Modifiers – Getting It Right!

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Financial Disclosure

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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 12%
• Modifier -54 3%
• 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 (2013), 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
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

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 / National) 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
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(s) must be used with the second procedure?

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

Which modifier is right?
Your patient had cataract surgery on the OS one week ago. Today, you find retained lens fragments and return to the OR to remove them? Which modifier should be used for the aspiration?

a) No modifier needed, cannot bill for procedure  
b) 58  
c) 59  
d) 78  
e) 79

Which modifier is right?
Your patient had a trabeculectomy on the OD 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

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**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."


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**Claim Example**

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

<table>
<thead>
<tr>
<th>Date</th>
<th>Procedure Code</th>
<th>Description</th>
<th>Units</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>22/6/2023</td>
<td>67904-50</td>
<td>Repair of blepharoptosis; external approach</td>
<td>1</td>
<td>$$$ 1</td>
</tr>
</tbody>
</table>

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**Claim Example**

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

<table>
<thead>
<tr>
<th>Date</th>
<th>Procedure Code</th>
<th>Description</th>
<th>Units</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>22/6/2023</td>
<td>67904-RT</td>
<td>Repair of blepharoptosis; external approach</td>
<td>1</td>
<td>$$$ 1</td>
</tr>
<tr>
<td>22/6/2023</td>
<td>67904-LT</td>
<td>Repair of blepharoptosis; external approach</td>
<td>1</td>
<td>$$$ 1</td>
</tr>
</tbody>
</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) No modifier, exam is included with surgery

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?

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. What modifier is needed with the eye exam today?

a) No modifier, no billable visit
b) 25
c) 57
d) 58
e) 59

Which modifier is right?

Your patient with an eyelid lesion removed (67840) five 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 Medicare 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 week 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 retinal photos of a retinal nevus OD to document size, shape, and position. The OS appears normal and is not photographed. Medicare defines fundus photography as bilateral. What modifier is appended to the claim?

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) XP
b) XE
c) 59
d) XU
e) No modifier required

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?

a) XP
b) XE
c) 59
d) XS
e) LT

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

Which modifier is right?

One of your providers is out of the office on maternity leave. In her absence, you hire a locum tenens to see her patients. What modifier is required on the claim to indicate that patients are being seen by a locum tenens?

a) LT
b) Q5
c) None
d) Q6
e) GV
Which modifier is right?
Your patient had cataract surgery on the OS 10 days after cataract surgery OD. Which modifier(s) must be used with the second procedure?
c) 79

Unrelated surgery during postop period, same surgeon e.g., different eye

Which modifier is right?
Your patient had cataract surgery on the OS one week ago. Today, you find retained lens fragments and return to the OR to remove them. Which modifier should be used for the aspiration?
d) 78

Related surgery during postop period, same surgeon e.g., less extensive, for complication of 1st surgery

Which modifier is right?
Your patient had a trabeculectomy on the OD 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?
b) 24

Unrelated E/M services by the surgeon during postop period, e.g., postop infection in fellow eye

Which modifier is right?
Your patient had bilateral ptosis repair performed in the ASC. Which modifier applies?
b) 50

Bilateral procedure

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?
c) 26

Professional component of a diagnostic service, i.e., physician’s interpretation

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?
c) 57

E/M service which determines the need for major surgery (same day, or next day)
**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?

b) 25

Significant separate E/M service on the day of a minor procedure

**Which modifier is right?**

This established patient returns for an 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. What modifier is needed with the eye exam today?

a) No modifier, no billable visit

**Which modifier is right?**

Your patient with an eyelid lesion removed (67840) five 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?

b) 58

Staged or related surgery during the postop period by the same surgeon, i.e., staged; more extensive; TX post-diagnostic surgery

**Which modifier is right?**

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

b) 55

Postoperative care when two physicians share responsibility for postop

**Which modifier is right?**

You perform retinal photos of a retinal nevus OD to document size, shape, and position. The OS appears normal and is not photographed. Medicare defines fundus photography as bilateral. What modifier is appended to the claim?

c) 52

Reduced service
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?

b) XE

Separate encounter
(Required because NCCI edits otherwise bundle these procedures)

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?

d) XS

Separate structure

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

Advance Beneficiary Notice signed and on file

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?

c) Modifier -GY

Item or service statutorily excluded or does not meet the definition of any Medicare benefit or, for non-Medicare insurers, is not a contract benefit

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?

b) GW

Care provided to patients enrolled in hospice, not related to terminal condition or reason for hospice stay

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?

b) 80

Assistant surgeon
Which modifier is right?

One of your providers is out of the office on maternity leave. In her absence, you hire a locum tenens to see her patients. What modifier is required on the claim to indicate that patients are being seen by a locum tenens?

d) Q6

Service provided by a locum tenens physician

More help…

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

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