



Reminder to Use Claims Modifiers 25 & 59 Appropriately

As a reminder, append the appropriate modifiers to the HCPCS/CPT code when performing a service or separate, distinct or independent procedure on the same day that a procedure or other service is performed.

- Modifier 25 is used to indicate that on the day of a procedure or other service identified by a CPT code, the patient's condition required a significant, separately identifiable E/M service above and beyond the other service provided or beyond the usual preoperative and postoperative care associated with the procedure that was performed.
- Modifier 59 is used to indicate that a procedure or service was distinct or independent from other services performed on the same day.

The Centers for Medicare & Medicaid Services (CMS) has adopted modifiers and guidelines for documenting and billing multiple services/procedures performed on the same date of services. Keystone First has created a provider reference manual with guidance, examples and modifiers to assist your practice in correctly billing for services where modifiers 25 or 59 are used. The Keystone First appropriate use of claims modifiers guide can be found at www.keystonefirstpa.com → Providers → Claims and billing. Additional resources from CMS and the American Medical Association (AMA) on appropriate use of modifiers are found at the end of this notice.

Assessment of Usage of Appropriate Modifiers

- Keystone First follows CMS guidelines on the appropriate use of modifiers, and as such is conducting an assessment of claims containing modifiers 25 and 59 for appropriate use.
- Claims reviews may occur when high use of modifier 25 and 59 by individual providers, groups or facilities is detected. Providers will be notified and educated if inappropriate use of modifiers is found.

Action Needed:

- Share this notice and training manual with your billing or practice management staff.

Reminders and Resources:

- Correct modifier use is also an important part of avoiding fraud and abuse or noncompliance issues, especially in coding and billing processes involving the federal and state governments. One of the top 10 billing errors determined by federal, state, and private payers involves the incorrect use of modifiers.”
- Providers should familiarize themselves with CMS guidance on the use of appropriate modifiers:
 - ✓ Modifier 59 Article
<https://www.cms.gov/Medicare/Coding/NationalCorrectCodInitEd/Downloads/modifier59.pdf>
 - ✓ The Medicare Claims Processing Manual, Publication 100-04, Chapter 12, Section 30.6.6, regarding the use of CPT modifiers, pages 36 and 49. <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c12.pdf>
 - ✓ Chapter 1: General Correct Coding Policies for National Correct Coding Initiative Policy Manual for Medicare Services <https://www.cms.gov/Medicare/Coding/NationalCorrectCodInitEd/index.html>
 - ✓ HCPCS Level II Coding Procedures
<https://www.cms.gov/Medicare/Coding/MedHCPCSGenInfo/Downloads/HCPCSLevelIICodingProcedures7-2011.pdf>

Questions: If you have questions about this communication, please contact your Provider Account Executive or the Provider Services department at 1-800-521-6007.