

Modifier Coding Alert

Reader Question: Carefully Read Code Descriptors

Question: One of the physicians in our practice performed a bilateral hysterosalpingogram (58340), and then performed a unilateral fallopian tube catheter insertion (58345-LT). When I drill out the codes for the right side (58340-RT-59 and 74740-RT-26-59) and from the left side (58345-LT and 74742-LT-26), you can see I have all sorts of modifiers to deal with, although it seems to be the most accurate path.

Is the above coding correct, or does a unilateral 58435 include the work done in a bilateral 58340, since physicians almost always check both tubes when they do an HSG? If a unilateral 58435 does include the work done in a bilateral 58340, then can I assume that a unilateral 74742 includes the work done in a bilateral 74740, since, again, physicians almost always check both tubes when they do an HSG?

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Answer: Code 58345 (Transcervical introduction of fallopian tube catheter for diagnosis and/or re-establishing patency [any method], with or without hysterosalpingography) includes the hysterosalpingogram, so you cannot bill both 58345 and 58340 (Catheterization and introduction of saline or contrast material for saline infusion sonohysterography [SIS] or hysterosalpingography) for the same encounter.

Further details: The RT (Right side) and LT (Left side) modifiers cannot be used with 58340 and would be more accurately used when a different procedure is performed on one side when there are two collateral organs, explains **Melanie Witt, RN, CPC, MA**, an independent ob-gyn coding expert based out of Guadalupita, N.M.

Exception: You could use modifier 59 (Distinct procedural service) to bypass the Correct Coding Initiative (CCI) edit that bundles 58340 and 58345, but only if your surgeon performed the HSG at a different patient encounter on the same date of service. That scenario is highly unlikely and would require additional documentation indicating how you met the criteria, says Witt.

Reporting 74742 (Transcervical catheterization of fallopian tube, radiological supervision and interpretation) is correct for the radiology portion of the procedure; however, the radiologist usually reports this part. So don't use 74742 on your claim unless your physician supervised the x-ray tech and wrote the interpretation.