

## Part B Insider (Multispecialty) Coding Alert

### UROLOGY: READER QUESTION--Forgo Modifier Use When A Sedated Patient Cancels A Procedure

**Question:** A patient scheduled for an outpatient cystoscopic procedure was in the outpatient surgery suite under sedation. But before the urologist started the procedure, the patient changed his mind, and the physician discharged him. Would it be appropriate to code this canceled procedure with modifier 73?

Indiana Subscriber

**Answer:** No, modifier 73 (Discontinued outpatient hospital/ ambulatory surgery center [ASC] procedure prior to the administration of anesthesia) isn't appropriate in this case, says **Michael A. Ferragamo, MD, FACS**, clinical assistant professor of urology.

**CPT says:** Modifier 73 requires the physician's decision to cancel the procedure "due to extenuating circumstances or those that may threaten the well being of the patient." In this situation, the patient himself made the choice to stop the procedure, so you shouldn't report the intended procedure code at all.

**Definition:** Modifier 73 is only approved for use by the ASC or hospital outpatient units. Appending modifier 73 to a procedure code indicates that the procedure took place in an outpatient or ASC prior to anesthesia (which CPT defines as general anesthesia), but this patient was sedated.

**Warning:** Don't be tempted to use modifier 52 (Reduced services) or 53 (Discontinued procedure) either because no part of any procedural service was performed, and there was no physician discretion in this decision.

**Best bet:** Report an E/M code based on the documentation provided, and add the injections given for the sedation.

Editor's Note: This question was answered by **Michael A. Ferragamo, MD, FACS**, clinical assistant professor of urology, **State University of New York, Stony Brook**; and **Morgan Hause, CCS, CCS-P**, privacy and compliance officer for **Urology of Indiana LLC**, a 31-urologist practice in Indianapolis.