



November 26, 2013

UPDATE: Revised payment policy for Professional Evaluation and Management Services and revised payment policy for Modifiers

Dear Neighborhood Health Plan Provider:

Beginning with claims received on or after February 1, 2014, NHP will follow the National Correct Coding Initiative edits for evaluation and management (E/M) services.

In order to receive the correct payment, you must append Modifier-25 to the appropriate E/M service code when submitting a claim for both an E/M service and a primary procedure or service, in conjunction with National Correct Coding Initiative (NCCI) guidance.

Please see the enclosed table for guidance using Modifier-25. All provider-payment guidelines are also available online at **nhp.org/payment-policies**.

We value the high-quality primary care services you provide to our members. If you have any questions about NHP payment policies, please contact our Provider Service Center at 855-444-4647 or your NHP Provider Relations Manager at prweb@nhp.org.

Sincerely,

A handwritten signature in dark ink that reads "Helen Connaughton". The signature is written in a cursive, flowing style.

Helen Connaughton
Director of Provider Relations
Neighborhood Health Plan

Modifier-25 Guide (Significant, Separately Identifiable E/M Service)

Category	Comments
Preventive Medicine and Problem-Focused E/M Services	<ul style="list-style-type: none">• Reimbursement will be made for two different E/M services on the same day, only when a provider submits a problem-focused office visit procedure code with a preventive medicine procedure code and the appropriate modifier is appended to the problem-focused service code.• If the appropriate modifier is not submitted, the problem-focused visit will be denied as included in the preventive medicine visit.
Multiple Problem Focused E/M Services	<ul style="list-style-type: none">• Reimbursement will be made for more than one E/M procedure code for a single date of service when such services are rendered by providers, including mid-level practitioners, of different specialties.• Only one E&M service is allowed for a single date of service for the same provider group (same TIN#) and same specialty regardless of the place of service.
E/M Services within a Global Period	<ul style="list-style-type: none">• Reimbursement will be made for E/M services rendered during the global period when the service is distinct and unrelated to the primary procedure, and supported in the member's medical record.
Critical Care Services	<ul style="list-style-type: none">• Reimbursement will not be made for any E/M service when billed with a critical care service.