Outpatient Facility Coding Alert

Reader Question: Check Latest Instructions Before Reporting Modifier 59

Question: We were just notified that modifier 59 is no longer accepted by Medicare payers. Can you tell us what we should use instead?

Kentucky Subscriber

Answer: You can still use modifier 59 (Distinct procedural service) when you need to demonstrate that two separate and distinct procedures were performed during the same session. What you can't do, however, is use this modifier for repeat procedures or other instances when a different modifier would be more appropriate.

Many Part B MACs posted instructions about modifier 59 on their websites this summer, which may have created the confusion. Cahaba GBA, for instance, a Part B payer, said, "Effective July 1, 2013, modifier 59 can only be used, when medically necessary, to unbundle a procedure code that has been bundled related to the National Correct Coding Initiative (NCCI)," the directive states. "Claims billed with the same procedure code two or more times for the same date of service should be submitted with the appropriate repeat procedure modifier rather than using modifier 59."

Cahaba points to modifiers 76 (Repeat procedure or service by same physician or other qualified health care professional) or 91 (Repeat clinical diagnostic laboratory test) as being more appropriate for repeat procedures.