

LW Consulting, Inc.

CodingAlert

Coding & Audit Pitfalls:
Best Practices to Avoid Compliance Issues

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DATES OF SERVICE	PROCEDURE CODE	
05/21/10-05/21/10	82272	PU
05/21/10-05/21/10	94010	PULMO
05/21/10-05/21/10	94375	CARDIOVASCULAR SE
05/21/10-05/21/10	93000	VENIPUNCTURE
05/21/10-05/21/10	36410	

Modifier 25: Avoid Inadequate Documentation of Significantly and Separately Identifiable Service

This Coding Alert offers some reminders for Healthcare providers to help them properly document and bill Medicare for a Modifier 25 code [significant, separately identifiable evaluation and management [E/M] service by the same physician on the same day of the procedure or other service]. It is not always the case that a notable medical record finding during a patient encounter warrants appending a Modifier 25. Thus, providers must carefully document the underlying clinical reasons for a “significant and separate” E/M service before appending a Modifier 25.

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Providers should remember the following when appending Modifier 25:

- The E/M service must be significant, requiring separate physician work by the same physician that is medically necessary. [Notably, the “same physician” includes any qualified healthcare provider in the same group practice.] Minor problems that may be recordable in the medical record do not always support appending a Modifier 25.
- The E/M service must be separate, meaning it must be distinct from the other service or procedure. Make sure your medical record documentation

supports the medical necessity of the separate problem or you are likely to see a denial or payment adjustment, which may include one of the following codes:

- **Claim Adjustment Reason Code (97):** Payment is included in the allowance for another service/procedure.
- **Remittance Advice Remark Code (M144):** Pre-/post-operative care payment is included in the allowance for the surgery/procedure.
- The E/M service must be provided on the same day as the other procedure or E/M service. This may be at the same encounter or a separate encounter on the same day.
- The separately billed E/M service must meet documentation requirements for the code level selected.

Sources:

<https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM5025.pdf>

To minimize costly medical billing and coding errors, it’s important to stay up to date on the requirements. LW Consulting, Inc. can assist you with coding education, medical record documentation and/or compliance auditing. To schedule an appointment, contact Rob Senska by calling 609-249-3819 or email RSenska@LW-Consult.com.

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