

## Modifier Coding Alert

### Reader Question: Don't Lose Focus of Medical Necessity

**Question:** One of our providers did a left heart catheter with a left/right coronary angiogram, and a left ventriculogram. We billed with 93458 with modifier 26. Then he did an aortogram with runoff and a right femoral mynx placement that we billed with 75625 with modifier 26. Is the aortogram with runoff included with the catheter or in what circumstance would I add a modifier 59? If I bill with the 59, we get paid, but I'm 100 percent sure that isn't correct. We have some payers denying it as bundled.

Minnesota Subscriber

**Answer:** If you have diagnostic findings from the aortogram with runoff and medical necessity, you can attach modifier 59 (Distinct procedural service) to 75625 (Aortography, abdominal, by serialography, radiological supervision and interpretation).

If your physician is doing the abdomen and runoff as one fluid exam and goes to at least the femorals, you can use 75630 (Aortography, abdominal plus bilateral iliofemoral lower extremity, catheter, by serialography, radiological supervision and interpretation).

Medical necessity must be well documented for the catheterization and for the abdomen with run-off.

If your physician is just doing the aortogram with runoff as guidance to place the mynx device, it is not separately billable.

You wouldn't use modifier 26 (Professional component) because the code descriptors specify that 75625 and 75630 are for the supervision and interpretation only.