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MEMORANDUM

To: **Alliance Providers**

From: **Ann Kern, Provider Services Network Manager**

Date: **09/11/2013**

Subject: **Update to Policy on Use of Modifier 59 and Required Documentation**

Providers please be advised that effective September 2, 2013, the Alliance will align with Medi-Cal in regards to the use of modifier 59 and required documentation.

Guidelines for the Use of Modifier 59:

The use of this modifier indicates that a procedure or service was distinct or independent of other non-evaluation and management (E/M) services performed on the same day. This may represent a :

a. Different session or patient encounter
b. Different procedure or surgery
c. Different site or organ system
d. Separate incision/excision
e. Separate lesions
f. Separate injury (or area of injury in extensive injuries)

Modifier 59 may be used only when a more descriptive modifier is unavailable and the use of Modifier 59 best explains the circumstances. When another previously established modifier is appropriate, it should be used. Modifier 59 may not be submitted with E/M codes.

Our updated policy stipulates the following **documentation requirements**:

1. No supporting documentation is required with the claim when this modifier is used.
2. Documentation in the patient's medical record must satisfy the criteria required for the use of this modifier.
3. Exception: "By Report" or "Invoice" required procedure codes with no established rates will require documentation, as specified in the Medi-Cal Provider Manual, in order to price the codes.

Effective September 2, 2013, no documentation is required at the time of claims submission. This will allow the use of the EDI system for claims submission to the Alliance.

If you have any questions, please contact your Provider Services Representative or call 831-430-5504.