

Coding Policy

Modifier 59 and Other Modifiers for Distinct Procedural Services

CODING POLICY NUMBER: 33

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SCOPE: Providence Health Plan, Providence Health Assurance, Providence Plan Partners, and Ayin Health Solutions as applicable (referred to individually as “Company” and collectively as “Companies”). **The full Company portfolio of current coding policies is available online and can be [accessed here](#).**

POLICY APPLICATION

- Providence Health Plan Participating Providers
- Non-Participating Practitioners
- Commercial
- Medicaid/Oregon Health Plan
- Medicare

*Medicaid/OHP Members

Oregon: Services requested for Oregon Health Plan (OHP) members follow the OHP Prioritized List and Oregon Administrative Rules (OARs) as the primary resource for coverage determinations. Coding policy criteria below may be applied when there are no criteria available in the OARs and the OHP Prioritized List.

POLICY STATEMENT

- I. Modifier 59 is used to report a service that is separate and distinct from another service with which it would usually be bundled.

- II. HCPCS modifiers XE, XS, XP, and XU are subsets of modifier 59 and are used to define the specific circumstances that make the procedure separate and distinct.
- III. Additional modifiers are also available to identify services that are separate and distinct, such as anatomic indicators and site-specific modifiers. Anatomic indicators and site-specific modifiers such as RT, LT, E1, E2, FA, F1-F9, TA, T1-T9, etc. are preferred modifiers and will reduce unnecessary claim denials.
- IV. Company reserves the right to perform post-payment review of claims submitted with Modifier 59, XE, XS, XP or XU. Company may request that providers submit additional documentation, including medical records to support claims submitted by the provider. If documentation is not provided following the request or notification, or if documentation does not support the services billed for the episode of care, the Company may deny the claim, recover and/or recoup monies previously paid on the claim.
- V. Modifiers 59, XE, XS, XP, and XU should be used only when no other valid modifier applies. The medical record must clearly indicate the circumstances for use of modifier 59, XE, XS, XP, or XU.
 - A. 59: Distinct Procedural Service
 - B. XE: Separate Encounter
 - C. XS: Separate Structure/Organ
 - D. XP: Separate Practitioner
 - E. XU: Unusual Non-Overlapping Service.

PROCEDURE

DEFINITIONS

- Modifier **XE** is used to identify a procedure performed at a separate session or encounter after the first procedure. For surgery claims, a separate session may not be billed unless the patient has been discharged from the surgical suite and then is returned to the surgical suite for a complication or another surgery. For time-based codes, a separate session is identified as a separate block of time where there is no overlap of services.
- Modifier **XS** is used to identify a procedure performed at a different anatomic location.
- Modifier **XP** is used when the clinical documentation shows medical necessity for a different practitioner to perform a procedure that would normally be bundled.
- Modifier **XU** is used when the procedure is performed through a separate incision/excision, on separate lesions, or on separate injuries – or separate areas of injury – when extensive injuries are treated in the same operative session.

Modifiers 59, XE, XS, XP, and XU should not be used for:

- Weekly radiation therapy management procedures
- Evaluation and Management services

Modifiers 59, XE, XS, and XU are used only when the procedures in question are performed by the same provider on the same date of service.

Modifiers 59, XE, XS, and XU do not affect the reduction for multiple surgeries performed at the same session. See Coding Policy 06.0 (Multiple Procedure Reductions).

Modifiers 59, XE, XS, and XU are to be added as appropriate only to the code that would normally be denied as a bundled service. Because it negates the meaning of these modifiers to add them to every code, claims with modifier 59, XE, XS, or XU on every code will be treated as if no modifiers were added, and all bundled services will be denied.

CROSS REFERENCES

- Coding Policy 06.0 (Multiple Procedure Reductions)

REFERENCES

1. Providence Health Plan Clinical Edits
2. National Correct Coding Initiative (NCCI) (cms.gov)

POLICY REVISION HISTORY

Date	Revision Summary
3/2001	Original policy effective date.
1/2023	Annual review. Converted to new template 5/2023.
1/2024	Annual review. No changes.
1/2025	Annual review. No changes to policy.
05/2025	Annual review. Added reference CMS website. Added Section IV- Post-Payment review process verbiage
05/2026	Annual review. Added Cross References section. Added OHP disclaimer under Policy Application. Updated References formatting.