of Tennessee
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Upcoming Code Edits (Effective April 30, 2020)

Correct Modifier Reporting and Editing

On April 30, 2020, BlueCross BlueShield of Tennessee (BCBST) will implement code edits to ensure appropriate use of modifiers when submitting claims for reimbursement. These edits are based on correct coding rules published by the Centers for Medicaid and Medicare (CMS) and Current Procedural Terminology (CPT) coding guidelines to detect potential coding errors and incorrect billing practices.

These new code edits will address the correct use of modifiers and more complex coding situations that need to be reviewed manually. The new edits include reviewing claim information and the patient's claim history to determine if the modifier is used correctly.

Modifiers have been defined by the American Medical Association (AMA), and adopted by CMS, to provide additional information about the services that were provided. The National Correct Coding Initiative (NCCI) Policy Manual provides directions on when modifiers should be used. It states, "Modifiers may be appended to HCPCS/CPT codes only if the clinical circumstances justify the use of the modifier. A modifier shall not be appended to a HCPCS/CPT solely to bypass an NCCI PTP edit if the clinical circumstances do not justify its use."

CPT and the AMA specify when using modifier 25 you're indicating that a "significant, separately identifiable evaluation and management service (was provided) by the same physician on the same day of the procedure or other service". CPT guidelines also state that this significant and separate service must be "above and beyond" the other service provided or beyond the usual preoperative and postoperative care associated with the procedure that was performed. The AMA Guidelines in "Coding with Modifiers" state that "The E/M service must meet the key components (i.e., history, examination, medical decision making) of that E/M service including medical record documentation.

Appropriate use of modifiers

Modifiers 25, 59, XE, XS, XP and XU are among the most commonly used modifiers. Therefore, the new edits will be evaluating the correct use of these and other bypassing modifiers.

Modifier 25	The chosen level of E/M service must be supported by adequate documentation for the appropriate level of service, as well as referenced by a diagnosis code. The CPT codes for procedures do include the evaluation services necessary before the performance of the procedure (e.g., assessing the site and condition of the problem area, explaining the procedure, obtaining informed consent). However, when significant and identifiable (i.e., medical decision making and another key component) E/M services are performed, these services are not included in the descriptor for the procedure or service performed."
Modifier 59	Use to identify procedures or services that are not normally reported together but are appropriate under the circumstances.
Modifier XE	Separate encounter, a service that is distinct because it occurred during a separate encounter.

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Modifier XS	Separate structure, a service that is distinct because it was performed on a separate organ/structure.
Modifier XP	Separate practitioner, a service that is distinct because it was performed by a different practitioner.
Modifier XU	Unusual non-overlapping service, the use of a service that is distinct because it does not overlap usual components or the main service.

When preparing claims for submission, it's important to make sure all the appropriate diagnosis codes are assigned to the claim and that modifiers are used only when clinically appropriate based on published guidelines. If you have claims that you believe are incorrectly denied due to the incorrect use of modifiers, please submit medical records so we can determine the correct payment for those claims.

Additional information about when to use modifiers are located in the CPT manual, BlueCross BlueShield of Tennessee Provider Manuals and the NCCI manuals on CMS's website.