Test Your Modifier Knowledge

This month’s quiz is based on questions from a webinar titled Mastering Modifiers: The Financial Make or Break of Your Practice. (You can buy a recording of the webinar at aao.org/store.)

Modifier Recap
Before you tackle this test, here’s a reminder of some commonly used modifiers:

-24 Unrelated E&M (or Eye visit code) service during the postop period
-25 Significant, separate E&M (or Eye visit code) service on the same day as a minor procedure
-57 Decision to perform major surgery
-50 Bilateral procedure
-54 Surgical care only
-55 Postoperative care only
-58 Staged/related procedure during postop period
-78 Unplanned return to operating room (OR)/procedure room for related procedures by the same physician during postop period
-RT Right eye
-LT Left eye

Modifiers and Exams

Q1. After seeing a glaucoma patient, your practice submits CPT codes 92012 (for the exam) and 92081 (visual field test). Do you need to append modifier –25 to the exam code? A. Yes. B. No. (This was answered correctly by 100% of webinar participants.)

Q2. Must modifier –24 be appended to any test performed during the global period of an unrelated surgery? A. Yes. B. No. (Answered correctly by 75%).

Q3. After cataract surgery, the operated eye is examined during the surgery’s global period. The exam reveals that a YAG capsulotomy is medically necessary. The exam is:
A. Not billable because it is within the global period.
B. A billable visit because it produced a new diagnosis. (Answered correctly by 42%).

Q4. A new Medicare patient presents for glaucoma evaluation. After an exam (CPT code 99XXX) and gonioscopy (92020) of both eyes, the patient is found to have narrow angles bilaterally. Later that day, the surgeon performs a laser peripheral iridotomy (PI; 66761) on the patient’s right eye. How should this claim be submitted? A. 99XXX–25, 92020, 66761–RT. B. 99XXX–57, 92020, 66761–RT. C. 99XXX, 92020–59, 66761–RT. D. 99XXX, 92020, 66761–RT. (Answered correctly by 33%).

Tests and Surgical Modifiers

Q5. A patient undergoes trabeculectomy to his left eye. During the surgery’s postoperative period, the physician determines that the patient will receive a therapeutic injection of 5-fluouracil, triamcinolone (Kenalog), or bevacizumab (Avastin). What code would you use? A. 68200–58–LT. B. Not billable because it is postop. C. 68200–78–LT. (Answered correctly by 56%).

Q6. The physician repaired a patient’s retinal detachment (CPT code 67105–RT). During the postoperative period, the patient requires scleral buckling (67107). What code should you use? A. 67107–58–RT. B. 67107–78–RT. C. 67107–79–RT. (Answered correctly by 16%).

Answers

1. B—No. Don’t append –25 to EXAM of Eye unless modifier is required. (However, modifier can’t be given if test is performed by another physician.)
2. B—No. Insurers can’t require modifier –57 because modifier is not given with codes for postop procedures.
3. B—No. Don’t append –25 to EXAM of Eye unless modifier is required.
4. B—No. Doesn’t apply to the final global period of the same or other physician.
5. A—68200–58–LT. Payment is 100% of the injection code and the drug.
6. A—67107–58–RT. Payment is 100% of the surgical code. A new global period begins.