Documenting Minor Surgical Procedures

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Financial Interest

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Minor Procedures

- Minor procedures are defined by global periods of 0 or 10 days
  - Listed in the Physician Fee Schedule
- Potentially 127 CPT Minor Procedures Used in Ophthalmology
Ophthalmology Procedures

- Minor procedures throughout practices general to subspecialty
  - Skin Lesion removal & Wound Repair
  - Lid, Lash & Lacrimal Procedures
  - Corneal Foreign Body Removal
  - Lasers for Glaucoma
  - Intravitreal Injections

Office Visits

- Universally bundled with minor procedures
  - Office Visit Typically Denied
- Modifier -25 Appended to Office Visit
  - Both Services Likely Paid
    - Would payment withstand post-payment review?
    - Does it meet the requirements of Modifier -25?

Modifier -25

"Significant, Separately Identifiable Evaluation and Management Service by the Same Physician on the Same Day of the Procedure or Other Service"
- "Same Physician" includes all physicians within a group practice
Modifier -25

• “It may be necessary to indicate that on the day a procedure or service identified by a CPT code was performed, the patient’s condition required a significant, separately identifiable E/M service above and beyond the other service provided or associated with the procedure that was performed.”

Modifier -25

• “Note: This modifier is not used to report an E/M service that resulted in a decision to perform surgery. See Modifier -57.”
  – Modifier -57 applies to major surgery not minor surgeries or procedures

New Patients

• Modifier – 25 does NOT apply to new patients for Medicare
  – Doesn’t hinder processing if applied
    • RACs don’t always know this rule
  – May be required by commercial carriers
• New patient is defined as:
  • Any patient who has not received a professional service from a physician or other member of same group practice in previous 3 years
Example #1

- **CC/HPI:**
  - Pt returns for evaluation of trichiasis OU. C/O scratching & irritation OD x 2 wks. 1 mo s/p epilation OU.

- **Exam:**
  - Trichiasis RUL & RLL temporally with Conjunctival irritation

- **Plan:**
  - Epilation with Forceps OD

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Example #1

- **Claim Submission**
  - CPT code 67820-RT w/ ICD-9 code 374.05
    - The patient complaint and exam are specific to the underlying condition for which the procedure was performed
    - This is a known chronic condition for the patient

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Example #2

- **CC/HPI:** LEE 10 mos ago
  - C/O FBS, stringy mucous, tearing & irritation RT > LT x 3 wks. AT no improvement.

- **Exam:**
  - Trichiasis RUL & RLL & LLL with Conjunctivitis, & SPK irritation, No other FB

- **Plan:**
  - Epilation with Forceps OU, ABT & AT
Example #2

- Claim Submission
  - CPT codes 9xxxx-25 & 67820-RTLT
  - ICD-9 codes 374.05 & 370.40
    - The patient does not have a history of trichiasis and the complaint required an exam to determine the underlying cause

Example #3

- CC/HPI:
  - Pt here for epilation

- Exam:
  - Trichiasis RUL & RLL temporarily with Conjunctival irritation

- Plan:
  - Epilation today

Example #3

- Claim Submission
  - No code
    - There is no complaint to support the medical necessity for either the exam or the procedure
    - The history must either be one or more patient symptoms or one or more chronic illnesses being followed
    - There is no detail to the operative note
Example #4

- CC/HPI: New Patient
  - Pt referred for evaluation of bilateral blepharospasm
- Exam:
  - Blepharospasm OU
- Plan:
  - Botulinum Injection lids

Example #4

- Claim Submission
  - Exam only
    - There is a medical condition, but the extent is not described
      - Patient symptoms
      - Exam description
    - No details on the injection
      - Injection amounts
      - Total amount injected
      - Wastage (required by some contractors)

Example #5

- CC/HPI: New Patient
  - Pt referred for evaluation of bilateral blepharospasm. Pt had to D/C driving due to frequent involuntary lid closure.
- Exam:
  - Frequent spasm with full lid closure OU
- Plan:
  - Botulinum injections all lids. See op note under procedures.
Example #5

- Claim Submission
  - CPT Code 9xxxx (modifier -25 possible)
  - CPT Code 64612-RTLT
  - HCPCS Code J0585 with total # of units
  - HCPCS Code J0585- W if there is wastage with total # of units wasted
  - ICD-9 Code 333.81

Example #6

- CC/HPI:
  - Pt returns for bilateral blepharospasm and possible injection
- Exam:
  - Frequent spasm with full lid closure OU
- Plan:
  - Botulinum injections same as last time

Example #6

- Claim Submission
  - CPT Code 64612-RTLT
  - HCPCS Code J0585 with total # of units
  - HCPCS Code J0585-JW if there is wastage with total # of units wasted
  - ICD-9 Code 333.81
  - May not hold up in post-payment review due to lack of procedure details
Example #7

- CC/HPI:
  - EP presents with C/O FBS OS x 6 hrs. Worse with blink, very light sensitive, ++ tearing.
- Exam:
  - FB embedded palpebral conjunctiva LUL
  - Secondary corneal abrasion
- Plan:
  - FB removal w/ 30 g needle. ABT ungt tid. RTO 1 day.

