

Dermatology Coding Alert

25 or 57? Use This Handy Tool to Pick the Right Modifier -- Every Time

Your modifier 25 claims should meet all of the following criteria:

- The E/M occurs on the same day as the surgical procedure
- The procedure following the E/M is minor (has a zero or 10-day global period)
- The E/M service is both significant and separately identifiable from any inherent E/M component that the procedure involves
- The same physician (or one with the same tax ID) provides the E/M service and the surgical procedure.

Note that the diagnosis associated with the E/M service can be the same as the diagnosis associated with the same-day procedure, which means that the E/M prompted the followup procedure. Or, the diagnosis associated with the E/M service can be different than the diagnosis associated with the same-day procedure, meaning that the E/M was for a significant problem unrelated to the procedure.

Use modifier 57 if the claim meets all of the following criteria: The E/M occurs on the same day of or the day before the surgical procedure The surgical procedure following the E/M has a 90-day global period

The E/M service directly prompted the surgeon's decision to perform surgery

The same physician (or another physician with the same tax ID) provided the E/M service and the surgical procedure.

Because modifier 57 claims involve an E/M service that results in a decision for surgery, you would expect to see the same diagnosis code for both the E/M and the surgical procedure. The surgeon would not make a decision for surgery based on a significant problem unrelated to the procedure.