



## Welcome to the WPS Medicare Discussion of Modifier 59

This modifier is one of the causes for providers to telephone our office or request a Redetermination. We know that time is money and we want to pay claims appropriately the first time. A good understanding of this modifier helps this process.

Let's discuss the modifier and the reasons for its use. Take a look at slide two on your screen. This modifier is used when the procedure code is part of the National Correct Coding Initiative or CCI. CCI is a program designed to promote correct coding of Medicare claims.

Let me give you an example. When you remove an appendix, you need to incise the skin, separate the muscle and remove the appendix. Then you have to put everything back together again. The correct code to use is removal of the appendix not the component parts. The Medicare payment for the removal of appendix includes all the components of the procedure. The CCI edits ensure that Medicare pays appropriately for the services rendered.

Modifier 59 is defined as a distinct procedural service. This modifier is used when the situation is an exception to the CCI program. Slide 3 shows appropriate and inappropriate uses of this modifier.

You can see the appropriate uses; the services were provided during a separate patient encounter or a different physical site on the patient. There isn't another modifier that would be more suitable and most importantly, the documentation supports the use of the modifier.

A good example of the use of this modifier is lesion removal. If you are removing a 1 inch lesion from the patient's right forearm and a 2 inch lesion from the patient's right shoulder then the CCI edits would indicate a 1 inch lesion removal is part of a 2 inch removal. However, because the services were performed on separate parts of the patient's body, separate payment is appropriate. There isn't another modifier that would apply. Therefore, modifier 59 is appended to the 1 inch procedure code.

We can also see on this slide inappropriate uses. There are other modifiers that apply such as the LT or RT for left and right. The documentation does not support the use of the modifier. If the modifier is not appropriate, please do not use it. We have seen situations in our office where providers will call and try to guess a modifier to add to the code to allow payment. Sometimes separate payment is not warranted. Again, keep in mind that Medicare's reimbursement for a service includes all the components of the service.

Slide 4 provides the Centers for Medicare & Medicaid Services or CMS Website for information on CCI.

The next slide is a screen print of the CMS Website page. As you can see it provides an overview of CCI and on the left hand side of the page you can access the physician



[www.wpsmedicare.com](http://www.wpsmedicare.com)

edits. When you select this link, you will come to a page that has separate code sections. When you choose a code section, Slide 6 is the information you will see.

There are two sets of files. The first file is the Column 1/Column 2 set. This file shows the component procedure codes. The second file is Mutually Exclusive. These are code sets not normally performed together. You always want to access both files when determining if a code set allows for separate payment.

Slide 7 is the Column 1/Column 2 file. The file layout is the primary code in the first column, the secondary code in the second column. This means the second column is included in the first. Unless the situation meets one of the exceptions noted above, Medicare does not pay separately for that code. The next columns show when a code was added to the CCI edits and/or when it was deleted. Column F shows whether a modifier is appropriate. 0 means no, 1 means yes again if the situation and documentation support separate payment and 9 means the CCI doesn't apply.

Slide 8 is the Mutually Exclusive file. This file works just the opposite. The codes in the second column are the primary codes. The codes in the first column are not usually performed at the same time as the codes in the second column.

If an exception does not apply, Medicare does not make separate payment and the patient is not responsible for payment.

Provider offices should verify that the documentation of the situation meets an exception to the CCI edits before using Modifier 59 and that there is not other modifier more appropriate. We encourage you to access the files we've discussed. When the modifier is used correctly, WPS Medicare can pay the claim appropriately the first time it is submitted. This reduces the time your office spends in telephone calls, resubmittals, or Redetermination requests. As we stated before, we know that time is money and getting it right the first time will save both.

Thank you for your time.