

Part B Insider (Multispecialty) Coding Alert

Reader Question: 93970 Global May Lead You to Require Modifier

Question: Can you bill a bilateral scan (93970) along with an office visit and get paid for both? Would you need to use modifier 25 on the office visit?

Answer: You may report an E/M service and 93970 (Duplex scan of extremity veins including responses to compression and other maneuvers; complete bilateral study) on the same claim. Whether you need to append modifier 25 (Significant, separately identifiable E/M service by the same physician on the same day of the procedure or other service) may depend on your payer.

Explanation: The global period for 93970 is XXX, according to the Medicare Physician Fee Schedule. Medicare's Correct Coding Initiative (CCI) manual, chapter 1, section D, states that if you have a truly separate E/M, you may report it on the same day as a XXX procedure. The manual goes on to say that you should append modifier 25 to the E/M code. (As mentioned above, different payers may have different requirements for use of modifier 25, particularly because you won't find E/M codes bundled with 93970 in the listed CCI edit pairs.)

Take care: The CCI manual sets out the following rules:

- You should not report a separate E/M code for the usual pre-, intra-, and post-procedure work expected from a physician for the given XXX procedure.
- You should not report a separate E/M code to represent physician supervision or interpretation of another provider's performance of a XXX procedure that has no physician work relative value units (RVUs).

Resource: The CCI manual is available online at www.cms.gov/NationalCorrectCodInitEd/.

Bonus tip: If both bilateral upper and lower studies are performed on the same date and/or session, code 93970 twice and append modifier 59 (Distinct procedural service) to one of the codes.