

Modifier Clinic: Radiology Issues

OBJECTIVE: This program reviews the Medicare-specific modifier guidelines for hospital outpatient services with emphasis on the impact of these guidelines on radiology services. Operational issues involved in the implementation of modifier reporting via charge tickets and order/charge entry systems is also addressed.

AUDIENCE: Directors of Radiology, Radiology Technicians, Radiology Coders, Chargemaster Coordinators/Team Members, Radiology Information System Database Managers, Software Vendor Product Managers, Health Information Management (HIM) Coding Managers, Compliance Managers and Analysts.

DURATION: 4 hours

CURRICULUM:

I. Official Medicare Guidelines and Case Studies

- A. Modifier – 50/Bilateral Procedure
- B. Modifier –52/Reduced Services
- C. Modifier –59/Distinct Procedural Services
- D. Modifier –76/Repeat Procedure by Same Physician
- E. Modifier –77/Repeat Procedure by Different Physician
- F. Modifier –79/Unrelated Procedure or Service by the Same Physician During the Postoperative Period
- G. Modifier –LT/Left Side
- H. Modifier –RT/Right Side
- I. Modifier –GH/Diagnostic Mammogram Converted from Screening Mammogram on Same Day

II. Charge Ticket Modifier Revisions

III. Order/Charge Entry Screen Modifier Revisions