Codify
BY AAPC

Modifier Coding Alert

Reader Question: Physician Must Start Surgery On 53 Claims

Question: Our surgeon recently performed all of the preoperative preparation and positioning for a patient about to undergo an exploratory thoracotomy. About 30 minutes into the procedure, the patient began to convulse and had trouble breathing. The surgeon discontinued the procedure to ensure the patient's safety. How should I code this encounter?

South Carolina Subscriber

Answer: Since the surgeon had already begun the procedure, you should report 32100 (Thoracotomy; with exploration) with modifier 53 (Discontinued procedure) appended to show the payer that your surgeon began the surgery but had to stop.

Remember: You'll use modifier 53 when your surgeon stops a procedure due to a health or safety issue with the patient. When you append a procedure code with modifier 53, you are telling the payer that the doctor could not complete the procedure because the patient's well-being was at risk.

Documentation alert: When your physician discontinues a procedure, the payer will likely want to know why before reimbursing your claim. On your claim, be sure to include specific notes on why the surgeon stopped the operation.

Exception: Since the surgeon began the thoracotomy, you can report 32100-53. If the surgeon had not begun the surgery yet ⬚ in other words, he had not yet made the first incision ⬚ you would not be able to use a procedure code. In these instances, you'd report an appropriate E/M code depending on the specifics of the encounter.

Pointer: Remember that the physician coder will use modifier 53. Facility coders would instead use modifiers 73 (Discontinued out-patient hospital/ambulatory surgery center [ASC] procedure prior to the administration of anesthesia) or 74 (Discontinued out-patient hospital/ambulatory surgery center [ASC] procedure after administration of anesthesia).