

TITLE: **Use of Modifier 25**

POLICY/PURPOSE:

To establish a procedure under which the Modifier 25 may be appended to an Evaluation and Management (E/M) code.

DEFINITIONS:

Modifier 25 Definition: Significant, Separately Identifiable Evaluation and Management Service by the Same Physician or Other Qualified Health care Professional on the Same Day if the Procedure or Other Service

PROCEDURE: If a procedure has a global period of 000 or 010 days, it is defined as a minor surgical procedure. In general, E/M services on the same date of service as the minor surgical procedure are included in the payment for the procedure. The decision to perform a minor surgical procedure is included in the payment for the minor surgical procedure and shall not be reported separately as an E/M service. However, it may be necessary to indicate that on the day a minor procedure was performed, the patient’s condition required a significant, separately identifiable E/M service above and beyond the other service provided or beyond the usual preoperative and postoperative care associated with the minor procedure that was performed.

A significant, separately identifiable E/M service is defined or substantiated by documentation that satisfies the relevant criteria for the respective E/M service to be reported. The E/M service may be prompted by the symptom or condition for which the procedure and/or service was provided. As such, different diagnoses are not required for reporting of the E/M services on the same date as the minor procedure. This circumstance may be reported by adding Modifier 25 to the appropriate level of E/M service.

Furthermore, Medicare Global Surgery rules prevent the reporting of a separate E/M service for the work associated with the decision to perform a **minor** surgical procedure whether the patient is a new or established patient. The fact that the patient is “new” to the provider is not sufficient alone to justify reporting an E&M service on the same date of service as a minor surgical procedure.

Modifier 25 is only to be appended to an E/M service and shall not be appended to surgical codes, medicine procedures, diagnostic tests, etc. **However, Modifier 25 may be appended to an established eye exam code (92012 or 92014). Treat established patient eye exam codes 92012 & 92014 as an E/M service in determining whether to report Modifier 25.**

1. Usual Preoperative, Intraoperative and Postoperative Services

The usual preoperative and postoperative services may vary based on the procedure performed; however, for the most part, the following work would be considered as part of the usual preoperative, intraoperative and postoperative services included in the procedure:

- discussion of probable diagnosis
- discussion of indication for the procedure
- risks and benefits of the procedure
- description of the procedure to patient
- expected results of procedure
- informed consent
- staff preparation of necessary anesthetic, supplies, and surgical tray
- obtaining vitals
- inspection and/or palpation of area where surgery is to be performed
- cleansing site
- administration of local anesthetic
- application of antibiotic ointment and sterile dressing
- instructions to the patient on postoperative wound care, dressing changes and follow-up
- advice to patient on recognizing significant complications like bleeding or allergic reasons
- completion of medical records
- communication of results to referring physician, as appropriate
- writing orders

The CPT codes for the procedure includes the evaluation services necessary prior to the performance of the procedure (e.g., assessing the site/condition of the problem area, explain the procedure, obtaining informed consent); however, when significant and identifiable (i.e., key components/counseling) E/M services are performed, these services are not included in the descriptor for the procedure or service performed.

It is important to note that the diagnosis reported with both the procedure/service and the E/M service need not be different, if the same diagnosis accurately describes the reasons for the encounter and the procedure.

2. Modifier 25 and “XXX” Procedures

Procedures with a global surgery indicator of “XXX” are not covered by the same rules as E/M services performed on the same date as procedures with global surgery indicators “000” or “010.”

Many of these “XXX” procedures are performed by physicians and have inherent pre-procedure, intra-procedure, and post-procedure work usually performed each time the procedure is completed. This work shall not be reported as a separate E/M code. Other “XXX” procedures are not usually performed by a physician and have no physician work relative value units associated with them. A physician shall not report a separate E/M code with these procedures for the supervision of others performing the procedure or for the interpretation of the procedure. With most “XXX” procedures, the physician may, however, perform a significant and separately identifiable E/M service on the same date of service which may be reported by appending Modifier 25 to the E/M code. This E/M service may be related to the same diagnosis necessitating performance of the “XXX” procedure but cannot include any work inherent in the “XXX” procedure, supervision of others performing the “XXX” procedure, or time for interpreting the result of the “XXX” procedure. Appending Modifier 25 to a significant, separately identifiable E/M service when performed on the same date of service as an “XXX” procedure is correct coding. Examples of “XXX” procedures include allergy testing and immunotherapy, physical therapy services, and neurologic and vascular diagnostic testing procedures.

3. E/M Service on Same Day as Chemotherapy Administration

Chemotherapy administration CPT codes 96360-96375 and 96401-96425 have been valued to include the work and practice expenses of CPT code 99211 (E/M service, office or other outpatient visit, established patient, level I). Although CPT code 99211 is not reportable with chemotherapy and non-chemotherapy drug/substance administration HCPCS/CPT codes, other non-facility based E/M codes (e.g., 99201-99205, 99212-99215) are separately reportable with Modifier 25 if the physician provides a significant and separately identifiable E/M service. Since physicians shall not report drug administration services in a facility setting, a facility based E/M code (e.g., 99281-99285) shall not be reported by these providers with a drug administration CPT code unless the drug administration service is performed at a separate patient encounter in a non-facility setting on the same date of service. In such situations, the E/M code should be reported with Modifier 25.

