PREMERA BLUE CROSS
An Independent Licensee of the Blue Cross Blue Shield Association

Payment Policy

cmi_125193

Title	**Modifier 33 - Preventive Services**		
Number	**CP.PP.372.v2.0**		
Last Approval Date	05/12/26	**Original Effective Date**	04/08/11
Cross Reference	*- Benefit Coverage guideline Medical Policy- 10.01.523-Preventive Care*		

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.

Purpose	To define when the Plan recognizes services appended with Modifier 33 that are submitted on a professional claim.
Scope	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
Definitions	**Patient Protection and Affordable Care Act (PPACA):** Also known as the "Affordable Care Act," is a federal statute signed into law on March 23, 2010. It was enacted to expand health insurance coverage, lower healthcare costs and improve the quality of care. Hospitals and primary care physicians are required to change their practices to achieve better health outcomes, lower costs, and improve their distribution of services and accessibility. **United States Preventive Services Task Force (USPSTF):** 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 medical screenings, counseling services, and preventive medications in adults and children who have no symptoms.

Policy	The Plan recognizes Modifier 33-*Preventive service* 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:
	• United States Preventive Services Task Force (USPSTF) grade A or B recommendations
	• Advisory Committee on Immunization Practices (ACIP) recommendations adopted by the Director of the Center for Disease Control and Prevention (CDC)
	• Health Resources and Services Administration (HRSA) supported comprehensive guidelines which are published by any of the following sources:
	  ○ The Bright Futures Recommendations for Pediatric Preventive Health Care schedule of services
	  ○ Uniform Panel of the Secretary's Advisory Committee on Heritable Disorders in Newborns and Children
	  ○ Specific women's health care services and guidelines adopted by HRSA
	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.

	Use of modifier 33 is appropriate with a CPT or HCPCS code(s) that are **diagnostic/therapeutic/screening services** being performed as a preventive healthcare service. Appending modifier 33 to a service that is being rendered for the treatment of illness or injury, as defined in member benefits, does **not** guarantee that the service will be processed as a preventive healthcare service. Member benefits are applied based on the claim adjudication system. Modifier 33 should not be appended to services **specifically identified as preventive or inherently preventive per the code description** (ex. 77067- Screening mammography, bilateral (2-view study of each breast), including computer-aided detection (CAD) when performed).	
Violations of Policy	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 by the Plan.	
Exceptions	Exceptions section: Exceptions to the policy may be made where a provider or employer group contract dictates otherwise.	
Laws, Regulations & Standards	• Patient Protection and Affordable Care Act (PPACA) § 4001, 4002, 4003 and 4004. • 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. • *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).*	
References	• American Medical Association Current Procedural Terminology (AMA/CPT) • US Preventive Services Task Force (USPSTF) A and B Service Recommendations for Preventive Services • Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention • Bright Futures (American Academy of Pediatrics) and Newborn Testing (American College of Medical Genetics) • Health Resources and Services Administration Comprehensive Guidelines • Patient Protection and Affordable Care Act (PPACA) • Women's Preventive Services Guidelines	
Policy Owner Review	Payment Integrity Oversight Committee	
Contact	Any questions regarding the contents of this policy or its application should be directed to the Payment Integrity Department.	
Annual Review Dates	05/12/26; 05/05/25; 06/12/24; 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	
Version History	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.

		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. In the last paragraph, added a code example of an inherently preventive procedure.
	06/12/24	Annual review; no changes
	05/05/25	Annual review; no changes
	05/12/26	Updated Preventive Service recommendation organizations to mirror AMA guidelines and Preventive benefit guideline medical policy references: • United States Preventive Services Task Force (USPSTF) grade A or B recommendations • Advisory Committee on Immunization Practices (ACIP) recommendations adopted by the Director of the Center for Disease Control and Prevention (CDC) • Health Resources and Services Administration (HRSA) supported comprehensive guidelines which are published by any of the following sources: o The Bright Futures Recommendations for Pediatric Preventive Health Care schedule of services o Uniform Panel of the Secretary's Advisory Committee on Heritable Disorders in Newborns and Children o Specific women's health care services and guidelines adopted by HRSA