



## Proper Use of Modifier “-25”

Modifier “-25” is appended to indicate that on the day a procedure or service was performed, the patient’s condition required a significant, separately identifiable evaluation and management (E&M) service above and beyond the initial service provided or beyond the usual preoperative and postoperative care associated with the procedure that was performed. In these instances, the provider should bill the E&M code with modifier “-25”.

Proper use of modifier “-25” ensures timely and accurate claims payments.

### Providers are expected to:

- Bill accurately for services rendered
- Adhere to the AMA/CMS documentation and coding guidelines for E&M services
- Select the procedure or service that “accurately identifies” the service performed; to list pertinent special services or additional procedures performed; and, when necessary, to add modifying or extenuating circumstances
- Use modifiers properly

A modifier indicates that a service or procedure was altered by specific circumstances but not changed in its definition or code. Modifiers are two-digit numeric or alphanumeric codes that are appended to the end of the CPT/HCPCS codes.

Healthfirst will perform pre-payment review of all claims to determine if Correct Coding Initiative (CCI) guidelines have been met.

Healthfirst will review all E&M codes billed, and will deny such codes if we determine that an E&M code has been billed in conjunction with a CPT-4 code that has been assigned a global period. CCI guidelines state that E&M codes should not be billed separately in addition to a procedure code that has been assigned a global period.

For more information, please contact Healthfirst Provider Services at **1-888-801-1660**.