

Modifier Coding Alert

Reader Question: Attach Modifier 58 with Staged, Not Included Procedure

Question: A physician performed a laparoscopic left partial salpingectomy due to ectopic. The patient requested sterilization so he also did a right tubal occlusion. Before performing both of these procedures, he did a dx lap. Diagnostic laparoscopy is usually included in more extensive procedures.

The patient came through the emergency room so can dx lap be considered staged with modifier 58 on 59151?

Wyoming Subscriber

Answer: No, the diagnostic part is always included in the actual surgical procedure.

Medicare has stated in the past that a diagnostic is required before the extent of additional surgery can be determined. You can bill the diagnostic procedure; some commercial payers disagree with Medicare.

CPT® 59151 (Laparoscopic treatment of ectopic pregnancy; with salpingectomy and/or oophorectomy) is a unilateral code, assuming that you would only have an ectopic in one tube.

Modifier 58 (Staged or related procedure or service by the same physician or other qualified health care professional during the postoperative period) requires that she had the laparoscopic procedure, then went to recovery (it is used for the post-op period, not intraoperative period), then went back to surgery which is highly unlikely if an ectopic was seen during the laparoscopic procedure.

CPT® 58671 (Laparoscopy, surgical; with occlusion of oviducts by device [eg, band, clip, or Falope ring]) may be reported with 59151. For clarification purposes you would assign RT (Right side [used to identify procedures performed on the right side of the body]) and LT (Left side [used to identify procedures performed on the left side of the body]) modifiers to the procedures. You can't bill the diagnostic laparoscopy with modifier 58.