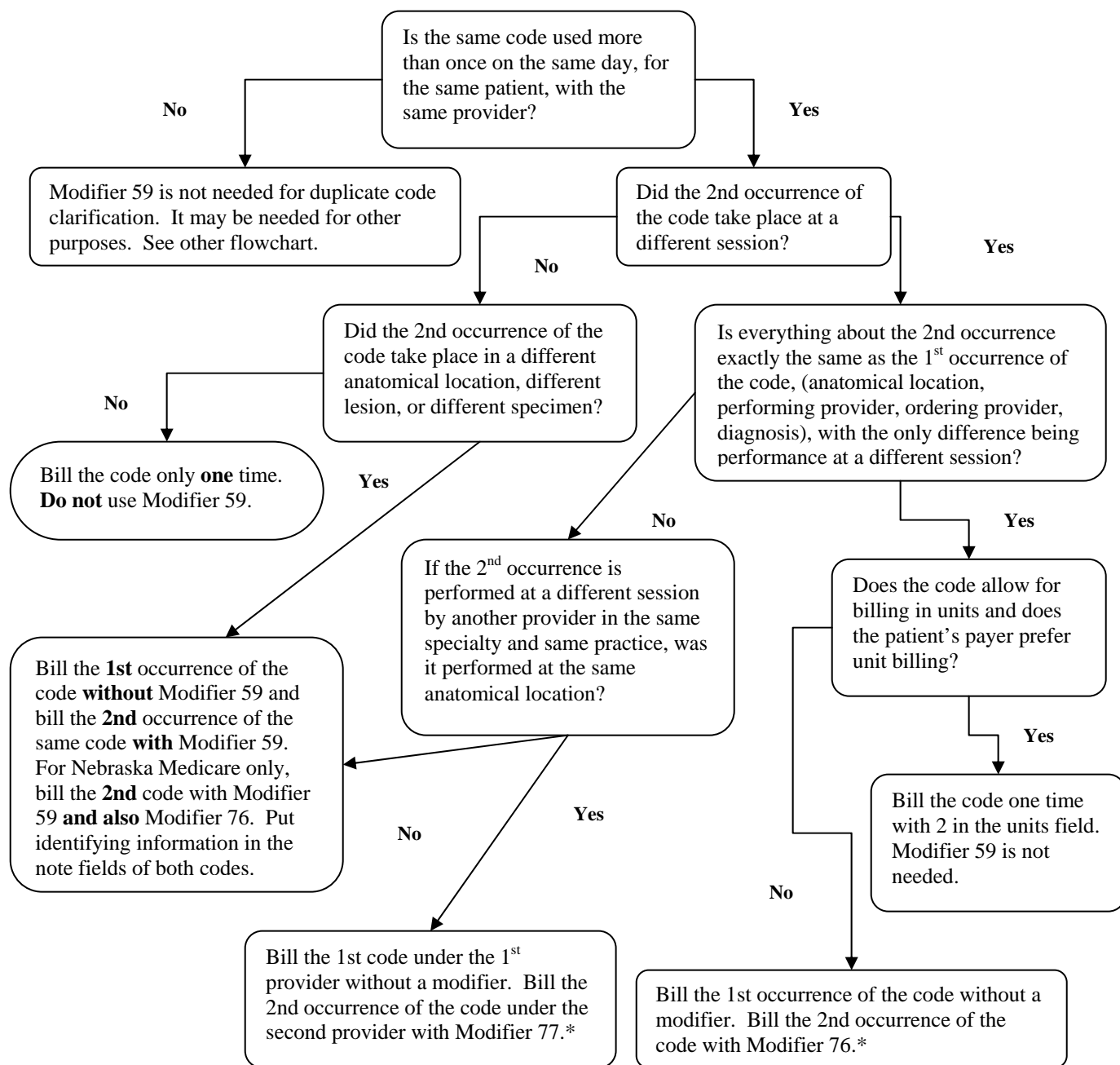


## Help With Using Modifier 59: Same Codes



Modifiers 76 & 77 are recognized by most payers on lab and radiology services. However, they may not be recognized on procedure codes and determination of specific payer rules is recommended. If these modifiers are not recognized, Modifier 59 is recommended in their place.

### Per CPT 2006

**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.