

Part B Insider (Multispecialty) Coding Alert

Modifiers: When 2 Surgeons Collaborate, Make Sure To Communicate

How to handle fear of the -62 modifier

It strikes terror into physicians' hearts and slashes at their bottom lines. Surgeons will go to great lengths to avoid the dreaded -62 modifier. But there are ways to minimize the pain, say experts.

Communication is the key to avoiding mistakes, says **Marcella Bucknam**, HIM coordinator with **Clarkson College** in Omaha, NE. "When there's a plan to do a procedure that's going to involve two surgeons, [it's] really valuable if the offices talk to each other before the procedure takes place." These procedures can include craniectomy, craniotomy, or spine surgeries.

"This is so critical and is a place we really fall down," Bucknam adds. "After the procedure there are so many problems that can happen."

"On our spine surgeries we have a lot of problem with who's supposed to be billing what," reports **Pat Boudreaux**, data specialist with **Tyler Neurosurgical Associates** in Tyler, TX. "There's a lot of gray area in billing spine co-surgeries."

Often, the coders working for the surgeon who performed the base procedure won't know until weeks afterwards that another surgeon, such as an ENT, collaborated on the procedure by performing the approach. By then, "we would have already filed our claim," says Bucknam.

It's best that all parties concerned understand that nobody should submit their codes before anyone else, says Bucknam. "If one surgeon submits the codes without the modifier -62, the other surgeon won't get paid at all." So even if the surgeons talk beforehand about the procedure and how they'll handle it, there should be a conversation among the coders as well.

If one surgeon gets a claim in early without the -62 modifier, the second surgeon may be stuck billing as an assistant, using the -80 or -82 modifiers. But the reimbursement is greatly reduced for assistants, who usually only receive 20 to 22 percent of what the primary surgeon receives. By contrast, when two surgeons report as co-surgeons, Medicare pays 125 percent of the usual reimbursement and each surgeon receives half of that amount, or 62.5 percent.

These co-surgeries are often "not that hard to bill, if you don't get your Ps and Qs together it can become quite impossible to bill," says Bucknam.