

# Molina Healthcare of Puerto Rico

## Providers

### **CIRCULAR LETTER PR PROV18-002-006ENG**

February 17, 2018

**TO : ALL MHPR PARTICIPATING PROVIDERS**  
**RE : BILLING SERVICES WITH MODIFIERS 25 AND 59**

Greetings from the Molina Healthcare of Puerto Rico (MHPR) family. Our commitment is to offer and maintain high quality medical services to all of our Beneficiaries of the Government Health Plan, as well as to support with quality service to our participant providers.

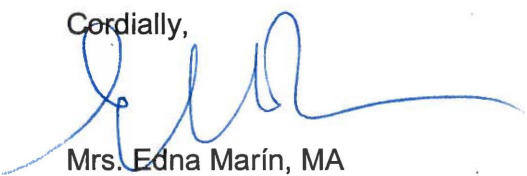
When services are billed using modifier 25 (Significant, separate evaluation and management service by the same employer on the same day of the procedure or other service.) Or modifier 59 (Distinct procedure service) it will be required to send, along with the claim, the necessary documentation to justify the use of the modifier.

That is, the claim that includes one of the reference modifiers cannot be processed for payment if the required documentation is not received.

The requirement to send such documentation will be effective as of March 15, 2018.

If you have any questions, please contact our Provider Services Call Center at 1 (877) 335-3305 for toll-free calls and 1 (787) 522 - 8281 for TTY system. Our service hours are Monday through Friday 7:00 am to 7:00 pm.

Cordially,



Mrs. Edna Marín, MA  
VP, Network Management & Operations  
Molina Healthcare of Puerto Rico Inc.

## Attachments

### References:

You and your authorized administrative staff can be oriented in the following:

- [www.cms.gov](http://www.cms.gov)
- <https://www.cms.gov/regulations-and-guidance/guidance/transmittals/downloads/r110cp.pdf>
- <http://www.molinahealthcare.com/providers> The MHPR Provider Manual is available on our Website



## Coding Guidelines Modifier 25

Molina Healthcare of Puerto Rico (MHPR), in accordance with the ASES contract and Center for Medicaid and Medicare Services' (CMS) regulations, follows the Correct Coding Initiative (CCI) guidelines, which in turn follow established guides by the American Medical Association (AMA) and the Current Procedural Terminology (CPT) manual, amongst others.

Many procedures performed by physicians have an inherent pre-procedure, intra-procedure and post-procedure care service. For this reason, Evaluation and Management (E/M) CPT codes should not be reported with these procedures, except for a few circumstances.

Modifier 25, attached to E/M CPTs, notifies and specifies that a significant, separately identifiable E/M service was performed the same day as another procedure by the same physician.

Additional guidelines establish that this distinct service must be “above and beyond” the other services provided or beyond the usual pre- or post-operative care associated to the performed procedure. If the E/M service is billed during the pre- or post-operative period and it is not related to the procedure, the E/M service must be billed with modifier 24.

These modifiers should be added to the E/M codes only if clinical conditions justify their use. A modifier shouldn't be added to an E/M code simply to evade a CCI edit if clinical conditions do not justify their use.

The use of modifier 25 assumes that medical documentation supporting its use is available for review. For this reason, MHPR encourages our providers to include this documentation with their claim for evaluation and payment if the modifier's use is considered appropriate, according to the documentation provided.

### Sources:

- American Medical Association (AMA)
- CMS
- Current Procedural Terminology (CPT)
- Medicaid.gov  
[https://  
www.medicaid.gov/  
medicaid/program-  
integrity/ncci/  
index.html](https://www.medicaid.gov/medicaid/program-integrity/ncci/index.html)

Some examples:

**# 1** - claim denied for lack of modifier 25:

Line	DOS	CPT	POS	Mod	Determination	Rationale
01	02/28/2017	99203	11		Denied	According to the Correct Coding Initiative (CCI) guidelines, service code 99203 (column II) is included in payment for Q0091 (column I).
02	02/28/2017	Q0091	11		Paid	

