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**AUGS Coding and Reimbursement Committee
Article regarding proper use of the -25 Modifier**

Performing an Evaluation and Management (E/M) service and a procedure on the same day occurs frequently in FPMRS practice. However, to ensure proper payment of these services, understanding the use of the -25 modifier is necessary.

According to the Centers for Medicare & Medicaid Services (CMS), the -25 modifier should be used to designate a significant, separately identifiable E/M service provided by the same physician/qualified NPP to the same patient on the same day as another procedure or other services with a 0 to 10 day global fee period. The use of this modifier allows for payment of both the E/M service and the minor procedure on the same date.

An important point to note is that in using the -25 modifier, the procedure being performed must be a minor procedure (0 to 10 day global period) and not a major procedure (90 day global period). In the case of a major procedure, a -57 modifier (Decision for surgery) can be used for the E/M visit if the decision to proceed with major surgery was made during that visit, but is not the focus of this article.

Often there is confusion regarding whether two diagnoses codes are required. CMS specifies that different diagnoses are not required for reporting the E/M service, however separate documentation for the E&M visit and procedure should be provided.

A typical example for FPMRS of appropriate use of the -25 modifier could be separate documentation of the E/M visit for stress urinary incontinence and determination of post void residual by a bladder ultrasound that is performed on the same day. The E/M service should be amended with the -25 modifier in order for both claims to be paid.

If encountering difficulty and appeals are nonproductive, please notify AUGS at info@aug.org

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