CareOregon

Modifier 25 Coding Guide

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Scope

This policy applies to all providers, non-physician providers and subcontractors who submit claims with modifier 25 to CareOergon.

Purpose

The purpose of this guide is to ensure correct use of modifier 25 and eliminate excess or improper use.

Policy/Guidelines

Appending Modifier 25

Evaluation and management services are typically considered inclusive to procedures that are performed on the same day. Modifier 25 is used to indicate that the E/M service performed on the same day as a procedure is "significant and separate" and should be reimbursed in addition to the procedure.

Modifier 25 can be added to the evaluation and management service line when:

- An E/M is performed on a patient on the same day as a procedure
- All services were provided by the same clinician/provider
- The E/M documentation supports a significant service, separate from the procedure performed (see below)

Only append modifier 25 to the evaluation and management service. For significant, separately identifiable non-E/M services, please refer to modifier 59, XE, XP, XS, and XU.

"Significant and Separately Identifiable"

When a patient's condition requires an E/M service in addition to the usual preoperative and postoperative care associated with the procedure that was performed. Or when the condition requires E/M services above and beyond the other service provided.

Documentation must support a complete E/M (history, exam and medical decision making) that is distinct and separate from the procedure, and significant enough to warrant a full E/M in addition to the procedure performed.

The decision for surgery is included in the reimbursement for same day and minor surgical procedures. All pre-procedure, intra-procedure, and post-procedure work for minor procedures is included in the reimbursement for that procedure and a separate E/M service should **not** be reported.

Appropriate Use of Modifier 25 (examples)

- A patient presents for a well child visit and a vaccine is administered.
    - The well child visit should be billed with modifier 25 along with the vaccine administration (and the vaccine).
- Patient presents for a chiropractic adjustment of their spine. During this visit, the patient complains of wrist pain, an evaluation is performed and an x-ray is ordered.
    - The evaluation and management of the wrist pain should be billed with modifier 25 along with the chiropractic adjustment.
- A patient presents for a follow up visit of Charcot Foot of the right foot. During the examination, a left foot wound is identified and debrided.
    - The evaluation and management for the Charcot Foot should be billed with modifier 25 along with the debridement.

Inappropriate Use of Modifier 25 (examples)

- A patient has a suspicious mole on the forearm. It is evaluated and removed in the physician's office. This is a routine procedure and no other conditions are treated.
    - Only the excision procedure should be billed.
- An established patient is seen for left knee pain. After evaluating the knee, the physician performs arthrocentesis.
    - Only the arthrocentesis should be billed.
- A patient is scheduled to come into a cardiology office for a cardiovascular stress test. The physician completes a history and limited examination specifically related to the stress test.
    - Only the stress test should be billed.

Definitions

Modifier 25 - Significant, separately identifiable evaluation and management service by the same physician or other qualified health care professional on the same day of a procedure or other service.

Evaluation and Management (E/M) – an office, outpatient or inpatient visit where a physician or other qualified healthcare professional diagnoses and treats illness or injury. The minimum reporting requirements for E/M services are defined by the American Medical Association and typically include gathering patient history, completion of a physical exam, and a level of medical decision making.

Minor Surgery – Surgical procedure with global periods of 000 or 010 days, or procedures not covered by Global Surgery Rules with a global indicator of XXX.

Regulations/Related

The Centers of Medicare and Medicaid Services (CMS) requires that Modifier 25 should **only be used on claims for E/M services**, and only when these services are provided by the same physician (or same qualified nonphysician practitioner) to the same patient on the same day as another procedure or other service.

References

medicare-ncci-policy-manual-2023-chapter-1.pdf (cms.gov)
2023 CPT E/M descriptors and guidelines (ama-assn.org)
25 - JE Part A - Noridian (noridianmedicare.com)
Modifier 25 Fact Sheet (wpsgha.com)
Are You Using Modifier 25 Correctly? - AAPC Knowledge Center

These guidelines have been developed to accompany and complement the official conventions and instructions provided within the American Medical Association's Current Procedural Terminology (CPT) itself. Additions and deletions conform it to the most recent publications of CPT and HCPCS Level II and to changes in CareOregon and its affiliates coverage policy and payment status, and as such these guidelines are current as of 01/01/2023. Every reasonable effort has been taken to ensure that the educational information provided is accurate and useful. CareOregon and its affiliates make no claim, promise or guarantee of any kind about the accuracy, completeness or adequacy of the content for a specific claim, situation or provider office application, and expressly disclaim liability for errors and omissions in such content. As CPT codes change annually, you should reference the current version of published coding guidelines and/or recommendations from nationally recognized coding organizations for the most detailed and up-to-date information.