

Modifiers – Getting It Right!

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Outline

1. Modifier utilization
2. Most common misunderstandings
 - Modifier -25
 - Modifier -59
 - Modifier -24
3. Surgical modifiers
 - Modifier -58
 - Modifier -78
 - Modifier -79



Modifiers Add Information

CPT code ≈ verb



Modifier ≈ adverb

92225 – 50

Extended ophthalmoscopy Both eyes



Modifiers

- An adjunctive service (51)
- Assistant surgeon (80, 81, 82)
- Beneficiary financial responsibility (GA, GY, GX)
- Bilateral service (50)
- Identifies a professional or technical component (26, TC)
- Only part of service provided (54, 55, 56)
- Increased or reduced service provided (22, 52)
- Recognize a discrete service otherwise not paid (24, 25, 57, 58, 59, 78, 79)
- Repeated service (76)
- Unusual event occurred (53, 73, 74)

Source: AMA, CPT



Modifiers

Functional (pricing) modifiers must be submitted in the first modifier field in order for claims to be processed correctly. If these modifiers are not submitted in the first modifier field, the claim will be rejected and must be resubmitted as a new claim. To avoid processing delays, informational (statistical) modifiers should follow the functional modifier.

Example: 66984-55RT

Source: Palmetto, GBA



Medicare Usage By Ophthalmologists

| | |
|------|-----------|
| • 25 | 2,373,883 |
| • 26 | 1,563,269 |
| • 79 | 1,089,575 |
| • 59 | 636,257 |
| • 54 | 422,376 |
| • 24 | 387,624 |
| • 57 | 265,509 |
| • GA | 169,838 |
| • 78 | 48,969 |
| • 58 | 38,546 |

Source: CMS data (2014), 18 – Ophthalmology



Ophthalmologists' Utilization Rate

| | |
|--------------|-------|
| Modifier -25 | 11.4% |
| Modifier -26 | 7.5% |
| Modifier -24 | 1.9% |
| Modifier -57 | 1.3% |
| Modifier -58 | 0.2% |
| Modifier -78 | 0.2% |
| Modifier -79 | 5.2% |

- Based on Medicare paid claims for office visits
- Considers all ophthalmologists
- Subspecialists' utilization likely varies

Source: CMS data (2014), 18 – Ophthalmology



Optometrists' Utilization Rate

| | |
|--------------|------|
| Modifier -25 | 4.0% |
| Modifier -26 | 1.8% |
| Modifier -24 | 0.5% |
| Modifier -57 | 0.2% |

- Based on Medicare paid claims for office visits
- Considers all optometrists

Source: CMS data (2014), 41 - Optometry



Outline

1. Modifier utilization
2. Most common misunderstandings



Misunderstood Modifiers

1. Modifier -25
2. Modifier -59
3. Modifier -24



Modifier -25 and the OIG

- 35% of claims in 2002 with modifier 25 did not meet requirements
- Excessive use of modifier -25 garners (unwanted) attention
- OIG's Work Plan will scrutinize it
 - Particular attention for intravitreal injections

Source: OIG Report, Nov. 2005, OEI-07-03-00470



Office Visit & Minor Procedure

"CPT Modifier 25 – Significant Evaluation and Management Service By Same Physician On Date of Global Procedure

Pay for an evaluation and management service provided on the day of a procedure with a global fee period if the physician indicates that the service is for a significant, separately identifiable evaluation and management service that is above and beyond the pre- and post-operative work of the procedure."

Source: MCPM, Chapter 12, §40.2.A8



Office Visit & Minor Procedure

"Evaluation and Management Service Resulting in the Initial Decision to Perform Surgery

...where the decision to perform the minor procedure is typically done immediately before the service, it is considered a routine preoperative service and a visit or consultation is not billed in addition to the procedure."

Source: MCPM, Chapter 12, §40.2A4



Nov 2012 AAO Coding Bulletin

"A frequently asked question is: Isn't modifier -25 associated with minor procedures in the same way that modifier -57 is associated with a decision for a major surgery? The answer is no. Modifier -25 does not indicate it is the visit to determine the need for a minor surgery."

