Avoiding Common Coding Traps

Combining procedures and evaluations can be costly if you use the wrong codes. Here are some scenarios to improve your acumen and avoid common conflicts.

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As glaucoma specialists, we tend to develop a quick and ready insight into how to treat our patients. Unfortunately, our intuitive powers usually do not extend to coding for treatment. Even top glaucoma doctors can fall into a trap if their staff cannot decode, unbundle, link, modify, and submit accurate requests for reimbursement.

The scenarios presented in Table 1 are designed to help you and your office personnel hone your coding skills. I suggest that you and your staff set aside some time to review the scenarios, identify potential problems, and determine the best way to resolve coding conflicts.

GLOBAL FEE PERIODS AND MODIFIERS

You can avoid most of the coding conflicts described in Table 1 by being aware of global fee periods. Carriers may deny any claims filed for additional evaluations or procedures performed during a previous procedure's global fee period unless the code includes the proper modifiers. The modifiers you will use most often are:

- -57: office visit to decide major surgery during global fee period;
- -78: return to OR for related procedure during postoperative period;
- -79: unrelated procedure during postoperative period;
- -24: unrelated office visit during postoperative period; and
- -25: separate office visit on same day of unrelated service.

EXAMPLES

Scenario No. 4 from Table 1, in which a patient returns 1 week after an iridotomy with a complaint of ocular burning and irritation, is a good example of a common billing mistake. If more than one employee is involved in the patient's care, everyone may not be aware that the visit occurred during the global fee period, and a separate bill may be submitted for the evaluation (Eye Code 92012 [intermediate eye examination]). The claim will be denied, because the reason for the visit is related to the laser procedure.

If more than one employee is involved in the patient's care, everyone may not be aware that the visit occurred during the global fee period.

We avoid this problem in my office by noting the procedure and its global fee period on a readily visible area of the patient's chart.

In some situations (scenario Nos. 7, 14, and 17), you are eligible for reimbursement for an office visit if it occurs during the postoperative period for an unrelated procedure (-24) or on the same day as an unrelated service (-25). The office visit will also be covered if its purpose is to decide whether to proceed with major surgery during a global fee period (-57), as described in scenario Nos. 1, 6, and 13.

When you are in a global fee period for a procedure performed on one eye, payment for any procedure to the second eye will be denied unless you append modifier -79 to the appropriate code (scenario Nos. 5, 9, 10, and 15). In some cases, (scenario No. 15) the modifier for the second case (-58) starts a new global fee period, but the same is not true for the use of modifier -78 (scenario No. 13.)

SUMMARY

The coding examples described herein are just a small sample of the situations you may encounter in

TABLE 1. SAMPLE CODING SCENARIOS

Scenario	Description	Coding Conflict
1	Laser iridotomy to right eye during new patient office visit on same or prior day	Yes. Carrier may deny payment for office visit
2	Laser iridotomy to right eye 1 week after new patient visit	No
3	Repeat laser iridotomy to right eye to reopen hole less than 90 days after first procedure	Yes. Carrier may deny payment for repeat iridotomy
4	Patient returns 1 week after iridotomy complaining of ocular burning and irritation	Yes. Carrier may deny payment for office visit
5	Laser iridotomy to patient's left eye 1 month after same procedure in right eye	Yes. Carrier may deny payment for second procedure
6	Drainage device implanted on day of or 1 day after complicated office visit	Yes. Carrier may deny payment for office visit
7	Trabeculoplasty for uncontrolled glaucoma during established office visit	Yes. Carrier may deny payment for office visit
8	Iridotomy and iridoplasty to right eye on same day	Yes. Carrier may only reimburse less expensive procedure
9	Iridotomy to right eye and iridoplasty to left eye 2 weeks later	Yes. Carrier may deny payment for second procedure
10	Trabeculectomy to right eye and iridotomy to left eye 24 hours later	Yes. Carrier may deny payment for second procedure
11	Visual field testing during postoperative period (either eye)	No
12	Ultrasound examination on postoperative day 7 to rule out choroidal effusion	No
13	Choroidal effusion drained from right eye 1 month after filtering procedure	Yes. Carrier may deny payment for drainage of choroidal effusion
14	Evaluation for floaters in nonoperated eye during global fee period	Yes. Carrier may deny payment for office visit
15	Trabeculectomy to right eye during global fee period for tube surgery in fellow eye	Yes. Carrier may deny payment for trabeculectomy
16	Filtration surgery to right eye within 90 days of iridotomy in same eye due to uncontrolled IOP	Yes. Carrier may deny payment for filtration surgery
17	Technician reviews medications, checks visual acuity, IOP, and performs visual field evaluation during same office visit	Yes. Carrier may deny payment for office visit

