Facts on Modifier 25: The Future of Social and Professional Networking Offers Physicians Management Tools to Enhance and Grow Their Practice

As a result of all the progress that has been made in healthcare information technology, physicians can now find the latest information in the healthcare industry with a click of a button. Keeping up on all the billing and coding updates can be very time consuming for a physician. Online resources that stay abreast of the updates and changes help ensure that physicians stay current in an efficient manner. In this guest editorial, the most recent facts on modifier 25 as well as efficient ways to access billing and coding information are presented.

Facts on Modifier 25

According to Current Procedural Terminology (CPT), the proper use of modifier 25 indicates that on the day of a procedure, the patient's condition requires a significant, separately identifiable evaluation and management code (E/M) (new or established) above and beyond the other service provided or beyond the usual pre- and postoperative care that is associated with the procedure or service performed. These services must be performed by the same physician (or another provider in the same specialty and practice) on the same day as another service described with a separate CPT code.

A significant, separately identifiable E/M service is one with separate documentation of the components of an E/M service, which include the 3 key components, history, exam, and medical decision making. These components only support the E/M, not the procedure itself. Per Medicare, modifier 25 should only be used when the other service performed is a minor procedure that has a 0- or 10-day global period. If the procedure does not meet the criteria, modifier 57 would be used when a decision is made to perform a major procedure that has a 90-day global period.

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It is not necessary to have a different diagnosis for the E/M from the diagnosis that supports the needed procedure. The use of modifier 25 must show that it was medically necessary to perform the separate service and that the E/M service provided was over and above the normal preoperative work that is a part of every procedure.

Examples of Appropriate and Inappropriate Use of Modifier 25

Example No. 1

A new patient who presented to a dermatologist for the first time was concerned about a small skin lesion on his back that had not healed. The dermatologist documented the patient's history, gave a detailed exam (including the skin of the patient's back, neck, arms, and legs, as well as cervical and axillary lymph nodes), and made moderate medical decisions (including the decision to excise the lesion at this visit). After pathology reports came back, the lesion was determined as malignant. Excision was performed (≤0.5 cm, CPT code 11600; 10 global days) with intermediate repair (layered closure) of trunk wounds (5.0 cm, CPT code 12032; 10 global days). For this procedure, modifier 25 was used on the E/M service (CPT codes 99203-25, 12032, 11600-51). Modifier 51 is used for multiple procedures, such as excision and repair.

Example No. 2

A dermatologist examined a patient on morning rounds for a subsequent hospital visit and documented a problem focused history, expanded problem focused exam, and moderate medical decision making. The dermatologist did not perform any type of procedure, therefore modifier 25 is not appropriate and only a hospital follow-up visit can be billed (CPT code 99232).

Example No. 3

A patient presented to the dermatologist's office with a chief complaint of a painful abscess located on her back.

The physician examined the abscess and decided to incise and drain the abscess. In this case, only the procedure is billed (due to the physician not performing and documenting a patient history, physical exam, or medical decision making; CPT code 10060).

Example No. 4

A patient returned to the dermatologist office for acne cryotherapy and complained of a rash on the chest; therefore the physician documented an expanded problem history, expanded problem exam, and a moderate complexity of medical decision making. The dermatologist decided to write a prescription for the rash on the patient's chest using E/M code with a modifier 25 and a procedure code for the cryotherapy (CPT codes 99213-25, 17340).

Efficient Ways to Access Billing and Coding Information

The Association of Dermatology Administrators/Managers in coordination with the American Academy of Dermatology offers workshops and seminars for their members as well as a newsletter called *Executive Decisions in Dermatology* that is published bimonthly and provides coding hints and billing updates. The Inga Ellzy Practice Group, Inc, located in Casselberry, Florida, has an e-mail feature on their Web site where subscribers can e-mail a billing or coding question and get feedback from the group.

Incorporating physician management tools into physician social and professional networking sites is a new evolution. MDsConnect has partnered with SS&G Health Care Consulting Services, Inc, to provide complimentary updates to all physician members on the most recent billing and coding changes and updates in dermatology on their MD Education Module. There is no membership fee, and updates are made on a monthly basis.

Conclusion

Keeping up with all of the billing and coding changes in dermatology can be overwhelming. Physicians can now find the latest information in the healthcare industry with a click of a button. Incorporating physician management tools into physician social and professional networking sites is a new evolution. This evolution allows physicians to access updates at their convenience as well as all of their professional and social networks all in one place.

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