

## FREQUENTLY USED MODIFIERS REFERENCE SHEET

<b>Modifier</b>	<b>Description</b>
24	Modifier 24 is defined as an unrelated evaluation and management service by the same physician or other qualified health care professional during a post-operative period. Medicare defines same physician as physicians in the same group practice who are of the same specialty. In this instance they must bill and be paid as though they were a single physician.
25	Modifier 25 is defined as a significant, separately identifiable Evaluation and Management (E/M) service by the same physician or other qualified health care professional on the same day of the procedure or other service. Service must be above and beyond what is already included in the minor surgical procedure.
26	Modifier 26 is used when only the professional component is being billed when certain services combine both the professional and technical portions in one procedure code. Use Modifier 26 when a physician interprets but doesn't perform the test
50	The modifier 50 is defined as a bilateral procedure. Maybe used for compression applications, when appropriate.
55	Modifier 55 is used when one physician or qualified health professional performed the postoperative management and another performed the surgical procedure, the post operative component may be identified by adding modifier 55 to the usual procedure CPT code. Modifier 55 is used when the responsibility for post operative care is transferred from the the surgeon to the Wound Care Center provider during the global period.
59	<p>Modifier 59 is used to identify procedures or services, other than E/M services, that are not normally reported together but are appropriate under the circumstances. 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</p> <p>Documentation must support a different session, different procedure or surgery, different site or organ system, separate incision or excision, separate lesion, or separate injury (<i>or area in injury in extensive injuries</i>) 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.</p> <p>Four (4) specific procedural modifiers have been created to define specific subsets of the 59 Modifier. The X {EPSU} modifiers are as follows:</p> <p><u>Modifier XE</u> - Separate Encounter - Service that is distinct because it occurred during a separate encounter. This modifier should only be used to describe separate encounters on the same date of service</p> <p><u>Modifier XP</u> - Separate Practitioner - A service that is distinct because it was performed by a different practitioner</p> <p><u>Modifier XS</u> - Separate structure - A service that is distinct because it was performed on a separate organ / structure</p> <p><u>Modifier XU</u> - Unusual non overlapping service. The use of a service that is distinct because it does not overlap usual components of the main service.</p> <p>Although NCCI will eventually require use of these modifiers rather than modifier 59 with certain edits, you may begin using them for claims with dates of service on or after January 1, 2015.</p>