



Modifier 25 Overused and Abused



Modifier-25 has become the most used and abused modifier. As a result, many of our payers have begun to request documentation to support the use of this modifier.

Modifier-25 is used to report a significant, separately identifiable evaluation and management service performed on the same day as a procedure. The modifier is appended to the visit charge. While there is not a requirement that you have two different diagnoses or reasons for performing two services (a visit and a procedure) both services must be documented and distinct. Payment for most procedures includes some time evaluating a patient, so the need for E/M service must be convincing.

To help you to better understand the use of this modifier following are some examples of when to use the modifier and when not to use the modifier. When you are in doubt about whether to use the modifier please ask your billing manager to

review your documentation or contact the compliance office.

[Incorrect use of modifier -25](#)

The patient presents for a scheduled interrogation of their pacemaker. After the interrogation they see the physician who reviews the results of the interrogation with the patient. The interrogation was normal. An interim history is taken and a brief exam may be performed. The patient is told to return for another interrogation in six months. In this example the visit is related to the interrogation and a visit would not be billable.

[Correct use of modifier -25](#)

The patient presents for a scheduled interrogation of their pacemaker. After the interrogation they see the physician who reviews the results of the interrogation with the patient. The interrogation was not normal. An interim history is taken and a detailed exam is performed. **The patient's medications are adjusted** and the patient is asked to return in six weeks. In this example both services are billable.

[Incorrect use of modifier -25](#)

The patient presents to the Emergency Department with a foreign body in the eye. The physician exams the eye and the foreign body is removed. In this example, a visit is not billable as the



exam of the eye was related to the removal of the foreign body.

Correct use of modifier -25

The patient presents to the Emergency Department complaining of eye pain. The physician does a complete evaluation of the eye to determine the cause for the pain. Upon evaluation of the patient the physician determines that the patient has a foreign body in the eye and proceeds to remove. In this example, it is appropriate to bill for the exam as it was necessary in order to identify the cause of the pain.

Incorrect use of modifier -25

The patient presents to Dermatology for a scalp treatment. The physician evaluates the condition of the patients scalp since the last visit and decides to perform a follow up treatment. In this example it is not appropriate to bill for a visit in addition to the scalp treatment as the purpose of the visit was to evaluate the need for a scalp treatment.

Correct use of modifier -25

The patient presents to Dermatology for a scalp treatment. During the exam of the scalp the patient also complains of a rash on their back. The physician evaluates the scalp and decides to perform a follow up treatment. In addition the physician takes an interim history and **examines the patient's back and writes a prescription for the rash.** In this example it is appropriate to bill for the visit and the treatment.

We are receiving many requests from commercial payers as well as Medicare for documentation to support modifier-25 visits. We are finding that the documentation frequently does not support billing for both services. Payers are denying the claims and Medicare is recouping their payments. The compliance office is focusing on education of our faculty and staff of the proper use of the modifier. If you would like to schedule an education session for your clinic or if you need additional information please contact our office at 343-7266.

Billing Consultation Outpatient Visits (99241-99245)



A consultation code may be billed when all of the criteria listed below are met:

Specifically, a consultation is distinguished from a visit because it is provided by a physician whose opinion or advice regarding evaluation and/or management of a specific problem is requested by another physician or other appropriate source.

A request for the consultation from an appropriate source and the need for consultation must be documented in the patient's medical record. The consultant's note may document who



requested it and what the question to be addressed is.

After the consultation is provided, the consultant prepares a written report of his/her findings which is provided to the referring physician. If the requesting physician is a VMG provider, then having the documentation in Star Panel or in the primary Medical Record eliminates the need for an additional letter to be sent.

The physician providing the consult must document all three elements of an E/M service: history, exam, and medical decision-making. An auditor who sees documentation for only two of the three E/M service levels can downgrade the service from a consult to an existing patient E/M service.

The service rendered during a consult is not much different from a traditional new patient E/M service, with the extra Medicare payment representing the extra work involved with reporting the results back to the physician who ordered the consult.

Consultations by Non-Physician Practitioners

Non-physician practitioners (e.g., nurse practitioners or physician assistants) may request a consultation. They may also perform medically necessary consultations when the performance is within the scope of practice in the state in which they practice.

Consultations Requested by Members of Same Group

Medicare will pay for a consultation if one physician in a group practice requests a consultation from another physician in the same group practice as long as all of the requirements for the use of the CPT consultation codes are met.

Consultation for Preoperative Clearance

Medicare will pay for the appropriate consultation code for a pre-operative consultation for a new or established patient performed by any physician at the request of a surgeon, as long as all of the requirements for billing consultation codes are met.

Confirmatory Consultations (99271-99275)

Physicians may use confirmatory consultation codes when a patient seeks a second opinion.

