MEDICAID REIMBURSEMENT POLICY

Same Day Same Service

Active

Section: Evaluation and Management
Policy Number: 002
Effective Date: 05/06/24

Description

This policy addresses coding and reimbursement for multiple evaluation and management (E/M) services reported for the same patient on a single date of service.

Definitions

Evaluation and Management (E/M): Services provided a by physician or other qualified healthcare professional (QHP) which involve evaluating and managing patient health.

Modifier 25: Identifies a significant, separately identifiable E/M service by the same physician or other qualified healthcare professional on the same day of the procedure or other service.

Same Specialty Physician or Other Qualified Health Care Professional (QHP): Physicians and/or other qualified health care professionals of the same group and same specialty.

Policy Statement

Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) will reimburse a single E/M code per patient per day by the same physician or other QHP of the same group and specialty.

This is consistent with the Medicare Claims Processing Manual, Chapter 12, 30.6.5, which states: "If more than one evaluation and management (face-to-face) service is provided on the same day to the same patient by the same physician or more than one physician in the same specialty in the same group, only one evaluation and management service may be reported unless the evaluation and management services are for unrelated problems. Instead of billing separately, the physicians should select a level of service representative of the combined visits and submit the appropriate code for that level."

Modifier 25
It may be necessary to indicate on the day of a procedure or service, the patient's condition required a significant, separately identifiable E/M service above and beyond the other service provided or beyond the usual preoperative and postoperative care associated with the procedure that was performed. Modifier -25 should only be appended to E/M services, and only when the services are provided by the same physician or QHP to the same patient on the same day as another procedure or other service.

An issue is considered "significant" when a new or different abnormality/medical problem or a change or exacerbation of a previous condition is revealed in the process of examining the

patient and the physician determines it is significant enough to require additional work to perform the components of the appropriate E/M.

If Blue Cross determines an E/M service (99202-99380 and 99401-99498) appended with modifier -25 is eligible for reimbursement, a 20% reduction will be applied to the allowed amount.

Split (or Shared) Services
Split (or shared) E/M visits should be billed according to the Centers for Medicare and Medicaid Services (CMS) guidelines. These services will be reimbursed when rendered in the hospital or other institutional setting.

The modifier -FS should be reported by the physician or QHP that performs the substantive portion of the visit. The substantive portion means more than half of the total time spent by the physician and QHP performing the split (or shared) visit, or a substantive part of the medical decision making (MDM); except for critical care visits which do not use MDM and only use time to determine substantive portion.

The substantive (billing) provider is required to sign and date the medical record for the service. The medical record must also identify the other contributing provider and, when billing based on time, the amount of time spent by the other contributing provider.

Documentation Submission

Documentation must identify and describe the services performed. If a denial is appealed, this documentation must be submitted with the appeal.

Coverage

Eligible services will be subject to the subscriber benefits, applicable fee schedule amount and any coding edits.

The following applies to all claim submissions.

All coding and reimbursement is subject to all terms of the Provider Service Agreement and 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 (HCPCS, CPT, ICD), only codes valid for the date of service may be submitted or accepted. Reimbursement for all Health Services is subject to current Blue Cross Medical Policy criteria, policies found in the Provider Policy and Procedure Manual sections, Reimbursement Policies and all other provisions of the Provider Service Agreement (Agreement).

In the event that any new codes are developed during the course of Provider's Agreement, such new codes will be paid according to the standard or applicable Blue Cross fee schedule until such time as a new agreement is reached and supersedes the Provider's current Agreement.

All payment for codes based on Relative Value Units (RVU) will include a site of service differential and will be calculated using the appropriate facility or non-facility components, based on the site of service identified, as submitted by Provider.

Coding

The following codes are included below for informational purposes only and are subject to change without notice. Inclusion or exclusion of a code does not constitute or imply subscriber coverage or provider reimbursement.

CPT/HCPCS Modifier: 25 FS
ICD-10 Diagnosis: N/A
ICD-10 Procedure: N/A
CPT/HCPCS: See Appendix
Revenue Codes: N/A

Resources

Current Procedural Terminology (CPT®)
Medicare Claims Processing Manual, Chapter 12, 30.6.5, 30.6.18
National Correct Coding Initiatives (NCCI)

Policy History

08/22/2023	Initial Committee Approval
11/28/2023	Revised
02/27/2024	Annual Policy Review

BlueCross BlueShield Minnesota

Appendix

99202	99203	99204	99205	99211	99212	99213	99214	99215	99221
99222	99223	99231	99232	99233	99234	99235	99236	99238	99239
99242	99243	99244	99245	99252	99253	99254	99255	99281	99282
99283	99284	99285	99288	99291	99292	99304	99305	99306	99307
99308	99309	99310	99315	99316	99341	99342	99344	99345	99347
99348	99349	99350	99358	99359	99360	99366	99367	99368	99374
99375	99377	99378	99379	99380	99401	99402	99403	99404	99406
99407	99408	99409	99411	99412	99415	99416	99417	99421	99422
99423	99424	99425	99426	99427	99429	99437	99439	99441	99442
99443	99446	99447	99448	99449	99450	99451	99452	99453	99454
99455	99456	99457	99458	99460	99461	99462	99463	99464	99465
99466	99467	99468	99469	99471	99472	99473	99474	99475	99476
99477	99478	99479	99480	99483	99484	99485	99486	99487	99489
99490	99491	99492	99493	99494	99495	99496	99497	99498	