"If the need for the intravitreal injection has been established at an earlier visit and the patient is in the office solely to be injected, an E&M or Eye code service should not be billed."



Minor Procedure

- What is a "minor" procedure?
 - Short postoperative period - 0 or 10 days

Examples:

| | |
|----------------------------|---------|
| Intravitreal injection | 0 days |
| Foreign body removal | 0 days |
| Laser trabeculoplasty | 10 days |
| Peripheral iridotomy | 10 days |
| Punctal occlusion w/ plugs | 10 days |

Postop Period:

Source: MCPM, Chapter 12, §40.1C



Minor Surgery Key Point

- Generally, includes the exam on the same day
 - Exception – exams for another reason unconnected with the minor procedure (needs modifier -25)



Modifier -25

- Use modifier -25
- Don't use modifier -25

Est. patient with ≥2 problems

- OD vs. OS
- Anterior vs. posterior seg
- Eye vs. systemic dx
- Multiple eye conditions

Decision for surgery

Only one reason for exam



Modifier -25 Yes or No?

Your patient uses artificial tears for DES but is unhappy with the treatment. She asks for an alternative. You offer a trial of punctum plugs in the lower puncta and she agrees. The rest of the exam is unremarkable. Does modifier -25 apply?

- 1) Yes
- 2) No



Modifier -25 Yes or No?

Your patient uses an Amsler grid to monitor her AMD. Today, she complains of irritation OS. You find a few errant eyelashes and epilate them with forceps. The rest of the DFE finds no change in her AMD. Does modifier -25 apply?

- 1) Yes
- 2) No



Modifier -25 Yes or No?

Your established patient returns with a complaint of pain and FB sensation. During your slit lamp exam, you find a FB and remove it. The rest of the exam is unremarkable. Does modifier -25 apply?

- 1) Yes
- 2) No



Modifier -25 Yes or No?

Your patient returns for reevaluation of AMD OU. You find exudative AMD and precipitous vision loss, OS, but no change OD. You perform intravitreal injection with Avastin in the OS today. Does modifier -25 apply?

- 1) Yes
- 2) No



Modifier -25 Yes or No?

Your patient returns for chalazion removal; hot compresses and medication failed. You perform the minor procedure in the lane. Does modifier -25 apply?

- 1) Yes
- 2) No



Modifier -25 Yes or No?

This established patient returns for a intravitreal injection for wet AMD in the right eye. The prior visit indicated a return for a series of 3 injections and then reassess treatments. Does modifier -25 apply?

- 1) Yes
- 2) No



Modifier -59 and the OIG

- 40% of code pairs billed with modifier -59 in 2003 did not meet program requirements - \$59M overpayment
- Excessive use of modifier -59 garners (unwanted) attention
- OIG asked CMS to scrutinize use of modifier -59

Source: OIG Report, Nov. 2005, OEI-03-02-00771



Separate Procedures

"Some of the procedures or services listed in the CPT codebook that are commonly carried out as an integral component of a total service or procedure have been identified by the inclusion of the term 'separate procedure'. The codes designated as 'separate procedure' should not be reported in addition to the code for the total procedure or service of which it is considered an integral component."

Source: AMA, CPT Surgery Guidelines



Separate Procedure

- 65800 *Paracentesis of anterior chamber of eye (separate procedure); with removal of aqueous*

Source: AMA, CPT 2016



Distinct Procedure

When a designated 'separate procedure' is carried out independently or considered to be unrelated or distinct from other procedures/services provided at that time, it may be reported by itself, or in addition to other procedures/services by appending modifier -59...

Source: AMA, CPT Surgery Guidelines



Modifier – 59

Distinct procedure service, same day

Modifier 59 is used to identify procedures/services that are not normally reported together, but are appropriate under the circumstances.

www.cms.hhs.gov/NationalCorrectCodInitEd/Downloads/modifier59.pdf
(10/2007)



NCCI

- National Correct Coding Initiative
 - Bundles
 - Mutually exclusive
 - Quarterly publication
- Check CMS website



NCCI Edits

| Procedure | Bundles |
|-----------|--|
| 65855 | 65820 65850 65860 66170 67250 67500 69990 92012 92014 92018 92019 92020 92504 93000 93005 93010 99211 99212 99213 99214 99215 |

Source: CMS NCCI edits 2016. Table shows only a sample of CPT codes.



