



Reimbursement Policy for Injection and Infusions in the ER with 25 Modifier

Purpose

This policy is intended to ensure correct provider reimbursement and serves only as a general resource regarding Molina Healthcare’s reimbursement policy for the services described in this policy. It is not intended to address every aspect of a reimbursement situation, nor is it intended to impact care decisions. This policy was developed using nationally accepted industry standards and coding principles. In the event of a conflict, federal and state guidelines, as applicable, as well as the member’s benefit plan document supersede the information in this policy. Additionally, to the extent there are any conflicts between this policy and the provider contract language, the Provider contract language will prevail. Coverage may be mandated by applicable legal requirements of a State, the Federal government or the Centers for Medicare and Medicaid Services (CMS). References included were accurate at the time of policy approval. If there is a state exception, please refer to the state exception table listed below.

Policy Overview

Modifier 25 is employed to signify that a patient's condition necessitated a distinct and substantial evaluation and management (E/M) service, in addition to any other procedure or service performed by the same physician or qualified healthcare professional (QHP) on the same date.

Reimbursement Guidelines

Molina Healthcare may conduct a review of emergency room claims that involve injection and infusion procedures billed with Modifier 25, in conjunction with an evaluation and management (E/M) code. This review aims to confirm whether the injections and/or infusions were genuinely separate from the evaluation and management service provided for the patient's primary diagnoses during their ER visit.

If the review identifies incorrect usage of Modifier 25, Molina Healthcare will not reimburse charges for injections and infusions. You will only receive payment for the evaluation and management (E/M) code.

Molina Healthcare will adhere to the standard appeal process.

Supplemental Information

Definitions

Term	Definition
CMS	Center for Medicare and Medicaid
E/M	Evaluation and Management Code
ER	Emergency Room
QHP	Qualified health care professional

State Exceptions

State	Exception

Documentation History

Type	Date	Action
Published	09/01/2023	New Policy
Revised		



References

This policy was developed using

- CMS
- State Medicaid Regulatory Guidance
- State Contracts
- <https://www.ama-assn.org/system/files/reporting-CPT-modifier-25.pdf>