

Reminder: Claims Processing Policy for Modifier 25

Q: Why are we reminding providers of the claims processing policy for Modifier 25?

A: The notification is part of Neighborhood's medical cost action strategy. While Modifier 25 has always been a part of our [Modifier Payment Policy](#), enforcement has been inconsistent. Neighborhood is taking steps to ensure all providers are aware of the policy and its requirements.

Q: What is the purpose of Modifier 25?

A: Modifier 25 is used when a significant, separately identifiable evaluation and management (E/M) service is provided by the same physician or other qualified health care professional on the same day as a procedure or other services.

Q: When should Modifier 25 be applied?

A: It should be used with E/M codes only and not appended to the surgical procedure code(s).

Q: What happens if a claim with Modifier 25 is denied?

A: If a claim is denied due to the need for a medical note review, providers should submit supporting documentation through Neighborhood's [reconsideration process](#).

Q: Are medical notes always required when using a modifier?

A: Medical notes may be required on certain modifiers to determine medical necessity.

Q: How can providers learn more about this policy?

A: Providers should refer to the [Modifier Payment Policy](#) on our website or contact the Provider Services team for more information.