

## Modifier 24 Fact Sheet

### Definition:

- Unrelated evaluation and management (E/M) service by the same physician\* during a postoperative period

### Appropriate Usage:

- Append modifier 24 to the E/M procedure code.
- Apply modifier 24 to an unrelated E/M services during the post-operative period beginning the day after a procedure, when the E/M is performed by the same physician\* during the post-operative period of procedure code with a 10 or 90 day global period.
- Use modifier 24 if documentation indicates that an E/M service performed exclusively for treatment of the underlying condition and not for post-operative care.
- Use modifier 24 on the E/M code when physicians are managing immunosuppressant therapy during the post-operative period of a transplant.
- Use modifier 24 on the E/M code for physicians managing chemotherapy during the post-operative period of a procedure.
- When the same physician\* provides critical care during the post-op period the surgery.

### Inappropriate Usage:

- Outside of a post-op period, modifier 24 is inappropriate to document an unrelated E/M service the same day as a procedure.
- To document treatment of a wound infection, consider this part of the post-operative care.
- When the surgeon admits a patient to a skilled nursing facility for a condition related to the surgery.
- Documentation does not clearly indicate the E/M was unrelated to the surgery.

### Procedure codes:

- G0181-G0182 Care Plan Oversight Supervision
- 92002-92014 E/M Ophthalmology
- 99201-99499 E/M all locations

**\*Same physician** – Medicare regulation states: *“Physicians in the same group practice who are in the same specialty must bill and be paid as though they were a single physician.”* The same physician concept also applies when the exact same physician performs services.

Example:

The patient presented a complaint unrelated to the surgery and the visit falls within the global period of the surgery.

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE		17a.	18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES							
		17b. NPI	FROM MM DD YY	TO MM DD YY						
19. RESERVED FOR LOCAL USE		20. OUTSIDE LAB? \$ CHARGES								
		<input type="checkbox"/> YES <input type="checkbox"/> NO								
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate Items 1, 2, 3 or 4 to Item 24E by Line)		22. MEDICAID RESUBMISSION CODE ORIGINAL REF. NO.								
1. 1101		23. PRIOR AUTHORIZATION NUMBER								
2. _____										
24. A. DATE(S) OF SERVICE		B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER	E. DIAGNOSIS POINTER	F. \$ CHARGES	G. DAYS OR UNITS	H. EPOSD Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
From MM DD YY	To MM DD YY									
1	07 04 06	11		99214 24	1	59.00	001		NPI	1234567890
2									NPI	
3									NPI	

Procedure code 72010 is not an E/M code; do not bill the X-ray with modifier 24 even though it is not relate to the surgery

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE		17a.	18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES							
		17b. NPI	FROM MM DD YY	TO MM DD YY						
19. RESERVED FOR LOCAL USE		20. OUTSIDE LAB? \$ CHARGES								
		<input type="checkbox"/> YES <input type="checkbox"/> NO								
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate Items 1, 2, 3 or 4 to Item 24E by Line)		22. MEDICAID RESUBMISSION CODE ORIGINAL REF. NO.								
1. 823.82		23. PRIOR AUTHORIZATION NUMBER								
2. _____										
24. A. DATE(S) OF SERVICE		B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER	E. DIAGNOSIS POINTER	F. \$ CHARGES	G. DAYS OR UNITS	H. EPOSD Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
From MM DD YY	To MM DD YY									
1	07 04 06	11		72010 24	1	225.00	001		NPI	1234567890
2									NPI	
3									NPI	

**Situations occur when multiple surgery modifiers are reported on the claim.**

The following is an example of appropriate reporting of both modifiers 24 (*Unrelated E/M by the same physician during a postoperative period*), and 25 (*Significant, separately identifiable E/M by the same physician on the same day of the procedure or other service*), on the same E/M code.

*A physician performs a major surgery and within the global period sees the patient for an unrelated E/M visit. During this unrelated E/M visit, the physician determines the necessity of a minor surgery or other procedure. This minor surgery/other procedure is separate and identifiable from the E/M and unrelated to the original major surgery. Both the 24 and 25 modifiers are appropriate to add to the E/M code. The 24 modifier is appropriate because the E/M service is unrelated and during the postoperative period of the major surgery. The 25 modifier is also needed to identify that the minor surgery/procedure performed on the same day is separately identifiable from the E/M service. In addition, the minor surgery procedure code may need a 79 modifier to indicate the procedure is not related to the major surgery.*