

**MCAAP Pediatric Council Modifier 33 Survey Results
January 2012**

Health Plan Key:

BCBSMA - Blue Cross Blue Shield of MA
 BCBSRI - Blue Cross Blue Shield of RI
 BMCHN - Boston Medical Center HealthNet
 FCHP - Fallon Community Health Plan
 HPHC - Harvard Pilgrim Health Care
 MAH - MassHealth¹
 NHP - Neighborhood Health Plan
 THP - Tufts Health Plan

Abbreviation Key:

I/O - Informational only
 N/R - Not required
 N/P - No written policy
 N/A - Survey does not apply to plan

Question	BCBSMA	BCBSRI	BMCHN	FCHP	HPHC	NHP	THP
1. Definition of "preventive" care in terms of using Modifier 33	BCBSMA will use modifier 33 only for barium enema screening, not immunizations.	I/O		I/O	N/P	Preventive services is defined as "routine health care that includes screenings, check-ups and patient counseling to prevent illnesses, disease, or other health problems."	N/R
2. After January 1, 2012, will you require the use of Modifier 33 appended to all preventive care well visit codes?	Modifier 33 will only be used for colonoscopy and barium enema.	I/O	We will not be requiring the use of Modifier 33 as our current configuration supports, and is in compliance with, the federal preventive care regulations.	I/O	N/R	No. Modifier 33 is accepted but does not determine preventive services.	N/R. We will continue to accept and pay preventive services when claims are submitted with the appropriate diagnosis code, V20.2 and V70.0.

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3. Coding example paid/not paid for a preventative well child/adolescent examination	Current codes and fees apply.	Will pay 99382 but not pay 99212 with dx V21.0. At this time, modifier is informational for our plan and not being used to identify preventive services. Preventive E&M codes (99381-99397) would pay with no cost sharing to the member. If a provider is using an E&M from the following range (99201-99215) for a preventive visit, they need to be sure and append the diagnosis (Vcode) that is indicated in our preventive services policy.	99383 would be paid; S5190 would not be paid	Preventive codes will be paid with or without modifier 33.	99282 modifier billed with no modifier would pay for age appropriate member, both regardless of diagnosis. ²	Preventive: V20.2 Principal Diagnosis Code and 99381 CPT Code Not Preventive (Sick Visit): Principal Diagnosis: 493.90 and 99202 CPT Code	99394 is a CPT code for a preventive exam that Tufts Health will reimburse. S0302 (Completed early periodic screening diagnosis and treatment service) is a service Tufts Health Plan does not reimburse.
4. General requirements for using the M33 Modifier code	Modifier 33 will not be required. Use of preventive care codes is sufficient.	I/O	The use of preventive diagnosis codes is sufficient.	Use of the preventive care visit ICD9 codes (V20.2/V70.0) will be sufficient for payment.	No requirements for use of modifier. However, coding software will deny codes that, by definition, are inherently screening codes.	Modifier 33 is not required. Specific ICD 9 diagnosis code is not required for immunization and vaccine administration. CPT codes for the vaccine administered and for the administration of the vaccine suffice for payment.	Tufts Health Plan is not requiring the use of modifier 33 at this time. Tufts Health Plan will continue to reimburse vaccine administration services when submitted with the specific vaccine diagnosis code or the preventive care diagnoses codes (V20.2/V70.0).