4. E/M Service on Same Day as Immunizations

If one or more immunizations and a significant, separately identifiable E/M service are rendered on the same date of service, both the immunization administration code (e.g., CPT codes 90460–90474) and the E/M code with Modifier 25 appended may be reported. If the patient returns on another day solely to receive another immunization, only the immunization administration code shall be reported.

Similar to drug and chemotherapy administration CPT codes, CPT code 99211 (E/M service, office or other outpatient visit, established patient, level I) is not separately reportable with vaccine administration HCPCS/CPT codes 90460-90474, or G0008-G0010. Other E/M codes are separately reportable with a vaccine administration code if the E/M service is significant and separately identifiable, in which case the E/M code may be reported with Modifier 25.

5. E/M Service Same Day as Dialysis

Renal dialysis procedures coded as 90935, 90937, 90945, 90947, G0491, and G0492 include E/M services related to the dialysis procedure and the renal failure. If the provider additionally performs on the same date of service medically reasonable and necessary E/M services **unrelated** to the dialysis procedure or renal failure that are significant and separately identifiable, these services may be separately reportable. CMS allows providers to additionally report if appropriate CPT codes 99201-99215, 99221-99223, 99238-99239, and 99291-99292. These codes must be reported with Modifier 25 if performed on the same date of service as the dialysis procedure.

Per CMS payment policy any E/M service related to the renal failure (e.g., hypertension, fluid overload, uremia, electrolyte imbalance) or dialysis procedure performed on the same date of service as the dialysis procedure shall not be reported separately even if performed at a separate patient encounter. E/M services for conditions **unrelated** to the dialysis procedure or renal failure may be reported separately with Modifier 25 only if they cannot be performed during the dialysis session.

6. E/M Service Same Day as Cardiac Stress Tests

If a physician in attendance for a cardiac stress test obtains a history and performs a limited physical examination related to the cardiac stress test, an E/M code shall not be reported separately unless a significant, separately identifiable E/M service is performed that is **unrelated** to the performance of the cardiac stress test. The E/M code should be

reported with Modifier 25 to indicate that it is a significant, separately identifiable E/M service.

7. E/M Service Same Day as Pulmonary Diagnostic Testing or Therapy

If a physician in attendance for pulmonary diagnostic testing or therapy obtains a limited history and performs a limited physical examination related to the pulmonary testing or therapy, separate reporting of an E/M service is not appropriate. If a significant, separately identifiable E/M service is performed **unrelated** to the performance of the pulmonary diagnostic testing or therapy, an E/M service may be reported with Modifier 25.

8. E/M Service Same Day as Allergy Testing or Allergy Immunotherapy

E/M codes reported with allergy testing or allergy immunotherapy are appropriate only if a significant, separately identifiable service is performed. Obtaining informed consent is included in the immunotherapy service and shall not be reported with an E/M code. If a significant, separately identifiable E/M service is performed, Modifier 25 should be utilized.

Examples

Correct Use of Modifier 25

Scenario: On April 4, 2018, an E/M service was submitted with CPT code 99213. The patient was evaluated for treatment of neck pain and elevated blood pressure. Trigger point injections (CPT code 20553, global surgery indicator 000) were administered for neck pain. New medications were prescribed to control the patient's elevated blood pressure.

Outcome: Submit the trigger point injections and the E/M service with Modifier 25 appended to the E/M service. The E/M service was significant and separately identifiable as it included evaluation and treatment of the patient's elevated blood pressure in addition to the neck pain.

99213-25

20553

Incorrect Use of Modifier 25

Scenario: On May 7, 2018, an E/M service is submitted with CPT code 99213 and Modifier 25 is appended. During the same patient encounter, the physician also debrides the skin and subcutaneous tissues (CPT code 11042, global surgery indicator 000). CPT code 99213 was submitted to reflect the physician's time, examination and decision making related to determining the need for skin debridement. The physician's time was not significant and separately identifiable from the usual work associated with the surgery, and no other conditions were addressed during the encounter.

Outcome: Do not submit the E/M service since the E/M service was not significant and separately identifiable from the work associated with the procedure.

Submit only the 11042 procedure code.

Note: The term "physician" or "physicians" is applicable to physicians and other qualified health care professionals who can submit charges under their own provider number.

The effective date of this policy is not intended to provide a period in time when this procedure was not applicable. The effective date only represents the date the Policy and Procedure form was completed.

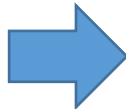
Modifier 25 Decision Chart

Was a surgery/procedure performed on the same day as the E/M *** service?

No

Do not append Modifier 25.

Yes



Was the E/M service performed by a provider with same specialty and in same group as provider who performed the surgery/procedure?

No

Do not append Modifier 25.

Yes

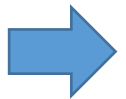


Does the surgery/procedure have a global indicator of 000, 010, or XXX?

No

Do not append Modifier 25.

Yes

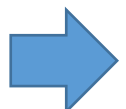


Was the E/M significant and separately identifiable?

Yes

Append modifier 25 to the E/M service code.

No



Do not append Modifier 25. Bill only the surgery/procedure.

***** Treat established patient eye exam codes 92012 & 92014 as an E/M service in determining whether to report Modifier 25.**

REFERENCES:

APPROVED BY:
Maryann C. Palmeter