Modifiers – Getting It Right!

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Modifiers

- Indicates both a professional and technical component
- More than one physician and/or location involved
- Increased or reduced service provided
- Only part of service performed
- An adjunctive service performed
- Bilateral
- Repeated
- Unusual events occurred

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.

Source: Palmetto, GBA

Medicare Expected Frequency

- Modifier -24 2%
- Modifier -25 11%
- Modifier -54 2%
- Modifier -57 1%
- Modifier -59 2%
- Based on Medicare paid claims for office visits (920xx, 992xx)
- Considers all ophthalmologists
- Subspecialists’ utilization likely varies
- Requires supportive documentation

Source: CMS data (2012), 18 – Ophthalmology

Common Modifiers

Used Only with Office Visits

- 24…Unrelated evaluation and management services by the same physician or other qualified health care professional during a postoperative period
- 25…Significant, separately identifiable evaluation and management service by the same physician or other qualified health care professional on the same day of the procedure or other service
- 57…Decision for major surgery

Source: CMS data (2012), 18 – Ophthalmology

Financial Disclosure

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Common Modifiers
Used Only with Diagnostic Tests

• 26... Professional component of a diagnostic service
• TC... Technical component of a diagnostic service

Common Modifiers
Used Only with Surgical Procedures

• 51... Multiple surgeries at the same operative session
• 54... Surgical component of global fee when postop is shared
• 55... Postoperative care when two physicians share responsibility

Common Modifiers
Used Only with Surgical Procedures

• 58... Staged or related surgery during postop period, same surgeon
• 78... Related surgery during postop period, same surgeon
• 79... Unrelated surgery during postop period, same surgeon

Common Modifiers
Used in Many Ways

• 50... Bilateral procedure or test
• 52... Reduced services
• 59... Distinct procedural service

Informational Modifiers

• RT... Right eye
• LT... Left eye
• RTLT... Both eyes
• GA... Advanced Beneficiary Notice signed
• GY... Noncovered by statute
• GZ... Service determined to be not reasonable and necessary; no ABN on file
• GW... Hospice patient, services not related to hospice enrollment

Uncommon Modifiers

• 22... Unusual services; greater than normal
• 53... Aborted procedure
• 56... Preoperative management only
• 76... Repeat procedure by same physician
• 80... Assistant surgeon
• 82... Assistant surgeon when qualified resident surgeon not available
• GC... Resident surgeon
Modifier Quiz

Which modifier is right?
Your patient had cataract surgery on the OS 10 days after cataract surgery OD. Which modifier must be used with the second procedure?

a) 78
b) 58
c) 79
d) 57
e) no modifier

Which modifier is right?
Your patient had cataract surgery on the OS 60 days ago. Today, you find PCO in the same eye and perform a YAG capsulotomy in the ASC. Which modifier should be used with the YAG?

a) 57
b) 58
c) 59
d) 78
e) 79

Which modifier is right?
Your patient had cataract surgery on the OS 75 days ago. Returns unexpectedly with both eyes injected and inflamed. Dx is allergic conjunctivitis OU. Is this visit no charge? If not, which modifier applies?

a) no charge visit, part of postop care
b) 24
c) 25
d) 78
e) 79

Which modifier is right?
Your patient had bilateral ptosis repair performed in the ASC. Which modifier applies?

a) 76
b) 50
c) 51
d) 52
e) No modifier needed

Medically Unlikely Edits (MUEs)

- Automated prepayment edits designed to prevent inappropriate reimbursement

"An MUE is a maximum number of Units of Service (UOS) allowable under most circumstances for a single Healthcare Common Procedure Coding System / Current Procedural Terminology (HCPCS / CPT) code billed by a provider on a date of service for a single beneficiary."

Source:
http://www.cms.gov/Medicare/Coding/NationalCorrectCodInitEd/MUE.html
Medically Unlikely Edits (MUEs)

- MUEs were inaugurated in 2007
- Date of Service (DOS) MUEs implemented April 1, 2013

“The total units of service (UOS) from all claim lines for a HCPCS / CPT code with the same date of service will be summed and compared to the MUE value.”

