Distinct Procedural Service (Modifier 59, X{EPSU})

Reimbursement Policy ID: RPC.0010.7700

Recent review date: 11/2022

Next review date: 11/2023

AmeriHealth Caritas Ohio claim payment policies and the resulting edits are based on guidelines from established industry sources such as the Centers for Medicare and Medicaid Services (CMS), the American Medical Association (AMA), state regulatory agencies, and medical specialty professional societies. In making claim payment determinations, the health plan also uses coding terminology and methodologies that are based on accepted industry standards, including the Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology (CPT), the International Statistical Classification of Diseases and Related Health Problems, 10th Revision (ICD-10); and the National Uniform Billing Code (NUBC).

Other factors affecting reimbursement may supplement, modify, or in some cases supersede medical/claim payment policy. These factors may include but are not limited to: legislative or regulatory mandates, a provider's contract, and/or a member's eligibility to receive covered health care services.

Policy Overview

This policy describes requirements for billing of distinct procedural service modifiers by providers contracted with AmeriHealth Caritas Ohio.

AmeriHealth Caritas Ohio recognizes modifiers 59, XE, XP, XS, or XU for distinct procedural services, consistent with CPT/HCPCS terminology, National Correct Coding Initiative (NCCI) policy, and Ohio Department of Medicaid (ODM) billing guidelines.

Exceptions

Distinct procedural service modifiers should not be used for Evaluation and Management (E/M) services. See Reimbursement Policy RPC.0009.7700 on Significant, Separately Identifiable Evaluation and Management Service (Modifier 25).

Coding

AmeriHealth Caritas Ohio utilizes NCCI Procedure-to-Procedure (PTP) edits to prevent payment of procedures that normally should not be reported together. Only if clinically appropriate should an NCCI associated modifier recognized for distinct procedural services be used to bypass a PTP edit:

- The most comprehensive CPT/HCPCS code(s) for the complete service performed must be reported. Procedural services that are considered integral parts to another, more comprehensive procedural service should not be separately reported.
- Clinical documentation must support that distinct procedural services were performed on the same date of service by the same provider: in a different session, as a different procedure or surgery, on a different site or organ system, with a separate incision/excision, on a separate lesion, or on a separate

injury (or on an area of injury in extensive injuries). Different diagnoses alone do not justify distinct procedural services.

- The most descriptive modifier for the distinct procedural service performed must be used. Modifier 59 and modifier X{EPSU} should not be appended to the same CPT/HCPCS code.

Please refer to CPT/HCPS manuals for complete descriptions of procedures as well as the complete definition of distinct procedural services. Please refer to NCCI coding policy manuals for policies and to NCCI edit files for modifier indicators assigned to PTP coding edits.

Definitions

Modifier 59-Distinct Procedural Service
Under certain circumstances, it may be necessary to indicate that a procedure or service was distinct or independent from other non-E/M services performed on the same day. Modifier 59 is used to identify procedures/services, other than E/M services, that are not normally reported together, but are appropriate under the circumstances. Documentation must support a different session, different procedure or surgery, different site or organ system, separate incision/excision, separate lesion, or separate injury (or area of injury in extensive injuries) not ordinarily encountered or performed on the same day by the same individual. However, when another already established modifier is appropriate it should be used rather than modifier 59. Only if no more descriptive modifier is available, and the use of modifier 59 best explains the circumstances, should modifier 59 be used. Note: Modifier 59 should not be appended to an E/M service. To report a separate and distinct E/M service with a non-E/M service performed on the same date, see modifier 25.

Modifier XE-Separate encounter
A service that is distinct because it occurred during a separate encounter.

Modifier XP-Separate practitioner
A service that is distinct because it was performed by a different practitioner.

Modifier XS-Separate structure
A service that is distinct because it was performed on a separate organ/structure.

Modifier XU-Unusual nonoverlapping service
The use of a service that is distinct because it does not overlap with usual components of the main service.

Applicable Claim Types

Line of Business	Facility	Professional
Medicare	**No**	**No**
Medicaid	**Yes**	**Yes**
ACA Exchange	**No**	**No**

Edit Sources

I. *Current Procedural Terminology* (CPT©), *Healthcare Common Procedure Coding System* (HCPCS), *International Statistical Classification of Diseases and Related Health Problems, 10th Revision* (ICD-10); and associated publications and services.
II. Centers for Medicare and Medicaid Services (CMS) *National Correct Coding Initiative (NCCI)*: https://www.cms.gov/medicare-medicaid-coordination/national-correct-coding-initiative-ncci

III. Centers for Medicare and Medicaid Services (CMS) *Proper Use of Modifiers 59 & X{EPSU}*: https://www.cms.gov/files/document/mln1783722-proper-use-modifiers-59-xepsu.pdf
IV. Ohio Department of Medicaid (ODM) *Modifiers Recognized by Ohio Medicaid* and fee schedules: https://medicaid.ohio.gov/resources-for-providers/billing/billing

Attachments

N/A

Policy History

12/01/2022	AmeriHealth Caritas Implementation
10/13/2022	Reimbursement Policy Committee Approval