VOL. 17
NO. 01

Ohio Medicaid

Quality Monitor

Coding Corner

Appropriate Utilization of Modifier 25

In this issue of the Coding Corner, we would like to discuss the appropriate use of Modifier-25 when billing an outpatient claim.

Definition of Modifier 25

Modifier -25 is used to indicate that the patient's condition required a significant, separately identifiable evaluation and management service above and beyond that associated with another procedure or service being reported by the same physician on the same day.

How to Use Modifier 25

- To be used with Evaluation and Management codes only
- Is not restricted to a specific level of E/M service
- The E/M service must meet the key components of that code, (ie, history, examination, medical decision making)
- CPT guidelines do not require different diagnoses in order for an E/M service and the procedure or service performed to be reported separately
- Should not be used to report an E/M service that results in a decision to perform surgery (modifier 57)

Modifier 25 is Appropriate to use for the following services:

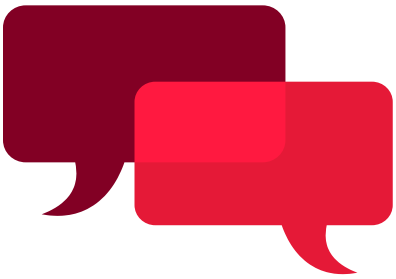
- Office or other outpatient services, new or established patients
- Hospital Observation and Inpatient Services
- Consultations
- Emergency Department Services
- Critical Care Services
- Nursing Facility Services
- Domiciliary, Rest Home, or Custodial Care Services
- Home Services
- Prolonged Services
- Preventative Medicine Services
- Newborn Care
- Special E/M Services

Example:

A 50 year old male presented to the Emergency Room complaining of a fever, headache, stiff neck, nausea and vomiting. The ER physician performs a spinal tap as well as the services described in code 99214. The -25 modifier is appended to code 99214 to indicate that both a significant E/M service and a procedure were both performed on the same day.

Reference:
CPT Assistant, March 2012 Page: 4-7

permedion | Ohio



Medical Director Dialogue

Our #1 Public Health Concern

Medicaid Quality Monitor Vol. 17, No. 1
By Anthony J. Beisler, MD, MBA, FACS, CHCQM
National Medical Director, Permedion

More people died from drug overdoses in the United States in 2014 than any other year on record. It's an epidemic that claimed the lives of more than 47,000 Americans. Ohio had the second-highest number of drug overdose deaths nationwide in 2014. Heroin and prescription pain relievers took 2,744 lives in Ohio in 2014. That's nearly one death every three hours. About half of those deaths – 1,177 – involved heroin, which many addicts have turned to as a cheaper alternative to prescription narcotics. By comparison, according the Ohio Highway Patrol, there were 1,008 traffic fatalities in Ohio in 2014.

A recent CDC report analyzed recent mortality data from the National Vital Statistics System to track trends and characteristics of the crisis, including the types of drugs associated with these cases. "Opioids — primarily prescription pain relievers and heroin — are the main driver of overdose deaths," the report stated.

The CDC also noted that heroin-related deaths are on the rise. In 2010, the agency reported 3,306 heroin overdose deaths nationwide; that number more than tripled to 10,574 in 2014, reflecting the growing number of people reaching for the needle in Ohio and across the country. The CDC report described the drug overdose deaths as an "emerging threat to public health and safety" and stated, "efforts are needed to protect persons already dependent on opioids from overdose and other harms."

In response to the increase in opioid overdoses, Ohio pharmacies have started selling Naloxone over the counter; they are among the first to do so. Naloxone, which can be given as a nasal spray, is meant to reverse the effects of opioid overdoses, including extreme drowsiness, slowed breathing and loss of consciousness.

"While [Naloxone] will save lives, reviving someone is just the first step. The hope then is getting them into treatment," said Senator Rob Portman (R-OH) during a press conference announcing the drug's arrival in pharmacies statewide.

Legislation has also been proposed in response to the increase in overdoses. Sen. Portman is co-sponsor of a bill called The Comprehensive Addiction and Recovery Act. The bill expands efforts to prevent the abuse of opioids and heroin around the nation. It will provide up to $80 million in funding for treatment, prevention and recovery.

