

**Procedure to Modifier Policy, Professional**

**IMPORTANT NOTE ABOUT THIS REIMBURSEMENT POLICY**

*You are responsible for submission of accurate claims. This reimbursement policy is intended to ensure that you are reimbursed based on the code or codes that correctly describe the health care services provided. UnitedHealthcare Individual Exchange reimbursement policies may use Current Procedural Terminology (CPT®), Centers for Medicare and Medicaid Services (CMS) or other coding guidelines. References to CPT or other sources are for definitional purposes only and do not imply any right to reimbursement.*

*This reimbursement policy applies to all health care services billed on CMS 1500 form. Coding methodology, industry-standard reimbursement logic, regulatory requirements, benefits design and other factors are considered in developing reimbursement policy.*

*This information is intended to serve only as a general reference resource regarding UnitedHealthcare Individual Exchange’s reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, UnitedHealthcare Individual Exchange may use reasonable discretion in interpreting and applying this policy to health care services provided in a particular case. Further, the policy does not address all issues related to reimbursement for health care services provided to UnitedHealthcare Individual Exchange enrollees. Other factors affecting reimbursement may supplement, modify or, in some cases, supersede this policy. These factors may include, but are not limited to: legislative mandates, the physician or other provider contracts, the enrollee’s benefit coverage documents and/or other reimbursement, medical or drug policies. Finally, this policy may not be implemented exactly the same way on the different electronic claims processing systems used by UnitedHealthcare Individual Exchange due to programming or other constraints; however, UnitedHealthcare Individual Exchange strives to minimize these variations.*

*UnitedHealthcare Individual Exchange may modify this reimbursement policy at any time by publishing a new version of the policy on this Website. However, the information presented in this policy is accurate and current as of the date of publication.*

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**Application**

**This reimbursement policy applies to UnitedHealthcare Individual Exchange products.**

This reimbursement policy applies to services reported using the 1500 Health Insurance Claim Form (a/k/a CMS-1500) or its electronic equivalent or its successor form. This policy applies to all products, all network and non-network physicians and other qualified health care professionals, including, but not limited to, non-network authorized and percent of charge contract physicians and other qualified health care professionals.

**Applicable States:**

This reimbursement policy applies to Individual Exchange benefit plans in all states except for Massachusetts, Nevada, and New York

**Policy**

**Overview**

According to the American Medical Association (AMA) and the Centers for Medicare and Medicaid Services (CMS), a modifier provides the means to report or indicate that a service or procedure that has been performed has been altered by some specific circumstance but not changed in its definition or code. It may also provide more information about a service such as it was performed more than once, unusual events occurred, or it was performed by more than one physician and/or in more than one location.

**Reimbursement Guidelines**

This policy addresses the appropriate use of modifiers with individual CPT and HCPCS procedure codes.

UnitedHealthcare Individual Exchange sources its procedure code to modifier relationships to methodologies used and recognized by third-party authorities. Those methodologies can be definitive or interpretive. A Definitive Source is one that is based on very specific instructions from the given source. An Interpretive Source is one that is based on an interpretation of instructions from the identified source.

Modifiers addressed through this policy are found on the Procedure to Modifier List in the Attachments section.

In accordance with correct coding, UnitedHealthcare Individual Exchange will consider reimbursement for a procedure code/modifier combination only when the modifier has been used appropriately. Note that any procedure code reported with an appropriate modifier may also be subject to other UnitedHealthcare Individual Exchange reimbursement policies.

For example, the description for modifier 25 (Significant, Separately Identifiable Evaluation and Management Service by the Same Physician on the Same Day of the Procedure or Other Service) specifies that it is to be reported with an Evaluation and Management (E/M) service. Therefore, a surgical code, e.g., 62263, appended with modifier 25 will not be reimbursed because according to its description it should only be appended to E/M codes.

UnitedHealthcare Individual Exchange aligns with CMS and requires HCPCS modifiers GN, GO or GP to be reported with the codes designated by CMS as always therapy services. These codes are considered always therapy services, regardless of who performs them, and require one of the applicable therapy modifiers (GN, GO or GP) to indicate that they are furnished under a physical therapy, occupational therapy, or speech-language pathology plan of care.

For modifiers managed in the Procedure to Modifier Policy and codes requiring a modifier, please see the list below.

### Definitions

<b>Definitive Source</b>	Definitive Sources contain the exact codes, modifiers, or very specific instructions from the given source.
<b>Interpretive Source</b>	An edit source that includes guidelines; however, no exact or specific code or modifier information is listed. Therefore, an interpretation must be made as to what codes correlate to the guidelines. Additionally, an interpretation may be applied to surrounding or similar codes based on related definitively sourced edits.

### Questions and Answers

1	<p><b>Q:</b> Why aren't all CPT and HCPCS modifiers addressed in this policy?</p> <p><b>A:</b> The intent of the Procedure to Modifier Policy is to validate appropriate modifier usage and is not meant to address all possible modifier situations. Modifiers not addressed by this policy may have:</p> <ul style="list-style-type: none"> <li>a) no third-party industry standard source, policies, or guidelines to direct development of specific coding relationships or edits.</li> <li>b) a more detailed reimbursement methodology than the scope of this policy is intended, e.g., 26, TC, AA, QK or</li> <li>c) contractual or benefit coverage implications, e.g., modifier 33</li> </ul>
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Attachments	
<a href="#">UnitedHealthcare Individual Exchange Procedure to Modifier List</a>	A list of modifiers that apply to the Procedure to Modifier Policy
<a href="#">UnitedHealthcare Individual Exchange HCPCS/CPT Required Modifier List</a>	A list of HCPCS/CPT codes and their required modifiers

Resources
American Medical Association, <i>Current Procedural Terminology (CPT®)</i> and associated publications and services
Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services

History	
<b>1/1/2024</b>	Policy Version Change Header: Logo updated History: Entries prior to 1/1/2022 archived
<b>2/26/2023</b>	Policy Version Change Attachments Section: Procedure to Modifier List update
<b>1/1/2023</b>	Policy Version Change Application section Updated: Applicable States
<b>5/22/2022</b>	Policy Version Change Attachments Section: Procedure to Modifier List update
<b>3/20/2022</b>	Policy Version Change Attachments Section: Procedure to Modifier List update
<b>1/16/2022</b>	Policy Version Change Attachments Section: Procedure to Modifier List update
<b>1/1/2021</b>	Policy implemented by UnitedHealthcare Value & Balance Exchange