

Mastering Modifiers, Part 1: Take the CodeFest Quiz

Are modifiers your friend or foe? If you have a conflicted relationship with them, you are not alone. This was demonstrated during AAO 2015's CodeFest instruction course, in which 2 competing teams and the audience were quizzed about their use of modifiers. When the audience was asked the 7 questions below, 63% of those who responded got at least 4 answers wrong.

Savvy Coder is addressing this knowledge gap with 2 articles that focus on the correct use of modifiers. Start by tackling these questions from the CodeFest modifier quiz.

Test Your Knowledge

Can you outperform your colleagues?

Questions 1-3 were answered correctly by at least 60% of respondents, but fewer than 40% knew the correct answers to questions 4-7.

Q1. Many ICD-10 diagnosis codes include laterality or laterality. Because of this, HCPCS modifiers -RT and -LT are no longer submitted on the claim for CPT codes. This statement about modifiers -RT and -LT is: **A.** True; or **B.** False? (At the AAO 2015 CodeFest session, 88.9% of respondents answered this correctly.)

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Q2. Which of the following modifiers should never be appended to exam codes? **A.** -GA, -RT, and -LT; or **B.** -24, -25, and -57. (Answered correctly by 88.6%.)

Q3. A functional bilateral upper lid blepharoplasty was performed on a Medicare Part B patient. Which CPT code and modifier should you submit? **A.** 15823-50; **B.** 15823-RT and 15823-LT; or **C.** 15823-RT. (Answered correctly by 60.0%.)

Q4. A patient with bilateral keratoconus has a contact lens fitting for both eyes. What is the appropriate claims submission? **A.** 92072; **B.** 92072-50; **C.** 92315-50; or **D.** 92072-RT and 92072-LT. (Answered correctly by 36.8%.)

Q5. A patient with Medicare Part B insurance had several corneal foreign bodies removed from the left eye. The practice submitted CPT codes 65222-LT (for the foreign body removal) and 92071-LT (for the bandage contact lens). Payment for the bandage contact lens was denied. What should you do

next? **A.** Charge the patient for the fitting of the bandage lens (92071); **B.** Resubmit the claim using 92071-59-LT; **C.** Write off 92071 because CCI edits bundle the fitting of the lens with the foreign body removal when performed during the same surgical session; or **D.** Appeal the denial. (Answered correctly by 27.5%.)

Q6. A patient with commercial insurance underwent a YAG capsulotomy on the left eye the same day as cataract surgery was performed on the right eye. This was done as a convenience for the patient. What modifier(s) should be appended to the YAG code? **A.** -59-LT; **B.** -79-LT; **C.** -LT; or **D.** -59, -XS, and -LT. (Answered correctly by 25.4%. This question is also the number one question that is missed on the Ophthalmic Coding Specialist Exam—www.aa.org/ocs.)

Q7. When there is no physician documentation to support medical necessity for antireflective coating, tints, and oversize lenses, which modifier should you use? **A.** -EY; **B.** -GA; or **C.** -GY. (Answered correctly by 18.9%.)

Answers 1. B (false). 2. A (-GA, -RT, and -LT). 3. A (15823-50). 4. A (15823-50). 5. C (write off 92071). 6. A (-59-LT). Because the YAG and cataract surgeries are bundled in CCI, you must append modifier -59 to unbundle. 7. A (-EY). Without a physician order, this is not a covered benefit for durable medical equipment and the patient is responsible for payment. Because this is a commercial insurance, modifier -XS (separate structure) is not recognized. Z. A (-EY). Without a physician order, this is not a covered benefit for durable medical equipment and the patient is responsible for payment.