Senator Sherrod Brown (D-OH) introduced a bill last week, "The Heroin and Prescription Drug Abuse Prevention and Reduction Act." Sen. Brown's bill is geared toward preventative measures and the resources needed for successful recoveries to stop relapses. "Addiction isn't an individual problem or a character flaw — it's a chronic disease that, when left untreated, places a massive burden on our healthcare system, our families and communities," Sen. Brown said in a press release.

To combat the overwhelming problem in Logan County, where I practice, a community-based opiate task force was formed to address addiction issues. In partnership with other community agencies, the program will focus on several different aspects of the problem. The task force is comprised of leadership from Mary Rutan Hospital, community law enforcement, physicians, business men and women, educators and concerned citizens. Likewise, other counties have started community-based efforts to address the issue.

I am asking that the entire community of healthcare providers in Ohio get involved with the ongoing efforts in your local community. Hospitals and physicians often see the consequences of the heroin epidemic professionally, but we need to step up and take an active leadership role in addressing the problem before it presents to the Emergency Department doors. The only way forward is together. We are the faces of healthcare in Ohio. Our communities are embattled and we have a responsibility - no, rather a duty to help. Therefore, we must answer the call as our friends, neighbors and fellow citizens are counting on us – we cannot let them down.

OAC CPT Coding for OP Hospital Services 5160

Ohio Medicaid regulations require that providers use appropriate CPT/ HCPCS coding criteria when billing outpatient hospital services. OAC references to CPT coding are included below to assist providers.

5160-1-19

Claim submission.

(C) Claims must be submitted pursuant to the national correct coding initiative and coding standards set forth in the following guides and described in 45 CFR 162.1000 and 45 CFR 162.1002:

1. The healthcare common procedure coding system;
2. **The current procedure terminology codebook;**
3. The current dental terminology codebook; or
4. The international classification of diseases codebook.

5160-2-21

Reimbursement for services provided in an outpatient hospital setting.

(A) All hospitals that are subject to DRG (diagnosis related group) prospective payment as described in rule 5160-2-65 of the Administrative Code and that provide covered outpatient hospital services to eligible medicaid beneficiaries as defined in rule 5160-2-02 of the Administrative Code are subject to the payment policies described in this rule.

(B) The words and terms described in paragraphs (B)(1) to (B)(4) of this rule have the following meanings, unless the context indicates otherwise.

1. Outpatient invoice.

An "outpatient invoice" is a bill, submitted in accordance with Chapter 5160-1 of the Administrative Code, to the department for services rendered to one eligible medicaid beneficiary on one or more date(s) of service. An invoice encompassing more than one date of service is referred to in this rule as a "cycle bill."

2. Outpatient claim.

An "outpatient claim" is defined as those outpatient services rendered to one eligible medicaid beneficiary on one date of service. In the instance of "cycle bills," as indicated in paragraph (B)(1) of this rule, more than one claim may appear on an invoice.

3. Procedure code.

(a) In this rule, a **"procedure code" refers to the current procedural terminology (CPT) codes and healthcare common procedure coding system (HCPCS) as identified in rule 5160-1-19** of the Administrative Code. Guidelines and definitions for level of care determinations and for new and established patient definitions are as published in the CPT and HCPCS volumes. Applicable HCPCS modifiers are listed in appendix A to this rule.

(b) At the beginning of each calendar year, the centers for medicare and medicaid services (CMS) and the American medical association (AMA) may add procedure codes, discontinue (delete) procedure codes, and revise the descriptions of a covered procedure, service, or supply represented by a HCPCS procedure code, that take effect on January first of the following calendar year. **Coverage of new CPT and HCPCS codes will be determined by the department.** Effective for dates of service on or after January 1, 2016, the initial maximum payment amount is set at seventy-six per cent of the medicare allowed amount but is not to exceed the medicaid allowed amount of similar procedure codes. For convenience, a list of such initial maximum payment amounts shall be posted no later than January first of each year on the department's web site, http://medicaid.ohio.gov/.

5160-2-21

Reimbursement for services provided in an outpatient hospital setting.

(M) Observation services

Payments for observation services will be made in accordance with appendix F to this rule. Payments for observation services will be made for up to two consecutive days only. To receive payment for a third consecutive date of service, the patient must have been discharged, and, for medically necessary reasons, readmitted as an outpatient.

