

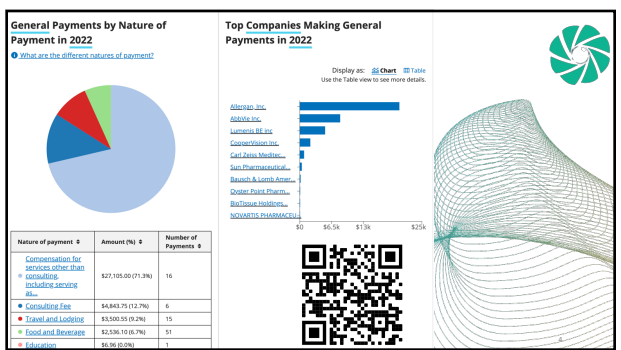
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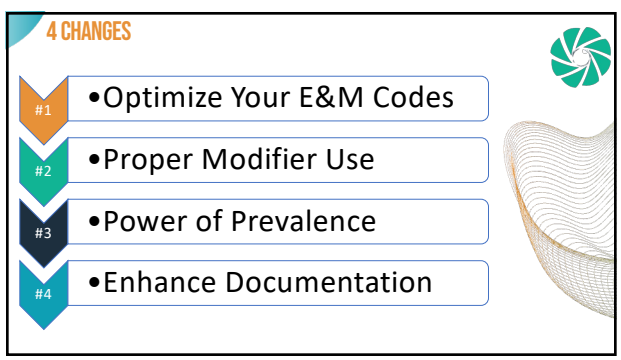
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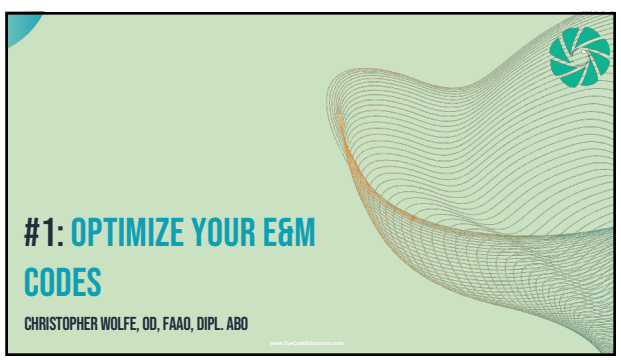
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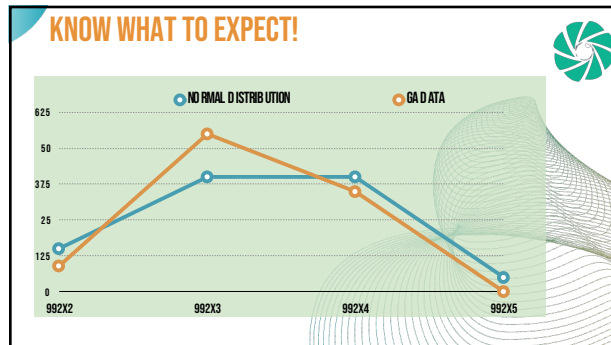
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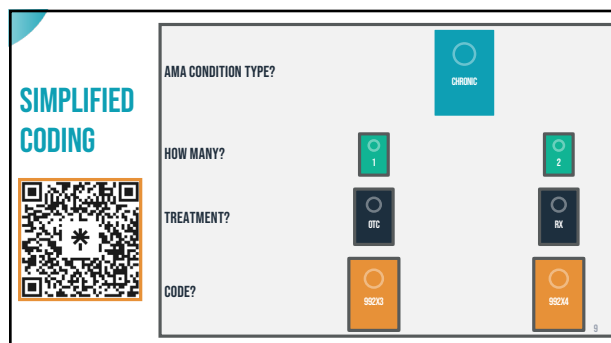
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	992X2	992X3	992X4	992X5
Problems	Minimal • 1 self-reported or additional problem	Limited • 2 or more self-limited or minor problems; or • 1 stable chronic illness; or • 1 stable uncomplicated illness	Moderate • 1 or more chronic illnesses with exacerbation, progression, or side effects of treatment; or • 2 or more stable chronic illnesses; or • 1 unstable chronic illness with monitoring or • 1 acute illness with systemic symptoms; or • 1 acute complicated illness	Extensive • 1 or more chronic illnesses with acute exacerbation, progression, or side effects of treatment; or • 1 unstable chronic illness requiring that more than 1 clinical test or study be done
Data	Minimal • 2 orders, tests, or additional documents analyzed	Limited • 2 orders, tests, or additional documents analyzed	Moderate Any 1 of the following: • 3 orders, tests, or additional documents analyzed • Independent interpretation of a test performed by another physician • Discussion of management or test interpretation with external physician	Extensive Any 2 of the following: • 3 orders, tests, or additional documents analyzed • Independent interpretation of a test performed by another physician • Discussion of management or test interpretation with external physician
Risk	Minimal Minimal risk of morbidity from additional diagnostic testing or treatment	Limited Low risk of morbidity from additional diagnostic testing or treatment. Example: • OTC med	Moderate Moderate risk of morbidity from additional diagnostic testing or treatment. Examples: • Prescription med • Decision for minor surgery with identified patient or procedure risk factors • Decision for major surgery without identified patient or procedure risk factor • Diagnosis or treatment significantly limited by social determinants of health	High High risk of morbidity from additional diagnostic testing or treatment. Examples: • Drug therapy requiring intensive monitoring for toxicity • Decision for elective major surgery with identified patient or procedure risk factors • Decision for emergency major surgery • Decision regarding hospitalization • Decision not to resuscitate or to deescalate care because of poor prognosis

