

Part B Insider (Multispecialty) Coding Alert

Reader Question: Keep An Eye on New Modifiers

Question:

Thank you for the informative articles on the CPT changes for 2011. We have already adjusted our superbills and started billing some of the new codes. I have not heard anything on modifier changes for this year--are there any we should be aware of?

Answer:

This year it is important to know about a few new modifiers, as well as some revisions to existing CPT modifiers.

2011 adds several new modifiers to your coding arsenal and updates the descriptors for several others you might often use. For example, you can use modifier GU (Waiver of liability statement issued as required by payer policy, routine notice) for dates of service Jan. 1, 2011 and thereafter.

You might have times when it's appropriate to report modifier GU instead of the revised standby modifier GA (Waiver of liability statement on file; individual). Medicare hasn't yet provided instructions for correctly reporting modifier GU, but watch for updates in future issues of Part B Insider.

In addition, CPT introduced modifier 33 (Preventive service) for dates of service on or after Jan. 1, 2011. This modifier allows you to tell your payer that you performed a preventive service and that the patient's deductible and coinsurance do not apply under the new Patient Protection and Affordable Care Act (PPACA) rules. CMS has not yet offered direction on how modifier 33 should be utilized, but keep an eye on Part B Insider for more information as Medicare develops its policies on this modifier.

Plus: Three existing CPT modifiers now include non-physician providers in the descriptors, as follows:

Modifier 76 -- Repeat procedure or service by same physician or non-physician provider

Modifier 77 -- Repeat procedure or service by another physician or non-physician provider

Modifier 78 -- Unplanned return to the operating/procedure room by the same physician or non-physician provider following initial procedure for a related procedure during the postoperative period).

In previous years, some payers didn't allow non-physician providers to report their services with these modifiers since they specifically addressed "physician" care. Updating the descriptors should make it easier for you to report situations represented by modifiers 76, 77, or 78 to your payers.

In addition, practices that perform colonoscopies should be aware of new modifier PT (CRC screening test converted to diagnostic test or other procedure). To read more about this modifier, see our article "Modifier PT: Use This When Screening Colonoscopy Becomes Diagnostic" on cover page.