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5A. Well exam, plus vaccine administration (e.g., a one-year WCE plus vaccinations).	Current codes are applicable.	N/R	Procedure code 99392; currently we do allow the immunization administration codes (90460 for example) in addition to this; a screening diagnosis code is not necessary	Preventive E/M code is needed: 99381-7, 99391-7.	99832 with V70.0 and 907003	ICD 9 Diagnosis Code V20.2, CPT Code 99382, 90700, 90460-unit 1, 90461-unit 2 ³	99394 (Preventive exam); 99460 (vaccine administration) ; 90656 (Flu) billed with diagnosis code V20.0
5B. Well exam as primary, and separate E/M exam is performed during the same visit, plus vaccine administration (e.g., a 6 year well exam and an ADHD follow-up plus vaccine administration).	Modifier 25 may be used for the E/M component. Otherwise current codes are applicable.	See above. Our plan does not pay for well and sick on the same day; we pay the first line on the claim. We suggest to providers that they submit the preventive code first.	Procedure code 99201; currently we do allow the immunization administration codes (90460 for example) in addition to this; a screening diagnosis code (V73.0 for example) is necessary.	If a separate EM (problem focused code) with modifier 25 is for a separately identifiable service (such as a new acute medical issue or an acute exacerbation of a chronic medical issue) this will generate a copay.	99383 with V20.2 and 90460 admin of flu shot. 99213 with 89.2 wound of the foot	ICD 9 Diagnosis Code V20.2, 314.01 CPT Codes 99382, 99401-25, 90700, 90461-unit 1, 90462-unit 2 CPT code 99401-25 for diagnosis 314.01 can take cost sharing	99394; 99460; 90656 billed with diagnosis code V20.0- No cost share to the member. Separate E/M billed with a problem focused E/M code such as 99241 will take an office visit copayment.
5C. E/M visit as the primary purpose of the visit, plus vaccine administration (e.g. sprained ankle evaluation and management and routine vaccine administration)	Vaccine administration may not be captured as preventive in this scenario. Member cost share will depend upon that associated with the E/M visit.	The E & M would take a co-pay as it was not a well visit and the services associated with the vaccine admin and supply would be at no cost share.	Procedure code 99201 without a screening diagnosis code.	At a primary E/M visit, a copay will apply for the visit, vaccine administration will be reimbursed.	99214 with 845.09 (ankle sprained and 90460 with V05.9 9 single disease vaccine	ICD 9 Diagnosis Code V20.2, 845.00 CPT Codes 99382, 99203-25, 90700, 90461-unit 1, 90462-unit 2 CPT code 99203-25 for diagnosis 845.00 can take cost sharing	Problem focused E/M such as 99241 will take an office visit copayment (99241-consultation codes recognized by the Commercial plan. Tufts Health Plan Medicare Preferred and Medicare do not recognize consultation codes). 90460 and 90656 will not take any member cost share if billed with appropriate diagnosis code for the flu.

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5D. Does the Plan provide first dollar coverage without copayments, coinsurance or deductibles for vaccine administration, regardless of how the visit is coded? Pay for it for some lines of coverage or plan types, but not others? If you do not, which lines of coverage are the exceptions and how do we find this out before the visit?	No cost share for immunization administration.	All plans that impacted by the Preventive services as part of HCR will have vaccines covered at no code share.	If the visit is only for the vaccine then we provide first dollar coverage; if it is a preventive visit, then there is no cost-sharing; if it is provided as part of a sick visit, based on diagnosis, then cost-sharing would be taken. The Plan materials are clear that routine immunizations, in accordance with the federal requirements, do not take cost-sharing.	Vaccine administration is reimbursed with first dollar coverage regardless of how the visit is coded. This is the case for all lines of business.	If the primary purpose of the visit is preventive, then first dollar coverage is provided; for some of our High deductible health plans, if it's a sick visit and the member receives a flu shot, it will pull deductible and co-insurance for that plan.	Vaccines do not take cost sharing; however, if other services are rendered during the office visit that do not qualify as preventive cost sharing may apply to these other services.	The office visit does not have to be preventive. Tufts Health Plan will not apply cost share for a preventive immunization when billed with appropriate immunization diagnosis code. Providers should call Providers Services to determine if a members plan has any coverage/cost share restrictions prior to administering the service.
6. Plan's correct coding procedure to cover preventive services (such as immunization administration) when the patient visit is not categorized under "preventive care?"	None at this time. Vaccine administration is a covered benefit. The cost share will reflect the E/M visit as described above.	For our plan, all vaccines and vaccine administration codes are no cost share to the member. The only exception would be if the vaccine was needed for travel. See policy.	It is a combination of procedure and diagnosis codes that determine "preventive care"	See above	We configure the codes to be preventive by the combination of CPT/HCPCS/ICD9 codes, any coding outside of those codes will adjudicate according to the	Immunizations select a benefit property that does not take cost sharing regardless of the remaining services billed on the claim which may be subject to cost sharing.	In the example of immunization administration, if the immunization and administration are preventive and are billed with the diagnosis for the preventive immunization, then the service will pay without cost share. Even if the preventive immunization is not billed with other "preventive services".
7. URL for plan's specific payment policy		https://www.bcbsri.com/BCBSRIWeb/pdf/medical_policies/PreventiveServices.pdf	N/P	http://www.fchp.org/providers/medical-management/payment-policies.aspx	No written policy currently	http://www.nhp.org/PDFs/Providers/preventive_services.pdf	http://www.tuftshealthplan.com/providers/pdf/payment_policies/preventive_services.pdf

Notes:

1. **MassHealth (MAH)** - Section 1001.2713 of the Affordable Care Act does not apply to Medicaid and we have not adopted modifier 33 so survey is not applicable to our program.
2. **Q3/HPHC** - Code reference and Modifiers referred to need more clarification to make sense.
3. **Q5A/HPHC** - 99832 appears to be a typo. The correct CPT Code for V70.0 would be 99385 or 99395.