

An Introduction to Facility Based Modifier Usage



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Agenda

- Definitions
- Common modifiers & scenarios
- Where to go for help

Definitions: What are modifiers and why do we need them?

- **Modifiers identify the who, what, where, when and how**
- **Functional vs Informational Modifiers**
 - **Functional payment modifiers** include: 22, 26, 50, 51, 52, 53, 54, 55, 58, 78, 79, AA, AD, TC, QK, QW, and QY.
 - **Informational or statistical modifiers** (e.g., any modifier not classified as a payment modifier) should be listed after the payment modifier, i.e. GP, GN, GO

Definitions: When do we use a modifier?

- **Instances of when modifiers may be used:**
 - Identification of professional or technical only components
 - Repeat services by the same or different provider
 - An increased, reduced or unusual service
 - Billing for components of a global surgical package
 - Identification of a specific body area
 - To designate a bilateral procedure
 - Identification of service in a clinical trial

Common Modifiers: 25, 59 & Anatomical

- **Modifier 25**

- CPT guidelines define the 25 modifier as “significant, separately identifiable evaluation and management (E/M) service by the same physician on the same day of the procedure or other service.”

- **Modifier 59**

- Modifier 59 identifies procedures/services, other than E/M services and radiation treatment management, which are not normally reported together, but are appropriate under the circumstances

- **Anatomical Modifiers**

- E1, E2, E3, E4, FA, F1, F2, F4, F5, F6, F7, F8, F9, LC, LD, LM, LT, RC, RI, RT, TA, T1, T2, T3, T4, T5, T6, T7, T8, T9
 - These modifiers should be used in place of modifier 59 whenever possible

Common Modifiers: XE, XS, XP & XU

CMS CR11168: CMS now allows the modifier 59, XE, XS, XP, or XU on column one and two codes. This change will be implemented on or after July 1, 2019

- XE – Separate encounter, A service that is distinct because it occurred during a separate encounter. This modifier should only be used to describe separate encounters on the same date of service
- XS – Separate Structure, A service that is distinct because it was performed on a separate organ/structure
- XP – Separate Practitioner, A service that is distinct because it was performed by a different practitioner
- XU – Unusual Non-Overlapping Service, The use of a service that is distinct because it does not overlap usual components of the main service

Common Modifiers: XE vs 59

XE – Separate encounter, A service that is distinct because it occurred during a separate encounter. This modifier should only be used to describe separate encounters on the same date of service

Scenario: *8 a.m. outpatient surgery and 8 p.m. outpatient surgery.*

Modifier -XE would be appended to a procedure that would otherwise be bundled

Common Modifiers: XP vs 59

- XP - A service that is distinct because it was performed by a different practitioner
 - Unlike separate encounter and separate structure, use of this alternative would be used much more infrequently.
 - This modifier is used when one doctor in the group does a service and another practitioner in the practice does another service that's bundled with the first.
 - There has to be medical necessity documented for using the two different practitioners for these two bundled procedures.
 - Possibly this might be used in the care of trauma patients, when multiple physicians care for the patient at the same time.

Common Modifiers: XS vs 59

XS – Separate structure, A service that is distinct because it was performed on a separate organ/structure

- **Scenario: Treatment of the nail, nail bed, and adjacent soft tissue constitutes treatment of a single anatomic site.**
 - 11055 - Paring or cutting of benign hyperkeratotic lesion (e.g., corn or callus); single lesion
 - 11720 – Debridement of nail(s) by any method(s); 1 to 5
 - *Modifier 59 **should not** be reported with 11720 if a nail is debrided on the same toe from which a hyperkeratotic lesion has been removed*
 - *Modifier 59 **may be** reported with 11720 if multiple nails are debrided and a corn that is on the same foot and that is not adjacent to a debrided toenail is pared*
 - *Beginning January 1, 2015, modifier XS may be more appropriate*

Common Modifiers: XU vs 59

XU – Unusual Non-Overlapping Service, the use of a service that is distinct because it does not overlap usual components of the main service

- **Scenario: Destruction of lesion and biopsy**
- 17000 – Destruction (e.g., laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), all benign or premalignant lesions (e.g., actinic keratosis) other than skin tags or cutaneous vascular proliferative lesions; first lesion
- 11100 – Biopsy of skin, subcutaneous tissue and/or mucous membrane (including simple closure), unless otherwise listed; single lesion
- *Modifier 59 **may be** reported with 11100 if the procedures are performed at different anatomic sites on the same side of the body and a specific anatomic modifier does not apply*
- *If the procedures are performed on different sides of the body, modifiers RT and LT or another pair of anatomic modifiers **should be** used*
- *Beginning January 1, 2015, modifier XU may be more appropriate*

Common Modifiers: 52 & 53

- Modifier 52 is used to report procedures that are discontinued by the physician due to unforeseen circumstances
- For billing under the OPSS, modifier 52 is used to indicate partial reduction or discontinuation of radiology procedures and **other services that do not require anesthesia**
 - *77067 Screening mammography; bilateral (2-view study of each breast), including computer-aided detection (CAD) when performed*
 - If only one side is screened, report with modifier 52
 - *73100 Radiologic examination, wrist; 2 views*
 - If only one view is taken, report with modifier 52
- Modifier 53 is used to indicate discontinuation of physician services due to patient's well being and is not approved for use for outpatient hospital services

Common Modifiers: 73 & 74

- Coders should use modifiers 73 and 74 to report discontinued outpatient surgical or diagnostic procedures
- Modifier 73 indicates procedures discontinued **prior to** anesthesia
- Modifier 74 is appropriate for surgical or diagnostic procedures discontinued **after** anesthesia administration or after the procedure has begun (e.g., the physician made the incision or inserted a scope)
- **Do not use** to indicate discontinued radiology procedures

Where To Go For Help

- CMS Claims Processing Manual, Chapter 4, section 20.6
- CMS Transmittal CR11168 February 19, 2019
- CPT Manual, Appendix A
- HCPCS Level II Manual
- MAC – Novitas Web-Solutions
- AAPC

Thank You!