Surgical Procedure Anatomical Modifier Rule

Background:

Enforcement of correct coding guidelines, regarding anatomical modifiers, is an important aspect of payment integrity code editing. Without the proper anatomical modifier applied to the procedure code, other edits such as duplicate editing or maximum frequency editing may not function properly.

Proposals:

Surgical Procedure Anatomical Modifier Requirement Edit:

Create an edit that denies surgical procedure codes requiring anatomical modifiers when the line does not contain an anatomical modifier (50, LT, RT, E1, E2, E3, E4, F1, F2, F3, F4, F5, F6, F7, F8, F9, FA, T1, T2, T3, T4, T5, T6, T7, T8, T9, TA, LC, LD, RC, LM, RI) (see appendix for descriptors).

- Procedures in scope are CPT codes in the range 10000-69999 having a Medicare Physician Fee Schedule (MPFS) bilateral indicator '1', indicating the code is eligible to be billed on both sides of the body. There are exceptions to this depending for example unlisted codes and codes with descriptors which do not support a required anatomical modifier. See the exclusions section below for a list of procedure codes excluded from cSPAM logic.
- Oregon state guidelines regarding bilateral procedures (included in Policies and Research, below) indicates that providers can report one claim line without a modifier and report the same code again with modifier 50.
    - This rule will check history for a claim line with same patient, same provider, same DOS, same procedure code with modifier 50 and ignore the claim line without modifier 50.

Policies and Research:

Oregon State Guidelines

(f) Bilateral procedures must be billed on two lines unless a single code identifies a bilateral procedure. Use modifier- 50 only on the second line;

Medicare Claims Processing Manual, Chapter 23, Section 20.9.3.2

"Providers or suppliers shall use anatomic modifiers (e.g. RT, LT, FA, F1-F9, TA, T1-T9, E1-E4) and report procedures with differing modifiers on individual claim lines when appropriate. Many MUEs are based on the assumption that correct modifiers are used."

Medicare MLN Connects Provider eNews Guidelines

On October 1, 2015, ICD-10-CM will replace the ICD-9-CM code set currently used by providers for reporting diagnosis codes. Implementation of ICD-10-CM will not change the reporting of Current Procedural Terminology (CPT) and Healthcare Common Procedure Coding System (HCPCS) codes, including CPT/HCPCS modifiers for physician services. While ICD-10-CM codes have expanded detail, including specification of laterality for some conditions, providers will continue to follow CPT and CMS guidance in reporting CPT/HCPCS modifiers for laterality.

Exclusions:

Code	Code Descriptions
10035	Placement of soft tissue localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous, including imaging guidance; first lesion
15777	Implantation of biologic implant (eg, acellular dermal matrix) for soft tissue reinforcement (ie, breast, trunk) (List separately in addition to code for primary procedure)
30930	Fracture nasal inferior turbinate(s), therapeutic
36010	Introduction of catheter, superior or inferior vena cava
36011	Selective catheter placement, venous system; first order branch (eg, renal vein, jugular vein)
36012	Selective catheter placement, venous system; second order, or more selective, branch (eg, left adrenal vein, petrosal sinus)
36014	Selective catheter placement, left or right pulmonary artery
36015	Selective catheter placement, segmental or subsegmental pulmonary artery
36100	Introduction of needle or intracatheter, carotid or vertebral artery
36245	Selective catheter placement, arterial system; each first order abdominal, pelvic, or lower extremity artery branch, within a vascular family
36246	Selective catheter placement, arterial system; initial second order abdominal, pelvic, or lower extremity artery branch, within a vascular family
36247	Selective catheter placement, arterial system; initial third order or more selective abdominal, pelvic, or lower extremity artery branch, within a vascular family
37236	Transcatheter placement of an intravascular stent(s) (except lower extremity artery(s) for occlusive disease, cervical carotid, extracranial vertebral or intrathoracic carotid, intracranial, or coronary), open or percutaneous, including radiological supervision and interpretation and including all angioplasty within the same vessel, when performed; initial artery
37237	Transcatheter placement of an intravascular stent(s) (except lower extremity artery(s) for occlusive disease, cervical carotid, extracranial vertebral or intrathoracic carotid, intracranial, or coronary), open or percutaneous, including radiological supervision and interpretation and including all angioplasty within the same vessel, when performed; each additional artery (List separately in addition to code for primary procedure)
37238	Transcatheter placement of an intravascular stent(s), open or percutaneous, including radiological supervision and interpretation and including angioplasty within the same vessel, when performed; initial vein
37239	Transcatheter placement of an intravascular stent(s), open or percutaneous, including radiological supervision and interpretation and including angioplasty within the same vessel, when performed; each additional vein (List separately in addition to code for primary procedure)

