

# Proper Use of Modifiers

Presented by Kate Gilman, CPC and Julia Konovalov



# Why do we need to use modifiers?

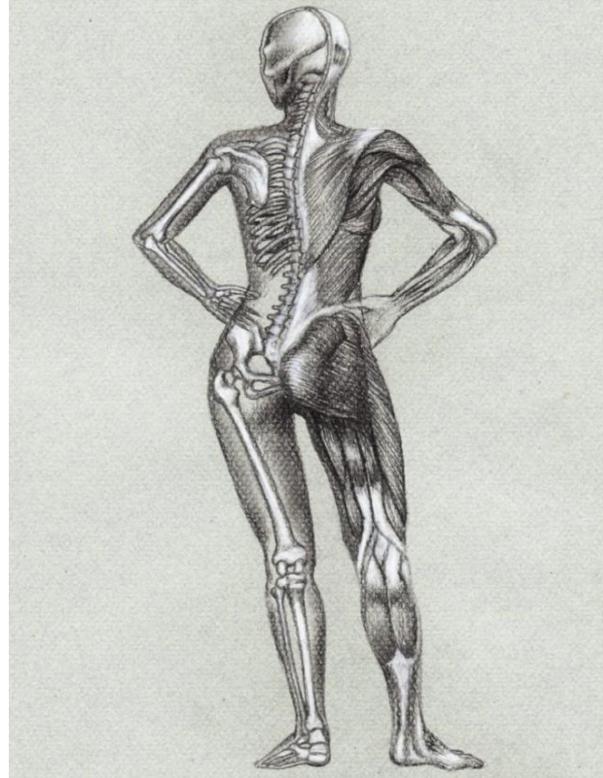
*A **modifier** provides the means to report or indicate that a service or procedure that has been performed has been altered by some specific circumstance but not changed in its definition or code.*

Modifiers may also be used to indicate to the recipient of the report that:

- ▶ A service or procedure had both a professional and technical component.
- ▶ A service or procedure was performed by more than one physician or other health care professional.
- ▶ A service or procedure was increased or reduced.
- ▶ Only part of the service was performed.
- ▶ A bilateral procedure was performed.
- ▶ A service or procedure was performed more than once.
- ▶ Unusual events occurred during the service or procedure.



# Things to remember: Basic human anatomy and Anatomical sides



# Modifiers to know:

**AI:** Principal physician of record

**E1:** Upper left, eyelid

**E2:** Lower left, eyelid

**E3:** Upper right, eyelid

**E4:** Lower right, eyelid

**FA:** Left hand, thumb

**F1:** Left hand, second digit

**F2:** Left hand, third digit

**F3:** Left hand, fourth digit

**F4:** Left hand, fifth digit

**F5:** Right hand, thumb

**F6:** Right hand, second digit

**F7:** Right hand, third digit

**F8:** Right hand, fourth digit

**F9:** Right hand, fifth digit

**LC:** Left circumflex, coronary artery

**LD:** Left anterior descending coronary artery

**LM:** Left main coronary artery



# Modifiers to know:

**LT:** Left side

**RT:** Right side

**50:** Bilateral procedure

**RC:** Coronary artery

**RI:** Ramus intermedus coronary artery

**TA:** Left foot, great toe

**T1:** Left foot, second digit

**T2:** Left foot, third digit

**T3:** Left foot, fourth digit

**T4:** Left foot, fifth digit

**T5:** Right foot, great toe

**T6:** Right foot, second digit

**T7:** Right foot, third digit

**T8:** Right foot, fourth digit

**T9:** Right foot, fifth digit



## Modifier 22: Increased Procedural Services

When the work required to provide a service is substantially greater than typically required.

Documentation must support the reason for additional work:

- ▶ Increased intensity
- ▶ Increased time
- ▶ Technical difficulty of procedure
- ▶ Severity of patient's condition
- ▶ Physical and/or mental effort required

*For example, Pacemaker procedure was performed, but took longer than 2 hours due to patient's morbid obesity. Modifier 22 should be reported on the pacemaker placement.*



## Modifier 24: Unrelated E/M Service during the postoperative Period

The physician or other qualified health care professional may need to indicate that an evaluation and management service was performed during a postoperative period for a reason UNRELATED to the original procedure.

