

## Internal Medicine Coding Alert

### Clarification: Omit 25 on E/M + 71020 If No Payment Problems

Medicare doesn't require a modifier with this x-ray combo.

Turns out you may not need modifier 25 on 99213 to get it paid with x-ray code 71020. An Internal Medicine Coding Alert subscriber relayed that her group reports 99213 (Office or other outpatient service for the evaluation and management of an established patient ...) and 71020 (Radiologic examination, chest, 2 views, frontal and lateral) and does not experience reimbursement problems. "The National Correct Coding Initiative (CCI) Web site and spreadsheets also do not have these codes as bundled or mutually exclusive," points out **Kris Cuddy, CPC, CIMC**, independent consultant in DeWitt, Minn.

Truth: For Medicare and plans that follow Medicare coding guidelines, no modifier is required. The Reader Question "Is 25 Necessary With XRay?", however, suggested checking with individual payers for their modifier policies (see Internal Medicine Coding Alert 2009, Vol. 12, No. 6). To indicate a significantly, separate E/M is performed on the same day by the same physician as another XXX global day procedure, such as 71020, some insurers require modifier 25 (Significant, separately identifiable evaluation and management service by the same physician on the same day of a procedure or another service).

Absent payment problems, you should continue to leave off the modifier. If, however, an insurer bundles the E/M into the x-ray, try using modifier 25 provided documentation supports an E/M-25 service.