

Reference Sheet

Modifier 25 Audit Tool for a procedure and E/M

Does the E/M portion of the note describe typical pre and post work only? If yes – do not report an office visit. ☐ Yes ☐ No

According to the AMA, these activities are typical pre and post work, and are part of the payment for the procedure and do not support a separate E/M:

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. ¹

Do not bill an E/M if the answer to these questions is YES:

Did the patient return to the office solely to have the procedure done because the physician did not have time to do the procedure on the day of the diagnosis? ☐ Yes ☐ No

Does the note seem to be all re-cap of a previously taken history and plan? ☐ Yes ☐ No

Was the minor surgical procedure provided for an obvious, clear problem, such as treatment for warts or simple laceration repair? ☐ Yes ☐ No

Bill an office visit with the procedure if you answer YES to all of the following five questions:

Is an office visit documented? ☐ Yes ☐ No

Is a procedure documented? ☐ Yes ☐ No

Does the procedure have a 0-10 day global period? ☐ Yes ☐ No

For the office visit:

Does the documentation show more than typical pre and post work? ☐ Yes ☐ No

For a new patient, is a separate exam documented? ☐ Yes ☐ No

¹ <https://www.ama-assn.org/system/files/reporting-CPT-modifier-25.pdf>