Coding Minor Surgeries & Concurrent Office Visits

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Presented by: Patricia Kennedy, COMT, CPC, COE

Financial Interest

Patricia J. Kennedy, COMT, CPC, COE, is a Senior Consultant for Rose & Associates and acknowledges a financial interest in this subject matter

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 that are used in Ophthalmology
Minor Procedures in Ophthalmology

- 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

Minor Procedures & Office Visits

- Universally bundled
  - 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
- This is Published in CPT
  - Applies to all insurances / Medicare

 New Patients

- Modifier -25 does NOT apply to new patients for Medicare
  - Doesn’t hinder processing if applied
    - RAs don’t always know this rule
    - May be required by commercial carriers
- New patient is defined as any patient who has not been seen in the practice in the 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

Example #1

• Claim Submission
  – CPT code 67820-RT
  – ICD-10 codes H02.051 & H02.052
    • 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

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-10 codes H02.051, H02.052, & H02.055
    • The patient does not have a history of trichiasis and the complaint required a separate exam to determine the underlying cause

Example #3

• CC/HPI:
  – Pt here for epilation
• Exam:
  – Trichiasis RUL & RLL temporally 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 CPT code 9xxxx
    - 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
  - 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-10 Code G24.5
    - No Laterality

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-10 Code G24.5
  - 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 9xxxx-25
  - CPT Code 65210-LT
  - ICD-10 Code S00.252
  - 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 56 / 19. Angle closure OD

- Plan:
  - LPI OD – See Laser form under Procedures
Example #8

- Claim Submission
  - CPT Code 9xxx-25
  - CPT Code 66761-RT
  - ICD-10 Code H40.2114
    - New acute complaint that could be more than one condition
    - Exam required to determine

Example #9

- CC/HPI: Mod. COAG OU Target<16mm Hg OU
  - XYZ drop added to regimen 2 wks ago for poor control. Possible laser if Target IOP not met. 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-10 Code H40.11X2
  - 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-10 Code H35.32
    • 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-10 Code H35.32
    - The patient presents with a new complaint
    - The documentation reflects the extended exam of the entire retina, not just the macula

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-10 – H35.32
    - No complaint or chronic illness in the CC or HPI
    - No details for the procedure
Example #13

- **CC/HPI:**
  - Pt returns x f/up chalazion LLL – no improvement with HWC
- **Exam:**
  - Chalazion LLL
  - Blepharitis OU
- **Plan:** Chalazion I&D today. Consent signed. Operative note under Procedures.

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Example #13

- **Claim Submission**
  - CPT Code 67800 – LT (of E2 if required)
  - ICD-10 – H00.15
    - The primary purpose of the exam was failed treatment of a known condition

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Example #14

- **CC/HPI:**
  - EP 53 y/o female C/O burning, irritated, red OU x 10 mos w/ episodic tearing down cheeks
- **Exam:**
  - No Lag ophthalmous, Trace MGD
  - Decreased tear lake, rapid TFBUT
  - SPK OU w/ dye uptake - DES
- **Plan:** PFAT OU q2h / PRN
  - Return 1 wk - rev DES
Example #14

• CC/HPI:
  – EP returns for eval DES OU. Mild temporary improvement with PFAT

• Exam:
  – No Lagophthalmos, Trace MGD
  – Decreased tear lake, rapid TFBUT
  – SPK OU sl. improvement - DES

• Plan: Continue PFAT OU q2h / PRN
  Add Night time Ungt
  Return 1 wk - re √ DES

Example #14

• CC/HPI:
  – EP returns for eval DES OU. Improvement with PFAT & Ungt but blurry VA am

• Exam:
  – No Lagophthalmos, Trace MGD
  – Decreased tear lake, improved TFBUT
  – ↑'d SPK OU 2+ PEE- DES

• Plan: Continue PFAT OU q2h / PRN & Ungt
  Return 1 mo - re √ DES

Example #14

• CC/HPI:
  – EP returns for eval DES OU. ↓’d use of PFAT & Ungt- too expensive ↑’d irritation

• Exam:
  – No Lagophthalmos, Trace MGD
  – Decreased tear lake, rapid TFBUT
  – ↑’d SPK OU - DES

• Plan: Continue PFAT OU q2h / PRN & Ungt
  Trial Punctal Plugs LL OU
  Re √ 2 Wks DES
Example #14

- Claim Submission
  - CPT Code 68761 –RTLT (of E2 E4 if required)
  - ICD-10 – H04.123
    - The primary purpose of the exam was failed
treatment of a known condition

Documentation

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

Documentation

- 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 it 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