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MODIFIER MASTERY



These pearls and sample scenarios will enhance your knowledge.

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This article highlights appropriate use of modifiers -58, -78, and -79.

Modifier -58 Staged or related procedure or service by the same physician during the postoperative period

Application:

- Related, may or may not be preplanned
- Was more extensive than the original procedure
- Was a therapeutic procedure performed after a diagnostic procedure
- Was planned and documented prospectively at the time of the original procedure
- Does not apply to laser codes 67141, 67145, 67208, 67210, 67218, 67220, 67229
- Payment is 100% of the allowable, and a new global period begins

Modifier -78 Unplanned return to the operating/procedure room by the same physician following initial procedure for a related procedure during the postoperative period

Application:

- The definition changed in 2009 to include the words *unplanned* and *procedure room*—ie, in the office setting
- Related and unplanned
- Payment is 80% of the allowable; do not begin a new global period
- A different diagnosis from the surgical diagnosis does not mean the new surgery is unrelated

Modifier -79 Unrelated procedure or service by the same physician during the postoperative period

Application:

- Applies to any unrelated surgical procedure, minor or major, performed within the global surgical period
- Payment is 100% of the allowable

Modifiers can financially make or break a practice. Misuse of modifiers is listed by payers as one of the top five reasons for claim denial; often no modifier is appended when one is needed, or the wrong modifier is chosen. Modifiers are often confusing, especially surgical modifiers. Test your modifier mastery

by determining the correct claim submissions for the case studies below. Will it be modifier -58, -78, or -79? Answers are listed at the end of the article.

ARE YOU A MODIFIER MASTER?

Case Study No. 1

A patient presents during the postoperative period of a vitrectomy in

the left eye (OS). Examination reveals the need for an intravitreal injection, which is then performed.

Case Study No. 2

A patient undergoes complex repair of a retinal detachment (RD) (CPT code 67113 -RT). She returns to the OR 6 weeks later for additional surgery



for recurrent RD in the same eye secondary to proliferative vitreoretinopathy in association with a giant tear.

Case Study No. 3

Panretinal photocoagulation is performed on a patient's right eye (OD). The same treatment is performed 1 week later OS.

Case Study No. 4

A patient's RD OD is repaired using photocoagulation (CPT code 67105). During the 10-day postoperative period, 67107 Repair of retinal detachment; scleral buckling is performed on the same eye.

Case Study No. 5

A patient undergoes pneumatic retinopexy OD with possible laser or cryo 3 days later. (First surgery 67110 -RT.)

Case Study No. 6

An anterior chamber tap OS is performed on a patient during the global period of CPT code 67036 PPV to remove a vitreous hemorrhage.

Case Study No. 7

CPT code 67108 Repair of RD with vitrectomy is performed OS within the global period of CPT code 67110 Repair of RD pneumatic retinopexy. What modifier(s) should be appended to 67108?

Case Study No. 8

The surgeon performed CPT code 67145 Prophylaxis of RD (eg, retinal break, lattice degeneration) without drainage, one or more sessions; photocoagulation due to a tear OS. During the postoperative period, the patient returned with a new unrelated tear requiring surgery. Can a second laser session in the same eye be billed for?

MORE MODIFIER MASTERY

Following are a few additional pointers regarding modifiers -51, -53, and -GA to further boost your modifier chops.

Modifier -51 Multiple procedures is rarely required by payers. Systems are sophisticated enough to recognize multiple procedures performed during the same surgical session.

Modifier -53 Discontinued procedure or service. When a surgery is discontinued for any reason, payers will require an operative report to determine how much of the surgery has been completed in order to determine proper payment. There is no global period on discontinued surgeries.

Modifier -GA indicates to Medicare Part B that an Advance Beneficiary Notice is on file. The Advance

MODIFIER -25 CRASH COURSE

To Use or Not to Use Modifier -25

Common clinical scenarios that demonstrate when modifier -25 is and is not appropriate.



A patient returns for a scheduled examination for neovascular age-related macular degeneration (AMD). The patient received prior injections. The examination shows no evidence of complications from the previous treatments and it is determined that an additional injection is needed that day. Modifier -25 is appropriate in this situation.

Today, active CNV is noted on examination and imaging. The patient's left eye is injected. Modifier -25 is appropriate in this situation.



A patient with bilateral CNV returns for follow-up. Examination and imaging confirms bilateral active CNV. The right eye is injected today. The patient returns 3 days for injection of the left eye. Modifier -25 is appropriate for the right eye, but NOT when the patient returns for the previously determined injection in the left eye.



A patient presents with recent vision loss in his left eye. Examination and imaging demonstrate active choroidal neovascularization (CNV) due to AMD. The patient is treated with an intravitreal injection of an anti-VEGF drug. Modifier -25 is appropriate in this situation.



A patient returns for a previously scheduled injection in the left eye. Ocular examination confirms the need for the injection. Modifier -25 is NOT appropriate in this situation.



A patient who has received multiple intravitreal injections in her left eye to treat AMD returns to her specialist complaining of vision changes in her right eye. Examination reveals progressive geographic atrophy in the right eye and active CNV in the left eye. The left eye is injected with an anti-VEGF drug. Modifier -25 is appropriate in this situation.



A patient on a treat-and-extend regimen returns 6 weeks after an injection in his right eye. The patient's left eye is examined and found to have high-risk dry AMD. His right eye is injected, and he is scheduled for another injection in 8 weeks. Modifier -25 is appropriate in this situation because the examination of the left eye is medically necessary and is a significant, separately identifiable service from the injection.



A patient is on a PRN treatment regimen for CNV in her left eye. The patient did not receive treatment at the last visit.

Need a refresher on the use of modifier -25? Check out this previous *Retina Today* article by George A. Williams, MD: bit.ly/1117mod25

Beneficiary Notice is appropriate to use when it is not clear, either by frequency or by diagnosis, that the test, injection, or surgery is covered. Modifier -GA should not be appended to all intravitreal injection claim submissions. To determine what is a covered benefit with regard to use of anti-VEGF drugs, visit aao.org/lcds to review relevant local coverage determinations. Note: The eye modifier should always be listed last when multiple modifiers are required. ■

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- Financial disclosure: None

CORRECT CLAIM SUBMISSIONS FOR THE CASE STUDIES ABOVE

Case Study No. 1: 67028 -58 -LT plus the J code for the drug; Case Study No. 2: 67113 -78 -RT; Case Study No. 3: 67228 -79 -LT; Case Study No. 4: 67107 -58 -RT; Case Study No. 5: (3 days later) 67101 -58 -RT if cryo, 67105 -58 -RT if laser; Case Study No. 6: 65800 -78 -LT; Case Study No. 7: Modifier -58 -LT; Case Study No. 8: yes, by appending modifier -79 -LT. In box 19 state why the second tear is unrelated to the first. You may also have to provide chart documentation clarifying why the tear is unrelated.