Modifiers and Place of Service Codes

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Modifiers

- Modifiers are to be used when additional information would be beneficial to the insurance company and/or to the physician in order to get the claim paid in a timely manner.
- They are used as a two-digit shorthand to explain specific details about the patient encounter.
- Electronically you should now be able to append 4 possible modifiers per billed line.
E/M Modifier

-21  Prolonged E&M Service
    (Perform a higher level - i.e., 99203 but spend an hour with the patient and document face to face time with patient was over half the time)

-24  Unrelated E/M during post-op period
    CMS 1500 Block #19 put the reason why the E&M was unrelated and necessary
Compare -57 and -25

-57

- Decision for major surgery based upon the E/M done today
- Major procedure for Medicare/Medicaid
- Any procedure for commercial insurance

-25

- Separately and identifiable E/M service on same day as a minor surgical procedure
- Document your E&M well and keep any procedure documentation as a separate part of your note
- Used with minor procedure for Medicare or for commercial insurance
Modifier -25 Note Example

S= C/C HPI ROS
O= Objective Findings
A= Diagnoses
P= Counseling (face-to-face patient time), tests ordered, reviewed other reports

Procedure: Separate paragraph or line item relating the procedure that you performed. Some examples include: injections, ulcer debridement, destruction of verruca or nail procedure.
Procedure Modifiers

-22 Unusual Procedural Service (requests a higher payment, always involves hand processing, must include documentation stating how the service exceeds usual and customary)

-76 Repeat Procedure or Service by Same Physician or Other Qualified Health Care Professional (2011 Revised)

-77 Repeat Procedure or Service by Another Physician or Other Qualified Health Care Professional (2011 Revised)
Procedure Modifiers

-78 Unplanned Return to the Operating/Procedure Room by the Same Physician or Other Qualified Health Care Professional Following Initial Procedure for a Related Procedure During the Postoperative Period (2011 Revised)

-79 Unrelated procedure by same physician during post-op period
Unusual Circumstances Modifiers

-52  Reduced Services
-53  Discontinued Procedure after anesthesia (for nonfacility use)
    V64.1 discontinued due to contraindications
    V64.2 discontinued due to patient decision
-54  Surgical Care Only (someone else providing care)
-55  Postoperative Management Only
Unusual Circumstances Modifiers

- 73 Discontinued Outpatient Hospital / ASC Procedure prior to administration of anesthesia
- 74 Discontinued Outpatient Hospital / ASC Procedure after administration of anesthesia
Unusual Circumstances Modifiers

-50  Bilateral Procedure: Unless otherwise identified in the listings, bilateral procedures that are performed at the same session, should be identified by adding modifier 50 to the appropriate 5 digit code. (Revised 2011)

Example - (perform hammertoe correction 2\textsuperscript{nd} bilaterally: 28285-50-T1-T6, make sure you charge 1.5x - 2x your normal fee)
Unusual Circumstances Modifiers

-51 Multiple procedures (many insurances, such as Medicare, electronically add this to certain CPT codes and they ask that you do not append this modifier)

-58 Staged procedure (example: applying a skin substitute weekly for coverage you must do: 15365-58)

-59 Distinct procedural service when no other modifier will suffice
Medicare Modifiers

-A1 Dressing for one wound
-A2 Dressing for two wounds
-A3 Dressing for three wounds
-A4 Dressing for four wounds
-A5 Dressing for five wounds
-A6 Dressing for six wounds
-A7 Dressing for seven wounds
-A8 Dressing for eight wounds
-A9 Dressing for nine or more wounds
Medicare Modifiers

-GA Waiver of liability statement (ABN) on file with ABN waiver signed

-GY Item or service statutorily non-covered; No need to get ABN waiver

-GZ Item or service expected to be denied as not reasonable and necessary
DME Modifiers

-KX Specific required documentation on file

-EY No physician or other licensed health care provider order for this item or service (items billed to the DMERC before a signed and dated order has been received by the supplier must be submitted with an EY modifier added to each affected HCPCS code)
HCPCS Modifiers

-GJ “OPT OUT” physician providing emergency / urgent care

-GP Services were provided under an outpatient physical therapy plan of care

-GW Service not related to hospice patient’s terminal care (used when a hospice patient is seen, but services are unrelated to the terminal condition)
HCPCS Modifiers

-AQ (replaced QB ad QU) Physician services provided in health provider shortage area (HPSA)

-QW CLIA waived test
<table>
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<th>Modifier</th>
<th>Description</th>
<th>Modifier</th>
<th>Description</th>
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<tr>
<td>-LT</td>
<td>Left foot</td>
<td>-RT</td>
<td>Right foot</td>
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<tr>
<td>-TA</td>
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<td>-T4</td>
<td>5th toe, left foot</td>
<td>-T9</td>
<td>5th toe, right foot</td>
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HCPCS Modifiers

-Q5 Service provided by substitute physician under reciprocal billing arrangement

-Q6 Services provided by a locum tenens physician
HCPCS Modifiers

- Q7  One Class A finding
- Q8  Two Class B findings
- Q9  One Class B and Two Class C findings
HCPCS Modifiers

-AS  Assistant at Surgery of a physician assistant, nurse practitioner or clinical nurse practitioner

-GC  Service performed in part by resident under direction of teaching physician (informational only)

-GE  Service performed by a resident without the presence of a teaching physician [primary care exception] (informational only)
Place of Service Codes: Goals

E&M CPT codes have a specific Place of Service (POS)

• Certain E&M codes can only be used in certain locations
• POS must match code billed
• Certain POS codes do not have corresponding E&M codes
Place of Service Cheat Sheet

• 04 = Homeless Shelter
• 05 = Indian Service Free Standing Facility
• 11 = Office
• 12 = Home
• 13 = Assisted Living
• 14 = Group Home
• 20 = Urgent Care Facility
• 21 = Inpatient Hospital
• 22 = Outpatient Hospital
• 23 = Emergency Room – Hospital
• 24 = Ambulatory Surgical Center
• 25 = Birthing Center
• 31 = Skilled Nursing Facility
• 32 = Nursing Facility
• 33 = Custodial Care
• 34 = Hospice
• 54 = Intermediate Care Facility/Mentally Retarded
• 55 = Residential Substance Abuse Treatment Facility
• 56 = Psychiatric Residential Treatment Center
• 61 = Comprehensive Inpatient Rehab Facility
• 62 = Comprehensive Outpatient Rehab Facility
• 72 = Rural Health Clinic
• 99 = Other Place of Service Not Listed