37501	Unlisted vascular endoscopy procedure
38220	Diagnostic bone marrow; aspiration(s)
38221	Diagnostic bone marrow; biopsy(ies)
38222	Diagnostic bone marrow; biopsy(ies) and aspiration(s)
38500	Biopsy or excision of lymph node(s); open, superficial
38505	Biopsy or excision of lymph node(s); by needle, superficial (eg, cervical, inguinal, axillary)
38589	Unlisted laparoscopy procedure lymphatic system
43289	Unlisted laparoscopy procedure esophagus
43659	Unlisted laparoscopic procedure stomach
44238	Unlisted laparoscopy procedure intestine xcp rectum
44979	Unlisted laparoscopy procedure appendix
47579	Unlisted laparoscopy procedure biliary tract
49329	Unlisted laparoscopy procedure abdomen peritoneum & omentum
49560	Repair initial incisional or ventral hernia; reducible
49561	Repair initial incisional or ventral hernia; incarcerated or strangulated
49565	Repair recurrent incisional or ventral hernia; reducible
49566	Repair recurrent incisional or ventral hernia; incarcerated or strangulated
49570	Repair epigastric hernia (eg, preperitoneal fat); reducible (separate procedure)
49572	Repair epigastric hernia (eg, preperitoneal fat); incarcerated or strangulated
49590	Repair spigelian hernia
49652	Laparoscopy, surgical, repair, ventral, umbilical, spigelian or epigastric hernia (includes mesh insertion, when performed); reducible
49653	Laparoscopy, surgical, repair, ventral, umbilical, spigelian or epigastric hernia (includes mesh insertion, when performed); incarcerated or strangulated
49654	Laparoscopy, surgical, repair, incisional hernia (includes mesh insertion, when performed); reducible
49655	Laparoscopy, surgical, repair, incisional hernia (includes mesh insertion, when performed); incarcerated or strangulated
49656	Laparoscopy, surgical, repair, recurrent incisional hernia (includes mesh insertion, when performed); reducible
49657	Laparoscopy, surgical, repair, recurrent incisional hernia (includes mesh insertion, when performed); incarcerated or strangulated
55559	Unlisted laparoscopy procedure spermatic cord
58578	Unlisted laparoscopy procedure uterus
58579	Unlisted laparoscopy procedure uterus
59898	Unlisted laparoscopy procedure maternity care & delivery
60659	Unlisted laparoscopy procedure endocrine system

Appendix:

Anatomical Modifiers:

Modifier	Description
50	Bilateral Procedure
LT	Left side (used to identify procedures performed on the left side of the body)
RT	Right side (used to identify procedures performed on the right side of the body)
E1	Upper left, eyelid
E2	Lower left, eyelid
E3	Upper right, eyelid
E4	Lower right, eyelid
F1	Left hand, 2nd digit
F2	Left hand, third digit
F3	Left hand, 4th digit
F4	Left hand, fifth digit
F5	Right hand, thumb
F6	Right hand, 2nd digit
F7	Right hand, third digit
F8	Right hand, 4th digit
F9	Right hand, 5th digit
FA	Left hand, thumb
T1	Left foot, 2nd digit
T2	Left foot, 3rd digit
T3	Left foot, 4th digit
T4	Left foot, 5th digit
T5	Right foot, great toe
T6	Right foot, 2nd digit
T7	Right foot, 3rd digit
T8	Right foot, 4th digit
T9	Right foot, 5th digit
TA	Left foot, great toe
LC	Left circumflex coronary artery
LD	Left anterior descending coronary artery
RC	Right coronary artery
LM	Left main coronary artery

RI	Ramus intermedius coronary artery