

## THE CODING EDUCATOR

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### Upcoming CPC and CRC classes

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### Modifier 25 and 57

I still see providers that aren't familiar with how to use these two modifiers. Not knowing when to use them can cost you legitimate revenue. While using them inappropriately can cost you money following a post-payment review.

Modifier-25 is used on an E/M services on the same day as a minor surgical procedure to indicate that the E/M service was separate and distinct from the minor procedure.

A minor procedure is defined by Medicare—and this is accepted by all commercial payers—as a procedure with 0 or 10 global days. The global days are found in the Medicare Physician Fee Schedule and available in many coding programs.

A major procedure is a procedure with 90 global days. An initial evaluation prior to a major surgical procedure is always payable. When this initial evaluation results in the decision for surgery on that calendar day or the next calendar day, append modifier -57 as the decision for surgery modifier to the E/M service.

### **Key Points to Remember**

- Use modifier -25 on an EM service provided on the same day as a minor procedure. Remember, the PTP edits require that the EM is separate and distinct, that the physician or midlevel needed to evaluate a condition prior to the decision to perform the procedure. Payment for the decision to perform the procedure is included in the payment for the procedure. For example, if an evaluation for bleeding and anemia results in the decision for an endoscopy. Report both the E/M and the endoscopy. Don't use if a patient has found relief when having a joint injection and presents to the office today for another one.
- Append modifier -57 to any EM service on the day of or the day before a major surgical procedure when the E/M service results in the decision to go to surgery.
- Do not append modifier -57 on the E/M for the decision for surgery if the surgery is scheduled later than the day after the E/M service.

### **Clinical Example**

A patient is scheduled for a Left Heart Catheterization. The provider sees the patient at the hospital the morning of the procedure, performs the procedure and the patient is sent home.

The first step:

Determine the global period for the procedure.

In this case, the Cath code used was 93458. That code has a global period of zero days. So, if we could bill an EM we'd append modifier (25) to the claim form.

The second step:

Was the EM separately identifiable? – in this case, the answer is no – this was a scheduled surgery, so the EM work is bundled into the payment for the procedure.

### **Bottom Line**

If you want to use modifier 25 on any EM code you must first ensure that the EM

is separately identifiable and a minor procedure – zero or 10-day global.

If you want to use a modifier 57, you should ensure this is used on the date you made the initial decision to perform the major surgery – 90-day global period. You only use it the day of or day before the major surgery.

These two modifiers, when appropriate, are appended to the EM service and not the surgery code.

## QUESTIONS

Contact your coder or coding department if you have any questions regarding this article – thanks.

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I'm scheduling chart reviews for March and April 2018 right now - just send me an email or give me a call and we can get started on helping you convert your work into maximum compliant revenue.

Steve



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**Peace Out,  
Steve Adams**



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