

# PROVIDER QUICK POINTS

## Provider information



This Quick Points was revised on 1/25/13. Please see Quick Points QP2-13 for the revision.

November 19, 2012

### Coding edit change for modifier 25

Previously, providers could submit a claim with modifier 25 added to procedure codes 99214 and 99215. The presence of the 25 modifier would override any coding edit/denial of the office visit when done on the same day as a procedure. Effective October 10, 2012, the 25 modifier will no longer automatically override the coding edit/denial. The submission of supporting documentation using the appeal process will be required in order for additional payment to be considered.

The coding policies and guidelines in the online Blue Cross and Blue Shield of Minnesota Provider Policy and Procedure Manual will be updated to reflect this change.

### Coding requirements reminder

All coding and reimbursement is subject to changes, updates or other requirements of coding rules and guidelines. All codes are subject to federal HIPAA rules, and in the case of medical code sets (for example, HCPCS, CPT, ICD-9-CM), only valid codes for the date of service may be submitted or accepted.

### Questions?

If you have questions, please contact provider services at (651) 662-5200 or toll free at 1-800-262-0820.