Codify
BY AAPC

Outpatient Facility Coding Alert

Reader Question: Get All the Details Before Appending Modifier 53

Question: One of our patients was scheduled for paracentesis but it was cancelled after an ultrasound procedure couldn't be completed because there wasn't enough fluid. Do I just bill for the ultrasound guidance code 76942 or should I bill for the paracentesis with image guidance 49083 with a 53 modifier?

Pennsylvania Subscriber

Answer: Because your physician cancelled the paracentesis procedure (49083, Abdominal paracentesis [diagnostic or therapeutic]; with imaging guidance), you can't bill a code for that procedure. Because the ultrasound procedure 76942 (Ultrasonic guidance for needle placement [e.g., biopsy, aspiration, injection, localization device], imaging supervision and interpretation) was started but incomplete, you should bill for the portion of that procedure that was complete with modifier 53 (Discontinued procedure) attached.

In order to consider the 49083 with modifier 53, you would need more information regarding where the ultrasound was performed. Was the patient already under anesthesia? Was the patient in the operating room? Had the patient been prepped? With this information and more details regarding the circumstances, modifier 53 might be warranted. We cannot recommend whether reporting the modifier is appropriate based solely on the details provided.