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#2: USE APPROPRIATE MODIFIERS

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MOST COMMON MODIFIERS IN OPTOMETRY

Description	Modifier
Unrelated E&M Service by the same physician <u>during the post-op period</u>	24
Separate E&M service by the same physician on the <u>same day as a procedure or service</u>	25
Professional Component	26
Technical Component	TC
Multiple Procedures	51
Surgical Care Only	54
Post-operative Care Only	55
Distinct Services	59
Unrelated procedure by the same physician during the post-op period	79

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MODIFIER APPROPRIATE USE

- Use modifiers to indicate **special circumstances** that affect the procedure or service provided.
- Ensure **documentation supports the use** of modifiers to justify the billed service.
- Apply modifiers **accurately to avoid claim denials** or incorrect reimbursement.

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MODIFIER INAPPROPRIATE USE

- Do not use modifiers to **bypass payer policies or to unbundle** services incorrectly.
- Avoid using modifiers **without supporting documentation**.
- Incorrect use of modifiers can lead to **claim denials, audits, or penalties**.

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24 MODIFIER

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24 MODIFIER

OD performs an **unrelated E/M service during a post-operative period**.

- This modifier applies to two specific code sets:
 1. 992XX Codes
 2. 920XX Codes

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24 MODIFIER – APPROPRIATE USE

- When an unrelated E/M service is performed **starting the day after** an ophthalmic procedure, during the 10 or 90-day post-operative period.
- When documentation clearly shows that the service was exclusively for treating a condition **unrelated to the post-operative care** of the eye surgery.
- When the same diagnosis as the original eye surgery is used when **the problem occurs at a different anatomical site** (e.g., a separate issue in the other eye).

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24 MODIFIER – INAPPROPRIATE USE

- If the E/M service is for a **surgical complication, infection, suture removal, or wound treatment**, as these are part of the surgery package.
- If the OD admits a patient to a skilled nursing facility for a condition related to the eye surgery.
- If medical records clearly indicate that the E/M service is **related to the eye surgery**.
- Outside the post-operative period of an eye procedure.
- For services rendered on the **same day** as the eye procedure.
- For reporting **routine post-operative care exams**.

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24 MODIFIER – EXAMPLE

Initial Procedure:

- Pt underwent **cataract surgery** OD on June 25, 2024, co-managed by Dr. Brown.

New Complaint:

- On July 15, 2024, Jane Doe returns to Dr. Brown with a complaint of severe itching and redness in her right eye, which she reports started three days ago.

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24 MODIFIER - EXAMPLE

Services Provided:

- Exam for new symptoms of itching
- Dx: allergic conjunctivitis OD
- Rx: Lastacraft to manage the allergic conjunctivitis

Billing and Coding:

- CPT: 99213-24
- ICD: H10.45 - Allergic conjunctivitis

Documentation:

- **Detailed notes** on the patient's new complaint of itching and redness in the right eye with documentation about the evaluation and Dx of allergic conjunctivitis, supporting the need for the E/M service.

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25 MODIFIER

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25 MODIFIER

Indicate that **on the day a procedure was performed, the patient's condition required a significant, separately identifiable evaluation and management (E/M) service** beyond the usual preoperative and postoperative care associated with the procedure or service.