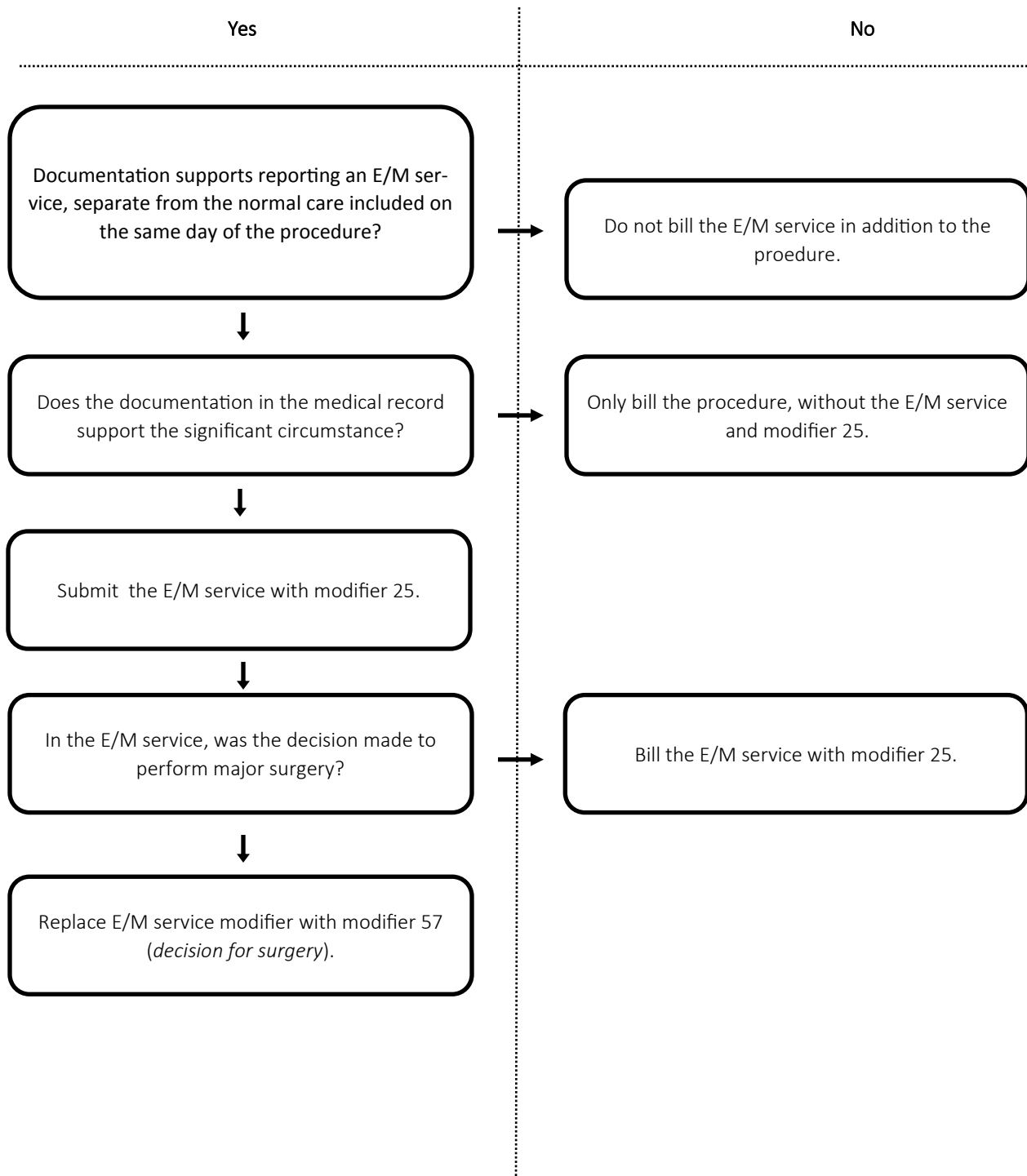
**# 2** - claim denied for inadequate use of modifier 25:

