Codify
BY AAPC

Internal Medicine Coding Alert

Reader question: Add Modifier 59 for Repeated Epistaxis treatment

Question: My physician saw a patient in the office for a nosebleed. Later that day, the patient returned and was treated by another physician for severe nosebleed. She spent an hour to get the nosebleed under control. Should I use modifier 77 to bill both doctors' services?

Tennessee Subscriber

Answer: No, modifier 77 (Repeat procedure or services by another physician or other qualified health care professional) is unnecessary. In theory, modifier 77 might apply if the exact same CPT® procedure is repeated. However, most payers do not reimburse non-diagnostic procedures limited to the 7xxxx and 8xxxx sections of the CPT® manual with modifiers 76 (Repeat procedure or service by the same physician or other qualified health professional) or 77.

In the example you give, you'll submit 30903 (Controlnasal hemorrhage, anterior, complex [extensive cautery and/or packing] any method) for the procedure. Assuming the second physician is in the same practice as the physician who controlled the nosebleed initially, you'll append modifier 59 (Distinct procedural service) to the second physician's claim. If she is not in the same practice and works for a different practice and under a different tax ID, you do not need a modifier.

Filing: If the second physician is in the same practice as the initial physician, you can first submit your claim with modifier 77. If the payer denies the claim, resubmit a correction or appeal -- if necessary -- with modifier 59 to indicate that the two services were provided to the patient at two different encounters.

Tip: If your physician performs two different procedures, for example 30905 (Control nasal hemorrhage, posterior, with posterior nasal packs and/or cautery, any method; initial) and then 30906 (...subsequent), you should not use modifier 77. You then only have the choice to use modifier 59 to indicate that the two procedures were performed at different encounters.