

Modifier Coding Alert

Reader Question: Be Sure There's One Practice with 77

Question: A patient came in this week to see our otolaryngologist. The doctor treated the patient for a severe nosebleed. Later the same afternoon, that patient came back with another nosebleed, which a different physician in our office treated. Which modifier should we attach to show that we did the same procedure twice?

Minnesota Subscriber

Answer: If the morning and afternoon physicians perform the exact same procedure and work for the same practice, you should use modifier 77 (Repeat procedure or services by another physician or other qualified health care professional).

If both physicians performed anterior nasal hemorrhage packing, you'll report 30903 (Control nasal hemorrhage, anterior, complex [extensive cautery and/or packing] any method) for the morning physician and 30903-77 for the afternoon physician.

Keep payer preferences in mind: Each payer maintains its own policies for modifier 77 use. If you bill to Independence Blue Cross/Blue Shield, for instance, you'll want to know that their policy states, "The reason for the repeat of the procedure or service by another physician should be provided in the narrative field of the claim line to support the medical necessity of the repeated services. Medical records, notes, or other supporting documentation should not be appended to the claim unless specifically required and/or requested by the company."