

Modifiers and Place of Service Codes

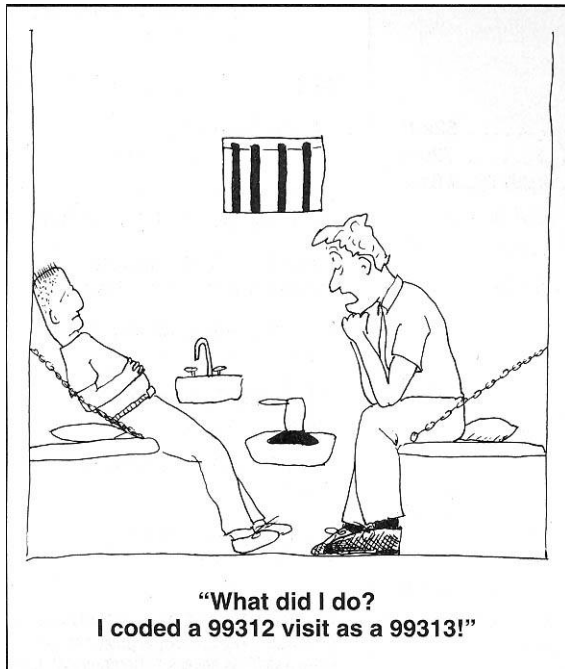
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Modifiers



- Modifiers are to be used when additional information would be beneficial to the insurance company and/or to the physician in order to get the claim paid in a timely manner.
- They are used as a two-digit shorthand to explain specific details about the patient encounter.
- Electronically you should now be able to append 4 possible modifiers per billed line.

E/M Modifier

- 21 Prolonged E&M Service
(Perform a higher level - i.e., 99203 but spend an hour with the patient and document face to face time with patient was over half the time)
- 24 Unrelated E/M during post-op period
CMS 1500 Block #19 put the reason why the E&M was unrelated and necessary

Compare -57 and -25

-57

- Decision for major surgery based upon the E/M done today
- Major procedure for Medicare/Medicaid
- Any procedure for commercial insurance

-25

- Separately and identifiable E/M service on same day as a minor surgical procedure
- Document your E&M well and keep any procedure documentation as a separate part of your note
- Used with minor procedure for Medicare or for commercial insurance

Modifier -25 Note Example

S= C/C HPI ROS

O= Objective Findings

A= Diagnoses

P= Counseling (face-to-face patient time), tests ordered, reviewed other reports

Procedure: Separate paragraph or line item relating the procedure that you performed. Some examples include: injections, ulcer debridement, destruction of verruca or nail procedure.

Procedure Modifiers

- 22 Unusual Procedural Service (requests a higher payment, always involves hand processing, must include documentation stating how the service exceeds usual and customary)
- 76 Repeat Procedure or Service by Same Physician or Other Qualified Health Care Professional (2011 Revised)
- 77 Repeat Procedure or Service by Another Physician or Other Qualified Health Care Professional (2011 Revised)

Procedure Modifiers

-78 Unplanned Return to the Operating/Procedure Room by the Same Physician or Other Qualified Health Care Professional Following Initial Procedure for a Related Procedure During the Postoperative Period (2011 Revised)

-79 Unrelated procedure by same physician during post-op period

Unusual Circumstances Modifiers

- 52 Reduced Services
- 53 Discontinued Procedure after anesthesia
(for nonfacility use)
 - V64.1 discontinued due to contraindications
 - V64.2 discontinued due to patient decision
- 54 Surgical Care Only (someone else providing care)
- 55 Postoperative Management Only

Unusual Circumstances Modifiers

- 73 Discontinued Outpatient Hospital / ASC Procedure prior to administration of anesthesia
- 74 Discontinued Outpatient Hospital / ASC Procedure after administration of anesthesia

Unusual Circumstances Modifiers

-50 Bilateral Procedure: Unless otherwise identified in the listings, bilateral procedures that are performed at the same session, should be identified by adding modifier 50 to the appropriate 5 digit code. (Revised 2011)

Example - (perform hammertoe correction 2nd bilaterally: 28285-50-T1-T6, make sure you charge 1.5x - 2x your normal fee)

Unusual Circumstances Modifiers

- 51 Multiple procedures (many insurances, such as Medicare, electronically add this to certain CPT codes and they ask that you do not append this modifier)
- 58 Staged procedure (example: applying a skin substitute weekly for coverage you must do: 15365-58)
- 59 Distinct procedural service when no other modifier will suffice

Medicare Modifiers

- A1 Dressing for one wound
- A2 Dressing for two wounds
- A3 Dressing for three wounds
- A4 Dressing for four wounds
- A5 Dressing for five wounds
- A6 Dressing for six wounds
- A7 Dressing for seven wounds
- A8 Dressing for eight wounds
- A9 Dressing for nine or more wounds

Medicare Modifiers

- GA Waiver of liability statement (ABN) on file with ABN waiver signed
- GY Item or service statutorily non-covered;
No need to get ABN waiver
- GZ Item or service expected to be denied as not reasonable and necessary

DME Modifiers

- KX Specific required documentation on file
- EY No physician or other licensed health care provider order for this item or service (items billed to the DMERC before a signed and dated order has been received by the supplier must be submitted with an EY modifier added to each affected HCPCS code)

HCPCS Modifiers

- GJ “OPT OUT” physician providing emergency / urgent care
- GP Services were provided under an outpatient physical therapy plan of care
- GW Service not related to hospice patient’s terminal care (used when a hospice patient is seen, but services are unrelated to the terminal condition)

HCPCS Modifiers

- AQ (replaced QB ad QU) Physician services provided in health provider shortage area (HPSA)
- QW CLIA waived test

HCPCS Modifiers

-LT	Left foot	-RT	Right foot
-TA	Left great toe	-T5	Right great toe
-T1	2nd toe, left foot	-T6	2nd toe, right foot
-T2	3rd toe, left foot	-T7	3rd toe, right foot
-T3	4th toe, left foot	-T8	4th toe, right foot
-T4	5th toe, left foot	-T9	5th toe, right foot

HCPCS Modifiers

- Q5 Service provided by substitute physician under reciprocal billing arrangement
- Q6 Services provided by a locum tenens physician

HCPCS Modifiers

- Q7 One Class A finding
- Q8 Two Class B findings
- Q9 One Class B and Two Class C findings

HCPCS Modifiers

- AS Assistant at Surgery of a physician assistant, nurse practitioner or clinical nurse practitioner
- GC Service performed in part by resident under direction of teaching physician (informational only)
- GE Service performed by a resident without the presence of a teaching physician [primary care exception] (informational only)

Place of Service Codes: Goals

E&M CPT codes have a specific Place of Service (POS)

- Certain E&M codes can only be used in certain locations
- POS must match code billed
- Certain POS codes do not have corresponding E&M codes

Place of Service Cheat Sheet

- 04 = Homeless Shelter
- 05 = Indian Service Free Standing Facility
- 11 = Office
- 12 = Home
- 13 = Assisted Living
- 14 = Group Home
- 20 = Urgent Care Facility
- 21 = Inpatient Hospital
- 22 = Outpatient Hospital
- 23 = Emergency Room – Hospital
- 24 = Ambulatory Surgical Center
- 25 = Birthing Center