

Part B Insider (Multispecialty) Coding Alert

Reader Question: Consider Modifier 26 With 76942

Question: For code 76942, which modifiers are allowed, and how do I report units?

Answer: In relation to the Medicare physician fee schedule (MPFS), the modifier you're most likely to use with 76942 (Ultrasonic guidance for needle placement [e.g., biopsy, aspiration, injection, localization device], imaging supervision and interpretation) is modifier 26 (Professional component).

Modifier 26 tells the payer you're reporting the physician's services. Those reporting only the technical component append modifier TC (Technical component). If you're reporting the global service (professional and technical combined), you should not append 26 or TC.

When appropriate, the MPFS allows use of the following modifiers if you send documentation supporting medical necessity:

- Modifier 80, Assistant surgeon
- Modifier 81, Minimum assistant surgeon
- Modifier 82, Assistant surgeon (when qualified resident surgeon not available).

Units: Medicare lists a Medically Unlikely Edit (MUE) of 1 for 76942. That means if you report more than one unit of 76942 on a line for a single beneficiary on a single service date, you'll get a denial for that line item.

Bonus tip: CPT® Assistant (March 2011) clarifies that to report 76942, the ultrasound guidance doesn't have to guide the needle's insertion through the skin, "but the imaging must be used to guide the needle placement" to report the code.