

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 our 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 policies serve as a guide to assist you in accurate claims submissions and to outline the basis for reimbursement by Blue Cross and Blue Shield of North Carolina (Blue Cross NC) if the service is covered for Healthy Blue + MedicareSM (HMO D-SNP). 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 CPT[®] codes, HCPCS codes, and/or revenue codes. The codes denote the services and/or procedures performed. The billed code(s) are required to be fully supported in the medical record and/or office notes. Unless otherwise noted within the policy, our policies apply to participating providers and facilities; a noncontracting provider who accepts Medicare assignment will be reimbursed for services according to the original Medicare reimbursement rates.

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.

Blue Cross NC Medicare Advantage reimbursement policies are developed based on nationally accepted industry standards and coding principles. These policies may be superseded by mandates in provider, state, federal, or CMS contracts and/or requirements. System logic or setup may prevent the loading of policies into the claims platforms in the same manner as described; however, Blue Cross NC Medicare Advantage strives to minimize these variations.

<https://www.bluecrossnc.com/provider-home>

Healthy Blue + MedicareSM (HMO D-SNP) is a Medicare Advantage plan offered by Blue Cross and Blue Shield of North Carolina (Blue Cross NC). Certain administrative services for Healthy Blue + Medicare are provided by Amerigroup Partnership Plan, LLC (Amerigroup) pursuant to an administrative services agreement. References to Blue Cross NC may mean Blue Cross NC or their designee, Amerigroup.
NCBCBS-CR-RP-018942-23-CPN18141 March 2023

Blue Cross NC Medicare Advantage reserves the right to review and revise our policies periodically when necessary. When there is an update, we will publish the most current policy to our provider 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

<p>This policy has been developed through consideration of the following:</p> <ul style="list-style-type: none"> • CMS • State contract • Optum EncoderPro 2022
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Definitions

Modifier 24	<p>Unrelated Evaluation and Management Service by the Same Physician or Other Qualified Healthcare Professional During a Postoperative Period:</p> <ul style="list-style-type: none"> • 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
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	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