

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

Reimbursement Policy ID: RPC.0010.7700

Recent review date: 02/2025

Next review date: 03/2026

AmeriHealth Caritas Ohio reimbursement policies and their 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 and federal regulatory agencies, and medical specialty professional societies. Reimbursement policies are intended as a general reference and do not constitute a contract or other guarantee of payment. AmeriHealth Caritas Ohio may use reasonable discretion in interpreting and applying its policies to services provided in a particular case and may modify its policies at any time.

In making claim payment determinations, the health plan also uses coding terminology and methodologies based on accepted industry standards, including Current Procedural Terminology (CPT); the Healthcare Common Procedure Coding System (HCPCS); and the International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM), and other relevant sources. Other factors that may affect payment include medical record documentation, legislative or regulatory mandates, a provider's contract, a member's eligibility in receiving covered services, submission of clean claims, and other health plan policies, and other relevant factors. These factors may supplement, modify, or in some cases supersede reimbursement policies.

This reimbursement policy applies to all health care services billed on a CMS-1500 form or its electronic equivalent, or when billed on a UB-04 form or its electronic equivalent.

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).

Reimbursement Guidelines

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

Modifier 59 is used to identify procedures/services, other than evaluation and management (E/M) services, that are not normally reported together but are appropriate under the circumstances. However, when another already established modifier (XE — XU) is appropriate, it should be used rather than modifier 59. Modifier 59 should not be appended to an E/M service.

- Modifier XE — Separate Encounter, a service that is distinct because it occurred during a separate encounter. **Note:** Only use XE to describe separate encounters on the same date of service.
- 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 Non-Overlapping Service, the use of a service that is distinct because it does not overlap usual components of the main service

Edit Sources

- I. Current Procedural Terminology (CPT) and associated publications and services.
- II. Healthcare Common Procedure Coding System (HCPCS).
- III. International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM).
- IV. Centers for Medicare and Medicaid Services (CMS) National Correct Coding Initiative (NCCI): <https://www.cms.gov/medicare-medicare-coordination/national-correct-coding-initiative-ncci>
- V. 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>
- VI. Ohio Department of Medicaid (ODM) billing resources for providers: <https://medicaid.ohio.gov/resources-for-providers/billing/billing>

Attachments

N/A

Associated Policies

RPC.0009.7700 Significant, Separately Identifiable Evaluation and Management Service (Modifier 25).

Policy History

| | |
|---------|--|
| 02/2025 | Reimbursement Policy Committee Approval |
| 01/2025 | Annual review <ul style="list-style-type: none">No major changes |
| 04/2024 | Revised preamble |
| 02/2024 | Reimbursement Policy Committee Approval |
| 02/2024 | Annual review: <ul style="list-style-type: none">No major changes |
| 08/2023 | Removal of policy implemented by AmeriHealth Caritas Ohio from Policy History section |
| 01/2023 | Template revised <ul style="list-style-type: none">Revised preambleRemoval of Applicable Claim Types tableCoding section renamed to Reimbursement GuidelinesAdded Associated Policies section |
| 10/2022 | Reimbursement Policy Committee Approval |