

Internal Medicine Coding Alert

You Be the Coder: Choose Proper Modifier for Non-Surgical Service within Global Period

Question: A patient came to our office for a minor skin surgery procedure. He was back for his physical within 10 days. I billed the physical (99396) but the payer denied it as part of the global package. I appealed it with a -79 modifier but got another denial stating the procedure code is inconsistent with the modifier used. Can we only bill modifier 79 with certain codes? If so, is there another one I can use?

Chicago Subscriber

Answer: Modifier 79 (Unrelated procedure or service by the same physician during the postoperative period) is reported in conjunction with an unrelated surgical procedure or other non-evaluation and management (E/M) service done during the postoperative global surgical period. Because the second service in your case is an E/M service, the correct modifier is 24 (Unrelated evaluation and management service by the same physician or other qualified health care professional during a postoperative period). Resubmit the claim with modifier 24 appended to 99396 (Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; 40-64 years).