

CPT HCPCS 2015 Modifier Express Reference Coding Card

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AMA Express Reference

cpt 2015

Level I & HCPCS Level II Modifiers

The following codes, medium descriptors, and abbreviated guidelines are a subset of the AMA's Current Procedural Terminology (CPT) code set. For unabbreviated code descriptors and complete guidelines, please refer to the CPT 2015 codebook or data file.

CPT LEVEL I MODIFIERS

- 22 **Increased Procedural Service:** When the work required to perform a service is substantially greater than typically required, it may be identified by adding modifier 22 to the usual procedure code. Documentation must support the substantial additional work and the reason for the additional work (ie, more extensive time, technical difficulty of procedure, severity of patient condition, physical and mental effort required). **Note:** This modifier should not be appended to an E/M service.
- 23 **Repeat Anesthesia:** Reanesthesia procedure, which usually requires either anesthesia or local anesthesia, because of unusual circumstances must be done under general anesthesia. This circumstance may be separately adding modifier 23 to the procedure code of the basic service.
- 26 **Distinct Evaluation and Management Service by the Same Physician or Other Qualified Health Care Professional During a Postoperative Period:** The physician or other qualified health care professional may independently perform an evaluation and management service as performed during a postoperative period for a surgical or other procedure. This circumstance may be reported by adding modifier 24 to the appropriate level of E/M service.
- 25 **Significant, Separately Identifiable Evaluation and Management Service by the Same Physician or Other Qualified Health Care Professional During a Postoperative Period:** It is necessary to indicate that a significant, separately identifiable E/M service was performed by the physician or other qualified health care professional in addition to the procedure performed during the postoperative period. This circumstance may be reported by adding modifier 24 to the appropriate level of E/M service. **Note:** This modifier is not used to report an E/M service that is performed as a component of the procedure. **Documentation:** Circumstances that justify the E/M service should be documented. **Guidelines:** This modifier is used to report an E/M service that is performed as a component of the procedure. **Documentation:** Circumstances that justify the E/M service should be documented. **Guidelines:** This modifier is used to report an E/M service that is performed as a component of the procedure. **Documentation:** Circumstances that justify the E/M service should be documented.
- 26 **Provision of Component:** Certain procedures are a combination of physician or other qualified health care professional component and a technical component. When the physician or other qualified health care professional component is reported separately, the service may be identified by adding modifier 26 to the usual procedure number.
- 27 **Nonrelated Service:** Services related to a medical consultation and/or related services (eg, third-party payer, governmental, legislative or regulatory requirement) may be identified by adding modifier 27 to the basic procedure.

- 33 **Paravertebral Service:** When the primary purpose of the service is the delivery of an epidural local anesthetic or a continuous intrathecal or intracisternal local anesthetic to a patient with a US Procedure Service, such as a lumbar puncture or other paravertebral service, the service may be identified by adding modifier 33 to the procedure code. **Note:** This modifier should not be used to identify a paravertebral service, specifically identification of the modifier should not be used.
- 41 **Anesthesia by Surgeon:** Anesthesia provided by the surgeon is reported by adding modifier 41 to the basic service. (This does not include local anesthesia.) **Note:** Modifier 41 should not be used as a modifier for the anesthesia procedure.
- 42 **Distal Procedure:** When a procedure is performed in the distal, distal procedures that are performed in the proximal, should be identified by adding modifier 42 to the procedure code. **Note:** This modifier should not be used to identify a procedure performed in the distal.
- 51 **Multiple Procedures:** When a procedure is performed in the same session as another procedure, the modifier should be added to the code of the procedure that is performed last. **Documentation:** The circumstances that justify the use of this modifier should be documented. **Guidelines:** This modifier is used to report a procedure that is performed in the same session as another procedure. **Documentation:** The circumstances that justify the use of this modifier should be documented.
- 52 **Discontinued Procedure:** Under certain circumstances, the physician or other qualified health care professional may elect to terminate a surgical or other procedure. This is indicated by adding modifier 52 to the procedure code. **Documentation:** The circumstances that justify the use of this modifier should be documented. **Guidelines:** This modifier is used to report a procedure that is discontinued. **Documentation:** The circumstances that justify the use of this modifier should be documented.

- 54 **Surgical Care Only:** When a physician or other qualified health care professional performs a surgical procedure and another procedure, the surgical procedure and the other procedure may be identified by adding modifier 54 to the usual procedure number.
- 55 **Postoperative Management Only:** When a physician or other qualified health care professional performs the postoperative management of a patient who has had a surgical procedure, the postoperative management may be identified by adding modifier 55 to the usual procedure number.
- 56 **Preoperative Management Only:** When a physician or other qualified health care professional performs the preoperative management of a patient who is to have a surgical procedure, the preoperative management may be identified by adding modifier 56 to the usual procedure number.
- 57 **Preoperative Management and Management of a Patient During a Postoperative Period:** When a physician or other qualified health care professional performs the preoperative management of a patient who is to have a surgical procedure and the management of a patient during a postoperative period, the preoperative management and the management of a patient during a postoperative period may be identified by adding modifier 57 to the usual procedure number.
- 58 **Distinct Procedural Service:** When certain circumstances, it may be necessary to indicate that a procedure or service is distinct or independent from another E/M service performed on the same day. Modifier 58 is used to identify procedures/services, other than E/M services, that are not usually reported together, but an appropriate study the circumstances. Documentation must support a different session, different procedure or surgery, different site or organ system, separate incision/excision, separate incision, or separate injury (or area of injury) or separate repair (not routinely encountered or performed on the same day by the same individual). However, when another already established modifier is appropriate it should be used rather than modifier 58. Only if no more descriptive modifier is available, and the use of modifier 58 explains the circumstances, should modifier 58 be used. **Note:** Modifier 58 should not be appended to an E/M service to report a separate and distinct E/M service with an E/M service performed on the same day. (see modifier 25.)

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