

## Eli's Rehab Report

### Not Positive You've Got 59 Down Pat? Test Yourself

#### Learn to differentiate services in your records using this documentation example

If you still can't determine when modifier 59 applies to your therapy claims, consider the following example provided by **Rick Gawenda, PT**, director of physical medicine and rehabilitation at Detroit Receiving Hospital.

The NCCI considers therapeutic exercise ([CPT 97110](#)) a component of the more comprehensive code for aquatic therapy (97113).

If the therapist provides these services to the same patient on the same date, you must append modifier 59 to 97110, or the payer will deny the therapeutic-exercise charge. The PT's documentation would need to support that he performed the two services at separate and distinct times and that both were medically necessary.

The following samples of therapy documentation methods can show you two excellent ways to separate the services in your records:

1. 9 a.m.-9:30 a.m., aquatic therapy of (list treatment provided), 9:45 a.m.-10:10 a.m., land-based exercises of (list treatment provided).

In the above, the references to time show that the therapist provided the procedures at separate and distinct times.

2. Aquatic therapy of (list treatment provided) followed by land-based exercises of (list treatment provided).

The words "followed by" show the Medicare contractor that you provided aquatic therapy first and then land-based exercises.