



Modifier Cheat Sheet

Modifier 25 - Significant, Separately Identifiable evaluation and management service by the same physician on the same day of the procedure or other service.

- The purpose of this modifier is to indicate that a significant, separately identifiable E/M service was performed by the same physician on the same day of a procedure due to the patient's condition requiring it to be performed.
- The E/M service has to be above and beyond the other service provided or beyond the usual preoperative and postoperative care associated with the procedure that was performed. See the Surgery Guidelines in the most recent issue of the CPT manual for the definition of "global surgical package."
- Different diagnoses are not required for reporting E/M service on the same date.
- This modifier must not be used to report an E/M service that resulted in a decision to perform surgery.
- E/M service must meet key components: history, examination, medical decision making.

Modifier 33 – Preventative Services

- The purpose of this modifier is to indicate that the service was preventative under the applicable laws.
- Patient cost-sharing does not apply. A patient's co-insurance, co-payment, and deductible are waived for the applicable services.
- This modifier should not be used for services that are inherently preventative (i.e. screening mammography).

Modifier 50 – Bilateral Procedure

- The purpose of this modifier is to report bilateral procedures performed at the same operative session by the same physician.
- Modifier 50 must only be applied to services and/or procedures performed on identical anatomic sites, aspects, or organs.
- Modifier 50 cannot be used when the code description indicates unilateral or bilateral.
- Bilateral modifiers must be submitted by repeating the appropriate code on two separate lines with modifier -50 appended to the second line.
- Reimbursement is subject to 100% of the allowable charge for the first line and 50% of the allowable charge for the second line.

Modifier 51 – Multiple procedures

- The purpose of this modifier is to report multiple procedures performed at the same session by the same physician.
- Modifier -51 (multiple procedures) must be used to indicate instances when multiple procedures, other than E/M services, physical medicine and rehabilitation services, or provision of supplies(e.g., vaccines), are performed at the same session by the same provider.
- If the same procedure is provided multiple times and it is appropriate to submit the code twice, and the code has the highest allowed amount, then the code must be submitted on separate lines and append modifier -51 to the second, third, etc. line as appropriate. The primary (first) procedure must be on one line with one unit.

Modifier 59 – Distinct Procedural Service

- The purpose of this modifier is to identify procedures or services that are not usually reported together but appropriate under the circumstances. This may represent the following:
 - A different session or patient encounter
 - A different procedure or surgery
 - A different site or organ system
 - A separate incision or excision
 - A separate lesion
 - A separate injury (or area of injury in extensive injuries)
- These circumstances are not usually encountered or performed on the same day by the same individual.
- When another modifier already established modifier is appropriate, it should be used rather than modifier 59.
- Modifier 59 cannot be appended to an E/M service.
- Documentation must be specific to the distinct procedure or service and clearly identified in the medical record.
- Documentation must support a different session, different procedure or surgery, different site or organ system, separate incision or excision, separate lesion or separate injury, etc.

HCPCS Modifiers RT/LT - Right side and left side

- The purpose of these modifiers is to identify procedures performed on the left or right side of the body.
- Modifiers LT and RT do not indicate bilateral procedures.