



## Modifier 25 – E&M on the Same Day as a Procedure

### Modifier 25 Description

Modifier 25 is used to facilitate billing an Evaluation and Management (E&M) service on the same day of a procedure for which separate payment may be made. It is used to report a significant, separately identifiable issue performed by the same or different provider on the day of a procedure. The provider may need to indicate that on the day of a procedure was performed; the patient's condition required a significant, separately identifiable E&M service above and beyond the usual preoperative and post-operative care associated with the procedure.

### Procedure

- When performing diagnostic and therapeutic procedures, a preliminary physical assessment and post-procedural evaluation and discussion of findings is included in fee for the service.
- Do not bill a separate E&M service for taking the patient's vital signs, asking the patient how he/she feels, obtaining written consent and discussion regarding procedure being performed.

### Office Visit

- Document the purpose of the E&M service was to evaluate a specific complaint.
- Complaint or problem addressed can stand along as a billable service.
- Extra work was performed above and beyond the typical work associated with the procedure code.
- Purpose of the visit was other than evaluating and/or obtaining information needed to perform the procedure.
- Organize notes so that documentation for problem-oriented E&M service is separate from documentation for procedure.
- 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.
- Document and submit the diagnosis of the issue(s) you are addressing during the E&M visit.

### Examples of **VALID** use of Modifier 25

- *A patient is seen for debridement service, and during the assessment the provider identifies a new wound (not a change in the existing wound). The new problem (wound) is assessed, treatment plan developed, and treatment rendered.*

- *A patient is seen for debridement service, and the patient states how unstable her blood glucose has been. The physician notes the elevated blood glucose, orders a fasting glucose, a hemoglobin A1C, instructs patient on monitoring her glucose, and changes her insulin.*
- *A patient is seen for the first time for a debridement. An initial evaluation is done, which contains a complete assessment of all systems, assessing for all comorbid medical and mental conditions, and all health factors that may influence the patient's ability to heal. Patient found to have possible pneumonia, lab ordered, x-rays ordered, and aerosol and antibiotic treatment ordered.*
- *A patient presents for a pre-planned procedure for their right knee. During this visit, the patient states that they are experiencing pain in the left knee as well. The provider evaluates the left knee and prescribes medication for the pain. The provider bills for an E&M visit for the left knee with modifier 25 and precedes with the pre-planned procedure on the right knee.*
- *A patient comes into the office with the complaint of ear pain. During the examination it is determined that the ear drum cannot be visualized due to Impacted Cerumen and it will be necessary to remove before proceeding in the evaluation. The cerumen is removed by the provider requiring a significant amount of time and effort and using at the minimum an otoscope and instruments such as wax curettes or, in the case of many otolaryngologists, with an operating microscope and suction plus specific ear instruments. After the impacted cerumen is removed the evaluation and management of the patient's ear pain can continue.*

### Examples of **INVALID** use of Modifier 25

- *A patient is seen for debridement service, and during the assessment it is found that the patient has an infection of the wound you are treating. Cultures are done, and an antibiotic is order. A complication of the same problem is part of what you are treating the patient for, and does not justify billing an E&M. The cultures can be billed.*
- *A patient is seen for debridement service, and the patient states how unstable her blood glucose has been. The physician performs the debridement and then refers her to her endocrinologist.*
- *A patient complains of a foreign body in his eye. Examination reveals a foreign body, and this is removed.*
- *Patient presents for removal of ear wax. The wax is removed via irrigation or lavage. Since the wax is not truly impacted the work should be captured by an evaluation and management code only and does not require a modifier because no procedure fitting a current CPT code description was performed.*
- *A patient comes to the office to have Prothrombin Time lab testing performed. The test is performed and the patient is given the results and told how the medication should be taken. In this case giving a patient the results of a test and changing the medication based on those results is not a separate service. It is considered an extension of the original E&M service at which time the test was originally ordered. The Protime can be billed using the correct CPT code.*