

# Modifier 25 Tip Sheet



## Provider Education Making it Easier for Providers Series

### Modifier 25

- Humana will consider modifier 25 when used according to correct coding guidelines.
- As defined by the American Medical Association (AMA), modifier 25 indicates a significant, separately identifiable evaluation and management (E/M) service performed by the same physician or other qualified health care professional on the same day as a procedure or other service.
- All procedures contain an inherent E/M service component.
- **Modifier 25 is appropriate to append when:**
  - E/M and another service or procedure are performed on the same day, and
  - E/M service is significant and separately identifiable, and
  - Documentation supports separate reporting of an E/M service, and
  - E/M service is reported at the appropriate level.
- Modifier 25 should be appended when a patient presents with:
  - Significant complaints, symptoms, conditions, problems or circumstances **unrelated** to the primary service, or
  - Significant complaints, symptoms, conditions, problems or circumstances that are **related** to the primary service and that require additional evaluation and management, as supported by documentation.

### Billing tips

- If E/M services are not separately identifiable and criteria above are not met, a modifier should not be appended.
- When submitting claims, ensure all diagnoses are included and coded to the highest level of specificity.
- Unnecessary modifier usage can lead to further review that could result in processing delays or denials.
- Editing logic is based upon the current American Medical Association (AMA) Current Procedural Terminology (CPT®) manual and Healthcare Common Procedure Coding System (HCPCS) Level II Expert manual.

## Helpful hints

- Modifier 25 can only be used with:
    - CPT codes in the E/M section of the AMA CPT manual.
    - Specific E/M services in the medicine section of the AMA CPT manual.
    - Certain HCPCS codes that describe E/M type services.
  - Medical documentation should clearly show that the E/M service performed was unique and distinct from the usual preoperative and postoperative care associated with the primary procedure performed on the same date of service.
  - Most claims submitted with modifier 25 are reviewed during the claims adjudication process to ensure that the modifier is being used appropriately.
  - For reconsideration of a denied claim line with modifier 25, send the request and the supporting documentation as you would any other request for reconsideration.
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## Additional resources

- Additional information on Humana's payment policies and code editing is available at: <https://www.humana.com/provider/medical-providers/education/claims/processing-edits>
  - Resources include the Code Edit Simulator and Code Edit Questions applications.
- For more information on the **Making it Easier for Providers Series**, please visit: <https://www.humana.com/HealthCareProviderHowTo>
  - Resources include educational materials on doing business with Humana.