Modifier 59 Distinct Procedural Service

... Documentation must support a different session, different procedure or surgery, different site or organ system, separate incision / excision, separate lesion, or separate injury . . .

... When another already established modifier is appropriate it should be used rather than modifier 59. Only if no more descriptive modifier is available, and the use of modifier 59 best explains the circumstances, should modifier 59 be used.

Source: AMA CPT 2015



Level II (HCPCS) Modifiers

HCPCS modifiers for selective identification of subsets of Distinct Procedural Services (-59 modifier)

- XE Separate Encounter
- XS Separate Structure
- XP Separate Practitioner
- XU Unusual Non-Overlapping Service

Source: AMA CPT 2015



Which modifier is right?

You perform gonioscopy on a patient with uncontrolled glaucoma. Later the same day, you treat the glaucoma with laser trabeculoplasty. What modifier should you use with the gonioscopy?



Which modifier is right?

You perform cataract surgery with an IOL on the right eye and also perform a YAG laser capsulotomy on the left eye at the same surgical session. What modifier should you use with the YAG laser?



Which modifier is right?

You perform perimetry, OCT of the optic nerve, fundus photography, and gonioscopy on a new patient with uncontrolled, moderate glaucoma OU. NCCI bundles OCT and FP. Which X modifier applies?

- a) XE – separate encounter
- b) XS – separate structure
- c) XP – separate practitioner
- d) XU – unusual non-overlapping
- e) None of the above



Major Surgery

- **EXCLUDED** from the global surgery package:
 - Exam to identify need for surgery (-57)
 - Diagnostic tests
 - Care by another doctor (*i.e.*, not in group)
 - Unrelated care (-24, -79)
 - Prosthetic devices, some supplies
 - Complications involving re-operations (-78)
 - Staged procedures (-58)

Source: MCPM, Chapter 12, §40.1B



Modifier – 24

Unrelated E/M services by the surgeon *during* postop

e.g., unrelated problem
(E/M or eye code)

99213-24



“Unrelated” Defined

- Not part of the informed consent
- Not a potential complication of surgery (even rarely)
- Pre-existing distinct condition - comorbidity
- Unoperated eye
- Without any relationship to the surgery



Modifier -24 Yes or No?

Your patient had cataract surgery OS last week. Today, she returns with redness and decreased vision in the same eye. She hasn't used her eye drops as instructed. Does modifier -24 apply?

- 1) Yes
- 2) No



Modifier -24 Yes or No?

Your patient had cataract surgery OS 10 weeks ago. Today, she returns for re-evaluation of pre-existing open angle glaucoma and perimetry. Does modifier -24 apply?

- 1) Yes
- 2) No



Modifier -24 Yes or No?

Your patient had cataract surgery OS 1 month ago. In the interim, she was admitted to a nursing facility. Your partner visits the nursing home and rechecks the operated eye; all is well. Does modifier -24 apply for your partner?

- 1) Yes
- 2) No



Group Practice

Physicians in Group Practice

"When different physicians in a group practice participate in the care of the patient, the group bills for the entire global package if the physicians reassign benefits to the group. The physician who performs the surgery is shown as the performing physician."

Source: MCPM Ch 12 §40.2A2



Outline

1. Modifier utilization
2. Most common misunderstandings
3. Surgical modifiers



Surgical Modifiers

1. Modifier -58
2. Modifier -78
3. Modifier -79



Modifier -58

Modifier "-58" was established to facilitate billing of staged or related surgical procedures done during the postoperative period of the first procedure. This modifier is not used to report the treatment of a problem that requires a return to the operating room. The physician may need to indicate that the performance of a procedure or service during the postoperative period was:

- a. *Planned prospectively or at the time of the original procedure;*
- b. *More extensive than the original procedure; or*
- c. *For therapy following a diagnostic surgical procedure.*

Source: MCPM Chapter 12, 40.2



"Planned" Defined

- Discussed with patient prior to the first surgery
- Documented in the chart or operative note of planned "staged" procedure or service



"More extensive" Defined

- Involves a larger treatment area (i.e., eyelid)
- Usually a higher value (RVUs)



Modifier -58

A new postoperative period begins when the next procedure in the series is billed.

