



December 23, 2020

Jenifer Miller
Senior Director of Operations
Centene Corporation
12515-8 Research Blvd. Suite 400
Austin, TX 78759

Re: Denying payment for all well visits using modifier 25

Dear Ms. Miller:

On behalf the Texas Medical Association, the Texas Academy of Family Physicians, and the Texas Pediatric Society, we appreciate that Ambetter is proactively addressing a matter of urgent concern to patients and primary care physicians.

Over the past few months, Texas physicians report that Ambetter (the Superior Exchange Plan) as of Oct. 1, 2020, began denying payment for all well visits when billed with modifier 25, claiming “overuse of modifier 25” even though it is standard practice to use modifier 25 to indicate additional services are being provided in addition to the well visit. These denials have resulted in needless and massive delays in payments for well child visits, which are an essential and important service at any time – but especially during a pandemic. By compelling additional patient visits to health care settings, the denial of modifier 25 needlessly increases the exposure risk to patients.

It was reassuring to learn that Ambetter is rectifying this and understands the tremendous inconvenience and costs in having a patient come back when a medical issue is presented during the well visit. We heard from some physicians that they are starting to receive payment on these claims. However, not all claims are being reprocessed correctly. After denying the original payment and reissuing payment for the well visit plus the ancillary service, practices must now owe back significant funds for double payment of the ancillaries.

Our organizations urge all commercial payers not to deny payment for the well visit if a separate procedure is billed on the same day (assuming that a full wellness visit has been provided). We encourage plans to target outlier physicians and not widely apply the prepayment review across all practices.

We understand Ambetter needs to validate claims, be good stewards of taxpayer dollars, and ensure only proper payments, but rather than a prepayment review by a registered nurse, our organizations call for the use of a postpayment review by a practicing physician who also provides well visits for children.

To help achieve our mutual objectives of accurate and timely payments, we will continue to [educate our members](#) that modifier 25 should be used only to indicate that a “significant, separately

identifiable evaluation and management service (was provided) by the same physician on the same day of the procedure or other service.”

In the event the claims documentation is insufficient to support billing modifier 25, we call on Ambetter to offer physicians the ability to appeal to physician(s) of their same or similar specialty. Appeals should not be handled by nonphysician practitioners.

If you have any questions, please do not hesitate to contact Robert Bennett, TMA vice president of medical economics, at Robert.Bennett@texmed.org. Otherwise, we appreciate your prompt response.

Sincerely,



Diana L. Fite, MD
President
Texas Medical Association



Amer Shakil, MD
President
Texas Academy of Family Physicians



Seth Kaplan, MD, FAAP
President
Texas Pediatric Society

Enclosed: Centene Corporation Payment Policy: Clinical Validation of Modifier 25 (Reference Number: CC.PP.OB)