See: Appendix F of 5160-2-21

http://codes.ohio.gov/pdf/oh/admin/2016/5160-2-21_ph_ff_a_app10_20151222_0958.pdf

Observation claims must be submitted pursuant to CPT guidelines and 5160-1-19.

ORC Requirements for Non-Physician Hospital Admissions

On May 20, 2014 section 3727.06 of the Ohio Revised Code (ORC) was amended.

3727.06 Admission and medical supervision of patients.

(A) As used in this section:

1. Doctor" means an individual authorized to practice medicine and surgery or osteopathic medicine and surgery.
2. Podiatrist" means an individual authorized to practice podiatric medicine and surgery.

(B)

1. Only the following may admit a patient to a hospital:
   a. A doctor who is a member of the hospital's medical staff;
   b. A dentist who is a member of the hospital's medical staff;
   c. A podiatrist who is a member of the hospital's medical staff;
   d. A clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner if all of the following conditions are met:
      i. The clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner has a standard care arrangement entered into pursuant to section 4723.431 of the Revised Code with a collaborating doctor or podiatrist who is a member of the medical staff;
      ii. The patient will be under the medical supervision of the collaborating doctor or podiatrist;
      iii. The hospital has granted the clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner admitting privileges and appropriate credentials.
   e. A physician assistant if all of the following conditions are met:
      i. The physician assistant is listed on a supervision agreement entered into under section 4730.19 of the Revised Code for a doctor or podiatrist who is a member of the hospital's medical staff.
      ii. The patient will be under the medical supervision of the supervising doctor or podiatrist.
      iii. The hospital has granted the physician assistant admitting privileges and appropriate credentials.
2. Prior to admitting a patient, a clinical nurse specialist, certified nurse-midwife, certified nurse practitioner, or physician assistant shall notify the collaborating or supervising doctor or podiatrist of the planned admission.

(C) All hospital patients shall be under the medical supervision of a doctor, except that services that may be rendered by a licensed dentist pursuant to Chapter 4715. of the Revised Code provided to patients admitted solely for the purpose of receiving such services shall be under the supervision of the admitting dentist and that services that may be rendered by a podiatrist pursuant to section 4731.51 of the Revised Code provided to patients admitted solely for the purpose of receiving such services shall be under the supervision of the admitting podiatrist. If treatment not within the scope of Chapter 4715. or section 4731.51 of the Revised Code is required at the time of admission by a dentist or podiatrist, or becomes necessary during the course of hospital treatment by a dentist or podiatrist, such treatment shall be under the supervision of a doctor who is a member of the medical staff. It shall be the responsibility of the admitting dentist or podiatrist to make arrangements with a doctor who is a member of the medical staff to be responsible for the patient's treatment outside the scope of Chapter 4715. or section 4731.51 of the Revised Code when necessary during the patient's stay in the hospital.

Amended by 131st General Assembly
File No. TBD, SB 110, §1, eff. 10/15/2015.

Amended by 130th General Assembly
File No. 61, HB 139, §1, eff. 5/20/2014.

The full text of ORC 3727.06 is also available online.

Chapter 3727: HOSPITALS, 3727.06 Admission and medical supervision of patients.

Read more.

Administrative Rules Renumbered

In September 2013, the Ohio Legislative Service Commission instructed the Ohio Department of Job and Family Services and the Ohio Department of Medicaid to renumber some administrative rules. Get the details.

Address Correction

There have been several issues with providers submitting their appeals to the correct ODM department for appeals. Please note that the correct address is listed below.

Correct SURS Address

Ohio Department of Medicaid

Surveillance and Utilization Review Section

PO Box 182582

Columbus, OH 43218-2582

Contact Information

Permedion

Michelle Armstrong
Project Manager

350 Worthington Rd., Suite H

Westerville, OH 43082

phone: 614.839.3401

fax: 614.895.6784

email: marmstrong@hms.com

web: www.hmspermedion.com

Ohio Department of Medicaid

Surveillance and Utilization Review Section

Rachel Jones
Contract Administrator

PO Box 182582

Columbus, OH 43218-2709

phone: 614.752.2634

fax 614.644.2217

web: www.medicaid.ohio.gov