

## **Policies and Procedures: Modifier 25**

**Section: Compliance**  
**Chapter: Administration**  
**Policy: Modifier 25**

### **I. PURPOSE**

To establish a policy which promotes accuracy in billings using Modifier 25.

### **II. APPLICABILITY**

This policy is applicable to services rendered and billed for by WVU Physicians of Charleston.

### **III. STATEMENT OF POLICY**

In all cases, WVUPC strives to ensure the proper use of all modifiers, including CPT Modifier 25. Modifier 25 is to be used on claims to indicate the rendition of a significant, separately identifiable evaluation and management service by the same physician on the same day of the procedure or other service

### **IV. GUIDELINES/INSTRUCTIONS**

1. Modifier 25 may be used to indicate that an evaluation and management (E/M) service, performed on the same day as a minor surgery (0-10 global days) and which is performed by the same physician, is significant and separately identifiable from the usual work associated with the surgery.
2. Documentation in the patient's medical record must support the use of this modifier. No supporting documentation is required with the claim when this modifier is submitted.
3. New patient codes (CPT codes 92002, 92004, 99201-99205, 99281-99285, 99321-99323, and 99341-99345) **are automatically excluded** from the global surgery requirements and would not normally require CPT modifier 25 to be separately reimbursed from a surgical procedure. (However, if the new patient code and surgical procedure is a National Correct Coding Initiative (NCCI) combination, CPT modifier 25 might be required).
4. New patient CPT codes require CPT modifier 25 when a separately identifiable E/M service is performed the same day as chemotherapy or non-chemotherapy infusions or injections as these are not considered surgery. For example, CPT 96401 and 96372.

5. A different diagnosis code from the one submitted with the minor surgery is not required with the E/M code. The diagnosis for the E/M service and the other procedure may be the same or different.
6. To determine the global period of a surgery, refer to the Medicare Physician Fee Schedule database (MPFSDB).
7. **Additional modifiers may apply.** When a visit occurs on the same day as a surgery with no global days, but within the global period of another surgery and the visit is unrelated to both surgeries, it is necessary to submit CPT modifiers 25 and 24. Refer to CPT Modifier 24 on the Modifier Lookup for supporting documentation requirements that apply.

8. **Examples of Correct Use of CPT Modifier 25:**

- a. Example 1: Beneficiary medical history: date of service 1/3/2011, CPT Code 20610, HCBCS modifier LT (knee joint injection, 0 global days).
  - i. On January 3, 2011, an E/M service is submitted with CPT code 99214. The patient was scheduled to receive an injection to the left knee. Due to the failure to control pain and inflammation in the left osteoarthritic knee with prior medical treatments (oral meds and joint injections), further evaluation was performed by the physician and TKR (total knee replacement) of the left knee is planned.
  - ii. Outcome: Submit CPT modifier 25 with the visit for the evaluation and planned major surgery to treat the patient's arthritis.
- b. Example 2: Beneficiary medical history: date of service 2/15/2011, CPT Code 20553 (trigger point injections, 0 global days)
  - i. On February 15, 2011, and E/M service is submitted with CPT code 99213. The patient was evaluated for treatment of neck pain and elevated blood pressure. The trigger point injections were administered for neck pain. New meds were prescribed to control the patient's elevated blood pressure.
  - ii. Outcome: Submit CPT modifier 25 with the visit for the evaluation and treatment of the patient's elevated blood pressure.

9. **Examples of Incorrect Use of CPT Modifier 25:**

- i. On January 24, 2011, an E/M service is submitted with CPT code 99213 and CPT modifier 25. During the same patient encounter, the physician also debrides the skin and subcutaneous tissues (CPT code 11042, 0 global days). CPT 99213 was submitted to reflect the physician's time, examination and decision making related to determining the need for skin debridement. The physician's time was not significant and separately identifiable from the usual work associated with the surgery, and no other conditions were addressed during the encounter.

- ii.** Outcome: Do not submit the E/M service. The E/M service is not separately reimbursable from the surgical procedure. Submit only the surgical procedure (CPT 11042).

**V.** Amendment or Termination of this Policy

This policy may be amended or terminated at any time.

**VI.** **References**

- CMS MLN Matters No. MM 5025
- National Correct Coding Initiative (NCCI) Tool/CPT Modifier 25
- [www.palmettogba.com](http://www.palmettogba.com) (Modifier 25 Guidance)