

## Modifier Coding Alert

### Reader Question: See What CMS Has to Say About Units of Service

**Question:** I recently coded knee injections for the right and left knee, both done with ultrasound guidance for needle placement for each injection site. My payer is no longer accepting 76942-RT and 76942-LT. I have always charged for two ultrasounds performed on different anatomical sites during a single visit. Earlier this year I started receiving denials on the second ultrasound. What modifier would be appropriate?

Washington Subscriber

**Answer:** Try using modifier 50 (Bilateral procedure) or 51 (Multiple procedures) instead. Your payer may no longer accept modifiers RT (Right side) and LT (Left side) even though they are accurate. Your payer's policy may be to apply multiple procedure guidelines, and thus you need to use modifier 50 or 51 with 76942 (Ultrasonic guidance for needle placement [eg, biopsy, aspiration, injection, localization device], imaging supervision and interpretation).

**Keep in mind:** "When a procedure is reported with modifier 50 or modifiers LT and RT, base the payment for both sides on the lesser of the total charge or the fee schedule for a single code," says **Marcella Bucknam, CPC, CCS-P, CPC-H, CCS, CPC-P, CCC, COBC, CPC-I**, internal audit manager at PeaceHealth in Vancouver, Wash.