

Dermatology Coding Alert

READER QUESTION ~ Billing All 99213s Isn't Playing It Safe

Question: I heard that if I bill mostly 99213s and keep my evaluation and management billing within the middle- of-the-road range, I'll avoid the heat for using modifier 25. Is that true?

Arkansas Subscriber

Answer: No, that's not true.

Reality: The HHS Office of Inspector General and other federal watchdogs are sniffing claims with modifier 25, regardless of the coding level. Some providers believe that they can slide under the radar by sticking to mid-level E/M codes most of the time, but this practice won't protect you.

Past problems: The OIG issued a tough report on modifier 25 (Significant, separately identifiable evaluation and management service by the same physician on the same day of the procedure or other service) in 2005, and then CMS followed up last May with Transmittal 954 (CR 5025). In that transmittal, CMS emphasized that you can only use modifier 25 when the E/M is different from the usual pre- and postoperative work for a procedure. Your doctor must document why the separate E/M was necessary and exactly what he did, CMS stressed.

Key: You can't use modifier 25 unless the E/M is a separate and distinct service. Be sure that your physician documented a separate exam if you use modifier 25.

Watch out: According to the Social Security Act, undercoding is as illegal as overcoding, so be sure you're choosing accurate code levels.

The answers to the Reader Questions were provided and/or reviewed by **Barbara J. Cobuzzi, MBA, CPC, CPC-H, CPC-P, CHCC**, president of CRN Healthcare Solutions, a coding and reimbursement consulting firm in Tinton Falls, N.J.