Educational Sheet for Modifier 59

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Modifier 59

According to the National Council on Compensation Insurance (NCCI): Modifier 59 is an important NCCI Procedure to Procedure (PTP)-associated modifier that is often used incorrectly. For the NCCI program, its primary purpose is to indicate that two or more procedures are performed at different anatomic sites or different patient encounters. One function of NCCI PTP edits is to prevent payment for codes that report overlapping services except in those instances where the services are "separate and distinct." Modifier 59 shall only be used if no other modifier more appropriately describes the relationships of the two or more procedure codes. The CPT® Manual defines modifier 59 as follows:

Modifier 59: Distinct Procedural Service: Under certain circumstances, it may be necessary to indicate that a procedure or service was distinct or independent from other non-Evaluation and Management (E/M) services performed on the same day. Modifier 59 is used to identify procedures/services other than E/M services that are not normally reported together but are appropriate under the circumstances. Documentation must support a different session, 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 individual. 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. Note: Modifier 59 should not be appended to an E/M service. To report a separate and distinct E/M service with a non-E/M service performed on the same date, see modifier 25.

Modifier 59 and other NCCI-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 NCCI associated modifier that is used. Modifier "59" shall not be used with code 77427 Radiation treatment management, 5 treatments.

Modifier 59 or XS is used appropriately for different anatomic sites during the same encounter only when procedures which are not ordinarily performed or encountered on the same day are performed on different organs, or different anatomic regions, or in limited situations on different, non-contiguous lesions in different anatomic regions of the same organ.

Modifiers XE, XS, XP, XU: These modifiers were effective January 1, 2015. These modifiers were developed to provide greater reporting specificity in situations where modifier 59 was previously reported and may be utilized in lieu of modifier 59 whenever possible. (Modifier 59 should only be utilized if no other more specific modifier is appropriate.) Although NCCI will eventually require use of these modifiers rather than modifier 59 with certain edits, physicians may begin using them for claims with dates of service on or after January 1, 2015. The modifiers are defined as follows:

XE – "Separate encounter; A service that is distinct because it occurred during a separate encounter" This modifier shall only be used to describe separate encounters on the same date of service.

XS – "Separate Structure; A service that is distinct because it was performed on a separate organ/structure".

XP – "Separate Practitioner; A service that is distinct because it was performed by a different practitioner"

XU – "Unusual Non-Overlapping Service; The use of a service that is distinct because it does not overlap usual components of the main service"

Using modifiers 59 or XS properly for different anatomic sites during the same encounter only when procedures which aren't ordinarily performed or encountered on the same day are performed on:

- Different organs, or
- Different anatomic regions, or
- In limited situations on different, non-contiguous lesions in different anatomic regions of the same organ

Modifiers 59 or XS are for surgical procedures, non-surgical therapeutic procedures, or diagnostic procedures that:

- Are performed at different anatomic sites,
- Aren't ordinarily performed or encountered on the same day, and
- Can't be described by one of the more specific anatomic NCCI PTP-associated modifiers – that is, RT, LT, E1-E4, FA, F1-F9, TA, T1- T9, LC, LD, RC, LM, or RI. (See examples 1, 2, and 3 below.)

From an NCCI program perspective, the definition of different anatomic sites includes different organs or, in certain instances, different lesions in the same organ. We created NCCI edits to prevent the inappropriate billing of lesions and sites that aren't considered separate and distinct. The treatment of contiguous structures in the same organ or anatomic region doesn't generally constitute treatment of different anatomic sites. For example:

- Treatment of the nail, nail bed, and adjacent soft tissue distal to and including the skin overlying the distal interphalangeal joint on the same toe or finger constitutes treatment of a single anatomic site. (See example 4 below.)
- Treatment of posterior segment structures in the ipsilateral eye constitutes treatment of a single anatomic site. (See example 5 below.)

Only use modifiers 59 or XE if no other modifier more properly describes the relationship of the 2 procedure codes. Another common use of modifiers 59 or XE is for surgical procedures, non- surgical therapeutic procedures, or diagnostic procedures that are performed during different patient encounters on the same day that can't be described by one of the more specific NCCI PTP-associated modifiers – that is, 24, 25, 27, 57, 58, 78, 79, or 91. (See example 7 below.)

Don't use modifiers 59 or XU just because the code descriptors of the 2 codes are different. One of the common misuses of modifier 59 relates to the part of the definition of modifier 59 allowing its use to describe a "different procedure or surgery." The code descriptors of the 2 codes of a code pair edit

describe different procedures, even though they may overlap. Don't report the 2 codes together if they're performed at the same anatomic site and same patient encounter, because they aren't considered "separate and distinct." Don't use modifiers 59 or XU to bypass a PTP edit based on the 2 codes being "different procedures." (See example 8 below.)

However, if you perform 2 procedures at separate anatomic sites or at separate patient encounters on the same date of service, you may use modifiers 59 or X{ES} to show that they're different procedures on that date of service. Also, there may be limited circumstances sometimes identified in the National Correct Coding Initiative Policy Manual for Medicare services when you may report the 2 codes of an edit pair together with modifiers 59 or X{ES} when performed at the same patient encounter or at the same anatomic site.

Examples of Appropriate & Inappropriate Use

- **Example 1:** Column 1 Code/Column 2 Code - 11102/17000
  - CPT® Code - 11102 - Tangential biopsy of skin (e.g., shave, scoop, saucerize, curette); single lesion
  - CPT® Code - 17000 - Destruction (g, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (e.g., actinic keratoses); first lesion
- You may report modifiers 59 or XS with either the Column 1 or Column 2 code if you did the procedures at different anatomic sites on the same side of the body and a specific anatomic modifier isn't applicable. If you did the procedures on different sides of the body, use modifiers RT and LT or another pair of anatomic modifiers. Don't use modifiers 59 or XS. The use of modifier 59 or XS is appropriate for different anatomic sites during the same encounter only when procedures (which aren't ordinarily performed or encountered on the same day) are performed on different organs, or different anatomic regions, or in limited situations on different, non-contiguous lesions in different anatomic regions of the same organ.

