

BHMG Physician Practice E&M Coding Education
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E&M Coding Education Questions?

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The infamous Modifier 25!

Misuse of modifier 25 (*Significant, separately identifiable evaluation and management service by the same physician on the same day of the procedure or other service*) is among the most common coding mistakes, possibly costing millions each year in missed reimbursement opportunities.

The patient's "Oh, by the way ..." comment turns an encounter that was scheduled as either a preventive medicine visit or regular E&M visit into something more. According to CPT, separate, significant physician evaluation and management (E/M) work that goes above and beyond the physician work normally associated with a preventive medicine service or a minor surgical procedure is additionally billable. The code that tells the insurer you should be paid for both services is modifier -25. If used correctly, it can generate extra revenue.

Attention Providers:

Remember, according to CPT and CMS, all procedures and services, no matter how minor, include an inherent E&M component.

Any E&M service you report separately must exceed the minimal evaluation that normally accompanies any other same day service(s) or procedure(s).

CMS states specifically you should apply modifier 25 only for service that is above and beyond the usual pre- and post-operative work for the service.

A significant, separately identifiable E&M service might occur on the same day as another procedure or service when:

1. The provider sees a new patient, **or**
2. The provider sees an established patient with a new complaint or change in status.

Example:

An orthopedist sees a new patient for knee pain evaluation. The provider diagnoses the patient with Osteoarthritis of the knee and discusses options for management, then injects a steroid to provide patient relief.

- You may report both the aspiration and the same-day E&M in this case (appropriate E&M service), with modifier 25 appended. Only after completing an E&M service would the provider make a decision to perform an additional procedure (the injection).

The **KEY** is recognizing when your extra work is "**significant**" and, therefore, additionally billable. Ask yourself the following questions to determine if the services are "significant":

- **Did you perform and document the key components of a problem-oriented E/M service for the complaint or problem?**
- **Could the complaint or problem stand alone as a billable service?**
- **Is there a different diagnosis for this portion of the visit?**
- **If the diagnosis will be the same, did you perform extra physician work that went above and beyond the typical pre- or postoperative work associated with the procedure code?**

If your answers to these questions are yes, then you should report the appropriate E/M code with modifier -25 attached as well as the preventive medicine service code or minor surgical procedure code.

When Not to Use the Modifier 25

1. Do not use a 25 modifier when billing for services performed during a postoperative period if related to the previous surgery.
2. Do not append modifier 25 if there is only an E/M service performed during the office visit (no procedure done).
3. Do not use a modifier 25 on any E/M on the day a "Major" (90 day global) procedure is being performed.
4. Do not append modifier 25 to an E/M service when a minimal procedure is performed on the same day unless the level of service can be supported as significant, separately identifiable. All procedures have "inherent" E/M service included. **See example #2.**
5. Patient came in for a scheduled procedure only.

Example #2

When a patient is scheduled to come into your office for a cardiovascular stress test and the physician also completes a history and performs a limited examination (specifically related for the stress test) your office should only code for the cardiovascular stress test only.

The Key:

- **Scheduled for a procedure- NO Modifier 25**
- **Not scheduled- USE Modifier 25**

Other Examples of Modifier 25

- Patient does labs same day as office visit.
- Procedure done same day as E&M for a separate problem.
- Well visit and sick visit done on same day, modifier goes on sick visit (99201-99215) code.
- Same day vaccines are administered.
- Same day injection is administered.
- When patient has EKG done during visit.

Other Important Modifiers

- 24 Unrelated E&M Service by the Same Physician or Other Qualified Health Care Professional During a Postoperative Period
- 27 Multiple Outpatient Hospital E/M Encounters on the Same Date
- 33 Preventive Services
- 52 Reduced Services
- 55 Postoperative Management Only
- 56 Preoperative Management Only
- 57 Decision for Surgery
- 58 Staged or Related Procedure or Service by the Same Physician or Other Qualified Health Care Professional During the Postoperative Period
- 79 Unrelated Procedure or Service by the Same Physician or Other Qualified Health Care Professional During the Postoperative Period
- AI Principal physician of record
- GC This service has been performed in part by a resident under the direction of a teach physician
- GE This service has been performed by a resident without the presence of a teaching physician under the primary care exception
- GT Via interactive audio and video telecommunication systems

GOOD NEWS

NEW BHMG E&M PROVIDER RESOURCE!!!

New E&M on the Go Cards!!!

This great resource was designed by your E&M Coding Education Team.

These cards cover:

- Office E&M Codes
- Inpatient E&M Codes
- Key Components
 - History
 - Exam (*by specialty*)
 - MDM
- Modifiers
- Preventive Visits
- Split Share/Incident to
- TCM Codes
- Time and Counseling
- *And more.....*



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