

Part B Insider (Multispecialty) Coding Alert

READER QUESTION: Check Documentation to Confirm Whether Modifier 25 Is Warranted

Nerve block includes minor evaluation and management service, so only bill an E/M if its significant and separately identifiable.

Question: A new patient arrived with complaints of shoulder weakness and pain. My physician took a detailed history, performed a detailed exam, and did a diagnostic suprascapular nerve block to check for pain-causing nerve entrapment. Which codes are appropriate for this encounter?

Answer: You should report the nerve block as 64418 (Injection, anesthetic agent; suprascapular nerve). Its likely that the office visit probably involved a low-complexity level of medical decision making (MDM).

Provided that you have separate documentation that supports a level-three new-patient exam, report 99203 (Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: a detailed history; a detailed examination; medical decision making of low complexity ... Usually, the presenting problem[s] are of moderate severity. Physicians typically spend 30 minutes face-to-face with the patient and/or family) with modifier 25 (Significant, separately identifiable evaluation and management service by the same physician on the same day of the procedure or other service) appended to the E/M code.

You need the modifier to indicate the E/M is significant and separately identifiable from the minor E/M included in 64418.

Watch out: If your providers documentation, however, did not indicate a separately identifiable and significant E/M service beyond the pre-and post-injection work included in the injection procedure, it would not be appropriate to bill for the initial E/M service.

Most coding consultants recommend that you should be able to lift the E/M documentation from the injection notes and both reports should be able to stand on their own if you want to ensure that modifier 25 is applicable.