

The AAO received questions regarding the denial of Evaluation and Management (E/M) services billed alongside Osteopathic Manipulative Treatment (OMT) with Modifier-25. It was determined that there is a conflict regarding the guidance between the CME National Correct Coding Initiative (NCCI) edits and AMA CPT guidelines.

Background:

Many members reported claim denials when appending Modifier-25 to E/M services performed on the same day as OMT. This stemmed from NCCI language stating the decision to perform a minor surgical is included in the payment for the minor surgical procedure and shall not be reported separately as an E&M service (Osteopathic manipulative therapy and chiropractic manipulative therapy have global periods of 000). However, a significant and separately identifiable E&M service unrelated to the decision to perform the minor surgical procedure is separately reportable with Modifier-25.

AAO's Action:

In response the AAO wrote to the Centers for Medicare and Medicaid Services (CMS) requesting a revision of the language in the NCCI edits policy manual to align with the AMA CPT guidelines, specifically the guideline for Modifier-25 which includes a **note** which states: "This modifier is not used to report an E/M service that resulted in a decision to perform surgery. See Modifier-57. For significant, separately identifiable non-E/M services, see Modifier-59." These denials result in unnecessary administrative burdens, appeals, and disruptions to patient care.

CMS Response:

CMS has acknowledged our concerns and agreed to consider these modifications for future manual updates:

The CPT Professional codebook also includes coding instructions which may be found in the introduction, individual chapters, and appendices. In individual chapters, the instructions may appear at the beginning of a chapter, at the beginning of a subsection of the chapter, or after specific CPT codes. Providers/suppliers should follow CPT Professional codebook instructions unless CMS has provided different coding or reporting instructions.

While not an immediate change, this commitment marks a critical step toward clarifying the guidance for reporting these services.

What This Means for Physicians:

- CMS's forthcoming review could lead to clearer guidance, reducing claim denials and administrative burdens.
- The AAO will closely monitor CMS's next NCCI manual release and provide updates as details emerge.
- Continue documenting E/M services thoroughly to justify "significant and separate" care when applicable.