

MODIFIER 25 & MINOR PROCEDURES OCC Education & Outreach

Definition: Significant, separately identifiable E&M service by the same physician on the same day of the procedure or other therapeutic service

Application: Only apply to E/M codes including Eye Codes; do not apply to the procedure code

Impact: Modifier 25 indicates payment is being sought for an E/M service in addition to a payment for the minor procedure

KEY POINTS

Minor Procedure = A procedure with a 000 or 010 day Global Period

1. E&M services on the same date of service as a minor surgical procedure are included in payment for the procedure and considered part of the work of the procedure.
2. 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.

Exceptions:

- A significant and separately identifiable E/M service unrelated to the decision to perform the minor surgical procedure is separately reportable with modifier 25. The E&M service and minor surgical procedure do not require different diagnoses. CMS NCCI Policy Manual
- E&M documentation supports there has been a significant amount of additional work above and beyond what the physician would normally provide, and when the visit can stand alone as a medically necessary billable service. NGS Policy Education

SUPPORTING DOCUMENTATION

National Government Services expects providers to use modifier 25 only when they can clearly substantiate that the visit was **medically necessary, significant and distinctly separate** from the procedure or therapeutic service provided to the same patient on the same date of service.

When billing an E&M service along with a procedure, **documentation must clearly demonstrate that:**

- the purpose of the E&M service was to evaluate a specific complaint and the complaint or problem addressed can stand alone as a billable service
- you performed extra work that went above and beyond the typical work associated with the procedure
- the key components of the appropriately selected E&M service were actually performed and address the presenting complaint
- the purpose of the visit was other than evaluating and/or obtaining information needed to perform the procedure/service; and
- both the medically necessary E&M service and the procedure are appropriately and sufficiently documented by the physician in the patient's medical record to support the claim for these services

CLINICAL EXAMPLES

| APPROPRIATE FOR MOD 25 | INAPPROPRIATE FOR MOD 25 |
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| <p>A medically necessary exam of one or both eyes for a condition unrelated to the intravitreal injection.</p> | <p>If the need for the Intravitreal injection(s) has been established at an earlier visit and the patient is in the office solely to be injected, an E/M or Eye code service should not be billed.</p> |
| <p>Patient presented for treatment of glaucoma and in the course of treating the patient the doctor identified a foreign body. The evaluation for the glaucoma would be reported with modifier 25, and the foreign body removal would be reported.</p> | <p>During a foreign body removal, obtaining the patient's ocular and general medical history; performing an external exam; evaluating distance vision; and a slit lamp examination would all be standard procedures performed prior to the foreign body removal.</p> |
| <p>If the physician in the scenario to the right (head trauma) also performs a medically reasonable and necessary full neurological examination, an E&M service may be separately reportable.</p> | <p>If a physician determines that a new patient with head trauma requires sutures, confirms the allergy and immunization status, obtains informed consent, and performs the repair, an E&M service is not separately reportable.</p> <p><i>Billing for a visit would not be appropriate if the physician only identified the need for sutures and confirmed allergy and immunization status.</i></p> |
| <p>A patient is scheduled by the podiatrist to take care of a fibrous hamartoma. During the visit, the patient indicates that he has had numbness and oozing from a lesion on his heel. The podiatrist evaluates the lesion, determines that it is a diabetic ulcer and treats it appropriately.</p> <p>◦ <i>In this case the heel lesion is considered a separate & significant service</i></p> | <p>An established patient is seen in the office for debridement of mycotic nails. In the course of examining the feet prior to the procedure, Tinea Pedis is noted. Use of previously prescribed topical cream to treat the Tinea is recommended.</p> <p>◦ <i>In this case the Tinea was noted incidentally in the course of the evaluation of the mycotic nails and did not constitute a significant and separately identifiable E&M service above and beyond the usual pre and postcare associated with nail debridement.</i></p> |
| <p>A patient sees a dermatologist for a lesion on his leg. During the exam, the patient mentions a rash on his arm. The symptoms have been worsening so that the patient has been unable to sleep at night due to the itching. The lesion on the leg is removed and the provider writes a prescription for the rash.</p> <p>◦ <i>In this case the rash is considered to be a separate & significant service</i></p> | <p>A patient is seen in the office for simple repair of a laceration of the right finger. It is determined that it has been longer than ten years since his last Td vaccine. After the repair, the wound is dressed, wound care instructions are given and a Td booster is administered.</p> <p>◦ <i>The work done is considered part of the typical care associated with this type of injury. An E&M component is included in the pre and postwork for the laceration.</i></p> |
| <p>A patient comes to the office with complaints of right knee pain. The physician takes a history and does an exam. An X-ray of the knee is obtained and the physician writes an order for physical therapy. He determines that the patient would benefit from a cortisone injection to the affected knee.</p> <p>◦ <i>In this case, a separate and significant E&M service was prompted by the knee pain for which the cortisone injection was given</i></p> | <p>Patient returned for a nail debridement procedure after a previous visit. The patient's condition had been evaluated prior to the day of the procedure.</p> <p>◦ <i>The provider documented some E/M services the day of the procedure, but did not document any E/M services above and beyond the services necessary to perform the debridement on the day of the procedure.</i></p> |

NGS Modifier 25 Policy Education Topics
 OIG Modifier 25 Report
 CMS Global Surgery Booklet
 CMS NCCI Policy Manual, Chapter 8, "B. E&M Services"
 CMS NCCI Policy Manual, Chapter 12 Section 30.6 & 40.1
 AOA.org Ask the Coding Experts: Modifier 24 and 25 usage