MODIFIER –25 UNDER THE MICROSCOPE

Removing some of the mystery behind the use of this often-used CPT code.

BY GEORGE A. WILLIAMS, MD

The growth of intravitreal drug therapy for the treatment of retinal diseases over the past decade has been unprecedented. The number of intravitreal injections performed annually in the United States rose from less than 3000 in 1999 to more than 1 million in 2008,[1] and it is estimated that more than 7 million intravitreal injections will be performed in the United States in 2017. The therapeutic benefit of these treatments is both inarguable and profound. Correct coding and billing of intravitreal injection (CPT code 67028) is critical to optimal practice management.

BILLING FOR E/M SERVICES

CPT code 67028 has a zero-day global period, meaning it is considered a minor surgical procedure by Medicare. As a general rule, evaluation and management (E/M) services performed on the same day as a minor surgical procedure are bundled into the procedure. However, when there is significant, separately identifiable work, an E/M service may be billed using modifier –25.

The CPT definition of modifier –25 is "Significant, separately identifiable evaluation and management service by the same physician on the same day of the procedure or other service." Its use is indicated when a patient's condition requires a significant, separately identifiable E/M service above and beyond the other service provided or beyond the usual preoperative and postoperative care associated with the procedure that was performed. A significant, separately identifiable E/M service is defined or substantiated by documentation that satisfies the relevant criteria for the respective E/M service being reported.

For ophthalmologists, it is important to note that the eye codes (92002, 92004, 92012, 92014) are reportable E/M services. The E/M service may be prompted by the symptom or condition for which the procedure or service was provided. Therefore, different diagnoses are not required for reporting the E/M services on the same date. This circumstance may be reported by adding modifier –25 to the appropriate level of E/M service.

MODIFIER –25 AND INTRAVITREAL INJECTIONS

Based on the definition of modifier –25, the American Academy of Ophthalmology (AAO) has repeatedly published guidelines on the correct use of this modifier for intravitreal injections.[2] These guidelines have been presented to the Centers for Medicare and Medicaid Services (CMS), both in writing and at meetings, with the specific request that if CMS disagrees with these guidelines it should inform the AAO. To date, CMS has not notified the AAO of any disagreement.

The National Correct Coding Initiative (NCCI) is responsible for determining correct coding, particularly for the role of combining or bundling procedures when appropriate. When the NCCI determines that there is no scenario in which an E/M service can be used with another procedure or service, an unbreakable bundle (category 0) is created. This means that these two codes are always bundled and that payment for the E/M service is always inappropriate. When NCCI determines that there are valid clinical reasons to allow an E/M service to be used on the same day as a minor surgical procedure, it allows the use of the appropriate modifier (category 1) with appropriate supporting documentation. Currently, NCCI allows the use of modifier –25 for an E/M service provided on the same day as an intravitreal injection.

It is important to note that CMS is fully aware that E/M services are billed with intravitreal injections more than 50% of the time. This fact is accounted for in the valuation of CPT code 67028. Given the above, when is it correct to use modifier –25 with an intravitreal injection? The clinical scenarios on the next page provide some clarification.

There are two primary factors to consider when determining whether an E/M service should be billed with modifier –25.

Factor No. 1: Determining Injection Need

If the examination is performed to determine the need for an injection, use of modifier –25 for an E/M service is appropriate. By contrast, if the examination is performed to confirm the need for a previously determined injection, use of the modifier for an E/M service is inappropriate.

Factor No. 2: Examining the Fellow Eye

It is important to remember that age-related macular degeneration (AMD) and diabetic retinopathy are bilateral,

To Use or Not to Use Modifier –25

Common clinical scenarios that demonstrate when modifier –25 is and is not appropriate.

A patient returns for a scheduled examination for neovascular age-related macular degeneration (AMD). The patient received prior injections. The examination shows no evidence of complications from the previous treatments and it is determined that an additional injection is needed that day. Modifier –25 is appropriate in this situation.

A patient presents with recent vision loss in his left eye. Examination and imaging demonstrate active choroidal neovascularization (CNV) due to AMD. The patient is treated with an intravitreal injection of an anti-VEGF drug. Modifier –25 is appropriate in this situation.

A patient who has received multiple intravitreal injections in her left eye to treat AMD returns to her specialist complaining of vision changes in her right eye. Examination reveals progressive geographic atrophy in the right eye and active CNV in the left eye. The left eye is injected with an anti-VEGF drug. Modifier –25 is appropriate in this situation.

A patient is on a PRN treatment regimen for CNV in her left eye. The patient did not receive treatment at the last visit. Today, active CNV is noted on examination and imaging. The patient's left eye is injected. Modifier –25 is appropriate in this situation.

A patient with bilateral CNV returns for follow-up. Examination and imaging confirms bilateral active CNV. The right eye is injected today. The patient returns in 3 days for injection of the left eye. Modifier –25 is appropriate for the right eye, but NOT when the patient returns for the previously determined injection in the left eye.

A patient returns for a previously scheduled injection in the left eye. Ocular examination confirms the need for the injection. Modifier –25 is NOT appropriate in this situation.

A patient on a treat-and-extend regimen returns 6 weeks after an injection in his right eye. The patient's left eye is examined and found to have high-risk dry AMD. His right eye is injected, and he is scheduled for another injection in 8 weeks. Modifier –25 is appropriate in this situation because the examination of the left eye is medically necessary and is a significant, separately identifiable service from the injection.

chronic diseases. It is good medical practice to examine the fellow eye on a regular basis. How frequently such examinations should occur and at what level is a matter of clinical judgment and depends on the state of disease in each patient. When the fellow eye is examined, an E/M service is often appropriate, assuming medical necessity.

NOT-SO-SIMPLY STATED

The use of modifier –25 in conjunction with intravitreal injection is often, but not always, appropriate and correct coding that recognizes the performance of a significant, separately identifiable service when there is medical necessity. ■

1. Campbell RJ, Bronskill SE, Bell CM, Paterson JM, Whitehead M, Gill SS. Rapid expansion of intravitreal drug injection procedures, 2000 to 2008: a population-based analysis. *Arch Ophthalmol.* 2010;128(3):359-362.
2. Vicchrilli S. American Academy of Ophthalmology. Modifier –25 revisited. www.aao.org/eyenet/article/modifier-25-revisited. October 2017. Accessed October 24, 2017.

Section Editor George A. Williams, MD
- chair, department of ophthalmology, William Beaumont Hospital, Royal Oak, Mich.; professor and chair of ophthalmology, Oakland University William Beaumont School of Medicine, Royal Oak, Mich.; secretary of federal affairs, American Academy of Ophthalmology
- member of the *Retina Today* editorial board
- financial interest: none acknowledged
- gwilliams@beaumont.edu