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

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

Disclaimer

These policies serve as a guide to assist you in accurate claim submissions and to outline the basis for reimbursement by Healthy Blue if the service is covered by a member's Healthy Louisiana 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. 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 code(s) 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.

Healthy Blue reimbursement policies are developed based on nationally accepted industry standards and coding principles.

Healthy Blue reserves the right to review and revise our 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 physician or other qualified healthcare for professional claims billed with Modifier 24 unless provider, state, federal, or CMS contracts and/or requirements indicate otherwise.

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.

Healthy Blue is the trade name of Community Care Health Plan of Louisiana, Inc., an independent licensee of the Blue Cross Blue Shield Association.
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- 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
09/14/2020	Review approved and effective: Definition updated
10/26/2018	Review approved and effective: Other qualified healthcare professional language added
09/01/2017	Policy template updated
11/07/2016	Review approved: Policy template updated
09/22/2014	Review approved: Policy template updated
05/20/2013	Review approved: Policy template updated
04/23/2012	Review approved: Policy template updated
06/06/2011	Review approved: Policy template updated
06/21/2010	Review approved: Policy template updated
11/10/2008	Review approved: Policy template updated
05/04/2006	Initial approval and effective

References and Research Materials

This policy has been developed through consideration of the following:

- CMS
- State Medicaid
- State contract
- Optum EncoderPro 2022

Definitions

Modifier 24	Unrelated Evaluation and Management Service by the Same Physician or Other Qualified Healthcare Professional During a Postoperative Period: • Used to indicate that the same physician or other qualified healthcare professional needed to perform an Evaluation and Management (E&M) service during the postoperative period for a reason unrelated to the original procedure. E&M services performed during the postoperative period of the original service usually are considered part of the global surgical package.
General Reimbursement Policy Definitions	

Related Policies and Materials
Modifier Usage
Modifiers 25 and 57