

# Dermatology Coding Alert

## 3 Tips Decipher Your Distinct and Repeat Procedures

### Use modifiers -59, -76 and -77 without throwing a hitch into your pay

When you report Modifiers -59 (Distinct procedural service), -76 (Repeat procedure by same physician) and -77 (Repeat procedure by another physician), you should know if the dermatologist's procedures were similar to or exactly the same as other services performed on the same patient on the same day.

**Solution:** Turn to the modifiers when you want to report a medically necessary sequence of procedures. Here are some tips from our coding experts that will help you append the correct modifiers without sacrificing any reimbursements.

**1. Look for a distinct procedural service.** Reporting modifier -59 indicates that the dermatologist completed a distinct procedure.

Before you report modifier -59, you should know:

1. If the dermatologist performed the procedure on the same day as another service;
2. If the two procedures the dermatologist performed on that day are normally reported together (check out <http://www.cms.hhs.gov/physicians/ccredits/> for the most recent NCCI restrictions on reporting codes together); and
3. If the dermatologist performed the procedure on two distinct locations or two or more different lesions.

**2. Watch for repeated procedures.** Append modifier -76 when the same dermatologist performs a repeated procedure.

**Example:** A physician performed a puncture aspiration of an abdominal hematoma (10160, Puncture aspiration of abscess, hematoma, bulla, or cyst) during the morning, says **Tammy Young, LPN, HIA, CPC, CPC-H**, independent coding consultant in Dickson, Tenn. Later that day, the same physician repeated the same procedure because the hematoma required additional drainage. You report the initial procedure as 10160 and the repeat procedure as 10160-76, Young says.

**One more thing:** Don't mistakenly use modifier -76 when you should report modifier -59. For instance, if the dermatologist performs a lesion excision on different sites (even if it is the same CPT code), you shouldn't report it as a repeated procedure, says **Laura Siniscalchi, RHIA, CCS, CCS-P, CPC**, manager of Healthcare & Life Sciences Regulatory Practice at Deloitte & Touche LLP.

**Better way:** Report a "distinct procedural service," Siniscalchi says, and append modifier -59 to 11400 (Excision, benign lesion including margins, except skin tag [unless listed elsewhere], trunk, arms or legs; excised diameter 0.5 cm or less).

But, if the physician performed the same procedure a second time at the same site during the same session because the first procedure failed (e.g., perhaps a malignant lesion needed re-excision during the same session), you should report the comprehensive procedure without reporting the second procedure separately, Siniscalchi says.

**3. Check to see if the dermatologist performed a procedure previously completed by another dermatologist.** If this is the case, append modifier -77. **Red flag:** Modifiers -76 and -77 are easy to understand and very similar. You report both for repeat procedures but assign -76 when the same dermatologist performed the repeat procedure, and assign -77 when another physician completed the repeat procedure.

**Example:** Dermatologist A performed a puncture aspiration of an abdominal hematoma (10160) during the morning. Later that day, Dermatologist B repeated the same procedure because the hematoma required additional drainage. You report the procedure Dermatologist A completed with 10160 and report the repeat procedure by Dermatologist B with 10160-77 to notify payers that two dermatologists performed the procedures, Young says.