

## Modifier Coding Alert

### Reader Question: Separate Procedures with Modifier 51

**Question:** One of my surgeons did a bone flap craniotomy adopting the extradural approach in the middle cranial fossa on the left side to repair an encephalocele. He then inserted a spinal drain. Is modifier 51 the right modifier to use with 62272?

New Jersey Subscriber

**Answer:** If the documentation indicates the insertion of a spinal drain by the surgeon in addition to the original procedure, then you would report 62272 (Spinal puncture, therapeutic, for drainage of cerebrospinal fluid [by needle or catheter]) along with 62120 (Repair of encephalocele, skull vault, including cranioplasty). Append modifier 51 (Multiple procedures) to 62272 to specify that the insertion of the spinal drain and repair of the encephalocele are two different and distinct procedures.

**Note:** Some payers, such as Medicare, are no longer requiring the modifier 51, so you need to check with your payer to understand how they want you to submit the claim.