

## Internal Medicine Coding Alert

### Reader Question: Modifier 50 Not Applicable to 69205

**Question:** The physician administered anesthesia before removing a bead from each of a child's ears. Do we append modifier 50 to the code for the second ear?

New Jersey Subscriber

**Answer:** The code you'll report, 69205 (Removal foreign body from external auditory canal; with general anesthesia) stipulates "foreign body" in the descriptor as singular, not plural. Because of this, you can report removal from each ear separately. Also note that 69205 is a unilateral code, so you need to bill for the removals per ear.

**Here's how:** According to the Medicare fee schedule, modifier 50 (Bilateral procedure) does not apply to code 69205. Instead, you should indicate a separate site (left ear from right ear) by appending modifier 59 (Distinct procedural service) to the second ear procedure. You might also want to append modifier LT (Left side) and RT (Right side) to 69205 to identify the specific ear for clarity on the claim. For removing one bead from the right ear and one bead from the left ear, you might bill:

- 69205-RT
- 69205-59-LT.

**Caution:** Be sure that the anesthesia administered by the physician was general anesthesia before reporting 69205. If the anesthesia was not general, you may not report 69205; instead, you would need to report 69204 (Removal foreign body from external auditory canal; without general anesthesia). It would be unusual for an internal medicine physician to both administer general anesthesia and perform the foreign body removal. A more likely scenario is that the physician administered some sort of sedation before removing the beads from the child's ears. In this scenario, you would likely report 69204 plus either 99143 (Moderate sedation services [other than those services described by codes 00100-01999] provided by the same physician performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; younger than 5 years of age, first 30 minutes intra-service time) or 99144 (. . . age 5 years or older, first 30 minutes intra-service time), depending on the age of the child. If the procedure took longer than 30 minutes, you may also need to report +99145 (. . . each additional 15 minutes intra-service time [List separately in addition to code for primary service]).