

Modifiers and Glaucoma: Take This High-Pressure Quiz

BY RONALD FELLMAN, MD, CYNTHIA MATTOX, MD, FACS,
AND SUE VICCHRILLI, COT, CCS, ACADEMY CODING EXECUTIVE

After undergoing a procedure, glaucoma patients may require further treatment. Correct use of modifiers (see box) will be key to coding for those additional services.

Pop Quiz

Q1. During the global period of a major surgery, Healon 5 is injected in the anterior chamber of a patient with choroidals that are not resolving. Which of these statements is correct?

- a) When performed in the office, the injection is part of the global surgery. It would only be payable in an ambulatory surgical center (ASC).
- b) Whether in the office or ASC, the injection is payable by appending modifier -58.
- c) Whether in the office or ASC, the injection is payable by appending modifier -78.

Q2. What modifier should be used when revising or replacing shunts during the postop period of the initial procedure?

- a) -58.
- b) -78.
- c) -79.

Q3. Bleb needling is performed in the office and reported with CPT code 66250-RT. Within the 90-day global period, a shunt is placed and scleral reinforcement with graft is performed.

What modifiers should be appended to the surgical codes 66180 *Shunt* and 67255 *Scleral reinforcement*?

- a) -58-RT.
- b) -78-RT.
- c) -79-RT.

Q4. A Medicare Part B patient underwent selective laser trabeculoplasty of the left eye by a physician outside of your practice. The patient suffers a high IOP spike that persists, and you receive an urgent referral. You insert an ExPress shunt (Category III code 0192T). What modifier(s) should you append to 0192T?

- a) -LT.
- b) -58-LT.
- c) -78-LT.

Q5. Trabeculectomy with MMC was performed on a patient's right eye. Subsequently, the patient suffered a wound leak and was fitted with a specially ordered bandage contact lens. CPT code 92071-RT is submitted for the fitting of the bandage lens. As the lens is not a covered benefit, the patient is billed for its supply. Unfortunately, the bandage lens didn't work, so the conjunctiva is resutured at the slit lamp on postop day 30 in the dedicated office procedure room. What is the correct coding for the wound revision?

- a) 66250-RT.
- b) 66250-58-RT.
- c) 66250-78-RT.

Know Your Modifiers

The modifiers below indicate that "the same physician or other qualified health care professional" performs:

- 58, a staged or related procedure or service during the postop period;
- 76, a repeat procedure or service;
- 78, a related procedure in an unplanned return to the operating/procedure room following the initial procedure during the postop period; or
- 79, an unrelated procedure or service during the postop period.

Use modifier -LT to indicate the left eye and -RT for the right.

Q6. In the case of the trabeculectomy patient (Q5), resuturing doesn't work, so revision of the bleb is performed in the ASC on postop day 60. How would you code for this?

- a) 66250-58-RT.
- b) 66250-76-RT.
- c) 66250-78-RT.

Q7. A Trabectome procedure (CPT code 65850) is performed in the left eye. A postop hyphema requires a washout (CPT code 65815), which is performed in the operating room. What modifier should be appended to 65815?

- a) -58.
- b) -78.
- c) -79. ■

Answers: 1-b; 2-b; 3-a; 4-a; 5-c; 6-c; 7-b.