

Modifier 25 Informational Guidelines

Key Message:

Molina does allow a separate reimbursement for a preventive wellness visit on the same day as an illness visit. Molina recognizes the additional work involved with providing multiple services on the same date.

- Molina HealthCare encourages providers to bill for the “**well check**” (Texas HealthSteps) or preventive services (CPT 99381-99397). These codes **are eligible for reimbursement**, unless there is a technical payment issue (clean claim status, eligibility, Excluded Parties List System [EPLS] status, timely filing, etc.) or the medical record does not contain documentation that supports the medical necessity and the level of service of the E/M procedure code that is submitted for reimbursement.
- Providers must use modifier 25 to describe circumstances in which an acute care E/M visit was provided at the same time as a checkup. Providers must submit modifier 25 with the E/M procedure code when the rendered services are distinct and provided for a different diagnosis. Providers must bill an appropriate level E/M procedure code with the diagnosis that supports the acute care visit. The medical record must contain documentation that supports the medical necessity and the level of service of the E/M procedure code that is submitted for reimbursement.
- An acute care E/M visit for an insignificant or trivial problem or abnormality billed on the same date of service as a checkup or exception-to-periodicity checkup is subject to recoupment.
- Providers must bill an acute care visit with their acute care provider identifier on a separate claim.
- Molina does edit modifier 25 and this may result in a denial based on a review of the claim information, claim history and medical record documentation. The provider has a right to appeal and submit clinical documentation that supports the illness portion of the visit.
- On appeal, the determination is based on the clinical documentation. **Documentation is the KEY** with modifier 25. E/M service must meet key components based on the CMS 1995 or 1997 Documentation for Evaluation and Management Services: History, Physical Exam, and Medical decision making of that E/M service in the medical record documentation. To use modifier 25 correctly, the chosen level of E/M services needs to be supported by adequate documentation for the approval of the level of service correlated with the diagnosis code(s).

Modifier 25 Guidelines:

1. Does the diagnosis on the claim indicate that a separate condition was treated?
2. Were other diagnostic procedures or services (such as lab or radiology tests) billed for by the provider indicating the provider was evaluating separate conditions?
3. Is there a bill for supplies or equipment unrelated to well check procedure performed but would have required an E/M services to determine the patient’s needs?

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4. Is the complexity of the significant circumstances including medical decision making plus one other key component of the E/M Service supported by the documentation?

If your answer is yes to the above, consider reporting the appropriate E/M code with modifier 25 attached as well as the preventive medicine services code. The claim is subject to review.

Examples:

E/M with Preventive Medicine Visit

CPT guidelines for preventive medicine state; “If an abnormality/ies is encountered or a preexisting problem is addressed in the process of performing this preventive medicine evaluation and management service and if the problem/abnormality is significant enough to require additional work to perform the key components of a problem oriented E/M service, then the appropriate E/M service should also be reported.”

An insignificant or trivial problem/abnormality that is encountered in the process of performing the preventive medicine evaluation and management service and which does not require additional work and the performance of the key components of a problem-oriented E/M service should not be reported.

According to NCCI: The CPT Manual defines modifier 25 as a “significant, separately identifiable evaluation and management service by the same physician on the same day of the procedure or other service”. Modifier 25 may be appended to an evaluation and management (E&M) CPT code to indicate that the E&M service is significant and separately identifiable from other services reported on the same date of service. The E&M service may be related to the same or different diagnosis as the other procedure(s).

Examples:

A patient presents for a sprained ankle and the physician orders ankle x-rays. On the EMR health maintenance, an alert indicates the patient is due for their well visit. The well visit can be conducted with the exam of the sprained ankle as long as the documentation supports an E&M. A 99213 with modifier 25 is reported in addition to 99392 appropriately.

A patient presents for a well-child checkup/preventive visit. During the exam, it is noted the child has minor diaper rash. The physician encourages the mother to change her diaper more frequently. It would not be appropriate to report an office visit in addition to the preventive, as the findings of diaper rash were trivial and incidental.

Suggestions:

As a best practice, **educate the member about Preventive Health Exams and Sick Exams**. Provide patients with an educational flyer about what occurs in a well exam. A notice can also be used to explain the office visit policy for preventive and sick exams and the reasons for it. It should be sent to patients along with confirmation of their preventive appointment or presented to them when they check in. The policy should also be explained in the information about the practice that you send to new patients prior to their first appointment.

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Involve your scheduling staff. Any patient requesting to schedule a preventive service should be asked if he or she wishes to discuss any other health problems with the doctor. If the patient does want to discuss other problems and the health problem may be considered insignificant, the scheduler can ask the patient to come in for a problem-oriented visit first and the preventive visit at a later date. Encourage the patient to schedule both visits. If the patient indicates that he or she has no health problems to discuss with the doctor, the scheduler should let the patient know that if a health problem arises that another visit may be necessary.

Develop a method for noting which diagnosis has been denied for a modifier 25. Track and trend which diagnoses have been denied to review the documentation and considerations. If you have further questions, please contact your provider service representative who can help clarify the requirements for modifier 25.

Resource links:

OIG: <http://oig.hhs.gov/oei/reports/oei-07-03-00470.pdf>

TMHP Provider Manual: http://www.tmhp.com/pages/medicaid/Medicaid_Publications_Provider_Manual.aspx

CMS 1995 and 1997 Documentation Guidelines:

<http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNEdWebGuide/EMDOC.html>

AAFP Articles:

<http://www.aafp.org/fpm/2011/0900/fpm20110900p33-rt1.pdf> and <http://www.aafp.org/fpm/2006/0400/p58.html>

References:

National Correct Coding Initiative Policy Manual, Revision Effective Date: January 1, 2012. Current Procedural

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