More than a decade after its introduction, modifier 59 still causes a great deal of confusion. In 1996 Medicare issued the first Correct Coding Initiative (CCI), a very long list of codes that are paired (bundled), meaning that one of the codes in the pair will not be paid if performed on the same body site or same day as the other. The codes are printed in two columns; the code on the right will be denied.

Modifier 59 was introduced in 1997 to un-bundle a code pair when it is legal to do so. Consider for example an excision and a biopsy performed on the same day at different anatomic sites. If both procedures were performed on the same site, only one would be paid. However, in our example, as often occurs in dermatology, the 59 modifier is applied to indicate that the lesions were on separate sites. Subsequently, both should be paid.

Tips for Success
Here are a few tips for using modifier 59.

1. The code to which the 59 modifier is attached is not determined by RVUs. In some cases, the more expensive code will be in the right column, at other times it is the less expensive one.

2. The code that gets the 59 is not chosen based on the diagnosis.

3. The CCI is updated every quarter. If you are not using the current version, you may be modifying the wrong code.

4. Don’t guess! Always use the CCI unless the code pair is one you have referenced so many times that you know it by rote. Even then, it will be necessary to check yourself with each new quarterly edition. Incorrect application of modifier 59 may result in no payment at all.

5. There are many sources for the CCI. One is the CMS website. Although this document is complete and free, it is cumbersome to use. Each section of CPT is published in two separate lists: “Comprehensive Component” and “Mutually Exclusive.” So each code pair must be referenced four times. In addition, if one of your codes is from another section of CPT, you must also download that section and check against it.

A wonderful alternative is the electronic version provided by the Inga Ellzey Practice Group ($249.00 annually). The user can enter up to six codes at a time, click once, and the modifier is placed on the appropriate code. While this software does not interface with your practice management system, it is accurate, fast, and includes codes used by dermatologists that are from other sections of CPT.

Ms. Andrews would like to clarify that she does not receive payment or services/products in kind for recommending a product; DermResources recommends products that they believe will be of significant help to clients in their practices.