MARCH–APRIL 2020

BCN Provider *News*

Clinical editing billing tips

Cataracts — reporting post-op care

BCN is making some changes to processing post-op care for cataracts. Previously, we denied the post-op care and required the provider to file an appeal for the proper reimbursement. We recently made updates that will allow these claims to process before a denial occurs. We'll be able to process the claim and eliminate the need for an appeal if the number of post-op days treated are included on the claim.

The codes applicable for this change are *66821, *66982 and *66984 with modifier 55. To receive payment and avoid a clinical edit for the three cataract codes for post-op care only, follow these instructions.

- Append modifier 55 when the claim is for post-op care only.
- Include the date range treated for post-op care in box 19 of the CMS-1500 form or loop 2300.

If you've already submitted an appeal for post-op care services, don't resubmit a corrected claim or rebill. We'll continue to process appeals that we receive.

Utilizing modifier 50, RT and LT

We've seen an increase in edits due to incorrect application of modifiers on a procedure performed bilaterally.

Report modifier 50 when you perform a bilateral procedure that is eligible for modifier 50 in accordance with CPT guidelines. This should be reported on just one line with a quantity of 1. A service performed bilaterally, eligible for modifier 50, shouldn't be reported on two separate lines either with an RT on one line and LT on another. It also shouldn't be reported in that combination along with a modifier 50.

What not to report

Line 1	*29540	50-bilateral	RT-right	
Line 2	*29540	50-bilateral	59-separate	LT-left

What to report:

Line 1	*29540	50-bilateral		

For more information on modifier 50, RT and LT, as well as proper reporting of all modifiers, please see the Appropriate Modifier Usage document in *BCN Provider Publications and Resources*.

- Log in to Provider Secured Services and go to *BCN Provider Publications and Resources*.
- Click *Billing / Claims* under Popular links.
- Click *Appropriate Modifier Usage* under Clinical Editing Resources.

Anatomical modifiers

Beginning April 1, BCN will enforce anatomic specific modifiers that designate the area or part of the body on which the procedure is performed. This is in accordance with the American Medical Association's CPT manual and the HCPCS Level II manual.

When an anatomical modifier is appended to a procedure code that doesn't match the anatomical site indicated by the modifier, the service will receive a clinical edit. If this happens, the claim can be corrected by appending the correct modifier and submitting a corrected claim or submitting a clinical editing appeal.

Cont.

Clinical editing billing tips *Cont.*

There are also procedures that require use of an anatomic modifier. When one of these services is performed and a modifier isn't appended, a clinical edit will occur. If you receive this edit, you may submit a corrected claim appending the correct modifier or submit a clinical editing appeal.

Omitted modifiers affected by this rule are:

- E1-E4 (Eyelids)
- FA-F9 (Fingers)
- TA-T9 (Toes)
- LC (Left circumflex, coronary artery)
- LD (Left anterior descending coronary artery)
- LM (Left main coronary artery)
- RC (Right coronary artery)
- RI (Ramus intermedius)
- LT (Left side)
- RT (Right side)
- 50 (Bilateral side)

Screening ultrasounds for abdominal aortic aneurysm

We'll begin enforcing the CMS Internet-only manual related to screening ultrasounds for abdominal aortic aneurysm. In accordance with the Centers for Medicare & Medicaid policy, we'll follow the guidelines below for ultrasound screening, *76706, for abdominal aortic aneurysm:

- Abdominal aortic aneurysm screening for women is allowed only if there is a family history.
- Abdominal aortic aneurysm screening for men ages 65 to 75 is only allowed if there is a family history of the condition, or a history of smoking.
- Abdominal aortic aneurysm screening for men younger than 65 is allowed only if there is a family history.
- Abdominal aortic aneurysm screening for men older than 75 years is only allowed if there is a family history.

If these conditions aren't met, an edit occurs. If you disagree with the edit, submit an appeal to us with supporting documentation.

