

Modifier Payment Policy

The following payment policy applies to Scott & White Health Plan providers.

Policy

Scott & White Health Plan accepts all standard CPT and HCPCS modifiers submitted in accordance with the appropriate CPT or HCPCS procedure code(s). Certain modifiers, when submitted appropriately, will impact reimbursement.

General Benefit Information

Services and subsequent payment are based on the Member's Evidence of Coverage. Eligibility and benefit specifics should be confirmed prior to initiating services. Member eligibility can be confirmed electronically and detailed benefit coverage may be confirmed by contacting the Customer Service Center. Eligibility is subject to retroactive reporting of disenrollment by the Member's employer group.

Authorization/Notification Requirements

This policy does not supersede the Plan's authorization and/or notification requirements. For a complete description of Scott & White Health Plan's authorization and notification requirements, reference the Authorization section within the Scott & White Health Plan Provider Manual.

Billing Information

Reference the most updated industry standard coding guidelines for a complete list of modifiers. In the instances when a modifier is submitted incorrectly with the procedure code, Scott & White Health Plan will deny the claim line for incorrect use of modifier.

EDI Claim Submitter Information

- Submit the appropriate modifier(s) with the corresponding CPT or HCPCS procedure codes in HIPAA compliant 837P format for professional services or 837I format for institutional services.
- Claims submitted with non-standard modifiers will be rejected if submitted electronically.

Paper Claim Submitter Information

- Submit the appropriate modifier(s) after the corresponding CPT or HCPCS procedure codes on a CMS-1500 form for professional service in Box 24d Procedures, Services, or Supplies field.
- Submit the modifier(s), when appropriate, in front of the corresponding CPT or HCPCS procedure codes on a UB-92 form for hospital services in Box 44 HCPCS/Rates field. Modifiers submitted after the procedure code may be incorrectly processed in the Scott & White Health Plan system and delay payment or result in a denial.

Multiple Modifiers

Scott & White Health Plan accepts multiple modifiers submitted; however, Scott & White Health Plan will only process one modifier per procedure code submitted. The modifier contained in the first modifier field on an 837 Professional/Institutional claim transaction or on a paper claim form will be the modifier that Scott & White Health Plan will use to process the claim. If more than one modifier is submitted, Scott & White Health Plan requires that the modifier that impacts reimbursement be submitted in the primary field and the informational modifier(s) be submitted in the secondary field(s). Reference the Modifier Priority Table for information on how to submit multiple modifiers.

Processing Information

This policy provides information on Scott & White Health Plan claims adjudication processing guidelines. As every claim is unique, the use of this policy is not a guarantee of payment nor a final prediction of how specific claim(s) will be adjudicated. Claims payment is subject to Member eligibility and benefits on the date of service, coordination of benefits, referral/authorization and utilization management guidelines when applicable, adherence to plan policies and procedures and claims editing logic. Originated 07/2006 Scott & White Health Plan – Modifier Payment Policy

Scott & White Health Plan recognizes all industry standard modifiers, but utilizes modifiers that are accepted by Scott & White Health Plan and may impact claim reimbursement as follows in Table A:

All other industry standard CPT and HCPCS modifiers are accepted by Scott & White Health Plan, but are not utilized for claims processing purposes and have no impact on how the claim is paid.

Table A:

Modifiers contained in this table are accepted by Scott & White Health Plan and may have an impact to claim reimbursement. References to fee schedule reimbursement are illustrative and not a guarantee of payment.

Modifier	Description	Reimbursement Impact
22	Unusual Procedural Services	125% of Scott & White Health Plan contracted fee schedule/allowed amount
26	Professional Component	100% of Scott & White Health Plan contracted fee schedule/allowed amount (not Global fee)
50	Bilateral Procedure	50% of Scott & White Health Plan contracted fee schedule/allowed amount
51	Multiple Procedures	50% of Scott & White Health Plan contracted fee schedule/allowed amount
52	Reduced Services	70% of Scott & White Health Plan contracted fee schedule/allowed amount
53	Discontinued Procedure	20% of Scott & White Health Plan contracted fee schedule/allowed amount
54	Surgical Care Only	80% of Scott & White Health Plan contracted fee schedule/allowed amount
55	Postoperative Management Only	10% of Scott & White Health Plan contracted fee schedule/allowed amount
56	Preoperative Management Only	10% of Scott & White Health Plan contracted fee schedule/allowed amount
62	Two Surgeons	62.5% of Scott & White Health Plan contracted fee schedule/allowed amount
66	Surgical Team	62.5% of Scott & White Health Plan contracted fee schedule/allowed amount
80	Assistant Surgeon	20% of Scott & White Health Plan contracted fee schedule/allowed amount
81	Minimum Assistant Surgeon	16% of Scott & White Health Plan contracted fee schedule/allowed amount
82	Assistant Surgeon (when qualified resident surgeon not available)	20% of Scott & White Health Plan contracted fee schedule/allowed amount
AS	PA Services for Assistant Surgeon	20% of Scott & White Health Plan contracted fee schedule/allowed amount
RR	Rental Equipment	100% of Scott & White Health Plan contracted fee schedule/allowed amount (not Global fee)
TC	Technical Component	100% of Scott & White Health Plan contracted fee schedule/allowed amount (not Global fee)

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Reimbursement

Claims are subject to payment edits that are updated at regular intervals and generally based on CMS, Specialty Society Guidelines and National Correct Coding Initiative (CCI).

Scott & White Health Plan reserves the right to conduct audits on any provider and/or facility to ensure compliance with the billing guidelines stated in this Payment Policy. If such an audit determines that your office/facility did not comply with this Payment Policy, Scott & White Health Plan will expect your office/facility to refund all payments related to non-compliance.