Help With Using Modifier 59 For Multiple Codes

Were two or more non-E/M codes performed on the same day for the same patient by the same provider?

- No
  - Modifier 59 is not necessary.
  - No
    - Is a modifier allowed to bypass the CCI bundling edit?  
      - 0 = No  
      - 1 = Yes  
      - 9 = N/A (Edit has been deleted, and the modifier indicator is not relevant.)  
        - No
          - The bundled code (usually smaller code) should not be billed as it is always bundled by Medicare.
  - Yes
    - Is any other modifier more descriptive than Modifier 59 in indicating that the code occurred at a separate site or during a separate patient encounter?  
      - For example, 58, 76, 77, 78, 79, 91, RT, LT, E1-E4, FA, F1-F9, LC, LD, RC, TA, T1-T9.  
        - No
          - Append the more descriptive modifier to the smaller of the two codes.
        - Yes
          - Append Modifier 59 to the smaller of the two codes.

- Yes
  - Is the description of any code included within the description of any other code per the Coders’ Desk Reference?
    - No
      - For Medicare patients, does any code pair have a Correct Coding Initiative bundling edit? (CCI) edit?
        - Yes
          - For non-Medicare patients, Modifier 59 is not needed.
        - No
          - Did the included code take place at a different session?
            - Yes
              - Is any other modifier more descriptive than Modifier 59 for the reason for the second code?  
                - For example, 58, 76, 77, 78, 79, 91, RT, LT, E1-E4, FA, F1-F9, LC, LD, RC, TA, T1-T9.  
                  - No
                    - Append Modifier 59 to the smaller of the two codes.
                  - Yes
                    - Append the more descriptive modifier.
            - No
              - Was the code performed at a separate anatomical location, lesion, or specimen?
                - Yes
                  - Do not bill the second code as it is included in the first code.
                - No
                  - Was the bundled code performed in a separate anatomic site or at a separate patient encounter?
                    - Yes
                      - The bundled code (usually smaller code) should not be billed as it does not meet Medicare’s criteria for Modifier 59.
                    - No
                      - The bundled code (usually smaller code) should not be billed as it is always bundled by Medicare.

Per CCI 11.3
One of the misuses of modifier -59 is related to the portion of the definition of modifier -59 allowing its use to describe “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 procedure/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.

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