



Horizon Blue Cross Blue Shield of New Jersey

Three Penn Plaza East
Newark, NJ 07105-2200
www.HorizonBlue.com

May 14, 2010

Dear Participating Physician or Other Health Care Professional:

In a letter mailed to your office in February 2010, Horizon Blue Cross Blue Shield of New Jersey advised you that we were implementing changes to our policies and procedures in regard to how eligible procedures and services billed with modifiers 25, 52, 53, 54, 55, 56, 59, 73 and 76 would be reimbursed. As a result of this communication, we received significant feedback from our network related to Modifiers 25 and 59. We subsequently communicated a revision to Modifier 25 in a letter dated March 18, 2010.

We are revising our Modifier 59 approach effective May 17, 2010. Horizon BCBSNJ will not reduce the reimbursement of a second procedure when submitted with Modifier 59 as long as the modifier is used as intended by the guidelines of the American Medical Association Current Procedural Terminology (CPT) Manual Professional Edition, 2010.

According to the CPT manual, the use of Modifier 59 is to identify a distinct procedure that was performed during the same visit and was in addition to the primary procedure. Modifier 59 should be used to report or indicate:

- A procedure or service that was distinct or independent from other services performed on the same day.
- Procedures or services that are not normally reported together.
- Mutually exclusive or "separate procedures" as appropriate under the circumstances.

This modifier may be appropriate in situations involving a different session or patient encounter, different procedure or surgery, different site or organ system, separate incision/excision, separate lesion or separate injury (or area of injury in extensive injuries) not ordinarily encountered or performed on the same day by the same physician or other health care professional. When using Modifier 59, your documentation must demonstrate that the service was distinct from other services performed on the same day.

Our modifier policies are available on our website. To access these policies, please visit www.HorizonBlue.com/Providers, and:

- Mouse over *Forms and Vouchers* and click *Provider Reference Materials*.
- Under *Reimbursement and Billing*, click *Modifier Policies*.

In accordance with Office of the Inspector General (OIG) recommendations and in accordance with our Physician Agreements, Horizon BCBSNJ will perform post-payment audits to verify proper use of Modifier 59. Horizon BCBSNJ's post-payment claim audit process includes requesting medical records to validate correct coding for Modifier 59.

(Over, please)

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Blue Cross and Blue Shield Association.

We appreciate the feedback our network provides. We will continue to monitor the usage of Modifier 59 and may re-evaluate our policy in the future.

Your Professional Relations Representative is available to discuss these revisions with you, or you may call Physician Services at **1-800-624-1110**.

Sincerely,

A handwritten signature in black ink, appearing to read "Richard Popiel". The signature is fluid and cursive, with the first letters of the first and last names being capitalized and prominent.

Richard Popiel, MD, MBA
Vice President and Chief Medical Officer
Health Affairs