**Reimbursement policy update – Evaluation and management codes billed with modifier 25 and minor procedures effective August 13**

We routinely review our coverage, reimbursement, and administrative policies for potential updates. In that review, we take into consideration one or more of the following: Evidence-based medicine (EBM), professional society recommendations, Centers for Medicare & Medicaid Services (CMS) guidance, industry standards, and our other existing policies.

As a result of a recent review, we will require the submission of office notes with claims submitted with evaluation and management (E&M) Current Procedural Terminology (CPT®) codes 99212, 99213, 99214, and 99215 and modifier 25 when a minor procedure is billed.

The E&M line will be denied if we do not receive documentation that supports that a significant and separately identifiable service was performed. Denials will include administrative appeal rights.

This update is effective for claims processed on or after August 13, 2022. Please note that the requirement to submit documentation only applies to claims that include one or more office-based minor procedures.

We will update the Modifier 25 – Significant, Separately Identifiable Evaluation and Management Service by the Same Physician on the Same Day of the Procedure or Other Service reimbursement policy to reflect this change.

**Claims and documentation submission**

The required office notes must be submitted via the dedicated fax number, 833.462.1360. Claims should continue to be submitted electronically and must have the attachment indicator selected.

**Additional information**

For more information about our policy updates, visit the Cigna for Health Care Professionals website (CignaforHCP.com) > Resources > Coverage Policies > Policy Updates.