



# UNDERSTANDING INAPPROPRIATE MODIFIER COMBINATION DENIALS

## COMPREHENSIVE EDUCATIONAL RESOURCE

### Understanding Modifier Combinations in Medical Coding

Modifier combinations refer to the use of two or more CPT®/HCPCS modifiers together on the same claim line or across related lines to convey additional details about a procedure or service.

#### Modifiers are two-character codes that clarify circumstances such as:

- Location or laterality (e.g., LT for left side, RT for right side)
- Distinct procedural services (e.g., 59 or XU)
- Professional vs. technical components (e.g., 26 and TC)
- Multiple procedures (e.g., 51)

### Why Appropriate Combinations Matter

Appropriate modifier combinations ensure accurate claim processing, compliance with payer rules and proper reimbursement. In contrast, inappropriate combinations occur when two or more modifiers are used together in a way that conflicts with coding guidelines or payer rules, resulting in claim edits or denials.

- Correct combinations prevent claim denials and reduce compliance risk.
- Payers and coding guidelines (like NCCI edits) define which combinations are valid.
- Incorrect combinations often lead to claim denials, compliance risks and potential audit findings.

### Appropriate vs. Inappropriate Modifier Combinations

APPROPRIATE COMBINATIONS	INAPPROPRIATE COMBINATIONS
Modifier 26 with TC (different claim lines)	Modifier 59 with 51 on same line
Modifier LT or RT for laterality	Modifier PO with inpatient services
Modifier XU for distinct service when justified	Modifier XU without documentation



## Examples of Coding Issues and Correct Usage

SERVICE CODE	MODIFIERS USED	CORRECT USAGE EXAMPLE
96374	XU	96374 is an intravenous push, single or initial substance/drug. Apply XU only when documentation supports a distinct, non-overlapping service separate from the primary infusion.
11042	59, 51	11042 is debridement of subcutaneous tissue. Use only 59 for distinct procedural service OR 51 for multiple procedures, not both.
96366	59	96366 is an intravenous infusion, each additional hour. Modifier 59 indicates a distinct procedural service when the additional infusion is separate from the primary infusion (96365) and not bundled under NCCI edits.
96375	59	Modifier 59 is needed when this push is separate and distinct from the primary infusion service (96365) and not bundled per NCCI edits.
96367	59	96367 is an additional sequential infusion of a new substance/drug. Modifier 59 applies when the sequential infusion is distinct from the initial infusion and meets NCCI criteria for separate reporting.

### Compliance Best Practices

- Review NCCI edits before submitting claims.
- Ensure documentation supports modifier usage.
- Every modifier must be backed by clear clinical documentation.
- Avoid using modifiers to bypass bundling rules.

### Common Denial Reasons

- Modifier 59 used with 51 on same line
- Modifier XU applied without distinct procedural documentation
- Laterality modifiers (LT/RT) missing or misused
- PO modifier used incorrectly for inpatient services

### Summary

Modifier combinations are essential for accurate claim processing and compliance. They clarify circumstances such as laterality (LT/RT), distinct procedural services (59, XU) and multiple procedures (51). However, inappropriate combinations such as using modifiers that conflict in intent or lack documentation lead to claim edits, denials and compliance risks.