

Coding Clues



Website Resources for EPSDT and Pediatric Coding

NCCI edits are available at:

<http://www.cms.gov/physicians/cciedits/>

NCCI updates/changes are available at:

<http://www.ingenixonline.com/content/pn/>

HCPCS changes effective April 1, 2004 are available at:

<http://www.ingenixonline.com/content/pn/>

CPT updates/errata/changes are available at:

<http://www.ama-assn.org>

Modifier –25 Coding Suggestions

Append modifier –25 only to Evaluation and Management (E/M) service CPT codes. Do not append the modifier to a procedure CPT code.

Append modifier –25 to the E/M code for surgical service CPT codes. Some payers restrict the use of modifier –25, for example with ancillary services like x-ray and laboratory codes. Check with your local carrier for its specific policy.

Document separately for the E/M service and procedure codes. Medical necessity must be shown to justify reporting both the E/M code and the procedure code.

Be cautious of writing the procedure note in the exam component of the E/M documentation. All elements of the exam should be documented and the diagnosis for the E/M service code must reflect medical necessity. E/M and procedure documentation should reflect the “separate and identifiable” criteria of CPT.

If an examination is performed prior to a scheduled minor procedure for the purpose of administering conscious sedation only, this exam is a component of the minor procedure and is not separately billable, even with a modifier –25, because it does not meet the “significant, separately identifiable E/M service criteria.”

If you are not receiving reimbursement for claims with modifier –25, contact your payer representative. Ask for an explanation for refusal of payment, have your information ready for an appeal and often they can reverse modifier –25 denials.

Release of New Reason Codes for Denials by Insurers

- Reason Code 157: Payment denied/reduced because service/procedure was provided as a result of an act of war.
- Reason Code 159: Payment denied/reduced because service/procedure was provided as a result of terrorism.
- Reason Code 160: Payment denied/reduced because injury/illness was the result of an activity that is a benefit exclusion.

For a full copy of the modified reason and remark codes, including the most recent changes, can be found at:

<http://www.wpc-edi.com/codes/Codes.asp>

2004 Additions, Revisions, Deletions in ICD-9-CM and CPT for Pediatrics

Visit the TNAAP website at www.tnaap.org to view the listing of 2004 code additions, revisions and deletions, specific to Pediatrics.