

## Supplemental Billing Information: Appropriate Use of Modifiers 25 and 59

The Current Procedural Terminology (CPT) defines modifier 25 as a “significant, separately identifiable evaluation and management service by the same physician or other qualified health care professional on the same day of the procedure or other service.”

### General Guidelines for Modifier 25 from the CPT:

- Modifier 25 may be appended only to Evaluation and Management (E&M) codes within the range of 92002 - 92014 and 99201 - 99499.
- To appropriately append modifier 25 to an E&M code, the provided service must meet the definition of “significant, separately identifiable E&M service” as defined by CPT.
- When appending modifier 25 to an E&M service billed on the same date of service as a procedure or other service, documentation for the additional E&M must be entered in a separate section of the medical record in order to validate the separate and distinct nature of the E&M service. The additional E&M service must be able to stand alone as a billable service with no overlapping of key E&M components (e.g., medical history, medical examination, and medical decision-making performed).

The CPT defines modifier 59 as a “distinct procedural service.”

### General Guidelines for Modifier 59 from the CPT:

- 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.
  - Modifier 59 should not be appended to an E&M code. To report a separate and distinct E&M service with a non-E&M service performed on the same date, see modifier 25.
- When appending modifier 59, documentation must support that the procedure/service represents a different session or patient encounter, procedure or surgery, anatomic site or organ system, lesion (through a separate performed incision/excision or for a separate injury or area of extensive injuries), or procedure not typically performed on the same day by the same individual.

- Modifier 59 should only be reported if a more descriptive modifier (e.g., modifier XE, XP, XS, or XU) is unavailable, and it is the most accurate modifier that is available to describe the circumstances.

***Important Note: This information is for educational purposes only. It is ultimately up to the provider to determine what to bill based on the services furnished.***

It is recommended that providers and other interested parties refer to the National Correct Coding Initiative (NCCI) Policy Manual for Medicaid Services ([NCCI Policy Manual](#)) and the Modifier 59 article ([Modifier 59 Article](#)) for detailed information regarding appropriate modifier usage, which can be found on the CMS Medicaid.gov website.