Line	DOS	CPT	POS	Mod	Determination	Rationale
01	02/28/2017	99212	11	25	Denied	According to the CCI guidelines there is no conflict between these codes. Modifier 25 is unnecessary and its use could be interpreted as a means to evade a coding rule. Incorrect billing.
02	02/28/2017	93000	11		Paid	

**# 3** - claim approved for correct use of modifier 25:

Line	DOS	CPT	POS	Mod	Determination	Rationale
01	02/28/2017	99223	21	25	Paid	According to CCI, service code 99223 (column II) on payment for 21206; submitted documentation supports E/M as unrelated to surgery procedure. Correct billing, claim is paid.
02	02/28/2017	21206	21		Paid	

On the *Coding with Modifiers* publication, the AMA gives the following diagram to aid in determining whether the use of modifier 25 is appropriate or not.





## Coding Guidelines Modifier 59

Molina Healthcare of Puerto Rico (MHPR), in accordance with the ASER contract and Center for Medicaid and Medicare Services' (CMS) regulations, follows the Correct Coding Initiative (CCI) guidelines, which in turn follow established guides by the American Medical Association (AMA) and the Current Procedural Terminology (CPT) manual, amongst others.

CCI edits identify service codes that usually aren't performed together on the same day of service. All code pairs are arranged in a column 1 and column 2 format. The column 2 code is generally not payable with the column 1 code. Under certain circumstances a provider may bill codes with CCI conflicts using a modifier to allow payment. Modifier 59 is used to indicate that a provider performed a distinct procedure or service for a beneficiary on the same day as another procedure or service.

Modifier 59 should represent a different session, a different procedure or service, different organ or anatomic site, separate incision or excision. The modifier should be added to the secondary service (column 2) and documentation must show the service is distinct and separate from the principal procedure performed on the same day. However, to bill a repeat procedure on the same date of service, modifiers 76 or 77 should be used.

The modifier can be added to service codes only if clinical circumstances justify its use. It mustn't be used simply to evade CCI edits if clinical circumstances do not justify its use. Additionally, modifier 59 cannot be appended to E/M codes; please see coding guidelines for modifier 25.

MHPR encourages our providers to include documentation supporting the use of modifier 59 along with their claim for evaluation and payment if the modifier's use is considered appropriate, according to the documentation provided.

### Sources:

- American Medical Association (AMA)
- CMS
- Current Procedural Terminology (CPT)
- Medicaid.gov  
<https://www.medicaid.gov/medicaid/program-integrity/ncci/index.html>
- DHHS  
<https://oig.hhs.gov/oei/reports/oei-03-02-00771.pdf>

Some examples:

**# 1** - claim line denied for lack of modifier 59:

Line	DOS	Code	POS	Mod	Determination	Rationale
01	11/07/17	92928	21		Paid	According to the Correct Coding Initiative (CCI) guidelines, service code 93458 (column 2) is included in payment for code b92928 (column 1) .
02	11/07/17	93458	21		Denied	

**# 2** - claim denied for misuse of modifier 59:

Line	DOS	Code	POS	Mod	Determination	Rationale
01	11/07/17	58573	21	59	Denied	Service code with modifier 59, billed without principal procedure. Could be interpreted as a means to evade coding rules ; incorrect billing.

**# 2.a**

Line	DOS	Code	POS	Mod	Determination	Rationale
01	11/07/17	92928	21	59	Denied	According to CCI guidelines, service code 93458 (column 2) is included in payment for code 92928 (column 1). Modifier should be added to the secondary code (column 2); incorrect billing.
02	11/07/17	93458	21		Paid	

**# 3** - Claim lines paid for correct use of modifier 59:

Line	DOS	Code	POS	Mod	Determination	Rationale
01	11/07/17	92928	21		Paid	According to CCI guidelines, service code 93458 (column 2) is included in payment for code 92928 (column 1); submitted documentation support distinct services. Correct billing, claim is paid.
02	11/07/17	93458	21	59	Paid	

On the Coding with Modifiers publication, the AMA gives the following diagram to aid in determining whether the use of modifier 59 is appropriate or not.