Source: MCPM Chapter 12, 40.2



Modifier -78

When treatment for complications requires a return trip to the operating room, physicians must bill the CPT code that describes the procedure(s) performed during the return trip. . . .

When this subsequent procedure is related to the first procedure and requires the use of the operating room, this circumstance may be reported by adding the modifier “-78” to the related procedure.

Source: MCPM Chapter 12, 40.2



Operating Room

Definition of an OR

“An OR for this purpose is defined as a place of service specifically equipped and staffed for the sole purpose of performing procedures. The term includes a cardiac catheterization suite, a laser suite, and an endoscopy suite. It does not include a patient’s room, a minor treatment room, a recovery room, an intensive care unit...”

Source: MCPM Ch 12 §40.1B



“Related” Defined

- Part of the informed consent
- Operated eye
- Occurred as a result of surgery
- Typically lower value (RVUs)



Modifier -78

Payment:

Procedure codes that have 10 or 90 global days on the MPFSDB are paid at the intra-operative percentage displayed on the MPFSDB. The procedure’s fee schedule amount is multiplied by the percentage and rounded to the nearest cent.

Procedure codes that have 0 global days on the MPFSDB are paid at the full fee schedule amount.

Source:
<http://www.palmettogba.com/palmetto/providers.nsf/docscat/Providers-JM%20Part%20B-Browse%20by%20Topic-Modifier%20Lookup-CPT%20Modifier%2078>



Modifier -79

Reports an unrelated procedure by the same physician during a postoperative period. The physician may need to indicate that the performance of a procedure or service during a postoperative period was unrelated to the original procedure. A new postoperative period begins when the unrelated procedure is billed.

Source: MCPM Chapter 12, 40.2



“Unrelated” Defined

- Not part of the informed consent
- Not a potential complication of surgery (even rarely)
- Pre-existing distinct condition - comorbidity
- Unoperated eye
- Without any relationship to the surgery



Which modifier is right?

You perform a CEIOL in the left eye and, due to weakened zonules, the IOL shifts and the patient is visually symptomatic. You return to the OR one week post CEIOL to reposition the IOL. Which modifier applies?

- a) 78 – related procedure
- b) 79 – unrelated procedure
- c) 58 – staged procedure
- d) None – no charge for this procedure



Which modifier is right?

You perform an iridectomy (66600) to remove a suspicious iris lesion. The pathology report reveals an extensive malignancy and you return the patient to the operating room to enucleate the eye. Which modifier applies?

- a) 78 – related procedure
- b) 79 – unrelated procedure
- c) 58 – staged procedure
- d) None of the above



Which modifier is right?

You performed bilateral eye muscle surgery on this patient one month ago. Today you performed a cataract extraction on the left eye. Which modifier applies?

- a) 78 – related procedure
- b) 79 – unrelated procedure
- c) 58 – staged procedure
- d) None of the above



Which modifier is right?

Your patient undergoes a vitrectomy with internal limiting membrane peeling to treat residual diabetic macular edema, postoperative injections of anti-VEGF are planned post-operatively. Which modifier applies to the injections?

- a) 78 – related procedure
- b) 79 – unrelated procedure
- c) 58 – staged procedure
- d) None – no charge for this procedure



Which modifier is right?

Your patient undergoes a trabeculectomy to the right eye. During the post-op period, the surgeon “needles” the bleb at the slit lamp to improve failing aqueous flow. Which modifier applies to the needling?

- a) 78 – related procedure
- b) 79 – unrelated procedure
- c) 58 – staged procedure
- d) None – no charge for this procedure



Summary

- Modifiers provide additional information
- OIG identified frequent errors with certain modifiers
- Misuse of modifiers attracts (unwanted) scrutiny
- Train physicians and staff on modifiers
- Monitor utilization



Thank you

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