

Modifier 25 – 2016 Guidelines

With a better understanding of the definition and interpretation of the 25 Modifier, as defined by the Current Procedural Terminology (CPT) of the American Medical Association (AMA), practitioners can use this code with greater confidence. This brief article summarizes for the allergist/immunologist the appropriate use of the 25 Modifier to code for both Evaluation and Management (E&M) services and either a diagnostic or therapeutic procedure on the same calendar day.

The 2016 CPT Book defines the 25 Modifier as a:

“Significant, Separately Identifiable Evaluation and Management Service by the same physician or Other Qualified Health Care Professional on the same Day of the Procedure or Other Service: It may be necessary to indicate that on the day a procedure or service identified by a CPT code was performed, 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. 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. The E/M service may be prompted by the symptom or condition for which the procedure and/or service was provided. As such, different diagnoses are not required for reporting of the E/M services on the same date.”

The National Correct Coding Initiative (NCCI), published by the Centers for Medicare and Medicaid (CMS), is an additional resource regarding the definition of the 25 Modifier, and is often referred to by private payers when editing claims. The NCCI defines the appropriate use of the 25 Modifier as,

“Many of these “XXX” procedures are performed by physicians and have inherent pre-procedure, intra-procedure, and post-procedure work usually performed each time the procedure is completed. Examples of “XXX” procedures include allergy testing and immunotherapy. This work should never be reported as a separate E&M code. A physician should never report a separate E & M code with these procedures for the supervision of others performing the procedure or for the interpretation of the procedure. With most “XXX” procedures, the physician may, however, perform a significant and separately identifiable E & M Service on the same date of service which may be reported by appending modifier 25 to the E & M code. This E & M service may be related to the same diagnosis necessitating performance of the “XXX” procedure but cannot include any work inherent in the “XXX” procedure, supervision of others performing the “XXX” procedure or time for interpreting the result of the “XXX” procedure. “

Allergist/Immunologists must document and defend a separately identifiable E&M service when using the 25 Modifier. These guidelines apply to both new and established patients. In many cases, it is often easier to use a sign and symptom code to justify an E&M service and a definitive diagnosis code for the diagnostic or therapeutic procedure. If the patient’s chief complaint is for diagnostic testing, the reader may infer the evaluation and management service is merely necessary to permit the testing. As previously defined, this would imply the E&M would be included in the service for allergy testing. As payers continue to bundle more services into one code, the appropriate use of the 25 Modifier must include adequate documentation to justify coding for E&M as a separate and identifiable service and either a diagnostic or therapeutic procedure on the same calendar day.