Part B Insider (Multispecialty) Coding Alert

Modifiers: Don't Use The -59 Modifier For A Repeat Procedure

Append -76 for repeats, but not for multiple select catheterizations

Not all multiple procedures require the same modifier, and knowing the difference can mean fewer hassles later on.

Providers frequently append the -59 modifier when they should use the -76 modifier instead, notes **Deborah Churchill** with **Churchill Consulting** in Killingworth, CT. In a nutshell, the -59 modifier is for a different procedure on the same patient, but -76 is for the same procedure repeated on the same patient. So if you're performing the same procedure twice for some reason, you should use -76 instead of -59.

Because -59 is the "modifier of last resort," you should never use it if another modifier will tell the story, notes **Laureen Jandroep** with **A+ Medical Management & Education** in Absecon, NJ. People like the -59 modifier because "it unbundles nicely," but remember that appending any modifier means you're saying you have the documentation to back it up.

For example, if you do a biopsy on a patient and the procedure has a 10-day global, but after five days you need to do another biopsy to obtain more material, you would use the -76 modifier. Radiology coders frequently use this modifier, because a radiologist often must obtain the same views several times, or a physician will examine a fracture before and after setting it.

Don't use modifer -76 to report repositioning or replacement, Jandroep cautions.

And you shouldn't use -76 if a bilateral modifier will represent the situation more accurately. Part B carrier **Cigna** warned in its December 2000 bulletin that providers often use the -76 modifier incorrectly when billing for select catheterizations of brachiocephalic vessels.

Usually, providers will select more than one vessel for study during a session. You'd normally use 36215 for a first order vessel, 36216 for second order and 36217 for third order or higher. If the physician is catheterizing more than one second or third order vessel per family, you'd use the add-on code 36218 for each of these, Cigna notes.

There are three families within a normal brachiocephalic branch, which means a provider may need to bill for multiple first, second or third order vessels. In this case, you should use the modifiers -RT, -LT and -59. But you shouldn't use the -76 modifier, Cigna cautions. In the unlikely event that a specfic vessel needs a select catheterization more than once on the same day, you could use the -76 modifier. Otherwise, you'd use the -RT modifier for a right carotid artery or branch, -LT for left carotid artery or branch, and -59 for selection of a vertebral artery or arteries.