Review of Modifiers Used In Urology

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PURPOSE OF E&M MODIFIERS

CPT – “respond to payment policy requirements”

Unbundling is justified when programmed payment edits would bar appropriate payment for services

Documentation should clearly identify medical necessity

Use only when necessary for payment
Modifiers For E/M Services

- 24 Unrelated E/M service during global period
- 25 Office procedure
- 57 Decision for surgery
Modifier 24

• Unrelated service, same provider, during post-operative period
  – Example:
    Patient had a TURP 30 days ago (90 day global procedure) and presents today with flank pain due to renal stone.
    “A separate diagnosis is necessary”
Modifier 24

E&M: 99214-24  
DX: N20.0 Calc. of kidney

• Revealed by CT -Previous diagnosis for TURP was N40.1

**Documentation sample:**
“Chief complaint – Mr. Jones came in today complaining of flank pain and nausea. This is an unscheduled visit and appears unrelated to TURP performed on ______ (date)
Modifier 24

E&M: 99214-24  
DX: N20.0 Calc. of kidney

• Revealed by CT - Previous diagnosis for TURP was N40.1

Documentation sample:
“Chief complaint – Mr. Jones came in today complaining of flank pain and nausea. This is an unscheduled visit and appears unrelated to TURP performed on ______ (date)”
Modifier 25

**Significant**, separately identifiable E &M service by the same physician on the same day of procedure.

**Example:**

Patient presents with hematuria. E/M service is performed.
A cystoscopy is performed.

Different diagnosis not required for E/M services on the same date, but is helpful for payment.

**Note:** This modifier is often confused with modifier ‘-57’ to report an E/M service that resulted in decision for surgery.
Modifier 25

99214-25  DX: R31.0  Gross hematuria

52000  DX1: R31.0
       DX2: N32.9 Bladder disorder, unspecified

Documentation sample:
“Plan: I suggested cystoscopy to inspect bladder walls for lesions. Patient agreed to proceed immediately.”

(Additional documentation for cystoscopy required)
Medical Necessity?

- BCG instillation can be billed with E & M if separately identifiable service

- LH/RH (Eligard, Lupron) can be billed with E & M if separately identifiable service

- Cysto with E & M if separately identifiable service
Modifier 57

Decision for Surgery:
Use with E/M service resulting in initial decision to perform surgery the same day or within next 24 hours.

Used only in conjunction with major surgeries (90 day global)

Example:
Patient presents with back pain. After CT scan, it is determined patient has renal stone. Patient is scheduled for ESWL tomorrow morning.
Modifier 57

Example - 99204-57  
DX: N20.0

Documentation sample:
Assessment: CT performed today reveals a 6.7 mm left renal calculus.

Plan: ESWL scheduled as first case tomorrow.
• If medical record documentation does not support the use of a specific modifier, the physician risks denial of the claim based on lack of medical necessity and possible fraud and/or abuse penalties if/when the medical record documentation is reviewed by federal, state, and other third-party payers.
Modifier Guidelines/Usage

• Modifiers are required to ensure payment accuracy, coding consistency, and accurate editing under the outpatient prospective payment system (OPPS).
Payment Modifiers

Modifier 22 - Increased Procedural Service:

• Used when the work required to provide a service is substantially greater than its typically required.
• Documentation must support the substantial additional work and the reason for the additional work
• Automatic manual review

• Payers will not automatically increase reimbursement
  • Ask for additional compensation
  • Some increase fees by 20-25 percent when submitting
Payment Modifiers

Modifier 50 - Bilateral procedure:

- Procedures performed on both sides of the body or identical anatomical sites, aspects or organs during same operative session

- Medicare has maintained the policy of approving 150% of the global amount when bilateral modifier is used.
Payment Modifiers

Modifier 51 - Multiple procedures:

• Used when multiple procedures are performed during the same surgical session by the same provider.

• Medicare payment policy is based on the lesser of the actual charge or 100% of the payment schedule for the procedure with the highest payment, while payment for the second through fifth surgical procedures is based on the lesser of the actual charge or 50% of the payment scheduled.
Payment Modifiers

Modifier 52 - Reduced services:

• Indicates that a service or procedure is reduced or eliminated at the discretion of the physician or other qualified health care professional.
• Carriers may reduce payment to 50% of allowed amount.
• Other carriers may reduce the normal fee by the percentage of the service not provided.
Payment Modifiers

Modifier 53 - Discontinued Procedure

• Due to extenuating circumstances or circumstances or those that threaten the well-being of the patient,
• It may be necessary to indicate that a surgical procedure was started by discontinued.
• Payment carrier discretion some are reimbursed by percentage of procedure completed
Payment Modifiers

Modifier 62 - Co-surgeons:

• When 2 surgeons work together as primary surgeons performing distinct part(s) of a procedure,

• Payment is based on 125% of the global amount, which is divided equally between the two surgeons.

• Documentation to establish medical necessity for both surgeons is required.
Payment Modifiers

Modifier 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

• Payment for reoperations is made only for the intraoperative services. No additional payment is made for preoperative and postoperative care because CMS considers these services to be part of the original global surgery package.
• The approved amount will be set at the value of the intraoperative service the surgeon performed when an appropriate CPT code exists.
Payment Modifiers

Modifier 80 - Assistant Surgeon
Modifier 82 – Assistant Surgeon when qualified resident surgeon not available

• Current law requires the approved amount for assistant surgeons to be set at the lower of the actual charge or 16% of the global surgical approved amount.
Informational Modifiers

Modifier 58 - Staged or Related procedure or service by the same physician other qualified health care professional during the postoperative period

It may be necessary to indicate that the performance of a procedure or service during the postoperative period was:
(a) planned or anticipated (staged); or
(b) more extensive than the original procedure;

Should be documented in original operative report that something else may be necessary to treat the problem
Informational Modifiers

Modifier 59 - Distinct procedural service:

• Under certain circumstances, it may be necessary to indicate that a procedure or service was distinct or independent from other non-E/M services performed on the same day
• Documentation must support a different session, different procedure or surgery, different site or organ system, separate incision/excision, separate injury not ordinarily encountered or performed on the same day by the same individual.
Informational Modifiers

Modifier 79 - Unrelated procedure or service by the same physician or other qualified health care professional during the postoperative period

• The individual may need to indicate that the performance of a procedure or service during the postoperative period was unrelated to the original procedure.

• Use New Diagnosis
XE, XP, XS and XU Modifiers

The four new HCPCS modifiers – XE, XP, XS and XU – are designed to define specific subsets of modifier 59:

- **XE Separate Encounter:** A service that is distinct because it occurred during a separate encounter
- **XS Separate Structure:** A service that is distinct because it was performed on a separate organ/structure
- **XP Separate Practitioner:** A service that is distinct because it was performed by a different practitioner
- **XU Unusual Non-Overlapping Service:** The use of a service that is distinct because it does not overlap usual components of the main service
Thank you

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