

<p style="text-align: center;">BlueCross BlueShield of Tennessee Review Criteria for Modifiers that Bypass Code Bundling Edits</p>

This applies to professional claims filed on a CMS-1500 claim form or by using professional electronic claims formats (National Standard Format/ANSI-837P).

MODIFIER 59

As consistent with the initiatives of the Office of Inspector General (OIG), BlueCross BlueShield of Tennessee reserves the right to evaluate, audit and/or recoup any and all payments resulting from erroneous reporting of the modifier – 59. (OIG Workplan, FY 2005)

Modifiers are two-digit indicators (alpha or numeric) that, when appended to a procedure code, indicate that a service or procedure has been altered by some specific circumstance, but not changed in its definition or code.

DESCRIPTION

Distinct procedural service: Under certain circumstances, the physician may need to indicate that a procedure or service was distinct or independent from other services performed on the same day. Modifier –59 is used to identify procedure(s)/service(s) that are not normally reported together, but are appropriate under the circumstances. This may represent a different session or patient encounter, different procedure or surgery, different site or organ system, separate incision/excision, separate lesion, or separate injury not ordinarily encountered or performed on the same day by the same physician.

GUIDELINES

Modifier 59 will only be recognized as valid to bypass edits when:

- Combination of procedure codes represent procedures that would not normally be performed at the same time (e.g. procedure on head and procedure on feet; craniotomy and setting of compound fracture)
- Different session or patient encounter is documented in patient’s medical record
- Surgical procedures performed are not through the same incisional site (Note: doesn’t matter if instrumentation changes if incision or presentation is the same)
- Surgical knee procedures involving multiple compartments of the same knee
- Another modifier is not more appropriate (e.g. Modifier 51)

To determine if modifier –59 is the most appropriate modifier to use, the following questions must be considered:

1. What is the rationale for the existing edit?
2. Is the edit a National Correct Coding Initiative (NCCI) edit with an indicator '0'? If so, there is no appropriate modifier to allow edit bypass.
3. Was the procedure performed in a separate setting, different time, or different encounter?
4. Is there sufficient documentation to support the separateness and distinction of the two procedures?
5. Was the procedure truly separate and/or is it unusual to perform these procedures at the same session?

National Correct Coding Initiative Superscript Designations - NCCI Indicators

- Superscript (Indicator) '0' indicates that the edit would **never** be eligible for bypassing.
- Superscript (Indicator) '1' indicates that there is a valid reason for the code denial but documented special circumstances could validate the edit bypass when the appropriate modifier is used.

Use of Modifier –59 merely to bypass a bundling edit is inappropriate and will result in recoupment of erroneous reimbursement.

Modifier –59 should never be appended to an Evaluation & Management service as this is inappropriate coding convention.