Use of Modifier 59

Can you bill a certain pair of codes during the same patient visit? Use this decision tree to help you determine if the code combination can be used and requires modifier 59.

1. Does the code combination have a CCI edit?
   - NO: No modifier is needed to bill both codes.
   - YES: Is the modifier indicator a “1” or “0”?
     - “0”: No modifier is permitted. Bill the column 1 code only.
     - “1”: Are both codes time based?
       - NO: Does the documentation support an alternate reason for the modifier?
         - NO: No modifier is permitted. Bill the column 1 code only.
         - YES: Append modifier 59 to the column 2 code to bill both codes.
       - YES: Do the documentation and total treatment time support that the procedures were performed during distinct time periods and not in a concurrent or overlapping manner?
         - NO: No modifier is permitted. Bill the column 1 code only.
         - YES: Append modifier 59 to the column 2 code to bill both codes.

Note: Some payers may require use of the X modifiers (XE, XP, XS, or XU) when more specificity is needed than modifier 59 provides. Check the payer policy for guidance. APTA's National Correct Coding Initiative webpage and the Centers for Medicare and Medicaid Services’ “Modifier 59 Article: Proper Usage Regarding Distinct Procedural Services” offer more information.

©APTA 2018. All rights reserved.