

Pain Management Coding Alert

Reader questions: Include Modifier 32 for Mandated Service

Question: A 40-year-old male came into our office with a work-related back injury. His doctor put him in an acute therapy program but he continues to have pain, loss of strength, tires easily, and complains of stiffness. He is exhibiting difficulty in social surroundings and it may be difficult for him to return to work. The workers' compensation provider requested a second opinion and prognosis by a pain management specialist. Our physician performed a comprehensive history and physical examination with moderate complexity decision making. What modifier do I need with 99244?

Rhode Island Subscriber

Answer: Because the workers' compensation payer requested the second opinion of the patient's current condition with a prognosis, you'll need to submit modifier 32 (Mandated services). You will append it to code 99244 (Office consultation for a new or established patient, which requires these 3 key components: a comprehensive history; a comprehensive examination; and medical decision making of moderate complexity...) for the E/M service.

Details: Modifier 32 is an informational modifier that notifies payers that an agency or a third-party payer mandated a physician perform a service or procedure. An update to modifier 32 in 2000 added other individuals or organizations to request mandated consultation services. For example, a physician, physical therapist, psychologist, social worker, or lawyer can request consultations.

A consultation requested by the patient and/or the patient's family will not include modifier 32 and will not be billed with a consultation code. The 99241-99245 codes represent consultations performed at the request of another qualified healthcare professional.