This modifier applies to two specific code sets:

1. 992XX Codes
2. 920XX Codes

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25 MODIFIER - APPROPRIATE USE

- A significant, **separately identifiable E/M service is performed by the same physician** on the same day as a minor procedure or other service.
- Documentation clearly **supports that the E/M service was necessary and distinct** from the procedure performed.
- The E/M service addresses a **different issue or condition** than the one for which the procedure was performed.
- The E/M service involves an **additional workup or management of a new or existing problem**.

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25 MODIFIER - INAPPROPRIATE USE

- When the E/M service is **related to the preoperative or postoperative care** of the procedure performed.
- If there is **no distinct or separately identifiable E/M service** performed.
- If documentation does not support the need for a separate E/M service.
- For routine or minor additional **services that are inherently included** in the procedure.

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25 MODIFIER - EXAMPLE

Chief Complaints:

- Scheduled follow-up visit for glaucoma management.
- Complaints of discomfort and pain in the right eye due to a suspected foreign body.

Services Provided:

- Dr. Green performs an evaluation for glaucoma management.
- During the visit, Pt reports sudden pain and discomfort in his right eye, suspecting there might be a foreign body present.

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25 MODIFIER - EXAMPLE

Additional Procedure:

- OD conducts a detailed examination of the right eye and identifies a corneal foreign body.
- OD **performs a procedure to remove the foreign body** from the cornea.

Billing and Coding:

- Foreign Body Removal Procedure: CPT code **65222**
- **99213-25** (Stable glaucoma, continue latanoprost), 25 modifier indicates the service was separate from the FB removal
- Visual field: **92083**

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59 MODIFIER

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59 MODIFIER

Modifier 59 is used to indicate that a special test was distinct or independent from other services performed on the same day. It is employed to avoid bundling issues and demonstrate that the procedures are separate and necessary.

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59 MODIFIER - APPROPRIATE USE

- When special tests are **performed on different anatomical sites** or organs.
- For special tests performed in **different sessions or encounters on the same day**.
- For special tests that are distinct due to a **different diagnosis** or condition.

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59 MODIFIER - INAPPROPRIATE USE

OCT and Fundus Photos on the same day?

Our recommendation is NOT to use the 59 modifier in this case. Why?
CMS States:

- "The definition of different anatomic sites includes different organs or different lesions in the same organ. **However, it does not include treatment of contiguous structures of the same organ.** ... Treatment of posterior segment structures in the eye constitute a single anatomic site."

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59 MODIFIER - APPROPRIATE USE

OCT and Fundus Photos on the same day?

Our recommendation is to use either:

1. ABN
2. Have the patient return on separate days for testing

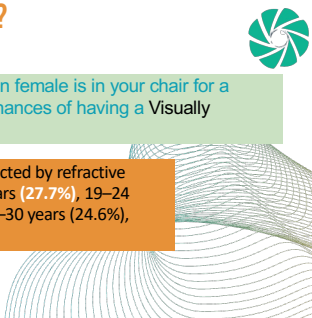
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#3: POWER OF PREVALENCE

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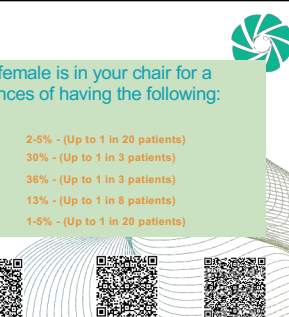
WHAT ARE THE CHANCES?

When an 18 year old Caucasian female is in your chair for a "routine exam", what are her chances of having a Visually Significant Refractive Error?

"Age groups most affected by refractive errors were 13–18 years (27.7%), 19–24 years (24.8%), and 25–30 years (24.6%), respectively."








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WHAT ARE THE CHANCES?

When an 18 year old Caucasian female is in your chair for a "routine exam", what are her chances of having the following:

- Keratoconus 2-5% - (Up to 1 in 20 patients)
- Allergic Conjunctivitis 30% - (Up to 1 in 3 patients)
- Meibomian Gland dysfunction 36% - (Up to 1 in 3 patients)
- Convergence insufficiency 13% - (Up to 1 in 8 patients)
- Amblyopia 1-5% - (Up to 1 in 20 patients)

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#4: IMPROVE BILLING CONFIDENCE WITH BETTER DOCUMENTATION

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IMPROVE YOUR CONFIDENCE BY UNDERSTANDING THE RULES!

- Ensure there is a **chief complaint** documented
- List all **addressed problems** in assessment
- **Finish** your charts
- **Sign** your charts
- **Order** tests appropriately
- **Interpret** tests

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COPE Event 128777
COPE Course # 91980-PM : 4 Billing and Coding Changes You Can Make Tomorrow To Improve Your KPIs



THANKS!

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