

<b>Reimbursement Policy</b>	
Subject: <b>Modifier 24</b>	
Policy Number: <b>G-06011</b>	Policy Section: <b>Coding</b>
Last Approval Date: <b>12/27/2022</b>	Effective Date: <b>12/27/2022</b>

\*\*\*\* Visit our provider website for the most version of our reimbursement policies. If you are using a printed version of this policy, please verify the information by going to <https://provider.healthybluemo.com>. \*\*\*\*

### Disclaimer

These policies serve as a guide to assist you in accurate claims submissions and to outline the basis for reimbursement if the service is covered by a member's Healthy Blue 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 CPT® codes, HCPCS codes, and/or revenue codes. The codes denote the services and/or procedures performed. The billed codes are required to be fully supported in the medical record and/or office notes. Unless otherwise noted within the policy, our policies apply to both participating and nonparticipating providers and facilities.

If appropriate coding/billing guidelines or current reimbursement policies are not followed, Healthy Blue may:

- Reject or deny the claim.
- Recover and/or recoup claim payment.
- Adjust the reimbursement to reflect the appropriate services and/or procedures performed.

These policies may be superseded by mandates in provider or state contracts, or state, federal, or CMS requirements. System logic or set up may prevent the loading of policies into the claims platforms in the same manner as described; however, Healthy Blue strives to minimize these variations.

Healthy Blue reserves the right to review and revise its policies periodically when necessary. When there is an update, we will publish the most current policy to our provider website.

### Policy

Healthy Blue 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.

<https://provider.healthybluemo.com>

Healthy Blue is a Medicaid product offered by Missouri Care, Inc., a MO HealthNet Managed Care health plan contracting with the Missouri Department of Social Services. Healthy Blue is administered statewide by Missouri Care, Inc. and administered in the Kansas City service region by Missouri Care, Inc. in cooperation with Blue Cross and Blue Shield of Kansas City. Missouri Care, Inc. and Blue Cross and Blue Shield of Kansas City are both independent licensees of the Blue Cross Blue Shield Association.  
MOHB-CD-RP-018956-23-CPN18141 March 2023

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**

This policy has been developed through consideration of the following:

- CMS
- State contract
- Optum EncoderPro 2022

**Definitions**

Modifier 24	<p>Unrelated Evaluation and Management Service by the Same Physician or Other Qualified Health Care Professional During a Postoperative Period:</p> <ul style="list-style-type: none"> <li>• Used to indicate that the same physician or other qualified healthcare professional needed to perform an Evaluation and Management (E&amp;M) service during the postoperative period for a reason unrelated to the original procedure. E&amp;M services performed during the postoperative period of the original service usually are considered part of the global surgical package.</li> </ul>
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General Reimbursement Policy Definitions

**Related Policies and Materials**

Modifier Usage  
 Modifiers 25 and 57