

Part B Insider (Multispecialty) Coding Alert

Reader Question: Modifier 52 Can Be Your Ally

Question: If we perform a unilateral imaging service and the only available code specifies bilateral, should we use an unlisted code?

Answer: Rather than using an unlisted procedure code such as 76499 (Unlisted diagnostic radiographic procedure), you should append modifier 52 (Reduced services) to the bilateral code. Modifier 52 will let the payer know you did not perform the full service as described.

Medicare supports this use in a Q&A updated Aug. 9, 2011, in which the agency says, "It is appropriate to use modifier 52, for reduced services on 'bilateral' procedures, unless the specific CPT/HCPCS description contains language indicating that the test, procedure, or service is 'unilateral or bilateral.'" (To read the complete Q&A, visit <https://questions.cms.hhs.gov/app/home> and type "2397" into the search box).

Watch for exceptions: If CPT® offers an appropriate unilateral code for the service performed, you should report that code rather than appending modifier 52 to the bilateral code. Additionally, if the code definition specifies "unilateral or bilateral," you should not append modifier 52 to represent a unilateral service because the code is appropriate for either a unilateral or a bilateral service.