Using Modifier 59 When Billing for Distinct Services on the Same Day

We use the Correct Coding Initiative (CCI) guidelines when we process claims to help catch when improper use of CPT® or Healthcare Common Procedure Coding System (HCPCS) codes may lead to incorrect payments. When coding issues are found, claims could be denied or we may request a recoupment for any overpaid claims.

**Modifier 59 and Claims Guidelines**
Using modifier 59 correctly can help you avoid some of those claims issues when you’re submitting a claim for different services that are:

- Delivered by the same care provider
- Delivered on the same day
- Delivered to the same patient
- Delivered in the same facility

To see more about the CCI guidelines, our reimbursement policies and how they may affect your claims and payments, go to UHCCommunityPlan.com > For Health Care Professionals > Texas > Reimbursement Policies > CCI Editing Policy.

The Centers for Medicare & Medicaid Services (CMS) sets the rules for using modifier 59. They have instructions and more information at CMS.gov > Medicare > Coding > National Correct Coding Initiative Edits > Modifier 59 Article: Proper Usage Regarding Distinct Procedural Service – Updated 11/15/17.

**Submitting a Corrected Claim**
When a claim is denied, you may be able to submit a corrected claim. You can read more about our claims process at UHCprovider.com/claims > Submit a Corrected Claim, Claim Reconsideration. When you submit a corrected claim, please put the original claim number in box 22. This will help avoid the corrected claim being denied as a duplicate claim.

**We’re Here to Help**
If you have questions, please call us at 888-887-9003, 8 a.m. – 6 p.m., Monday – Friday. Thank you.