

Coding Policy Policy and Procedure		
SUBJECT: Coding Policy 33.0 Modifiers for Distinct Procedural Services	DEPARTMENT: Coding Compliance	
ORIGINAL EFFECTIVE DATE: 03/01	DATE(S) REVIEWED/REVISED: 04/02, 3/03, 3/04, 1/05, 1/06, 1/07, 07/07, 1/08, 01/09, 01/10, 01/1, 01/12, 01/13, 01/14, 01/15, 01/16, 01/17, 07/17, 01/18, 04/18, 01/19, 01/20 01/21	
APPROVED BY: Coding Policy Review Committee	NUMBER: MC 33.0	PAGE: 1 of 2

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”).

APPLIES TO:

Health Plan Providers
All Lines of Business

POLICY:

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

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.

- 59: Distinct Procedural Service
- XE: Separate Encounter
- XS: Separate Structure/Organ
- XP: Separate Practitioner
- XU: Unusual Non-Overlapping Service

PROCEDURE:

- 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 surgery note 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, or performed on separate lesions, or separate injuries or separate areas of injury when extensive injuries are treated in the same operative session.

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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 only used 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 Surgery 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.

REFERENCE:

National Correct Coding Initiative Policy Guidelines
Providence Health Plan Clinical Coding Edits