

Eli's Rehab Report

HCFA Alert: Discontinue Use of The New Modifier -60

The December 2000 Physical Medicine & Rehab Coding Alert article CPT Codes 2001 Codes Contain Changes for Therapeutic Procedures on page 89 discussed a new modifier for coding altered surgical fields, but HCFA has announced that modifier -60 should not be used. Instead, the agency advises coders for federal programs (e.g., Medicare and Medicaid) that any unusual circumstances encountered during surgery should continue to be billed using modifier -22, which indicates that unusual procedural services were performed.

The AMA intended modifier -60 to indicate when surgery was complicated due to limited access to the surgical site. For example, a patient had a hip replacement (27130) five years ago and is now in a rehab facility for a stroke (436). The attending rehab physician attempts a simple removal of a foreign body in a muscle (20520), but the patients prior hip replacement caused excessive scarring, which complicates the foreign body removal. Many private carriers will still accept modifier -60 to indicate that the surgery was complicated due to the altered surgical field. But any Medicare claims for such procedures should be coded as 20520 with modifier -22 appended.

HCFA's Program Memorandum B-00-75 states that verification of the status of an altered surgical field would be difficult for its contractors, requiring manual review on almost all claims submitted with modifier -60. Therefore, physical medicine and rehabilitation practices are advised to replace modifier -60 on all Medicare claims with modifier -22.