Does the request have to be in writing? A request for a consult may be communicated orally from one practice to another, but the written documentation should reflect that the service is being done at the request of another physician.

What about self-referrals? A self-referral is NOT a consultation visit, in that it does not meet the criteria of being requested by another physician.

Consultation followed by treatment: Medicare will pay for consultation if all the criteria for a consultation are satisfied. If the patient returns for a



follow-up visit, this visit would be billed as an established visit.

Say Goodbye to G0001....
Collection of Venous
Blood by Venipuncture
(CPT 36415)



Medicare now recognizes the CPT code, 36415, for the collection of venous blood by venipuncture. Formerly, if this code was billed on a claim to Medicare it would automatically be denied. In order to get these covered services paid, the Medicare specific HCPCS code G0001 had to be submitted on the claim. The venipuncture code 36415 (formerly G0001) is now required effective for services rendered on or after 1/01/2005.

However, CIGNA Medicare issued a bulletin advising that the edits had not been removed from their claims system for this code. It was discovered that services which were correctly submitted using 36415 were being denied for dates of service after the January 2005 implementation date. Cigna Medicare has now corrected this system edit. They are advising that these claims should be refiled electronically in order to receive payment.

LMRP Reconsideration
Process



Medicare has developed a national policy that must be followed when requesting changes to a Local Medicare Review Policy (LMRP).

1. The LMRP that you are requesting a revision of, must be published in its final form. (do not request revisions to retired LMRP's)
2. The requested modification of the LMRP can not conflict with a National Coverage Decision (NCD).
3. The request must be submitted in writing.
4. You must identify the language and/or codes that you want to be added to or deleted from an LMRP.
5. You must include a justification supported by new evidence. Copies of published evidence must be included.

Send your request for Part B to:

Eugene Winter, M.D.
Carrier Medical Director
CIGNA HealthCare Medicare
Administration

Two Vantage Way
Nashville, TN 37228

E-mail: eugene.winter@cigna.com

Fax: 615-782-4480



Send your request for Part A to:
Daniel J. Duvall, M.D.
Medical Director
801 Pine Street
Chattanooga, TN 37402-2555
E-mail: dan_duvall@bcbst.com
Fax: 423-209-4890

documentation and billing when properly used. It is never acceptable to reuse the entirety of someone else's note and add your signature.

Webinservice Training and Annual Employee Evaluations



If your request is invalid you will be notified in writing within 30 days of the date of its receipt. If the request is valid, you will be notified of a decision within 90 days of the day the request was received.

Star Panel Re-Use Button

The re-use button in Star Panel is an action designed to provide the user the capability of utilizing portions of a previous note as a guide or template. In order to do this the user simply opens a note and selects the re-use option from the drop down box under actions on the right side of the screen. It is very important to remember that in order to meet documentation requirements the **user must edit the entire note** and include their own physical exam as well as their impression and plan of the patient based on the detailed findings of the current visit. The re-use function can save time and create more efficiency in clinic

It's February and departments are gearing up for the Annual Employee Evaluation process. During this frenzied time, we tend to get confused by the assortment of mandatory, compliance-related educational opportunities. Here is a quick reference for on-line training sessions.

In the webinservice training platform there are the following Modules that are compliance related:

- Standards of Conduct VUMC: 2004-2005**
- Conflict of Interest and Debarment Review 2004-2005 - VUMC**
- HIPAA 2005 Security Training: Staff**
- HIPAA 2005 Security Training: Faculty**
- HIPAA 2005 Security Training: House Staff**
- VUMC Confidentiality Statement**

The table below depicts mandatory training through webinservice.

Webinservice Modules				
	SOC	COI & Debar	HIPAA	Conf. Agreement
VUMC Staff	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> **	<input checked="" type="checkbox"/>
VUMC Faculty	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> *	<input checked="" type="checkbox"/> **	<input checked="" type="checkbox"/>

Yes No

Although the Conflict of Interest is not a required training for faculty in webinservice, it is required in the Faculty database.** Although the HIPAA modules are not annual requirements, there may be updates on a periodic basis.



The VUMC **Compliance Office** website has several references and more detail about training. Please visit our website training pages.

<http://www.mc.vanderbilt.edu/compliance>

http://www.mc.vanderbilt.edu/learning-center/safety/vumc_training_staff4.htm

The **HIPAA Privacy Office** also maintains a list of available HIPAA courses and more detailed information about the training.

<http://www.mc.vanderbilt.edu/root/vumc.php?site=HIPAA&doc=4533>

For a complete listing of faculty required training, please go to the **Faculty Orientation and Training Office** (FOTO) website.

<http://www.mc.vanderbilt.edu/medschool/FO/TO/AllRequirements.php>

Environmental Health and Safety (VEHS) maintains **VandySafe** and training for Safety Fair.

<http://www.safety.vanderbilt.edu/>