

## Part B Insider (Multispecialty) Coding Alert

### REIMBURSEMENT: Don't Use 25 Modifier For Procedure The Day After E/M Visit

#### Leave HHA provider numbers off CPO claims

**Do:** When a patient comes in for an evaluation & management visit and then the physician decides to perform a minor procedure in the same session, you should go ahead and use the 25 modifier for the E/M visit, according to a new Frequently Asked Questions (FAQ) file from Part B carrier **Palmetto GBA**.

**Don-t:** But if the patient comes in for an E/M visit and then the doctor decides to bring the patient back the following day for a minor procedure, you shouldn't bill another E/M visit on the second day, Palmetto clarifies.

When using the 25 modifier, you should make sure the documentation shows that the patient's condition -required a significant, separately identifiable E/M service,- above and beyond the usual pre- and post-operative care, Palmetto adds. You don't need different diagnoses for the E/M visit and the procedure.

**Note:** For an E/M visit that resulted in the decision for surgery, you should use the 57 modifier instead, Palmetto points out.

#### Other recent FAQ answers:

- Don't include the provider number of the home health agency or hospice on your physician's Care Plan Oversight (CPO) services, or the carriers may deny the claims, warns **CIGNA**. Carriers no longer require the HHA or hospice's provider numbers.

- A physician's assistant (PA) can't bill incident to a physician's services in the Emergency Department setting, says **Arkansas Medicare**.