HOUSE OF DELEGATES
of the American College of Allergy, Asthma & Immunology

Clarification on BCBSM Modifier -25 Policy Update Effective May 1, 2026 – Impact on Allergy Procedures

Dear Colleagues,

Thank you to many of you for sharing the recent BCBSM policy update from "The Record" regarding the reimbursement change for non-preventive E/M services (CPT codes 99202–99205 and 99212–99215) appended with modifier -25 when billed on the same date of service as procedures with a global surgical period of 0 or 10 days. We appreciate the concerns raised by Michigan allergists and the Michigan Allergy & Asthma Society executive board, as well as the ongoing discussions about potential implications for our specialty.
The Advocacy Council has carefully reviewed the policy language, which explicitly applies to procedures **with a global surgical period of 0 or 10 days**. Key allergy and asthma diagnostic procedures commonly performed in our practices—such as spirometry (CPT 94010, often with 94060 for pre/post-bronchodilator) and percutaneous allergy skin testing (CPT 95004)—**do not have a global surgical period** assigned under standard CMS and industry guidelines. These are classified with a global indicator of "XXX" (concept does not apply) or equivalent, meaning they are diagnostic tests excluded from the global surgical package rules that bundle pre- and post-procedure care.

The policy targets reimbursement adjustments to avoid duplicating the practice expense component in both the E/M and the global day code for surgical/procedural services. Since spirometry and skin testing lack such global periods, they should **not be subject** to the 50% reduction in the associated E/M service under this specific change.

That said, payer interpretations can sometimes vary in implementation, particularly with automated claims processing. At this time, we recommend **monitoring claims closely** after the May 1, 2026, effective date to confirm how BCBSM applies this policy in practice for allergy-related services. If any unexpected reductions occur on eligible claims, we can then gather data, coordinate with ACAAI advocacy resources, and consider joint outreach (e.g., a letter with MAAS) to seek clarification or reconsideration if needed.

Please let me know if you have additional questions or if there are specific claims examples you'd like to discuss further. We're here to support advocacy efforts on this and related reimbursement issues.

Best regards,

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