Part B Insider (Multispecialty) Coding Alert

Physician Notes: Noridian's Modifier 59 Notice Shocks Coders

Plus: 'New' CMS-1500 is effective now.

A little-noticed but highly confusing announcement that Noridian Medicare posted last fall has been causing coders to scratch their heads, and for good reason.

The Part B payer has rejected some modifier 59 (Distinct procedural services) claims, citing a September announcement that "Modifier 59 is no longer considered a valid repeat modifier. Procedures billed with modifier 59 will be denied as exact duplicates."

Although the word "repeat" is mentioned, many coders have focused on the second sentence of the statement, which seems to suggest that any procedures reported with modifier 59 will be denied. In reality, however, you should hone in on that sole word "repeat," which appeared to be Noridian's actual intention when posting the directive.

For example, if the radiologist reviews two chest x-rays (71010) on the same date of service, you wouldn't want to report them as 71010 followed by 71010-59. Instead, you'd bill 71010 followed by 71010-76 (Repeat procedure or service by same physician or other qualified health care professional) to indicate the second instance was a repeat procedure.

To read Noridian's posting, visit https://med.noridianmedicare.com/web/jeb/alerts-and-notices/part-b-providers-submitting-modifier-59.

In other news...

If you're still using the "old" CMS-1500 form for dates of service prior to April 1, expect some denied claims.

Some practices thought that the new CMS-1500 (version 02/12) only applied to dates of service of April 1 or thereafter, but that information is inaccurate. The reality is that all claims billed after March 31 must be reported using the new form, no matter what the date of service is.

Not only is this true for Medicare claims, but most private payers have adopted April 1 is the required date to use the new form as well.