



**Billing Notice**  
**Modifier 25/59**

September 2, 2014

Dear Valued Provider,

Health Choice is committed to continuously improving its claim review and payment processes. This notice serves to inform you about new processes that we are implementing in September 2014 for claims received with dates of service on or after June 1, 2014.

Utilizing enhanced technology, we will apply guidelines targeting, but not limited to, the use of modifiers 25 and 59. These guidelines are based on coding rules that reflect industry standards, including the National Correct Coding Initiative (NCCI), as published by CMS. These are the same processes that Providers encounter from most other health care claims payers.

Please follow these guidelines when submitting claims with these modifiers:

1. Modifier 25 may be appended to an evaluation and management (E&M) CPT code to indicate that the E&M service is significant and separately identifiable from other services reported on the same date of service as the other service(s) provided on the same encounter or a separate encounter on the same day by the same physician. The E&M service may be related to the same or different diagnosis as the other service(s).
2. Modifier 59 may define a distinct procedural service. In certain situations, the physician may indicate that a service is independent from other services performed on the same day. It is used to identify services that are not normally reported together, but are appropriate under the circumstances. This modifier may be used to represent a different patient encounter, different service, site or organ, separate incision/excision, lesion, or injury not ordinarily performed on the same day by the same physician. However, when another already established modifier is appropriate, it should be used rather than modifier 59.
3. Also, if two or more services are performed at separate body sites or at separate patient encounters on the same date of service, modifier 59 would be appropriate. NCCI defines different body site to include different organs or different lesions in the same organ. However, it does not include treatment of structures of the same organ.
4. Where not already required by a State, Health Choice recommends that providers submit medical records to support the use of modifier 59.

Health Choice believes that this enhancement will enable us to more effectively implement fair reimbursement guidelines aimed at preventing inappropriate billing.

We value your partnership and appreciate the dedication and excellent care you provide to our members. We hope that you find this information useful. If you have questions or need further assistance please contact your Provider Service Representative at 480-968-6866.