

AUDITING & COMPLIANCE TIP

Guidance for Modifier 24 Usage

Modifier 24 (unrelated evaluation and management service by the same physician during a postoperative period) has garnered more scrutiny lately because of the attention it is receiving from Recovery Auditors and payers. An assignment of modifier 24 will often trigger a medical record request, so we must ensure we only append this modifier when appropriate.

There are several important details that need to be known when coding for services during the postoperative period of a surgical procedure and appending modifier 24.

First, how many global days were associated with the surgical procedure? For this information, we use the Medicare Fee Schedule Data Base (MFSDDB). The MFSDDB lists the length of the postoperative periods that apply to each surgical procedure. In the MFSDDB, a surgical procedure may be identified with code "090" indicating a major procedure and "000" or "010" indicating a minor procedure or endoscopy. These codes identify the number of global days assigned to the procedure. There are also designations of "YYY" indicating a carrier-priced code (meaning that most often the carriers determine the number of global days) and "ZZZ" which are used with add-on codes and therefore follow the global day designation for the primary code it is billed with.

Second, was the encounter unrelated to the surgical procedure for which we are in a global period? For this information, we must know what is included in a global surgical package *and* whether the provider documentation indicates that this E/M visit is distinct. As the modifier indicates that the E/M visit is "unrelated," we would expect the provider to clearly explain the nature of the visit in his/her documentation.

Modifier 24 shouldn't be used for surgical complications that don't require a trip to the operating room; treatment of wound infections; patient admissions to skilled nursing for a condition related to the surgery; dressing changes; postoperative pain management; suture, drain or splint removals; supplies, etc. It's important to note that simply assigning a different diagnosis code from the one that necessitated the procedure doesn't mean it's unrelated. An infected postoperative seroma (998.51) may occur after a lumpectomy for breast cancer (174.9), the management of this wound infection in and of itself, does not meet the criteria for an unrelated evaluation and management and therefore even though there is a different diagnosis code assigned, modifier 24 would not be appropriate.

So when is modifier 24 appropriate? Modifier 24 is reportable on an E/M service beginning the day after the procedure. The provider must specifically indicate one of the following situations: That the service was either for a problem unrelated to the surgery; exclusively for treatment of an underlying condition and not for post-operative care; management of immunosuppressant therapy if during post-op of a transplant; management of chemotherapy; or for unrelated critical care.



Today's tip provided by:



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