

Top Real-World Coding Competencies for Young Ophthalmologists—Part 2

New to coding? This two-part series provides tips to help you to stay out of the auditors' crosshairs while you learn the ropes. (See Part 1 in last month's *EyeNet* for some tips on cheat sheets.)

Modifiers and the Global Period

The first rule of modifiers is to understand global periods and know whether your patient is in one.

What is the global period? For surgery, the payer's coverage is known as the global surgical package, which includes pre- and postoperative services. For Medicare, the post-op period for major procedures is 90 days; for minor procedures, it is zero or 10 days. Don't make assumptions about which procedures are major and which are minor. For example, a YAG capsulotomy (CPT code 66821) is a major procedure, but a YAG peripheral iridectomy (CPT code 66761) is minor.

Why does it matter? When a patient encounter takes place during the global period of a procedure that was performed by you (or somebody else in your practice), the payer is likely to assume that the encounter is covered by the global surgical package. If the encounter isn't covered by that package, you can flag that fact by appending a modifier to the CPT code. For example, if a "significant, separate" eye exam is

performed on the same day as a minor procedure, you can bill for it using modifier -25 (but make sure that your documentation meets the modifier's requirements). And if an exam to determine the need for a major surgery takes place within 24 hours before surgery (or within three days, for some payers), you would need to append modifier -57 to the exam's CPT code (see "Effectively Use Exam Modifiers," at aao.org/young-ophthalmologists/yo-info/article/effectively-use-exam-modifiers). Similarly, if you perform a surgery during a global period, and you determine that it isn't covered by the earlier procedure's global surgical package, you will need to append a surgical modifier (such as -58, -78, or -79) to avoid a claim denial (see "Billing for Ophthalmic Surgery: 10 Steps for Successful Coding," Savvy Coder, June 2022, at aao.org/eyenet/archive).

Action step—find out the practice's procedures for identifying a patient's global period. How do you know if your patient is in a global period? Confirm the practice's workflow for promptly identifying a patient's global period in the exam lane or when coding surgical procedures. Some practices may use the EHR system to track and flag the postoperative days whenever a procedure is performed. Other practices may identify past procedures in the

chart or on the superbill. Remember, when a procedure is performed in a group practice, the patient's global period applies to all the practice's ophthalmologists, regardless of subspecialty.

Tip: Is a visit on post-op day 88 or 91? You can use online tools (e.g., <https://timeanddate.com>) to determine how many days have elapsed since the day of surgery.

New or Established Patient?

Reimbursement for an eye exam is higher for a new patient than an established patient. According to CPT's definition, patients are considered new if they haven't been seen by you or by a physician from the same group practice within the last three years. Coding appropriately is essential, as payers and auditors constantly monitor the use of new patient codes.

Action step—recognize the nuances. Keep in mind that a patient is not considered new if referred to you by another physician within your practice, even when your subspecialty is different from that of the referring physician. To review some case studies, see "Is the Patient New or Established? Test Your Knowledge" (Savvy Coder, August 2019) at aao.org/eyenet/archive.

MORE ONLINE. Don't fall into the NPI trap! For tips on avoiding it, see this article at aao.org/eyenet. You also can download exam and surgery quick reference guides from the Academy Coding Fact Sheet and Resources webpage at aao.org/practice-management/coding/updates-resources.

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