

# Modifier 25 & Prescription Drug Management

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## E&M Service with a Procedure

According to NCCI bundling edits, E&M encounters that lead to the decision to perform a procedure are not reimbursable in addition to the procedure.

The NCCI Rationale is the RVU breakdown for procedural based services includes pre-service work which would be considered the E&M service. When considering the procedural CPT codes, they are able to stand autonomously without an E&M and be billed independently for reimbursement, which does corroborate this point.

## When do you use the Modifier 25?

First, the modifier is ONLY required when a bundling edit exists. Second, the guidelines have created exceptions as outlined below:

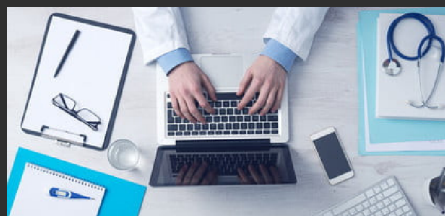
- New patients do not have bundling edits with procedures. Therefore, if a carrier follows NCCI edits, a 25 modifier should NOT be required for new patients.
- An E&M can be billed for an unrelated and significant reason.
  - 1. Unrelated:** The problem should be unrelated to the reason for the procedure. In other words, the injection cannot be for OA of the knee and the E&M for knee pain.
  - 2. Significant:** An additional problem must be significant enough that it could warrant an E&M encounter above and beyond the reason for the procedure.

**25 Modifier & E&M Services**  
Appropriate use per the Guidelines



**Prescription Drug Management in the E&M 2021 Documentation Guidelines**

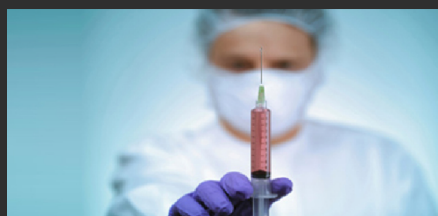
## Prescription Drug Management in the E&M Encounter



### Guidelines for RX Management

Prescription Drug Management creates confusion as not everything written as a RX requires prescriptive authority and due to the use of the word "management". There are basically 2 major requirements in order to support RX management:

1. Prescriptive authority is required. If it doesn't require prescriptive authority by the FDA, then RX management is not met.
2. Initiation, modification, discontinuation, or continuation of a RX medication is management. "Management" is not based on the length of the course of drug treatment, but rather the management of the patient during the course of the treatment.



### Injectables

Drugs that are injected in the office are certainly of RX strength; however, the coding of the service rendered may prevent it from counting as RX management. CPT codes when the injectable is a procedural service and performed by an MD/NP/PA provider have the risk of the drug already allocated as part of the wRVUs of the provider. Injections administered IM/SubQ by ancillary staff can also be billed independent of an E&M, but they are represented by CPT codes with provider wRVUs that only reflect a supervision level of service of staff. Therefore, the risk of management of the drug (3rd column of MDM) has not been pre-allocated.



### RX vs. OTC Medications

OTC medications do not require prescriptive authority, and based on MDM complexity have a "low" risk for management. OTC medications often come as a RX, but this does NOT raise their risk level for MDM complexity. As noted, prescriptive authority should be defining factor as opposed to insurance or Medicaid funding for RX use. Some medications come as both OTC & RX, but the formulary and directions are the same. In this scenario, the risk of management would be OTC (the lower) as the FDA, by removal of prescriptive authority is noting this as OTC risk.

### Supporting Documentation Requirements

The provider cannot simply refer to medications that are not listed in the current encounter and state continue without noting the medication and dosage. The documentation requirements are:

- Name of medication
- Dosage
- Frequency

