MODIFIER 59 ARTICLE

The *CPT Manual* defines modifier 59 as follows:

Modifier 59: "**Distinct Procedural Service:** Under certain circumstances, the physician may need to indicate that a procedure or service was distinct or independent from other services performed on the same day. Modifier 59 is used to identify procedures/services that are not normally reported together, but are appropriate under the circumstances. This may represent a different session or patient encounter, different procedure or surgery, different site or organ system, separate incision/excision, separate lesion, or separate injury (or area of injury in extensive injuries) not ordinarily encountered or performed on the same day by the same physician. However, when another already established modifier is appropriate, it should be used rather than modifier 59. Only if no more descriptive modifier is available, and the use of modifier 59 best explains the circumstances, should modifier 59 be used."

The National Correct Coding Initiative (NCCI) utilizes certain HCPCS/CPT modifiers to bypass Procedure-to-Procedure (PTP) edits in defined circumstances. (Refer to the Medicaid NCCI Edit Design Manual sections on NCCI PTP-Associated Modifiers and PTP Claim Adjudication Rules for general information about PTP-associated modifiers.) Modifier 59 is an important PTP-associated modifier that is often used incorrectly. For the NCCI its primary purpose is to indicate that two or more procedures are performed at different anatomic sites or different patient encounters. It should only be used if no other modifier more appropriately describes the relationships of the two or more procedure codes.

NCCI PTP edits define when two procedure HCPCS/CPT codes may not be reported together except under special circumstances. If an edit allows use of PTP-associated modifiers, the two procedure codes may be reported together if the two procedures are performed at different anatomic sites or different patient encounters. State Medicaid claim processing systems utilize PTP-associated modifiers to allow payment of both codes of an edit. Modifier 59 and other PTP-associated modifiers should NOT be used to bypass a PTP edit unless the proper criteria for use of the modifier are met. Documentation in the medical record must satisfy the criteria required by any PTP-associated modifier used.

One of the misuses of modifier 59 is related to the portion of the definition of modifier 59 allowing its use to describe a “different procedure or surgery”. The code descriptors of the two codes of a code pair edit usually represent different procedures or surgeries. The edit indicates that the two procedures/surgeries cannot be reported together if performed at the same anatomic site and same patient encounter. The provider cannot use modifier 59 for such an edit based on the two codes being different procedures/surgeries. However, if the two procedures/surgeries are performed at separate anatomic sites or at separate patient encounters on the same date of service, modifier 59 may be appended to indicate that they are different procedures/surgeries on that date of service.

Use of modifier 59 to indicate different procedures/ surgeries does not require a different diagnosis for each HCPCS/CPT coded procedure/surgery. Additionally, different diagnoses are not adequate criteria for use of modifier 59. The HCPCS/CPT codes remain bundled unless the procedures/surgeries are performed at different anatomic sites or separate patient encounters.

From an NCCI perspective, the definition of different anatomic sites includes different organs or different lesions in the same organ. However, it does not include treatment of contiguous structures of the same organ. For example, treatment of the nail, nail bed, and adjacent soft tissue constitutes a single anatomic site. Treatment of posterior segment structures in the eye constitute a single anatomic site.

EXAMPLES OF MODIFIER 59 USAGE

Example: Column 1 Code/Column 2 Code 11055/11720
>CPT Code 11055 - Paring or cutting of benign hyperkeratotic lesion (eg, corn or callus); single lesion
>CPT Code 11720 – Debridement of nail(s) by any method(s); one to five

Policy: Mutually exclusive procedures

Modifier 59 is only appropriate if procedures are performed for lesions anatomically separate from one another or if procedures are performed at separate patient encounters. Don’t report CPT codes 11055-11057 for removal of hyperkeratotic skin adjacent to nails needing debridement.

