The edits follow claim coding guidelines that are global in scope and come from nationally recognized sources. Details are in our Claim Editing Payment policy, located on our provider policies page <https://www.bluecrossvt.org/providers/provider-policies> under, provider payment policies, code editing.

Question: What is the change for claims reporting a modifier -25.

Answer: As this modifier is highly utilized and can be misunderstood or unintentionally misused, all claims reporting these modifiers are reviewed.

When a claim containing a modifier -25 is received, the claim is pended and reviewed by a nurse. The nurse reviews the details of the current claim (date of service and diagnosis code(s)), along with historical claims (is the diagnosis new or previously billed, what other claims has a member had, frequency of visits), and policies. If enough details are identified to support the modifier -25, the claim is released for processing. If there are not enough details to support the modifier, the claim is denied through the provider voucher.

Question: Is there anything I can do when billing a modifier -25 on the claim that will assist with the nurse review and first pass processing?

Answer: There is no additional information that can be provided for this review beyond what is reported on the claim.

Question: If a claim with modifier -25 is denied through my provider voucher, do I have any options for further review?

Answer: Review the medical notes for the denied service(s). If the reporting of the modifier -25 is supported by the notes you can initiate a review process.

Submission options:

Send a secure email to: Paymentintegrityexternal@bcbsvt.com or

Send a fax to Attention CV Review: (866) 728-2631

One email or fax per claim and include the following:

- If you are faxing – you MUST include a valid email address, we can use for correspondence
- Blue Cross VT claim number (this can be obtained from the Provider Voucher)
- Member Name
- Member Identification Number – including prefix
- Date of Service
- Reason for submission
- Medical notes for the visit

The review and if applicable, adjustment process can take up to 60 days to complete. Notification of the decision is sent by secure email. The email will be sent to the email address the original review request was sent from or indicated on the fax cover sheet. All decisions are final and cannot be appealed.

Question: What information is being reviewed in the medical notes to support the use of the modifier -25?

Answer: All information is reviewed to determine if the documentation submitted supports that the E/M was significant and separately identifiable from another procedure or service provided on the same day. Documentation needs to support that the care rendered is above and beyond the usual pre/post and intra service that is typically a component of the other procedure reported on the same day.

Question: What are Blue Cross VT expectations regarding the use of modifier -25?

Answer: We follow national coding standards. Below are some details from the National Correct Coding Initiative Policy Manual, Chapter 1, Section E:

The CPT® Manual defines modifier -25 as a Significant, Separately Identifiable Evaluation and Management Service by the Same Physician or Other Qualified Health Care Professional on the Same Day of the Procedure or Other Service. Modifier -25 may be appended to an E&M code to indicate that the E&M service is significant and separately identifiable from other services reported on the same date of service. The E&M service may be related to the same or different diagnosis as the other procedure(s).

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Modifier -25 may be appended to E&M services reported with minor surgical procedures (with global periods of 000 or 010 days) or procedures not covered by Global Surgery Rules (with a global indicator of XXX). Since minor surgical procedures and XXX procedures include pre-procedure, intra-procedure, and post procedure work inherent in the procedure, the provider shall not report an E&M service for this work. Furthermore, Medicare Global Surgery Rules prevent the reporting of a separate E&M service for the work associated with the decision to perform a minor surgical procedure regardless of whether the patient is a new or established patient.

REMINDER: Documentation is Key. Modifier -25 can be used in certain circumstances, but the documentation must support its use.

Question: Will there be any changes to the review process for modifier -25? Or does Blue Cross VT intend to do this indefinitely?

Answer: As we have never done a network-wide review of the usage of modifier -25 we are using this time for information gathering. We are reviewing the data and if appropriate, may make changes going forward.

Still have Questions?

Feel free to contact your provider relations consultant. If you are not sure who that is, please email providerrelations@bcbsvt.com or call (888) 449-0443 option 1 and you will be directed to the appropriate person. Business hours are Monday through Friday from 8 a.m. to 4:30 p.m., except holidays.