- **Example 2:** Column 1 Code/Column 2 Code - 47370/76942
  - CPT® Code - 47370 - Laparoscopy, surgical, ablation of 1 or more liver tumor(s); radiofrequency
  - CPT® Code - 76942 - Ultrasonic guidance for needle placement (e.g., biopsy, aspiration, injection, localization device), imaging supervision and interpretation
- Proper Use of Modifiers 59 & X{EPSU} Page 6 of 8 MLN Fact Sheet MLN1783722 March 2022 Proper Use of Modifiers 59 & X{EPSU} Don't report CPT® code 76942 with or without modifiers 59 or X{EPSU} if the ultrasonic guidance is for needle placement for the laparoscopic liver tumor ablation procedure 47370. Only report 76942 with modifiers 59 or X{EPSU} if the ultrasonic guidance for needle placement is unrelated to the laparoscopic liver tumor ablation procedure.

- **Example 3:** Column 1 Code/Column 2 Code - 93453/76000
  - CPT® Code - 93453 - Combined right and left heart catheterization including intraprocedural injection(s) for left ventriculography, imaging supervision and interpretation, when performed
  - CPT® Code - 76000 - Fluoroscopy (separate procedure), up to 1 hour physician or other qualified health care professional time
- Don't report CPT® code 76000 with or without modifiers 59 or X{EPSU} for fluoroscopy in

conjunction with a cardiac catheterization procedure. You may report 76000 with modifiers 59 or X{EPSU} if the fluoroscopy is performed for a procedure unrelated to the cardiac catheterization procedure.

- **Example 4:** Column 1 Code/Column 2 Code - 11055/11720
  - CPT® Code - 11055 - Paring or cutting of benign hyperkeratotic lesion (e.g., corn or callus); single lesion
  - CPT® Code - 11720 - Debridement of nail(s) by any method(s); 1 to 5

- Don't report CPT® codes 11720 and 11055 together for services performed on skin distal to and including the skin overlying the distal interphalangeal joint of the same toe. Don't use modifiers 59 or X{EPSU} if you debride a nail on the same toe on which you pare a hyperkeratotic lesion of the skin on or distal to the distal interphalangeal joint. You may report modifier 59 or XS with code 11720 if you debride 1 to 5 nails and you pare a hyperkeratotic lesion on a toe other than 1 with a debrided toenail or the hyperkeratotic lesion is proximal to the skin overlying the distal interphalangeal joint of a toe on which you debride a nail.

- **Example 5:** Column 1 Code/Column 2 Code - 67210/67220
  - CPT® Code - 67210 - Destruction of localized lesion of retina (e.g., macular edema, tumors), 1 or more sessions; photocoagulation
  - CPT® Code - 67220 - Destruction of localized lesion of choroid (e.g., choroidal neovascularization); photocoagulation (e.g., laser), 1 or more sessions
- Don't report CPT® code 67220 with or without modifier 59 or X{EPSU} if you perform both procedures during the same operative session because the retina and choroid are contiguous structures of the same organ.

- **Example 6:** Column 1 Code/Column 2 Code - 29827/29820
  - CPT® Code - 29827 - Arthroscopy, shoulder, surgical; with rotator cuff repair
  - CPT® Code - 29820 - Arthroscopy, shoulder, surgical; synovectomy, partial
- Proper Use of Modifiers 59 & X{EPSU} MLN Fact Sheet Page 7 of 8 MLN1783722 March 2022 Don't report CPT® code 29820 with or without modifiers 59 or X{EPSU} if you perform both procedures on the same shoulder during the same operative session. If you perform the procedures on different shoulders, use modifiers RT and LT, not modifiers 59 or X{EPSU}.

- **Example 7:** 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 supervision, interpretation, and report
  - CPT® Code - 93040 - Rhythm ECG, 1-3 leads; with interpretation and report
- You may report modifiers 59 or XE if you interpret and report the rhythm ECG at a different encounter than the cardiovascular stress test. If you interpret and report a rhythm ECG during the cardiovascular stress test encounter, don't report 93040 with or without modifier 59. You may report modifiers 59 or XE when you interpret and report the procedures in different encounters on the same day.

- **Example 8:** Column 1 Code/Column 2 Code - 34833/34820
  - CPT® code - 34833 - Open iliac artery exposure with creation of conduit for delivery of

endovascular prosthesis or for establishment of cardiopulmonary bypass, by abdominal or retroperitoneal incision, unilateral (List separately in addition to code for primary procedure)

- CPT® code - 34820 - Open iliac artery exposure for delivery of endovascular prosthesis or iliac occlusion during endovascular therapy, by abdominal or retroperitoneal incision, unilateral (List separately in addition to code for primary procedure)

- CPT® code 34833 is followed by a CPT® Manual instruction that states: "(Do not report 34833 in conjunction with 33364, 33953, 33954, 33959, 33962, 33969, 33984, 34820 when performed on the same side)." Although the CPT® code descriptors for 34833 and 34820 describe different procedures, don't report them together for the same side. Don't add modifiers 59 or X{EPSU} to either code to report 2 procedures for the same side of the body. If you performed 2 procedures on different sides of the body, you may report them with modifiers LT and RT as appropriate. However, modifiers 59 or X{EPSU} are inappropriate if the basis for their use is that the narrative description of the 2 codes is different.

Additional References:

NCCI Policy Manual

CMS

MLN Matters, Proper Use of Modifier 59