Example: Column 1 Code/Column 2 Code 11719/11720
>CPT Code 11719 – Trimming of nondystrophic nails, any number
>CPT Code 11720 – Debridement of nail(s) by any method(s); one to five

Policy: Mutually exclusive procedures

Modifier 59 is only appropriate if the trimming and the debridement of the nails are performed on different nails or if the two procedures are performed at separate patient encounters.

Example: Column 1 Code/Column 2 Code 17000/11100
>CPT Code 17000 – Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), all benign or premalignant lesions (eg, actinic keratoses) other than skin tags or cutaneous vascular proliferative lesions; first lesion
>CPT Code 11100 – Biopsy of skin, subcutaneous tissue and/or mucous membrane (including simple closure), unless otherwise listed; single lesion

Policy: HCPCS/CPT coding manual instruction/guideline

Modifier 59 is only appropriate if procedures are performed on separate lesions or at separate patient encounters.

Example: Column 1 Code/Column 2 Code 38221/38220
>CPT code 38221 - Bone marrow; biopsy, needle or trocar
>CPT code 38220 - Bone marrow; aspiration only

Policy: Standards of medical/surgical practice

Use of modifier 59 should be uncommon but is appropriate for these circumstances:
1) Different sites - contralateral iliac crests; iliac crest and sternum
2) Different incisions - same iliac crest
3) Different encounters

Example: Column 1 Code/Column 2 Code 45385/45380
>CPT Code 45385 - Colonoscopy, flexible, proximal to splenic flexure; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique
>CPT Code 45380 - Colonoscopy, flexible, proximal to splenic flexure; with biopsy, single or multiple

Policy: More extensive procedure

Modifier 59 is only appropriate if the two procedures are performed on separate lesions or at separate patient encounters.

Example: Column 1 Code/Column 2 Code 47370/76942
>CPT Code 47370 – Laparoscopy, surgical, ablation of one or more liver tumor(s); radiofrequency
>CPT Code 76942 – Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation

Policy: HCPCS/CPT coding manual instruction/guideline

Modifier 59 is only appropriate if the ultrasonic guidance service 76942 is performed for a procedure done unrelated to the surgical laparoscopic ablation procedure.

Example: Column 1 Code/Column 2 Code 93015/93040
>CPT Code 93015 – Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; with physician supervision, with interpretation and report
>CPT Code 93040 – Rhythm ECG, one to three leads; with interpretation and report

Policy: More extensive procedure

Modifier 59 is only appropriate if the rhythm ECG service 93040 is performed unrelated to the cardiovascular stress test procedure at a different patient encounter.

Example: Column 1 Code/Column 2 Code 93453/76000
>CPT Code 93453 – Combined right and left heart catheterization including intraprocedural injections(s) for left ventriculography, imaging supervision and interpretation, when performed
>CPT Code 76000 – Fluoroscopy (separate procedure), up to one hour physician time, other than 71023 or 71034 (eg, cardiac fluoroscopy)

Policy: Standards of medical/surgical practice

Modifier 59 is only appropriate if the fluoroscopy service 76000 is performed for a procedure done unrelated to the cardiac catheterization procedure.

Example: Column 1 Code/Column 2 Code 97140/97530
>CPT Code 97140 – Manual therapy techniques (eg, mobilization/manipulation, manual lymphatic drainage, manual traction), one or more regions, each 15 minutes
>CPT Code 97530 – Therapeutic activities, direct (one-on-one) patient contact by the provider (use of dynamic activities to improve functional performance), each 15 minutes

Policy: Mutually exclusive procedures

Modifier 59 is only appropriate if the two procedures are performed in distinctly different 15 minute intervals. The two codes cannot be reported together if performed during the same 15 minute time interval.

Example: Column 1 Code/Column 2 Code 98942/97112
>CPT Code 98942 – Chiropractic manipulative treatment (CMT); spinal, five regions
>CPT Code 97112 – Therapeutic procedure, one or more areas, each 15 minutes; neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities

Policy: Standards of medical/surgical practice

Modifier 59 is only appropriate if the physical therapy service 97112 is performed in a different region than the CMT.