URMC Compliance Office
Guidance for Use of Modifier 25
Significant, Separately Identifiable E/M Service

Modifier 25 Significant, separately identifiable E/M service by the same physician on the same day of the procedure or other service: "use to indicate that, on the day of a procedure or service identified by a CPT code, 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 procedure that was performed." (CPT 2011)

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. None of the components required to document an E/M service may also support the performance of the procedure itself. Medicare has specified that modifier 25 should be used only when the other service performed has 0 or 10 global days. Medicare prefers modifier 57 for procedures with 90 global days. However, some payers prefer modifier 25 whenever an E/M service is billed on the same date as another service.

Different diagnoses are not required for reporting of the E/M services on the same date but it is necessary that there be medical necessity to perform the separate service and that the E/M service provided goes beyond the normal preoperative work that is part of every procedure. Additionally, Medicare specifies that the decision to perform a minor procedure (0 or 10 global days) in itself is not sufficient justification for use of modifier 25. There must be documentation that the service went beyond the evaluation needed to determine the need for the procedure.

NOTE: Modifier 25 is only needed when the E/M service is performed by the same provider (or another provider in the same specialty and practice) on the same date as another service described with a separate CPT code. If an E/M service is the only service performed on that date, modifier 25 is not appropriate.

Modifiers should never be changed or added to claims unless the documentation has been reviewed and the use of the modifier is appropriate based on the documentation

Modifier 25 examples

- A patient presents to a Dermatologist on the advice of his PCP with a concern about a small skin lesion on his back that has not healed. The Dermatologist examines the patient and documents a detailed history, detailed exam, and moderate decision-making (including decision to excise the lesion at this visit). Excision, malignant lesion, trunk, 0.5 cm or less (11600 – 10 global days) is performed with intermediate repair (layered closure) of wounds of trunk, 5.0 cm (12032 – 10 global days). Use modifier 25 on the E/M service. 99243-25, 12032, 11600-51.
- A 28-year-old patient presents for regular yearly physical. She also needs prescription refills for her asthma medications and hypertension medication. Modifier 25 is appropriate. 99395-25, 99213

Non-Modifier 25 examples

- A Gastroenterologist has been asked to place a NG tube. A brief evaluation of the patient's oropharynx and airway is performed. The Gastroenterologist documentations a brief history and exam and places the NG tube. 43752

- Dr. Jones, a cardiologist sees a patient on morning rounds and documents a PF history, extended exam and moderate decision-making. Dr. Smith, also a Cardiologist, sees the patient in the afternoon for worsening condition and documents a detailed history, exam, and moderate decision-making. Bill using the highest documentation from both providers combined together. Modifier 25 is not appropriate. 99233
- Patient returns to her Rheumatologist for the 2nd in a series of joint injections for arthritis in her knees. The Rheumatologist does a brief history and exam and then injects the knee. 20610

Reference guide to the use of modifier -25

	Modifier -25
Evaluation and Management (E/M)	Must be a significant, separately identifiable (documented E/M meets key components/counseling or other criteria specified in code) • Above and beyond other service provided, same day OR • Beyond usual preop and postop care associated with procedures, same day.
Type of Procedure	Any procedure or service
Different diagnoses required for E/M and procedure	No
E/M and procedure must be related	No

References:

CPT 2011 Professional Edition, AMA

Medicare Claims Processing Manual Chapter 12, 30.3.7, 40.2(A) (4)

September 2011