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|---------------------------------------|-----------------------------------|
| <b>Reimbursement Policy</b>           |                                   |
| Subject: <b>Modifier Usage</b>        |                                   |
| Policy Number: <b>G-06006</b>         | Policy Section: <b>Coding</b>     |
| Last Approval Date: <b>01/16/2024</b> | Effective Date: <b>01/16/2024</b> |

\*\*\*\* Visit our provider website for the most current version of the 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 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<sup>SM</sup> (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<sup>®</sup> (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>

Blue Cross and Blue Shield of North Carolina Senior Health, DBA Blue Cross and Blue Shield of North Carolina, is an HMO-POS D-SNP plan with a Medicare contract and a NC State Medicaid Agency Contract (SMAC). Enrollment in Blue Cross and Blue Shield of North Carolina Senior Health depends upon contract renewal.

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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 reimbursement for covered services provided to eligible members when billed with appropriate procedure codes and appropriate modifiers when applicable unless provider, state, federal, or CMS contracts and/or requirements indicate otherwise.

Reimbursement is based on the code set combinations submitted with the correct modifiers. The use of certain modifiers requires the provider to submit supporting documentation along with the claim. Refer to the specific modifier policies for guidance on documentation submission. Blue Cross NC Medicare Advantage reserves the right to review adherence to correct coding for high-volume modifiers.

Applicable electronic or paper claims billed without the correct modifier in the correct format may be rejected or denied. The modifier must be in capital letters, if alpha or alphanumeric. Rejected or denied claims must be resubmitted with the correct modifier in conjunction with the code-set to be considered for reimbursement. Corrected and resubmitted claims are subject to timely filing guidelines. The use of correct modifiers does not guarantee reimbursement.

## Reimbursement Modifiers

Reimbursement modifiers affect payment and denote circumstances when an increase or reduction is appropriate for the service provided. The modifiers must be billed in the primary or first modifier field locator.

## Informational Modifiers Impacting Reimbursement

Informational modifiers determine if the service provided will be reimbursed or denied. Modifiers that impact reimbursement should be billed in modifier locator fields after reimbursement modifiers, if any.

## Informational Modifiers Not impacting Reimbursement

Informational modifiers are used for documentation purposes. Modifiers that do not impact reimbursement should be billed in the subsequent modifier field locators. Blue Cross NC Medicare Advantage reserves the right to reorder modifiers to reimburse correctly for services provided.

| Related Coding          |                                         |
|-------------------------|-----------------------------------------|
| Modifier                | Description                             |
| Reimbursement Modifiers | <a href="#">Reimbursement Modifiers</a> |

In the absence of a modifier-specific reimbursement policy, providers should refer to their provider manual and state and federal guidelines for guidance on modifiers affecting reimbursement or modifiers reimbursed specific to state and federal payment methodologies.

**Policy History**

|            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 01/16/2024 | Review approved and effective: updated Reimbursement Modifiers code list to include related reimbursement policies                                                                                                                                                                                                                                                                                                                                                                                                      |
| 02/09/2022 | Policy review and effective: updated policy template; added Reimbursement Modifiers Listing — Code List as separate document; updated Related Coding section with a note: in the absence of a modifier specific reimbursement policy, providers should refer to their provider manual, and state and federal guidelines for guidance on modifiers affecting reimbursement or modifiers reimbursed specific to state and federal payment methodology; expanded Modifier FB to facility providers; added Modifier CO & CQ |
| 01/01/2021 | Initial approval and effective                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |

**References and Research Materials**

This policy has been developed through consideration of the following:

- CMS
- Optum EncoderPro 2023
- State contract
- State Medicaid

**Definitions**

General Reimbursement Policy Definitions

**Related Policies and Materials**

|                                                                 |
|-----------------------------------------------------------------|
| Claims Timely Filing                                            |
| Consultations                                                   |
| Distinct Procedural Services (Modifiers 59, XE, XP, XS, XU)     |
| Documentation Standards for Episodes of Care                    |
| Duplicate or Subsequent Services on the Same Date of Service    |
| Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) |
| Modifier 22                                                     |
| Modifier 24                                                     |
| Modifiers 25 and 57                                             |
| Modifiers 26 and TC                                             |
| Modifiers 50 and 51: Multiple and Bilateral Surgery             |
| Modifiers 52, 53, 73, and 74: Reduced or Discontinued Services  |
| Modifier 62                                                     |
| Modifier 63                                                     |
| Modifier 66                                                     |

Blue Cross and Blue Shield of North Carolina  
Healthy Blue + Medicare (HMO-POS D-SNP)  
Modifier Usage

|                                                     |
|-----------------------------------------------------|
| Modifier 76                                         |
| Modifier 77                                         |
| Modifier 78                                         |
| Modifiers 80, 81, 82, and AS: Assistant at Surgery  |
| Modifier 90                                         |
| Modifier 91                                         |
| Modifiers LT and RT                                 |
| Multiple Delivery Services                          |
| Nurse Practitioner and Physician Assistant Services |
| Physician Standby Services                          |
| Portable/Mobile/Handheld Radiology Services         |
| Preadmission Services for Inpatient Stays           |
| Preventive Medicine and Sick Visits on the Same Day |
| Professional Anesthesia Services                    |
| Provider Preventable Conditions                     |
| Split-Care Surgical Modifiers                       |
| Technology Assisted Surgical Procedures             |
| Transportation Services                             |
| Vaccines for Children                               |

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