The purpose of this bulletin is to inform all participating providers that updates have been made to the

- Effective October 1, 2013, claims billed with modifier 59 must be submitted with supporting documentation. Claims received without supporting documentation will be denied.

Billing modifier 59

- Use modifier 59 to report distinct and separate procedures performed on the same day.
- Modifier 59 should be used with great caution because it affects reimbursement and indicates that, under distinct circumstances, it is appropriate to bill procedures as separate and distinct. This modifier is not designed to provide reimbursement for separate procedures that are performed as an integral part of another procedure and is monitored closely.
- Modifier 59 should not be appended when another more descriptive modifier is available.
- The documentation in the medical record must be specific to the distinct procedure and clearly identifiable.

Please see provider letter regarding most frequent incorrect use of modifiers for additional information.

If you have questions regarding this provider bulletin, please contact your Provider Representative at (561) 659-1002. Please insert this bulletin into your Provider Handbook. The policies and procedures in this bulletin supersede any related policies and procedures within the handbook.