



Modifier 79 Fact Sheet

Definition:

- Unrelated procedure by the same physician during the post-operative period

Appropriate Usage:

- To describe an unrelated procedure performed during the post-operative period of the original procedure.
- The two procedures are performed by the same physician
- All procedure codes except those with XXX in the GLOB (global) field of the MPFSDB.
- Used on services during the post-operative period starting the day after the procedure

Inappropriate Usage:

- The procedure performed is related to the original procedure or a staged procedure.
- If the services performed are related to the original procedure, it is considered part of the global period.



Example:

During the post-op period of a hip replacement surgery, the patient falls and injures his elbow. The patient required surgery to repair the fracture.

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE										17a.		17b. NPI		18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES					
19. RESERVED FOR LOCAL USE										FROM		TO		MM		DD		YY	
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate Items 1, 2, 3 or 4 to this item.)										20. OUTSIDE LAB?		\$ CHARGES							
1. 81242										<input type="checkbox"/> YES <input type="checkbox"/> NO									
2. _____										22. MEDICAID RESUBMISSION CODE		ORIGINAL REF. NO.							
3. _____										23. PRIOR AUTHORIZATION NUMBER									
4. _____																			
24. A.		DATE(S) OF SERVICE			B.		C.	D. PROCEDURES, SERVICES, OR SUPPLIES			E.	F.		G.	H.	I.	J.		
		From To			PLACE OF SERVICE		EMG	(Explain Unusual Circumstances)			DIAGNOSIS	\$ CHARGES		DAYS OR UNITS	EPISODE (Family Plan)	ID. QUAL.	RENDERING PROVIDER ID. #		
		MM DD YY MM DD YY			SERVICE			CPT/HCPCS MODIFIER			POINTNER								
1		06 30 06			22			24620 79			I	145.00		001		NPI 1234567890			
2																NPI			
3																NPI			

During the post-operative period of a shoulder surgery, the patient has complications from the surgery.

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21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate Items 1, 2, 3 or 4 to this item.)										20. OUTSIDE LAB?		\$ CHARGES							
1. 81242										<input type="checkbox"/> YES <input type="checkbox"/> NO									
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24. A.		DATE(S) OF SERVICE			B.		C.	D. PROCEDURES, SERVICES, OR SUPPLIES			E.	F.		G.	H.	I.	J.		
		From To			PLACE OF SERVICE		EMG	(Explain Unusual Circumstances)			DIAGNOSIS	\$ CHARGES		DAYS OR UNITS	EPISODE (Family Plan)	ID. QUAL.	RENDERING PROVIDER ID. #		
		MM DD YY MM DD YY			SERVICE			CPT/HCPCS MODIFIER			POINTNER								
1		06 30 06			22			24620 79			I	145.00		001		NPI 1234567890			
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