

## Modifier Coding Alert

### Reader Question: Attach 62 with Two Surgeons

**Question:** We have a patient with chronic pelvic pain diagnosed as polycystic ovary syndrome (PCOS), and a history of chlamydia. Doctor A performed a laparoscopic appendectomy for kinked long appendix and hyperemia. Doctor B performed a laparoscopic cystectomy and ovarian drilling for PCOS and a chromotubation for the history of an STD.

Because all of the procedures were performed in the same session, the two providers want to bill with modifier 62. Their documentation states that they assisted for each other. Is modifier 62 appropriate?

South Carolina Subscriber

**Answer:** No, you can't bill with modifier 62 (Two surgeons) for this clinical scenario. There is no single CPT® code that describes a cystectomy/ovarian drilling with appendectomy.

**Instead:** For Doctor A, report 44970 (Laparoscopy, surgical, appendectomy) for the laparoscopic appendectomy. On Doctor B's claim, use 58661 (... with removal of adnexal structures [partial or total oophorectomy and/or salpingectomy]) for the ovarian drilling and 58662 (... with fulguration or excision of lesions of the ovary, pelvic viscera, or peritoneal surface by any method) if the cyst was not removed on the same ovary (and no ovarian tissue was removed with the cyst). You might also be able to report the chromotubation (58300-58356) if Doctor B did the procedure for diagnostic purposes.

You can attach modifier 80 (Assistant surgeon) on the 44970 and 58661/58662 if the surgeons documented that they assisted each other on all procedures.