*For example: The patient received a pacemaker (90 days global) 1 week ago. Today the patient presents with a severe headache and hypertension, not related to the arrhythmia. Office visit should be reported with a modifier 24.*

## **Modifier 25: Significant, Separately identifiable E/M service on the same day of the procedure or other service.**

It may be necessary to indicate that on the day a procedure or service was performed, the patient's condition required a significant, separately identifiable E/M service above and beyond the usual preoperative and postoperative care.

*For example, The patient presented to the office for an annual visit. During the exam, provider noticed that the patient had impacted cerumen in both ears, requiring removal. Procedure was performed and separately identified. Annual visit should be reported with a modifier 25.*

## Modifier 57: Decision for Surgery

An evaluation and management service that resulted in the initial decision to perform the surgery.

*For example, The patient presented to the office with arrhythmia. Upon further evaluation and appropriate testing, it was determined that the patient is in desperate need of a pacemaker to regulate the heart beat. The patient was consulted and the decision was made to place a pacemaker within the next 2 days. Office visit/ consultation code should be reported with a modifier 57.*

## Modifier 59: Distinct Procedural Service

Under certain circumstances, it may be necessary to indicate that a procedure or service was distinct or independent from other non-E/M services performed on the same day.

Documentation must support:

- ▶ Different session
- ▶ Different procedure or surgery
- ▶ Different site or organ system
- ▶ Separate incision/excision
- ▶ Separate lesion
- ▶ Separate injury

*For example, the patient presented to the office for a nail debridement. Biopsy of the nail was performed. Biopsy should be reported with a modifier 59.*

## Modifier 79: Unrelated procedure or Service during the postoperative period

The individual might need to indicate that the performance of a procedure or service during the postoperative period was unrelated to the original procedure.

*For example, the patient presented for a closed treatment of the patellar fracture, without manipulation on the right knee. 1 week ago, the patient presented for a closed treatment of the patellar fracture, without manipulation, on the left knee. The closed treatment of the patellar fracture on the right knee would be reported with modifiers 79 and RT.*

## Modifier 52: Reduced Services

Under certain circumstances a service or procedure is partially reduced or eliminated at the discretion of the physician or other qualified health care professional. This provides a means of reporting reduced services without disturbing the identification of the basic service.

*For example, Circumcision is usually performed using clamp or other device with regional dorsal penile or ring block. Report circumcision with modifier 52 when performed without clamp.*

## Modifier 53: Discontinued procedure

Under certain circumstances, the physician or other qualified health care professional may elect to terminate a surgical or diagnostic procedure. Due to extenuating circumstances or those that threaten the well being of the patient.

*For example, the pacemaker placement procedure was started, but the patient went into cardiac arrest. The procedure had to be terminated. Report pacemaker placement with modifier 53.*

## Modifier 62: Two Surgeons and Modifier 80: Assistant Surgeon

When 2 surgeons work together as primary surgeons performing distinct part(s) of a procedure, each surgeon should report his/her distinct operative work by adding modifier 62 to the procedure code and any associated add-on code(s) for that procedure as long as both surgeons continue to work together as primary surgeons.

*Note 1: Make sure to list the co-surgeon name on the operative report.*

*Note 2: If a co-surgeon acts as an assistant in the performance of additional procedure(s), other than those reported with the modifier 62, during the same surgical session, those services may be reported using separate procedure codes with modifier 80 attached.*

# Questions



# Contact Info

**Julia Konovalov**

202-390-3966

[Julia@medicalbusinesspartners.com](mailto:Julia@medicalbusinesspartners.com)



Medical Business Partners

**Kate Gilman, CPC**

410-404-7464

[kate@medicalbusinesspartners.com](mailto:kate@medicalbusinesspartners.com)

