

## Modifier Coding Alert

### Quick Quiz Answers: Read Our Answers and Evaluate Your Skills

**Put your modifier knowledge to the test and see where your education needs refreshing.**

**Answer 1:** You need to use modifier 24 (Unrelated evaluation and management service by the same physician or other qualified health care professional during a postoperative period) because the patient returned during the global period with a new issue. You will attach 24 to the code for the E/M service.

**Answer 2:** You should attach modifier 25 (Significant, separately identifiable evaluation and management service by the same physician or other qualified health care professional on the same day of the procedure or other service) to the E/M code if the injection is given during an office visit and the service was separately identifiable. Since the patient's allergic reaction did not relate to the B12 injection, you may report this encounter separately and expect payment for both services.

Be sure your provider's documentation supports reporting both services, and don't use modifier 25 just to try to get additional payment. "Modifier 25 is one of the most used modifiers because [it] allows charges that would not otherwise be reimbursed, to be reimbursed," says **Lynn M. Anderanin, CPC, CPC-I, COSC, ICD10**, sr. director of Coding Compliance and Education for Healthcare Information Services in Park Ridge Ill.

**Answer 3:** You will use modifier 27 (Multiple outpatient hospital E/M encounters on the same date) only if the two emergency departments are in the same revenue center. If the patient told your physician that he had visited two different emergency departments and they were from different revenue centers, you would only submit for the E/M services provided by your physician in your system.