

Part B Insider (Multispecialty) Coding Alert

PART B SELF-TEST: Test Your Selection Savvy--Modifier 58 Or 78?

Determine whether you can select the appropriate modifier

Here's your chance to apply the information you have learned about selecting modifiers 58 and 78. Take this quiz to fine-tune your coding skills.

Scenario 1: A 45-year-old patient has surgery for an initial inguinal hernia (49505, Repair initial inguinal hernia, age 5 years or over; reducible). The patient fails to care for the surgical wound properly, and 10 days later (within the initial surgery's 90-day global period) returns to the surgeon's office with serious, deep infection at the incision site. To treat the infection, the surgeon must return the patient to the operating room. Once there, the physician removes the patient's infected tissue and then re-dresses the wound (13160, Secondary closure of surgical wound or dehiscence, extensive or complicated).

Which modifier--58 (Staged or related procedure or service by the same physician during the postoperative period) or 78 (Return to the operating room for a related procedure during the postoperative period)--should you append to 13160?

Answer: In this case, you should select modifier 78. The infection is a complication arising from the initial surgery, not a result of the condition that prompted the surgery. In other words, the surgical wound did not become infected as a result of the inguinal hernia but from the surgery itself. Remember that the surgeon must return the patient to the operating room to append modifier 78.

Scenario 2: The physician performs an excisional biopsy (19120, Excision of cyst, fibroadenoma, or other benign or malignant tumor, aberrant breast tissue, duct lesion, nipple or areolar lesion [except 19140], open, male or female, one or more lesions) on a 52-year-old female patient. The biopsy returns positive. The doctor confers with the patient and returns her to the operating room five days later for a modified radical mastectomy (19240, Mastectomy, modified radical, including axillary lymph nodes, with or without pectoralis minor muscle, but excluding pectoralis major muscle) to remove the malignant tissue.

Should you append 58 or 78?

Answer: This example calls for modifier 58. Although the physician decided to perform the mastectomy because of the biopsy results, the surgery is related to the patient's underlying condition rather than to the biopsy. In other words, the doctor did not perform the mastectomy because of a complication of the biopsy, but because of the presence of a malignant tumor revealed by the biopsy. The mastectomy is therefore related to and -more extensive than- the biopsy, and modifier 58 is correct in this particular situation.

Scenario 3: A 60-year-old diabetic patient must have a partial colectomy (44140, Colectomy, partial; with anastomosis). The surgery progresses as planned, but during the postoperative period the patient's surgical wound heals very slowly, and he also develops some minor internal bleeding, which requires additional surgical attention.

Which modifier--58, or 78--should you append to the additional procedure codes reported during the postoperative period?

Answer: Modifier 58 is once again the appropriate choice. In this case, there is no evidence that the slow healing or internal bleeding developed because of infection or other surgical complication. Therefore, you should not choose modifier 78 in this scenario.

Rather, the diabetes probably caused the slow healing and bleeding, which complicates the patient's care. Modifier 58 is appropriate, even though diabetes was not the reason for the initial procedure (the colectomy).