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### EDITOR

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## Practice Manager Meeting

Have a great summer!  
 See you in the fall.

### Next Meeting:

Wednesday, October 4, 2017  
 8:00 AM

### Location:

Maimonides Administration Bldg.—  
 2nd Fl. Conference Room

## NEED HELP?

- Practice Management Problems
- Claims Issues
- Medical Policy Concerns
- Staff Training
- Customer service

Call Carolee Hildenbrandt  
 at 212-953-1504 or email:

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## Review of Modifier 25

Modifier 25 remains one of the most confusing codes to report. Modifier 25 is used to indicate that a significant separately identifiable E/M service was performed by the same physician on the day of a procedure or other service.

### Modifier 25: Check your Boxes

Meet the following requirements to ensure you're on track to accurately report Modifier 25.

Why is the patient being seen?

- Are there signs, symptoms and/or conditions that must be addressed before deciding to perform a procedure or service?

E/M might be medically necessary with Modifier 25

- Was the physician's evaluation significant and beyond the normal post-operative work?

If **yes**, then an E/M may be billed with Modifier 25.

- Was the procedure or service scheduled prior the patient encounter?

If **yes**, it is not medically necessary to bill for an E/M unless the patient had other medical concerns or problems that were addressed and documented.

- Is there more than one diagnosis present that is being addressed and/or affecting the treatment and outcome?

If **yes**, it is appropriate to bill for the procedure and E/M with Modifier 25.

Source: Part B news

## Physician Quality Reporting System (PQRS)

### Subscribe to the Quality Payment Program Listserv

Subscribers of the PQRS listserv are encouraged to sign up for the new CMS Quality Payment Program listserv.

To subscribe, visit the Quality Payment Program website at <https://qpp.cms.gov/> and select "Subscribe to Updates" in the footer. The Education & Tools page includes program resources to help you learn more about eligibility and how to participate.

"Drugs don't work in patients who don't take them"- is a well-known quote from a former U.S. Surgeon General, C. Everett Koop.

Consider the following five dimensions of adherence as potential causes or predictors of poor medication adherence. It is important to understand why a patient may not take their medication in order to effectively collaborate and communicate with the patient to successfully overcome barriers. A patient can fall into more than one of these categories at any given time.

Dimension of Adherence	Factors Affecting Adherence
Social/economic	Financial stress (cost of medication, copayment, or both), low "health" literacy, lack of family support, lack of transportation
Health system and health care team factors	Inadequate follow-up or discharge planning, poor provider-patient relationship, lack of positive reinforcement, lack of continuity of care
Condition-related	Treatment of asymptomatic disease, chronic conditions, inadequate understanding of the disease
Therapy-related	Complex regimen, side effects, frequent changes of medication regimen, long duration of treatment, lifestyle burden
Patient-related	Knowledge, resources, attitudes, beliefs, and expectations

Source: Empire BCBS