your practice. Reviewing these test cases with your staff will start a process that will improve your practice's coding efficiency and accuracy. Once you have laid the groundwork, you can keep your skills up to date by:

1. periodically attending coding seminars;
2. reviewing a few charts at random once a month to see if they can survive an audit;
3. reviewing claims denied by your carrier. This practice is one of the best ways to learn about coding and will prevent you from repeating mistakes; and

	Reason	Reimbursement Code
	Examination was performed during iridotomy's global fee period	99204-57 (office visit to decide major surgery during global fee period); 66761-RT (laser iridotomy to right eye)
	Office visit does not fall within iridotomy's global fee period. Both office visit and iridotomy are paid	365.23 (chronic angle-closure glaucoma); links with 66761-RT (iridotomy, right eye); no modifier required
	Code for iridotomy implies one or more sessions during global fee period	None. Do not bill for repeat procedure in same eye during first procedure's global fee period
	Office visit is related to laser procedure and falls within iridotomy's global fee period	None. Do not bill for office visit. This is a simple postoperative visit
	Procedure to left eye falls within global fee period for laser iridotomy to right eye	66761-79-LT (iridotomy, unrelated procedure during postoperative period to patient's fellow eye)
	Examination was performed during global fee period for drainage device's implantation	99244-57 (office visit to decide major surgery during global fee period); 66180 (drainage implant); 67255 (scleral patch)
	Examination was performed during trabeculoplasty's global fee period	92012-25 (Eye Code, intermediate visit separate office on same day of unrelated minor surgical procedure or other service); 99213-25 (comparable E&M code) ; 65855 (trabeculoplasty)
	Procedures are bundled together according to Correct Coding Initiative	Procedures are best performed separately
	Iridoplasty performed during iridotomy's global fee period	66761-RT (iridotomy, right eye); 66762-79-LT (iridoplasty to left eye, unrelated procedure during postoperative period)
	Iridotomy performed during trabeculectomy's global fee period	66170-RT (trabeculectomy to right eye); 66761-79-LT (iridotomy to left eye, unrelated procedure during postoperative period)
	Visual field testing is covered during global fee period or at any time medically necessary	92083 (evaluation of visual fields); no modifier required
	Most diagnostic tests may be performed during global fee period	76512 (diagnostic B-scan with or without superimposed nonquantitative A-scan)
	Drainage of choroidal effusion performed during filtration surgery's global fee period	67015-78-RT (drainage of choroidal effusion in right eye; modifier indicates procedure related to previous filtering procedure); 92014-57 (office visit on same day of choroidal effusion drainage from right eye [1 month after filtering procedure])
	Office visit falls within global fee period	92014-24 (unrelated office visit in postoperative period); use appropriate retinal code for drainage of choroidal effusion
	Trabeculectomy falls within tube surgery's global fee period	66170-79-RT (trabeculectomy to right eye in absence of and unrelated to previous surgery
	Procedure falls within iridotomy's global fee period	66170-58-RT (trabeculectomy to right eye in orderly progression after iridotomy); use of staged modifier (-58) will not reduce fee for filtration surgery but will start new 90-day global fee period
	Visual field and technician-only office examination are bundled on same day	99211-25 (technician-only examination; modifier -25 indicates separate office visit on same day of unrelated service); 92083 (evaluation of visual fields)

4. showing your staff how to use new codes.

Most importantly, do not get frustrated. Although coding can be complicated, it can be personally and financially rewarding if you pay attention to the details. ❑

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