PROCEDURE TO MODIFIER POLICY (CES)

Policy Number: ADMINISTRATIVE 270.2 T0 **Effective Date**: October 1, 2020

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Related Policies

- Refer to the Reimbursement Guidelines section of the policy

INSTRUCTIONS FOR USE

The services described in Oxford policies are subject to the terms, conditions and limitations of the member's contract or certificate. Unless otherwise stated, Oxford policies do not apply to Medicare Advantage members. Oxford reserves the right, in its sole discretion, to modify policies as necessary without prior written notice unless otherwise required by Oxford's administrative procedures or applicable state law. The term Oxford includes Oxford Health Plans, LLC and all of its subsidiaries as appropriate for these policies.

Certain policies may not be applicable to Self-Funded members and certain insured products. Refer to the member specific benefit plan document or Certificate of Coverage to determine whether coverage is provided or if there are any exclusions or benefit limitations applicable to any of these policies. If there is a difference between any policy and the member specific benefit plan document or Certificate of Coverage, the member specific benefit plan document or Certificate of Coverage will govern.

UnitedHealthcare may also use tools developed by third parties, such as the MCG™ Care Guidelines, to assist us in administering health benefits. The MCG™ Care Guidelines are intended to be used in connection with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice.

APPLICABLE LINES OF BUSINESS/PRODUCTS

This policy applies to Oxford Commercial plan membership.

APPLICATION

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 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.

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.

Oxford 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 accordance with correct coding, Oxford 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 Oxford 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.

Oxford 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.

DEFINITIONS

Definitive Source: Definitive Sources contain the exact codes, modifiers or very specific instructions from the given source.

Interpretive Source: 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	**Q:**	Why aren't all CPT and HCPCS modifiers addressed in this policy?
	A:	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: • No third-party industry standard source, policies or guidelines to direct development of specific coding relationships or edits; • A more detailed reimbursement methodology than the scope of this policy is intended; e.g. 26, TC, AA, QK; or • Contractual or benefit coverage implications; e.g., 33

APPLICABLE CODES

Modifiers													
Procedure to Modifier List Modifiers that apply to the Procedure to Modifier Policy													
1P	22	24	25	27	2P	32	3P	51	52	53	54	55	56
58	59	63	73	74	76	77	78	79	8P	90	91	92	95
A1	A2	A3	A4	A5	A6	A7	A8	A9	AI	AP	AQ	AR	AT
AU	AV	AW	AX	AY	BA	BL	BO	BP	BR	BU	CC	CD	CE
CF	CH	CI	CJ	CK	CL	CM	CN	CR	CS	E1	E2	E3	E4
EA	EB	EC	EM	ET	EY	F1	F2	F3	F4	F5	F6	F7	F8
F9	FA	FB	FC	FX	G1	G2	G3	G4	G5	G6	G7	GA	GB
GK	GL	GN	GO	GP	GQ	GU	GY	GZ	J1	J2	J3	J4	JA

Modifiers													
Procedure to Modifier List Modifiers that apply to the Procedure to Modifier Policy													
JB	JC	K0	K1	K2	K3	K4	KA	KB	KC	KD	KE	KF	KG
KK	KL	KP	KS	KT	KU	KV	KW	KX	KY	KZ	LC	LD	LL
LM	LR	MS	PT	Q0	Q5	Q6	Q7	Q8	Q9	QA	QB	QE	QF
QG	QH	QJ	QP	QR	QW	RA	RB	RC	RI	SK	SY	T1	T2
T3	T4	T5	T6	T7	T8	T9	TA	TH	TS	TW	UN	UP	UQ
UR	US	V1	V2	V3	VP	XE	XP	XS	XU				

CPT	Modifier(s)	CPT	Modifier(s)	CPT	Modifier(s)	HCPCS	Modifier(s)
CPT/HCPCS Codes Required Modifier List CPT/HCPCS codes and their required GN, GO, and/or GP modifiers							
92507	GN, GO, GP	97028	GN, GO, GP	97164	GP	G0281	GN, GO, GP
92508	GN, GO, GP	97032	GN, GO, GP	97165	GO	G0283	GN, GO, GP
92521	GN	97033	GN, GO, GP	97166	GO	G0329	GN, GO, GP
92522	GN	97034	GN, GO, GP	97167	GO		
92523	GN	97035	GN, GO, GP	97168	GO		
92524	GN	97036	GN, GO, GP	97530	GN, GO, GP		
92526	GN, GO, GP	97039	GN, GO, GP	97533	GN, GO, GP		
92597	GN	97110	GN, GO, GP	97535	GN, GO, GP		
92607	GN	97112	GN, GO, GP	97537	GN, GO, GP		
92608	GN, GO, GP	97113	GN, GO, GP	97542	GN, GO, GP		
92609	GN, GO, GP	97116	GN, GO, GP	97750	GN, GO, GP		
96125	GN, GO, GP	97124	GN, GO, GP	97755	GN, GO, GP		
97012	GN, GO, GP	97139	GN, GO, GP	97760	GN, GO, GP		
97016	GN, GO, GP	97140	GN, GO, GP	97761	GN, GO, GP		
97018	GN, GO, GP	97150	GN, GO, GP	97763	GN, GO, GP		
97022	GN, GO, GP	97161	GP	97799	GN, GO, GP		
97024	GN, GO, GP	97162	GP				
97026	GN, GO, GP	97163	GP				

REFERENCES

The foregoing Oxford policy has been adapted from an existing UnitedHealthcare national policy that was researched, developed and approved by UnitedHealthcare Reimbursement Policy Oversight Committee. [*2020R0119B*]

American Medical Association, *Current Procedural Terminology (*CPT®) and associated publications and services

Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services

POLICY HISTORY/REVISION INFORMATION

Date	Action/Description
10/01/2020	**Reimbursement Guidelines** • Added language to indicate Oxford 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 • Removed reference link to the Reimbursement Policy titled *Modifer Reference* **Applicable Codes** • Revised *Procedure to Modifier List*; added modifiers GN and GP

Date	Action/Description
	• Added *CPT/HCPCS Codes Required Modifier List* (applicable CPT/HCPCS codes and their required GN, GO, and/or GP modifiers): 92507, 92508, 92521, 92522, 92523, 92524, 92526, 92597, 92607, 92608, 92609, 96125, 97012, 97016, 97018, 97022, 97024, 97026, 97028, 97032, 97033, 97034, 97035, 97036, 97039, 97110, 97112, 97113, 97116, 97124, 97139, 97140, 97150, 97161, 97162, 97163, 97164, 97165, 97166, 97167, 97168, 97530, 97533, 97535, 97537, 97542, 97750, 97755, 97760, 97761, 97763, 97799, G0281, G0283, and G0329 **Supporting Information** • Archived previous policy version ADMINISTRATIVE 270.1 T0