

Outpatient Facility Coding Alert

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Tip: Your choice hinges on anesthesia administration.

The distinguishing factor between modifiers 73 and 74 is the point at which the procedure was canceled. Let these simple examples guide your modifier reporting:

- The patient is taken into the surgical suite and prepped for the procedure. Before anesthesia is administered, the physician cancels the procedure because of circumstances that threaten the patient's well-being. Report modifier 73 with the appropriate surgical code for the intended procedure.
- The patient is taken into the surgical suite and prepped for the procedure, including anesthesia administration. The physician determines that the procedure should not continue due to circumstances that threaten the patient's well-being. Report modifier 74 with the surgical code for the intended procedure.
- The patient changes his mind about having the procedure and requests that it be canceled. If no anesthesia has been administered and if he hasn't been taken into the surgical suite, the ASC reports nothing for the intended procedure. If the patient has been taken into the surgical suite but anesthesia has not been administered, the facility technically could report the anticipated procedure code with modifier 73. This situation, however, would be quite rare and would merit case-by-case evaluation before submitting a claim.