



Southeast Radiology Management

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Modifier -25 Quick Tips

MODIFIER -25: Significant, separately identifiable E/M service by the same physician on the same day of the procedure or a service

General Guidelines

- Appended only to E/M codes, not procedure codes
- Represents services above and beyond the usual pre-operative and post-operative care associated with the procedure performed.
 - Services limited to assessing the site or condition of the problem area, explaining the steps of the procedure and obtaining informed consent are “bundled” into the procedure code
 - If additional services (other than above) are rendered, the E/M code may be separately reported with the -25 modifier appended.
- Documentation guidelines for the appropriate E/M level must be met
- Different diagnoses are not required for the E/M service and the procedure, the diagnosis chiefly responsible for each should be assigned—this may be the same diagnosis code or different diagnosis codes.
- Routine use of modifier -25 should be avoided for established patients

Medicare Guidelines

- Use when a documented, significant, separately identifiable E/M service is provided on the same day as a minor surgical procedure (all procedures assigned 0-10 day global surgical period)
- E/M Visits normally should not be billed on the same day as a previously scheduled procedure.
- When a decision to perform a minor procedure is made immediately before it is rendered and a significant, separately identifiable E/M service is not necessary, only the procedure should be reported.

Note: The -25 modifier is utilized when the patient presents for an office visit (usually for a consultation or new patient) and the physician decides to perform a procedure at the time of the visit, based on his/her findings during that office visit.

Created by:

Stacie L. Buck, RHIA, LHRM

Vice President, Southeast Radiology Management