

Fast Coder, Physician Coder Quick Access Modifiers-P Button

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Jump to Modifier, CrossRef Info Right on CPT Neighborhood Page

If you're looking for a quick way to see modifier info at a glance, SuperCoder's CPT® hierarchy pages now hold the key. Fast Coder and Physician Coder subscribers now can simply click on the Modifiers “ P, button and see the code's allowed physician modifiers.

SuperCoder added this popup along with popups for Modifiers “ ASC & P* and ICD-9 Vol 3 CrossRef ** based on subscriber requests. "Ideally, key modifier info displayed with each code on a 'neighborhood' list would be the fastest way to find what I need," suggested **Carol Wright, CPC**, with Arnot Medical Services in New York. "You guys have really been responsive to suggestions, comments and it is appreciated."

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CPT® CODE LOOKUP

CPT® Section Numbers and Their Sequences

69200-69222 REMOVAL PROCEDURES ON THE EXTERNAL EAR

PERSONAL NOTES

69200 Removal foreign body from external auditory canal; without general anesthesia

[Details](#) [CPT Assist](#) [CCI-Edits](#) [Fees](#) [Modifiers-P](#) [Mod ASC & P](#) [ICD-9 V1 X](#) [ICD-9 V3 X](#)

69205 Removal foreign body from external auditory canal; with general anesthesia

[Details](#) [CPT Assist](#) [CCI-Edits](#) [Fees](#) [Modifiers-P](#) [Mod ASC & P](#) [ICD-9 V1 X](#) [ICD-9 V3 X](#)

69210 Removal impacted cerumen (separate procedure), 1 or both ears not for lavage only [-]

[Details](#) [CPT Assist](#) [CCI-Edits](#) [Fees](#) [Modifiers-P](#) [Mod ASC & P](#) [ICD-9 V1 X](#) [ICD-9 V3 X](#)

Click on Modifiers-P and see:

Modifier	Description
22	Increased Procedural Services: When the work required to provide 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, increased intensity, time, technical difficulty of procedure, severity of patient's condition, physical and mental effort required). Note: This modifier should not be appended to an E/M service.
47	Anesthesia by Surgeon: Regional or general anesthesia provided by the surgeon may be reported by adding modifier 47 to the basic service. (This does not include local anesthesia.) Note: Modifier 47 would not be used as a modifier for the anesthesia procedures.
50	Bilateral Procedure: Unless otherwise identified in the listings, bilateral procedures that are performed at the same session, should be identified by adding modifier 50 to the appropriate 5 digit code.
51	Multiple Procedures: When multiple procedures, other than E/M services, Physical Medicine and Rehabilitation services or provision of supplies (eg, vaccines), are performed at the same session by the same provider, the primary procedure or service may be reported as listed. The additional procedure(s) or service(s) may be identified by appending modifier 51 to the additional procedure or service code(s). Note: This modifier should not be appended to designated "add-on" codes (see Appendix D).
52	Reduced Services: Under certain circumstances a service or procedure is partially reduced or eliminated at the physician's discretion. Under these circumstances the service provided can be identified by its usual procedure number and the addition of modifier 52, signifying that the service is reduced. This provides a means of reporting reduced services without disturbing the identification of the basic service. Note: For hospital outpatient reporting of a previously scheduled procedure/service that is partially reduced or cancelled as a result of extenuating circumstances or those that threaten the well-being of the patient prior to or after administration of anesthesia, see modifiers 73 and 74 (see modifiers approved for ASC hospital outpatient use).
	Discontinued Procedure: Under certain circumstances, the physician may elect to terminate a surgical or diagnostic procedure. Due to extenuating circumstances or those that threaten the well being of the patient, it may be necessary to

[close](#)

* Modifiers â€“ ASC &P is included in Outpatient Facility Coder.

** ICD-9 V3X is included in DRG Coder.