



Providers must use the appropriate CPT and HCPCS codes with modifier 25 to bill for significant, separately identifiable evaluation and management services rendered by the provider on the day of the procedure. Providers may need to submit medical documentation with the claim. Refer to the Evaluation and Management Services Payment Policy for more information.

RELATED SERVICE POLICIES:

N/A

AUDIT and DISCLAIMER:

As every claim is unique, the use of this policy is neither 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 and adherence to plan policies, procedures, and claims editing logic. CCA has the right to conduct audits on any provider and/or facility to ensure compliance with the guidelines stated in this payment policy. If such an audit determines that your office/facility did not comply with this payment policy, CCA has the right to expect your office/facility to refund all payments related to non-compliance.

REFERENCES:

[CCA Website](#)

[CMS Website](#)

Payment Policies:

[Massachusetts/ Rhode Island](#)

Provider Manuals:

[Massachusetts/ Rhode Island](#)

Prior Authorization Forms:

[Massachusetts/ Rhode Island](#)

POLICY TIMELINE DETAILS:

1. Drafted November 2021 for CCA Medicare Advantage
2. Effective <MM/DD/2022>