

Know the Right Time to Append E/M Modifiers- Appropriate Use of Modifiers 24, 25 and 57

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Modifiers 24, 25 and 57 are often misunderstood. Each modifier has specific circumstances for use. Proper application of these modifiers will yield higher reimbursements for your providers, regardless of the clinical scope of your practice.

The 2018 CPT Code defines these modifiers as:

Modifier	Definition
24	Unrelated evaluation and management service by the same physician or other qualified healthcare professional during a post-operative period.
25	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
57	Decision for surgery

These specific modifiers are appended to evaluation and management (E/M) codes, only. Use them in accordance to global surgery guidelines, set forth by CMS.

Consider the Global Period

When an E/M service is billed in the global period of a procedure without a modifier, the E/M service is denied as incidental to the procedure. CMS designated every procedure with a 0, 10 or 90-day global period. Necessary components of every procedure include:

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- ⇒ The decision to perform a procedure,
- ⇒ Ensuring the patient is healthy enough to receive the procedure, and
- ⇒ Informing the patient about the procedure

E/M services within these global periods that meet these criteria are not separately payable and should not be reported; however, when providers render E/M services within these global periods that do not meet the above criteria, append the appropriate modifier to ensure separate reimbursement.

Modifier 24

Modifier 24 is used if the E/M service is within the 10 or 90-day global period but is unrelated to the procedure. It is not used for an E/M service on the same day as a procedure. For example: A patient has a broken arm. The patient comes into the office during the 90-day global period of the broken arm to discuss ankle pain. The ankle pain is completely unrelated to the broken arm treatment, so the provider should get separate reimbursement for the E/M service rendered that day. To communicate this to the payer, append modifier 24 to the appropriate E/M code.

Unexpected complications of a procedure can also result in an E./M service that goes above the routine care included in the global period of a procedure. If a new history, exam and medical decision-making (MDM) are rendered, you may bill an E/M service with modifier 24 appended, even if those services are provided to the same body part that is already in the global period.

Modifier 25

Modifier 25 is used if the E/M service is rendered the same day as a procedure with a 0 or 10-day global period. The debate over appropriate use of modifier 25 has been ongoing for years.

The decision to perform a procedure cannot be the sole justification for coding a separate E/M with modifier 25. Similarly, being a new patient is not justification alone for billing a separate E/M.

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If an E/M service is unrelated to the procedure, or if the E/M service goes above and beyond the decision-making required for the procedure, the provider should get separate reimbursement for that work, and modifier 25 should be appended to the E/M code.

Modifier 57

Modifier 57 is used when an E/M service is rendered within the three days preceding, or on the same day as, a procedure with a 90-day global period. This is common when urgent surgical treatment is required. In this case, the decision to proceed with treatment is an integral component of the E/M service. If the decision to proceed with surgery is made greater than three days prior to the procedure, modifier 57 is not required on the E/M code.