



# Modifier 59 Checklist\*

Can you check all the boxes below?  
If yes, the modifier 59 may be appropriate.

- The submitted codes form a **National Correct Coding Initiative (NCCI) edit pair.**
- The services performed are **distinct or independent** of one another.
- Documentation** supports that the services performed are distinct or independent.
- There is not a **more descriptive modifier** available.

## The CPT Manual defines modifier 59 as follows:

“Distinct Procedural Service: Under certain circumstances, it may be necessary to indicate that a procedure or service was distinct or independent from other non-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.”

## Extra Description

### NCCI EDIT PAIR:

Edit pairs are sets of procedures or services commonly performed together. You can find a listing of edit pairs and modifier 59 eligibility on the CMS website.

### DISTINCT OR INDEPENDENT SERVICES:

When billing two codes that form an edit pair, typically only one of them will be paid. Applying the modifier 59 informs the payer that the codes being billed are distinct or independent, and both should be paid.

### DOCUMENTATION:

Documentation should always support the decision to use the modifier 59. Never apply the modifier 59 just to ensure higher payment.

### MORE DESCRIPTIVE MODIFIERS:

The modifier 59 is the modifier of last resort. If another modifier is more appropriate, use it instead. Examples of more appropriate modifiers could be XE, XP, XS, or XU. These modifiers are not typically used in a therapy setting, but this could change in the future.



For a comprehensive look at the CMS requirements for the modifier 59, visit:

<https://www.cms.gov/Medicare/Coding/NationalCorrectCodInitEd/downloads/modifier59.pdf>

\* This checklist is meant primarily for an outpatient therapy setting.