Brush Up On Your Modifier-25 Knowledge Before A Private Payer Audit

Tips to Proper Modifier 25 Use

Show staff an example of a procedure code’s relative value unit (RVU) breakdown so they see that payment is divided into pre-operative, intra-operative and post-operative pieces. Many practices feel they are always entitled to E/M payment. But reminding them exactly what the RVU includes drives home the point that a scheduled procedure does not merit a separate E/M for the pre-procedure decision-making.

Reserve modifier 25 for situations when the provider went above and beyond to address further complications of the original problem. For example, a patient comes in to have a lesion removed, and the doctor wants to examine the rest of the body and look at lymph nodes. That goes beyond what is normally required for lesion removal, “so documentation needs to support that something has changed” since the procedure was scheduled “and we feel it needs further examination,” says Debra Seyfried, CPC, coding and compliance strategist for the American Academy of Family Physicians (AAFP). Examining the area around the lesion is included in the procedure, but examining everywhere else is not, thereby meriting a separate E/M.

Append modifier 25 for a new issue separate from the presenting issue. For instance, suppose the same patient arriving for a lesion removal scheduled the procedure several weeks ago and since then has developed a sinus infection. The treatment for that infection would be included in a separate E/M code.

Maintain separate documentation for the reason the patient presented and the E/M service. Depending on how your practice is set up, this could mean using a separate form or providing documentation in a separate section within the form, says Regan Tyler, senior consultant with Decision Health Professional Services. As long as it’s clear that E/M service components – history, exam and medical decision-making – are separate and don’t need to be pulled from the original note, then you are safe.

Example: Insufficient documentation would include an annual wellness visit (AWV) note in which the patient’s history of knee pain the past couple of weeks is described in detail, within the same template the practice set up for AWV notes. This is followed with a recommendation to see an orthopedist. But that’s not enough detail to pull out for an E/M, plus it’s not written separately from the AWV encounter description.

Include provider’s non-face-to-face work in the separate E/M documentation. One common mistake occurs after patients complain of a chronic problem in the midst of a preventive visit, such as the AWV or the Welcome to Medicare Exam. The complaint could lead to significant physician work beyond the visit, such as ordering lab tests and examining the results, yet the E/M portion of the note simply states: “Patient here for hypertension follow-up. Prescription refills given.” The doctor failed to document the additional work, such as consulting with a cardiologist or examining results from additional lab work that was ordered. Physicians are frequently not great at capturing that extra work, which is essential to warrant a separate E/M.

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