

To Bill or Not to bill.. That is the question.

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3 modifiers to know...

Modifier 24: Unrelated evaluation and management service by the same physician or other qualified health care professional during a postoperative period.

Modifier 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

Modifier 57: Decision for surgery.

Patient presents to the office during the post operative period...

The patient presents to the office during the post-operative period with a new complain, not related to the minor/major surgery performed. The doctor spends a significant amount of time to evaluate the new problem and to come up with a plan of treatment.

Question: Can the doctor bill an office visit during the post operative period?

Answer: Yes! When the reason for the visit is not related to the procedure performed, the office visit can be billed with a modifier 24.

Patient presents to the office during the post operative period...

The patient presents to the office during the post operative period with 2 new complaints. The doctor evaluates both complaints and determines that for one of the complains, a minor procedure will need to be performed. The doctor spends a significant amount of time to identify another condition and comes up with a plan of treatment.

Question: Can the doctor bill for the office visit during the post operative time and can the minor procedure be billed with it?

Answer: Yes! Since the office visit was not related to the global procedure, it can be billed with a modifier 24. In addition, the office visit will need a modifier 25 to show that it was not related to the minor procedure performed on the same day. The minor procedure will need to be billed with a modifier 59 to show that it was a distinct procedural service.

Patient presents to the office during the post operative period...

The patient presents to the office for a follow up after the surgery. The doctor evaluates patient's condition and asks that the patient would come back for a follow up in 2 weeks.

Question: Can the doctor bill for the office visit?

Answer: No. If the office visit is related to the global procedure performed- it cannot be billed separately.

Patient presents to the physical therapy office, seeking treatment for pain...

The provider evaluates patient's condition and comes up with a plan of treatment. Also, multiple therapeutic exercises are being performed at the time of service.

Question: Can the provider bill for PT evaluation in addition to the therapeutic exercises performed on the same day?

Answer: Yes! And no modifiers need to be appended on the PT Initial evaluation.

Patient presents to the office for a yearly physical exam...

During the physical exam the patient complains to the doctor of the newly developed rash, headache, back pain, leg swelling, strange spotting, ear and nose aches, hair loss, weight gain, a flu-like symptoms and a ton of other issues. The doctor spends a significant time, discussing each new problem and how to treat it.

Question: Can the doctor bill an office visit in addition to the physical exam?

Answer: Absolutely! If the doctor spends a significant amount of time to review the new condition and to come up with the plan of treatment- the office visit can be billed with a modifier 25 in addition to the physical exam.

Question: Can the doctor chose to reschedule a physical exam and to concentrate on newly developed health issues instead?

Answer: Absolutely! The doctor can ask the patient to reschedule a physical, because it will no longer be considered a wellness exam as the patient is not well.

Patient presents to the office for a yearly physical exam...

During the physical exam, the patient also wants for a doctor to review diabetic check logs, which the patient had for many years. The logs are reviewed by the doctor.

Question: Can the doctor bill for the office visit, in addition to the physical exam?

Answer: No. The check of the diabetic logs would be considered as a part of the physical exam. The office visit would not be considered medically necessary and would not be reimbursed separately.

Patient is scheduled for a minor procedure in the office...

At the time of service, patient presents to the office with a newly developed health issue. In addition to the scheduled minor procedure, the doctor spends the time to evaluate a newly developed problem and comes up with a plan of treatment.

Question: Can the doctor bill for the office visit in addition to the minor procedure?

Answer: Absolutely! If the problem was not related to the minor procedure performed on the same day, the office visit could be billed with a modifier 25.

Patient is scheduled for a minor procedure in the office...

Patient presents to the office and the doctor evaluates the area of the problem and performs the scheduled minor procedure.

Question: Can the doctor bill for the office visit on the same day as the minor procedure?

Answer: No! If the evaluation was directly related to the scheduled procedure, the office visit would not be reimbursed separately.

Patient presents to the office seeking treatment for a specific pain..

The patient presents to the office, complaining of the pain in the specific area. During the evaluation, the provider decides to perform a minor procedure.

Question: Can the doctor bill for the office visit in addition to the minor procedure?

Answer: Yes! The provider can bill an office visit with a modifier 57 if during the evaluation, the decision was made to perform the service.

The same rule applies for major surgeries (90 days global)

4 “Must Haves” to append modifier 25

1. The same provider must provide an E/M service and another procedure or separate for the same patient on the same day.
2. The E/M service must be significant and separately identifiable.
3. The E/M service doesn't occur during the global period of a previous procedure.
4. The procedure(s) or service(s) on the same day does not have a 90-day global period.

A Final Note

- ▶ You do not need a separate diagnosis to justify a same-day E/M service with modifier 25. The CPT® codebook states, *“The E/M service may be prompted by the symptom or condition for which the procedure and/or service was provided. As such, different diagnoses are not required for reporting of the E/M services on the same date.”*

Questions



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