Modifier Coding Alert

Case Study: Let this Urogynecology Scenario Help Guide Your Modifier 62 Decision

Modifier will reap each surgeon 62.5 percent of procedure code.

When deciding how to report a physician's work when she teams with another physician, coding can get tough. Check out this clinical example of a modifier 62 (Two surgeons) encounter, so you can identify when to use the modifier in your claims.

Clinical example: A gynecologist and your urologist work together to perform an abdominal hysterectomy and a Marchetti-Krantz (MMK) procedure. For this encounter, the correct procedure code is 58152 (Total abdominal hysterectomy [corpus and cervix], with or without removal of tube[s], with or without removal of ovary[s]; with colpo-urethrocystopexy [eg, Marshall-Marchetti-Krantz, Burch]).

Since your urologist worked with the gynecologist on this procedure, and both surgeons deserve reimbursement, you can't stop at 58152. Read the advice below to better understand how expert coders make the modifier 62 decision for this case.

Tap the Proper Modifier

You'll need to attach modifier 62 (Two surgeons) to 58152, and the gynecologist's coder will have to do the same.

"Each surgeon bills the same code: 58152-62," explains **Michael A. Ferragamo, MD,** FACS, clinical assistant professor of urology at the State University of New York at Stony Brook.

Check the notes: Keep in mind that each surgeon must document his own part of the surgery, advises **Melanie Witt, CPC, COBGC, MA,** an independent coding consultant in Guadalupita, N.M. (See more on the rules for attaching modifier 62 in "Include Modifier 62 When Physicians 'Share' a CPT® Code" on page XX.)

"Each physician must dictate his part of the operative report in detail and indicate what the other physician performed as his part of the operation," Ferragamo agrees. "This information in brief must also be placed in box 19 of the HFCA 1500 form or in the electronic equivalent space of your EMR."

Reap the Payment Benefits

Medicare and most other payers reimburse procedures coded with modifier 62 at 125 percent of the regular fee schedule amount. The payer divides this between the two surgeons reporting the procedure, so each surgeon receives 62.5 percent of the standard fee.

So, for this case, here's the math:

- The normal 100 percent fee for 58152 is $1,276.09 (35.69 national unadjusted relative value units [RVUs] times the conversion factor 35.7547).
- The gynecologist bills 58152-62, and receives 62.5 percent of the global reimbursement, which equals $797.56
- The urologist bills 58152-62, and receives 62.5 percent of the 125 global reimbursement, which equals $797.56.