



## *Modifier 59 Fact Sheet*

### Definition:

- Distinct Procedural Service identifies procedures/services not normally reported together, but appropriately billable under the circumstances.

### Appropriate Usage:

- Documentation indicates two separate procedures performed on the same day by the same physician
  - Represented by a different session or patient encounter, different procedure or surgery, different site, or separate injury (or area of injury)
- Use Modifier 59 with the secondary, additional or lesser procedure of combinations listed in Correct Coding Initiative (CCI) edits.
- Use Modifier 59 when there is **NO** other appropriate modifier.

### Inappropriate Usage:

- Code combination not appearing in the CCI edits
- Submission of E/M Codes
- Submission of Weekly radiation therapy management codes (CPT 77427)
- MPFSDB lists the procedure code listed with a modifier indicator of "0"
- Documentation does not support the separate and distinct status
- Exact same procedure code performed twice on the same day
- If a valid modifier exists to identify the services

### Additional Information:

- CCI listings can be found at the following Website address:  
***<http://www.cms.hhs.gov/NationalCorrectCodInitEd/>***
- Medicare considers two physicians in the same group with the same specialty performing services on the same day the same physician.



Example:

Distinctly different Column 1 / Column 2 CCI Edit

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE										17a.		17b. NPI		18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY															
19. RESERVED FOR LOCAL USE										20. OUTSIDE LAB?		20. \$ CHARGES																	
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate Items 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100)										22. MEDICAID RESUBMISSION CODE		22. ORIGINAL REF. NO.																	
21. 1. 5963										23. PRIOR AUTHORIZATION NUMBER																			
21. 2. 9652																													
24. A. DATE(S) OF SERVICE										B. PLACE OF SERVICE		C. EMG		D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances)				E. DIAGNOSIS POINTER		F. \$ CHARGES		G. DAYS OR UNITS		H. EPISODE Family Plan		I. ID. QUAL.		J. RENDERING PROVIDER ID. #	
From MM DD YY To MM DD YY										MM DD YY		EMG		CPT/HCPCS MODIFIER				DIAGNOSIS POINTER		\$ CHARGES		DAYS OR UNITS		EPISODE Family Plan		ID. QUAL.		RENDERING PROVIDER ID. #	
1										01 25 06		21		35201 59				1		1500.00		001		NPI		1234567890			
2										01 25 06		21		35002				1		750.00		001		NPI		1234567890			
3																													

Modifier reported incorrectly for CCI edit

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE										17a.		17b. NPI		18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY															
19. RESERVED FOR LOCAL USE										20. OUTSIDE LAB?		20. \$ CHARGES																	
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate Items 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100)										22. MEDICAID RESUBMISSION CODE		22. ORIGINAL REF. NO.																	
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24. A. DATE(S) OF SERVICE										B. PLACE OF SERVICE		C. EMG		D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances)				E. DIAGNOSIS POINTER		F. \$ CHARGES		G. DAYS OR UNITS		H. EPISODE Family Plan		I. ID. QUAL.		J. RENDERING PROVIDER ID. #	
From MM DD YY To MM DD YY										MM DD YY		EMG		CPT/HCPCS MODIFIER				DIAGNOSIS POINTER		\$ CHARGES		DAYS OR UNITS		EPISODE Family Plan		ID. QUAL.		RENDERING PROVIDER ID. #	
1										01 25 06		21		35201				1		1500.00		001		NPI		1234567890			
2										01 25 06		21		35002 59				1		750.00		001		NPI		1234567890			
3																													