

Outpatient Facility Coding Alert

You Be the Coder: Understand How to Submit 31625 and 31645 Together

Question: What would be the correct way to bill 31624 and 31645? Should we use modifier 51 or 59 with these codes?

Texas Subscriber

Answer: The descriptors for codes 31624 and 31645 read as follows:

31624: Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with therapeutic aspiration of tracheobronchial tree, initial (eg, drainage of lung abscess)

31645: Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial alveolar lavage.

These codes can be billed separately as they are not bundled according to coding edits. Neither modifier 51 (Multiple procedures) nor 59 (Distinct procedural service) is necessary when you report both codes. Verify that the physician clearly documents the separate procedures, however, to support your coding.

Modifier note: Modifier 51 is used to indicate that two or more procedures are reported on the same day. Modifier 59 is used to indicate that a procedure or service was distinct or independent from another procedure performed on the same day. These procedures are normally not reported together, but are appropriate under the circumstances.

Take note: Before appending either modifier 51 or 59, you have to ensure that documentation of the doctors supports a different session, different procedure or surgery, different site or organ system, separate incision/excision, separate lesion, or separate injury (or area of injury in extensive injuries), which generally not performed on the same day by the same individual.