Example #7

- Claim Submission
  - CPT Code 9xxx-25
  - CPT Code 65210-LT
  - ICD-9 Code 930.1
    - FBS can be in one or more locations of different materials or a different disease with FBS symptoms
    - Exam required to determine

Example #8

- CC/HPI: EP Work in
  - Pt C/O severe pain, redness & cloudy vision OD worsening since yesterday
- Exam:
  - IOP 19/56. Angle closure OS.
- Plan:
  - LPI OS – See Laser form under Procedures
Example #8

• Claim Submission
  – CPT Code 9xxx-25
  – CPT Code 92020
  – CPT Code 66761-RT
  – ICD-9 Code 365.22
    • New acute complaint that could be more than one condition
    • Exam required to determine

Example #9

• CC/HPI: COAG OU Target<16mm Hg OU
  – XYZ drop added to regimen 2 wks ago for poor control. Possible laser if suboptimal control. Pt states strict med compliance.
  – Exam:
    – IOP 20/18. Gonio – 3+ debris 360° OU.
  – Plan:
    – T-plasty OU OD first– See Laser form under Procedures

Example #9

• Claim Submission
  – CPT Code 92020
  – CPT Code 65855-RT
  – ICD-9 Code 365.11, 365.72
    • Decision for surgery based on maximum medical therapy control
      – If control failure – laser
Example #10

• CC/HPI:
  – Pt returns for re-evaluation of ARMD & possible Lucentis inj. OD. Last Inj. 1 mo ago.
• Exam:
  – Wet Macular Degeneration RT > LT
  – OCT = CS Macular Thickening
• Plan:
  – Lucentis Injection OD

Example #10

• Claim Submission
  – CPT Code - 92134
  – CPT Code - 67028
  – HCPCS Code - J2778
  – ICD-9 Code 362.52
    • The exam is specific to the injection
    • "Possible injection" implies that the decision for the injection will be made at the time of exam. Modifier -25 does not apply.

Example #11

• CC/HPI:
  – Pt returns for re-evaluation of ARMD. Pt c/o ++ floaters OS since last injection 1 mo ago. Denies flashes.
• Exam:
  – Wet Macular Degeneration OU. Vitreous floaters OS w/o ret tear, hole or detachment.
  – OCT = CS Macular Thickening OS > OD
• Plan: Lucentis Injection OS
Example #11

• Claim Submission
  – CPT Code 9xxxx-25
  – CPT Code - 92134
  – CPT Code - 67028
  – HCPCS Code - J2778
  – ICD-9 Code 362.52
    • The patient presents with a new complaint
    • The documentation reflects the extended exam of the entire retina, not just the macula
    • The pt cc was addressed.

Example #12

• CC/HPI:
  – Pt here for Injection #13
• Exam:
  – Wet Macular Degeneration OU
  – OCT = CS Macular Thickening
• Plan: Lucentis Injection Today

Example #12

• Claim Submission
  – CPT Code 92134 – as long as there is an order & I&R
  – ICD-9 Code 362.52
    • No complaint or chronic illness in the CC or HPI
    • No details for the procedure
**Documentation**

- Justification of the exam with Modifier -25
  - Patient complaint reflects symptoms that may or may not be related to minor procedure
    - *Exam is required to determine cause*
    - *Be sure patient issue is addressed in the documentation*
      - Exam, assessment and plan

- Justification of the procedure
  - Recommend consent
  - Details of the procedure
    - *Instrumentation, dosage, lot numbers, medications, location, laser settings, number of applications, complications, patient condition at discharge*

**OIG Target**

- Modifier -25 is an area of interest for the Office of Inspector General
  - It is expected to be a rare occurrence in the overall billing profile of a practice
    - *Particularly visible in single subspecialty practices such as a retina practice*
Summary

- Modifier -25 can be used to separate an exam from a minor procedure but must be above & beyond what would typically be done for the pre-op & post-op for the procedure.
  - If you remove the exam related to the procedure do you have anything left?
  - It should be rare.

Questions