

Modifier 25

Dr. Smith is a PCP who saw a patient for a skin lesion. Dr. Smith feels this skin lesion is suspicious for cancer and is sending him to Dr. Jones who is a Dermatologist for the removal of the lesion. Dr. Jones exams the patient and agrees that the lesion must be removed, and removes the lesion.

Dr. Jones completes the voucher and codes an office visit code with the lesion removal appending a 25 modifier to the office visit code.

Is this proper use of the 25 modifier?

Things to consider when billing an E/M service along with a procedure.....Your documentation must clearly demonstrate:

- The purpose of the E/M service was to evaluate a specific complaint
- The complaint or problem addressed can stand alone as a billable service
- Extra work was performed that went above and beyond the typical work associated with the procedure
- The key components of appropriately selected E/M service were actually performed and the presenting problem was addressed
- The purpose of visit was other than evaluating and/or obtaining information needed to perform the procedure/service
- Medical necessity of the E/M service and procedure are appropriately and sufficiently documented by the physician in the patient's medical record to support the claim for these services.

Answer:

In this case, the correct answer is no. Modifier 25 should not be used and only the procedure should be coded by Dr. Jones.