

Modifier Coding Alert

Reader Question: Assessing Inhaler Use Plus E/M Warrants Modifier 25

Question: A family physician in our practice assessed an established patient with asthma who was experiencing episodes of acute exacerbation. She noted a detailed history uncovering that the patient has been suffering from an increased incidence of symptoms that have developed into episodes of wheezing on a daily basis. The patient also complained of symptoms during the night and they wake him up more than once a week. The acute exacerbation of symptoms has been limiting his daily activities to a certain extent.

The patient also told his physician that his use of the inhaler has increased, and since he has episodes of wheezing every day, he's now using the inhaler on a daily basis. After reviewing the patient's use of the inhaler to determine if he has been using the device properly, in case misuse has been the cause of his symptoms, she ordered pulmonary function tests. She recorded a forced expiratory volume in 1 second (FEV1) >70 percent. Based on the symptoms and the results of tests, the physician determined that the patient is suffering from acute exacerbation of a moderate persistent type of asthma. Can I report the reviewing of the patient's inhaler use and if yes, how?

Minnesota Subscriber

Answer: You can report this service with 94664 (Demonstration and/or evaluation of patient utilization of an aerosol generator, nebulizer, metered dose inhaler or IPPB device). You'll need to provide documentation to support your coding, letting the payer know that your family physician performed the evaluation to see if the device was being used properly as she was trying to assess the cause for the increase in symptoms.

You may also need to append 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 evaluation and management code (E/M) such as 99213 (Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: an expanded problem focused history; an expanded problem focused examination; medical decision making of low complexity...) code to reflect that it was significant and separately identifiable from the evaluation done as part of 94664. Some payers require you to add modifier 25 while others would not require it. It is always important to check with your top payers for their specific regulations.

You report the diagnosis using 493.92 (Asthma, unspecified, with [acute] exacerbation) [ICD-10: J45.41 (Moderate persistent asthma with [acute] exacerbation)].