

CAN I GET PAID FOR AN E/M SERVICE ON THE DAY OF A MINOR PROCEDURE



Recorded Jan, 2024

The global surgical package

2



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E/M and a minor procedure

25

Significant, separately identifiable E /M service by the same physician on the same day of the procedure or other service

- Same day as a procedure, the physician performs an E/M service that is a significant, separate, identifiable service
Append modifier 25 to the E/M on the same day as a minor (0 or 10 day global per Medicare).
- Link diagnosis code(s) appropriately to E/M and procedure.

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From the NCCI manual

4

“The decision to perform a minor surgical procedure is included in the payment for the minor surgical procedure and should not be reported separately as an E&M service. However, a significant and separately identifiable E&M service unrelated to the decision to perform the minor surgical procedure is separately reportable with modifier 25.”

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Minor procedure: defined by CMS

5

0-Day Post-operative Period (endoscopies and some minor procedures).

- No pre-operative period
- No post-operative days
- Visit on day of procedure is generally not payable as a separate service

10-Day Post-operative Period (Other procedures).

- No pre-operative period
- Visit on day of the procedure is generally not payable as a separate service
- Total global period is 11 days. Count the day of the surgery and the 10 days immediately following the day of the surgery

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Typical work

6

Principles of CPT Coding has a flow chart with this question: “*Does the documentation support that the patient’s condition required a separate and significant E/M service, above and beyond the usual pre-operative and postoperative service for the procedure?*”

- Decision for procedure, informed consent, examination of the site, prepping the patient, instructions for post-procedure care

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Description of typical work from the AMA

7

Included in the payment for a minor procedure, per CPT® Assistant, March, 2023

“Pre- and post-operative services typically associated with a procedure include the following and cannot be reported with a separate E/M services code:

- Review of patient’s relevant past medical history,
- Assessment of the problem area to be treated by surgical or other service,
- Formulation and explanation of the clinical diagnosis,
- Review and explanation of the procedure to the patient, family, or caregiver,
- Discussion of alternative treatments or diagnostic options,
- Obtaining informed consent,
- Providing postoperative care instructions,
- Discussion of any further treatment and follow up after the procedure.”

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Never get 100% agreement

8

- But, the AMA March 2023 publication describes the activities that should not be reported with a separate E/M service
- As I read it, the added definition of typical pre and post work will make reporting a separate E/M more difficult in some cases.

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E/M and procedure same day

9



Bill both when:

the physician/non-physician practitioner (NPP) needs to evaluate the patient's symptom, condition problem prior to doing the procedure—**and both are documented.**

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Procedure only

10

Bill only the surgical procedure when:

- Only a procedure is documented.
- For a planned procedure. (Breast biopsy or bronchoscopy scheduled at a previous visit)
- For a planned, repeat procedure (such as wound debridement).
- When the medical decision making occurred at a prior visit
- For excision/destruction of small lesions
- When all of the documentation describes only typical pre and post work

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E/M & procedure on the same day

11

- Bill both an E/M service and procedure
- The E/M service addresses a different problem
 - The patient presents with a complaint that is evaluated, and a procedure is selected as the treatment option, but the documentation shows more than typical pre and post work
 - Patient with anemia, SOB, coughing up blood seen by Pulmonary Specialist who does a bronchoscopy; history and exam are more extensive than described in the AMA pre/post work description
 - The E/M section is not copied from a prior visit

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Procedures with 0 global days

12

- 0 global days means no post op care after the day of the procedure is valued into the payment for the code
- Includes services that all would agree are minor: treatment for a common wart
- Includes services that **aren't low risk procedures** such as endoscopy, cardiac catheterization

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Auditing claims with modifier 25

13

Look at the prior note

- Is it a new complaint?
- Was the procedure scheduled at the last visit?
- Is it in the global (or just outside) of another minor procedure
- Does the documentation show only typical pre and post work, and the procedure

We'll never get 100% agreement amongst coders, payers, practitioners

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Thank you



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