Help With Using Modifier 59: Same Codes

Is the same code used more than once on the same day, for the same patient, with the same provider?

- No: Modifier 59 is not needed for duplicate code clarification. It may be needed for other purposes. See other flowchart.
- Yes: Did the 2nd occurrence of the code take place at a different session?
  - No: Did the 2nd occurrence of the code take place in a different anatomical location, different lesion, or different specimen?
    - No: Bill the code only one time. Do not use Modifier 59.
    - Yes: Is everything about the 2nd occurrence exactly the same as the 1st occurrence of the code, (anatomical location, performing provider, ordering provider, diagnosis), with the only difference being performance at a different session?
      - No: Bill the 1st occurrence of the code under the 1st provider without a modifier. Bill the 2nd occurrence of the code under the second provider with Modifier 77.*
      - Yes: Bill the 1st occurrence of the code without a modifier. Bill the 2nd occurrence of the code with Modifier 76.*
  - Yes: Is the 2nd occurrence performed at a different session by another provider in the same specialty and same practice, was it performed at the same anatomical location?
    - No: Does the code allow for billing in units and does the patient’s payer prefer unit billing?
      - Yes: Bill the code one time with 2 in the units field. Modifier 59 is not needed.
      - No: No
    - Yes: Bill the code only one time.

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.