

Modifier Clinic: Hospital Outpatient Issues

OBJECTIVE: This program will review Medicare's official guidelines for hospital outpatient reporting of modifiers. It will also address the operational issues associated with modifier-reporting, such as: physician documentation, encoder software logic, compliance reviews, reports-generation, automated order entry screen revisions, UB-04 completion, and modifier-specific edits for internal billing systems. Actual hospital outpatient cases will be used to apply the modifier guidelines presented.

AUDIENCE: Coding Specialists, Coding Managers, Reimbursement Specialists, Compliance Auditors, Hospital-Based Clinic Managers, and ALL hospital staff responsible for outpatient coding including emergency room, ancillary department and hospital-based clinic staff.

DURATION: 6 to 12 hours

CURRICULUM:

I. Modifier Reporting Requirements

- A. Background
- B. Official Medicare Guidelines
- C. Coding Resource: Modifiers for Hospitals

II. Modifier Implementation Issues

- A. Coding and Billing Aborted/Discontinued Procedures
- B. ICD-9-CM vs. Medicare Coding Guidelines
- C. Unsuccessful vs. Aborted/Discontinued Procedures
- D. Documentation of Reduced/Discontinued Procedures
- E. Discontinued Interventional Radiology Procedures
- F. Testing Potential Coders
- G. Software Encoder Modifier Edits
- H. Reduced Services
- I. Discontinued Surgery
- J. Repeat Procedures on the Same Date of Service
- K. Multiple Occurrences and Body Part Codes
- L. Information System Upgrades
- M. Data Quality Review
- N. Modifier Compliance

III. Ancillary Department Modifier Reporting for Hospitals

IV. Exercises/Case Studies