

Payment Policy Review Guide

Summary of Updates

 **PRESBYTERIAN**



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The Payment Policy Review Guide Summary of Updates outlines changes made to Presbyterian's existing reimbursement methodology to align with current Centers for Medicare & Medicaid Services (CMS), Current Procedural Terminology (CPT) and other applicable New Mexico reimbursement guidelines.

The valuable information found in this guide ensures that billing providers have ample time to change billing habits and practice compliance with CMS guidelines prior to policy implementation. Ultimately, the goal is to prevent future payment errors and improve reimbursement processes.

The table on the following page identifies the payment policy name, its effective date, a description of the payment policy and the product lines to which it applies.

Questions

Should providers have any questions regarding the following updates, please contact the Presbyterian Provider Line at (505) 923-5757.

Legend

ADA: The Americans with Disabilities Act

ICD: International Classification of Diseases

AMA: American Medical Association

LCD: Local Coverage Decisions

ACS: American College of Surgeons

LOB: Lines of Business

CMS: Centers for Medicare & Medicaid Services

NCCI/CCI: National Correct Coding Initiative

CPT: Current Procedural Terminology

NCD: National Coverage Determinations

CRNA: Certified Registered Nurse Anesthetist

OPPS: Hospital Outpatient Prospective Payment System

DME: Durable Medical Equipment

RVU: Relative Value Unit

E/M: Evaluation and Management

HCPCS: Healthcare Common Procedure Coding System

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Payment Policy Name	Effective Date	Payment Policy Description	Affected LOBs
Modifier 25	6-1-2026	<p>Enforcement of correct coding and billing guidelines regarding modifier 25. Preventive medicine services and global surgery are comprehensive in nature; however, occasionally a scenario may occur where a pre-existing problem is addressed during the same encounter as a preventive medicine service or global surgery and significant elements of related E/M services are provided.</p> <p>When this occurs, the preventive medicine service or global surgery will be reimbursed at 100% of the allowable amount and the problem-oriented E/M service will be reimbursed at 50% of the allowable amount when modifier 25 is appended to the problem-oriented E/M code. If the problem-oriented E/M code is not significant, separately identifiable or the modifier 25 is not appended, then it will be denied per CMS guidance.</p>	ALL
Anesthesia Physical Status Modifiers	1-1-2026	<p>Enforcement of correct coding and billing guidelines regarding anesthesia physical status modifiers. CMS does not recognize anesthesia physical status modifiers for additional reimbursement.</p> <p>To align with CMS guidance, Presbyterian will also no longer allow separate/additional reimbursement for physical status modifiers (P3-P5) appended to anesthesia procedure codes. However, modifiers may still be appended purely for informational and documentation purposes.</p>	ALL

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Discontinuation of Consultation Codes	1-1-2026	<p>Enforcement of correct coding and billing guidelines regarding discontinuation of consultation codes. CMS ceased recognizing office/outpatient consultation CPT codes for Medicare Part B payment as of Jan. 1, 2010.</p> <p>To align with CMS guidance, Presbyterian will also no longer reimburse claims that are billed with consultation codes (99242-99245) and (99252-99255). Moving forward, consultation services should be reported using appropriate E/M codes (99202-99205) and (99212-99215).</p> <p>Claims should clearly represent the location where the visit took place, and medical records should represent the level of complexity required during the visit.</p>	ALL
Emergency Room E&M Coding (Professional)	1-1-2026	<p>Enforcement of correct coding and billing guidelines regarding emergency room E/M coding. Services billed must meet the criteria defined in the E/M section of the CPT coding guidelines for emergency department codes (99281-99285) and documentation within the medical records must be specific to the customer and/or encounter at the time of service.</p> <p>If the codes billed on a claim do not meet the criteria outlined in the E/M section of the CPT manual, the documentation lacks specificity, and/or the diagnosis codes are singular and non-complex for the encounter, the claim line may be adjusted to an appropriate level or denied in accordance with CPT and CMS guidelines.</p>	ALL

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NCCI Add-On Codes	1-1-2026	<p>Enforcement of correct coding and billing guidelines regarding NCCI add-on codes. NCCI was developed by CMS to promote correct coding practices and prevent improper payments.</p> <p>Certain CPT and HCPCS codes are designated as add-on codes which describe a service that is always performed in conjunction with a primary service. As such, add-on codes are not payable when billed alone.</p> <p>To align with CMS guidance, Presbyterian will not reimburse claims that are billed with add-on codes only. If a claim is billed with an add-on code but that claim is missing a primary service code, the claim will be denied.</p>	ALL