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<b>Title</b>	<b>Modifier 33 - Preventive Services</b>		
<b>Number</b>	<b>CP.PP.372.v1.9</b>		
<b>Last Approval Date</b>	06/11/24	<b>Original Effective Date</b>	04/08/11
<b>Replaces</b>	N/A		
<b>Cross Reference</b>			

Coverage of any service is determined by a member's eligibility, benefit limits for the service or services rendered and the application of the Plan's Medical Policy. Final payment is subject to the application of claims adjudication edits common to the industry and the **Plan's professional or facility services claims coding policies**. Reimbursement is restricted to the provider's scope of practice as well as the fee schedule applicable to that provider.

<b>Purpose</b>	To define when the Plan recognizes services appended with Modifier 33 that are submitted on a CMS 1500 paper claim or 837P electronic claim form.
<b>Scope</b>	Applies to all Premera Blue Cross, Premera Blue Cross Blue Shield of Alaska, LifeWise Health Plan of Washington, LifeWise Assurance Company and Premera Blue Cross HMO lines of business and products
<b>Definitions</b>	<p><b><u>Patient Protection and Affordable Care Act (PPACA)</u></b>: A federal statute signed into law on March 23, 2010. This piece of legislation overhauls the United States healthcare system. Under the numerous terms of the law, hospitals and primary care physicians are required to change their practices, technologically and clinically, to achieve better health outcomes, lower costs and improve their distribution of services and accessibility. It is commonly referred to as the "Affordable Care Act." It was enacted to increase the quality and affordability of health insurance, lower the number of uninsured or underinsured by expanding access to public and private insurance coverage and reduce the costs of healthcare for individuals and the government.</p> <p><b><u>United States Preventive Services Task Force (USPSTF)</u></b>: An independent volunteer panel of experts in primary care, prevention, and evidence-based medicine. The Task Force works to improve the health of Americans by making evidence-based recommendations about clinical preventive services such as screenings, counseling service, and preventive medications. The Task Force evaluates scientific evidence to determine whether medical screenings, counseling, and preventive medications work for adults and children who have no symptoms.</p>
<b>Policy</b>	<p>The Plan recognizes Modifier 33 when appended to a service to represent a preventive service(s), as mandated under the terms of the PPACA comprehensive healthcare reform law and as defined in accordance with the USPSTF A and B ratings in effect at the time of service.</p> <p>Appending modifier 33 to a procedure code indicates that the service is a preventive service and one that waives a patient's cost share on the service.</p> <p>Use of modifier 33 is appropriate with a CPT or HCPCS code(s) that are <u>diagnostic/therapeutic/screening services</u> being performed as a preventive healthcare service. Appending modifier 33 to a service that <b><u>is being rendered for the treatment of illness or injury</u></b>, as defined in member benefits, does not guarantee that the service</p>

	<p>will be processed as a preventive healthcare service. Member benefits are applied based on the claim adjudication system.</p> <p>Modifier 33 should not be appended to services <u>specifically identified as preventive or inherently preventive per the code description</u> (ex. 77067- Screening mammography, bilateral (2-view study of each breast), including computer-aided detection (CAD) when performed).</p>														
<b>Violations of Policy</b>	<p>Violations of this policy by any party that enters into a written arrangement with the Plan may result in increased auditing and monitoring, performance guarantee contractual penalties and/or termination of the contract. Disciplinary actions will be determined in Plan’s sole discretion.</p> <p>Violations of this policy may be grounds for corrective action, up to and including termination of employment.</p>														
<b>Exceptions</b>	N/A														
<b>Laws, Regulations &amp; Standards</b>	<ul style="list-style-type: none"> <li>• Patient Protection and Affordable Care Act (PPACA) § 4001, 4002, 4003 and 4004.</li> <li>• Interim Final Rules for Group Health Plans and Health Insurance Issuers Relating to Coverage of Preventive Services under the Patient Protection and Affordable Care Act, dated September 17, 2010.</li> <li>• <i>Public Health Service (PHS) Act Section 2713, Coverage of Preventive Health Services (26 CFR 54.9815-2713T, 29 CFR 2590.715-2713, 45 CFR 147.130).</i></li> </ul>														
<b>References</b>	<ul style="list-style-type: none"> <li>• American Medical Association Current Procedural Terminology (AMA/CPT)</li> <li>• US Preventive Services Task Force (USPSTF) A and B Service Recommendations for Preventive Services</li> <li>• Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention</li> <li>• Bright Futures (American Academy of Pediatrics) and Newborn Testing (American College of Medical Genetics)</li> <li>• Health Resources and Services Administration Comprehensive Guidelines</li> <li>• Patient Protection and Affordable Care Act (PPACA)</li> <li>• Women’s Preventive Services Guidelines</li> </ul>														
<b>Policy Owner Review</b>	Payment Integrity Oversight Committee														
<b>Contact</b>	Any questions regarding the contents of this policy or its application should be directed to the Payment Integrity Department.														
<b>Annual Review Dates</b>	06/11/24; 10/12/23; 11/07/22; 12/02/21; 12/30/20; 01/10/20; 01/10/19; 02/06/18; 03/13/17; 03/14/16; 03/15/15; 03/31/14; 04/01/13; 04/03/12; 04/08/11														
<b>Version History</b>	<table border="1"> <tr> <td>02/06/18</td> <td>Annual review; no changes</td> </tr> <tr> <td>01/10/19</td> <td>Annual review; no changes</td> </tr> <tr> <td>01/10/20</td> <td>Annual review; no changes</td> </tr> <tr> <td>12/30/20</td> <td>Clarified the Purpose statement to indicate that the policy pertains to Professional services billed on a CMS-1500 or 837P claim forms</td> </tr> <tr> <td>12/02/21</td> <td>Minor revision to second paragraph in Policy to indicate appending modifier to a service for the treatment of an illness or injury is not appropriate</td> </tr> <tr> <td>11/07/22</td> <td>Annual review; no changes</td> </tr> <tr> <td>10/12/23</td> <td>In the Policy section added the new second paragraph.</td> </tr> </table>	02/06/18	Annual review; no changes	01/10/19	Annual review; no changes	01/10/20	Annual review; no changes	12/30/20	Clarified the Purpose statement to indicate that the policy pertains to Professional services billed on a CMS-1500 or 837P claim forms	12/02/21	Minor revision to second paragraph in Policy to indicate appending modifier to a service for the treatment of an illness or injury is not appropriate	11/07/22	Annual review; no changes	10/12/23	In the Policy section added the new second paragraph.
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		<p>In the third paragraph, indicated that appending modifier 33 to a code is not a guarantee that the service will be processed as a preventive service.</p> <p>In the last paragraph, added a code example of an inherently preventive procedure.</p>
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