

Pain Management Coding Alert

Reader Question: Modifiers 24, 25 Are (Sometimes) Compatible

Question: Can you ever report modifiers 24 and 25 on the same claim?

Oregon Subscriber

Answer: Yes. You can use modifiers 24 (Unrelated evaluation and management service by the same physician or other qualified health care professional during a postoperative period) and 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) on the same claim, if the physician saw the patient for a completely new or totally unrelated issue within the postop period, a procedure was done that same day for the unrelated issue, and the evaluation and management (E/M) code is significant and separately identifiable from the procedure.

For example, a patient undergoes major surgery. During the postoperative period, the patient comes for an office visit that is absolutely unrelated to the first surgery. It could be that the patient was scheduled for a post-operative visit and during that visit, describes this other problem. The physician carves out the information around the unrelated issue in order to bill an E/M level (along with an unrelated diagnosis).

At the unrelated E/M visit, the physician also performs a minor surgical procedure unrelated to the initial surgical procedure. In this case, you will attach both modifiers 24 and 25 to the E/M code - modifier 24 to allow payment of the E/M service in the global period of the initial surgery and modifier 25 to allow payment of the E/M service along with another procedure performed on the same day.

Tip: Always use the postoperative modifier 24 first, before you use other modifiers. Most computers sequence their edits, putting the postoperative period edits as the primary edit. The procedure itself may require a modifier 79 (Unrelated Procedure or service by the Same Physician or Other Qualified Health Care Professional During the Postoperative Period) if performed in the global period of the initial procedure to distinguish the physician work of each procedure.