

Clarification to policy update on E/M codes appended with modifier 25

In the Feb. 2026 issue of *The Record*, Blue Cross Blue Shield of Michigan and Blue Care Network announced a new reimbursement policy in the article, [Policy update: E/M codes appended with modifier 25](#). We've heard your concerns and are making some revisions and clarifications to the policy.

Revisions to the policy

- **90-day global surgical period removed from policy:** Claims with a 90-day global surgical period were included in the policy in error and we're removing them. Evaluation and management, or E/M, claims submitted with a 90-day global surgical period should be billed with modifier 57. There are no changes to payment for claims with a modifier 57 due to the new modifier 25 reimbursement policy.
- **Exceptions:** Policy exceptions have been revised and are detailed below.

The clarified policy

Effective for claims with dates of service on or after May 1, 2026, applicable E/M codes for distinct and separately identifiable services that are billed with a modifier 25 on the same calendar date as a minor procedure by the same provider for the same patient will be reimbursed at 50% of the contracted rate, with some exclusions. The minor procedure payment will be at the contracted rate.

This policy will apply to claims for patients enrolled in:

- Blue Cross Blue Shield of Michigan commercial
- Blue Care Network commercial
- Medicare Plus BlueSM
- BCN AdvantageSM
- Blue Cross and Blue Shield Federal Employee Program[®]

A minor procedure:

- Has a global surgery period of either 0 or 10 days
- Includes the procedure, any routine pre-operative or post-operative care as well as evaluation and management
- Is often performed in the office or outpatient setting

- Is generally low-risk and minimally invasive
- List of procedure codes is available in the reimbursement policy, *Modifier 25*. Here's how to find it.
 1. Within our provider portal payer space, click on the *Resources* tab and then click on *Secure Provider Resources (Blue Cross and BCN)*. ([Learn how to access our provider portal payer space.](#))
 2. Click on *Billing and Claims*, then click on *Medical and Reimbursement Policies* and click *Reimbursement Policies*.

Note: Certain E/M codes billed with modifier 25 and a primary service code may be noncovered for specific plans.

Criteria for the use of modifier 25:

- The patient's condition requires a significant, separately identifiable E/M service above and beyond the usual pre-operative and post-operative care associated with the minor procedure performed.
- The E/M and the minor procedure are performed on the same calendar date by the same provider for the same patient in the office or outpatient setting.
- The minor procedure meets the definition described above.

Applicable E/M codes:

The E/M codes for this policy haven't changed. They include:

- *99202 to *99205 (new patient)
- *99212 to *99215 (established patient)

Exclusions:

These services are excluded from the 50% modifier 25 reimbursement reduction:

- Emergency room visit proximity — This is a visit that occurs within one calendar day after an ER visit where a distinct E/M code is billed with a modifier 25 on the same date as a minor procedure. Note: The ER visit claim must be received and processed prior to the E/M claim for the E/M claim to be excluded.
- Any non-surgical procedure that doesn't have a global period is excluded (the global day calculator is XXX or does not apply). Examples include: vaccine administration services, chemotherapy, electrocardiograms, pulmonary function testing, radiology and laboratory tests.

- Situations not eligible for modifier 25 are excluded, including E/M visits that result in the need for a major procedure with a global period of 90 days. Use modifier 57 instead for a 90-day global period.

Note: Modifier 25 claims are subject to medical record request for validation and post-payment audit.

More information

If you have additional questions, please review the *Modifier 25 E/M fee adjustment frequently asked questions for providers* document. Here's how to find it:

1. Within our provider portal payer space, click on the *Resources* tab and then click on *Secure Provider Resources (Blue Cross and BCN)*. ([Learn how to access our provider portal payer space.](#))
2. Click on *Billing and Claims*, then click on *Medical and Reimbursement Policies* and click *Reimbursement Policies*.

E/M reimbursement with preventive services

As a reminder, for dates of service beginning June 1, 2024, Blue Cross and BCN began reimbursing E/M services at 50% of the allowed amount when billed on the same day as a preventive service. Prior to June of 2024, Blue Cross and BCN would only pay for the preventive service.

More information about E/M reimbursement with preventive services is available in these articles:

- [Blue Cross, BCN to begin reimbursing E/M when billed with preventive service](#), June 2024 issue of *The Record* and July-August 2024 issue of *BCN Provider News*, page 29
- [Clarification on when billing E/M code with preventive visit is appropriate](#), July 2025 issue of *The Record* and Sept.-Oct. 2025 issue of *BCN Provider News*, page 27

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