



**News Flash** – The revised publication titled ICD-10-CM/PCS: An Introduction Fact Sheet (August 2009), which provides general information about the International Classification of Diseases, 10th Edition, Clinical Modification/Procedure Coding System (ICD-10-CM/PCS) including benefits of adopting the new coding system, structural differences between ICD-9-CM and ICD-10-CM/PCS, and implementation planning recommendations, is now available in print format from the Centers for Medicare & Medicaid Services Medicare Learning Network. To place your order, visit <http://www.cms.hhs.gov/MLNGenInfo/>, scroll down to “Related Links Inside CMS” and select “MLN Product Ordering Page.” For more educational resources regarding the ICD-10-CM/PCS Coding System, please visit <http://www.cms.hhs.gov/ICD10/> on the CMS website.

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## Clarification of the Use of Modifiers When Billing “Wrong Surgery on a Patient”

### Provider Types Affected

This article is for physicians, other practitioners, and providers billing Medicare contractors (carriers, fiscal intermediaries (FIs), and Medicare Administrative Contractors (MACs)) for services provided to Medicare beneficiaries.

### Provider Action Needed



#### STOP – Impact to You

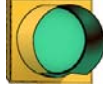
The Healthcare Common Procedure Coding System (HCPCS) modifier PC (Wrong Surgery on Patient) was recently established in CR 6405, along with two other modifiers, for use in Medicare billing, to be appended, where appropriate, to all claim lines related to a surgical error.

#### Disclaimer

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**CAUTION – What You Need to Know**

Some providers or their billing services may be incorrectly using the HCPCS modifier PC to indicate the Professional Component for certain services not related to surgical error when the modifier 26 should have been used. You need to be aware that the use of the PC modifier on Medicare claims will result in the claim being denied.

**GO – What You Need to Do**

Please be sure that you and your billing personnel/services prepare claims submitted to Medicare with the correct codes in order for the claims to process correctly.

## Background

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This special edition article clarifies the correct use of certain HCPCS modifiers. To briefly clarify, please note that:

- Modifier PC is used to identify Wrong Surgery on Patient. The modifier PC is to be appended, where appropriate, to all claim lines related to a surgical error.
- Modifier 26 is used to identify the professional component of a service or a procedure.

As appropriate, please review MM6405: Wrong Surgical or Other Invasive Procedures Performed on a Patient, Surgical or Other Invasive Procedures Performed on the Wrong Body Part, and Surgical or Other Invasive Procedures Performed on the Wrong Patient, which explains the wrong surgery HCPCS modifiers. This article is available at

<http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM6405.pdf> on the CMS website.

## Additional Information

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If you have questions, please contact your Medicare contractor at their toll-free number which is available:

<http://www.cms.hhs.gov/MLNProducts/downloads/CallCenterTollNumDirectory.zip> on the CMS website.

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