Source: http://www.cms.gov/Medicare/Coding/NationalCorrectCodInitEd/MUE.html

Medically Unlikely Edits (MUEs)

- Table on CMS website
- Updated quarterly
- Example – 67904 Repair of blepharoptosis; . . . External approach

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<thead>
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Claim Example

- Ptosis repair both eyes
- Claim is paid; does not “violate” the MUE limit of “1”

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Claim Example

- Ptosis repair both eyes
- Claim is denied; “violates” the DOS MUE limit of “1”

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</table>

Which modifier is right?

A Medicare beneficiary had cataract surgery on the OS 10 days ago. Cataract surgery OD is planned for tomorrow. Biometry is billed today. Which modifier should be used with the biometry?

a) 24
b) 25
c) 26
d) 28
e) No modifier

Which modifier is right?

A new patient presents with a retinal tear OS. A laser repair is performed on the same day. Which modifier is required with the eye exam?

a) 24
b) 25
c) 57
d) 58
e) 59
Which modifier is right?
This established patient returns for a Plaquenil check. You find Sjogren’s syndrome and severe dry eye, too. You place punctal plugs in the RLL and LLL. What modifier is needed with the eye exam today?

a) 24  
 b) 25  
 c) 57  
 d) 58  
 e) 59

Which modifier is right?
Your patient with an eyelid lesion removed (67840) 5 days ago. The pathologist’s report identified basal cell carcinoma, and the margins were not clear. You reoperate to remove the remaining cancer. Which modifier should you use with the reoperation?

a) 57  
 b) 58  
 c) 59  
 d) 78  
 e) 79

Which modifier is right?
You perform cataract surgery on a patient who will receive his postop care from the referring optometrist. What modifier is needed on your surgical claim to identify your intra-operative service?

a) 54  
 b) 55  
 c) 56  
 d) 57  
 e) 58

Which modifier is right?
You provide post-op visits for one month for the patient in the previous example. What modifier is used on your claim for the postoperative care?

a) 54  
 b) 55  
 c) 56  
 d) 57  
 e) 58

Which modifier is right?
You perform fundus photography on a monocular patient. What modifier is used to indicate that only a single eye was tested, although fundus photography is considered to be a bilateral service?

a) 50  
 b) 51  
 c) 52  
 d) RT or LT  
 e) No modifier is needed

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?

a) 25  
 b) 26  
 c) 59  
 d) 79  
 e) No modifier required
Which modifier is right?

You perform SCODI on a patient to rule out CME. Prior to the test, you obtained the patient’s signature on an ABN as you are uncertain that the diagnosis exists. What modifier is used to inform Medicare of the signed ABN?

a) GA  
b) GB  
c) GL  
d) GY  
e) GZ

Which modifier is right?

A Medicare beneficiary receives a toric IOL. She requests a claim be filed with Medicare for the noncovered services she received associated with this IOL. No ABN is signed. Which modifier goes on the claim?

a) No modifier needed  
b) Modifier -GA  
c) Modifier -GY  
d) Modifier -GZ  
e) Modifier -GX

Which modifier is right?

Your patient with glaucoma also receives hospice care for cancer. You continue to follow him for monitoring and care related to his glaucoma. What modifier would you use to communicate that the eye care is not part of his hospice care?

a) No modifier needed  
b) GW  
c) GC  
d) GY  
e) GA

Which modifier is right?

Your colleague is an oculoplastics specialist who is performing an orbital nerve decompression for Grave’s ophthalmopathy. He requests your assistance in the operating room. What modifier would you use to indicate that you were the assistant surgeon?

a) 82  
b) 80  
c) None – assistant surgeon is not reimbursed  
d) 90  
e) AS

More help…

For additional assistance or confidential consultation, please contact us at:

(800) 399-6565  
or  
www.CorcoranCCG.com