

# Payment Policy

cmi\_051722

<b>Title</b>	<b>Modifiers XE, XS, XP and XU – Separate Encounter, Separate Structure, Separate Practitioner, and Unusual Overlapping service</b>		
<b>Number</b>	<b>CP.PP.005.v2.7</b>		
<b>Last Approval Date</b>	06/12/25	<b>Original Effective Date</b>	12/07/14
<b>Cross Reference</b>	<ul style="list-style-type: none"> <li>• <i>Modifier 24 – Unrelated E&amp;M service by the Same Physician in the Post-Op Period</i></li> <li>• <i>Modifier 25 – Significant, Separately Identifiable Evaluation and Management Service on Same Day of Procedure or Other Service</i></li> <li>• <i>Modifier 59 – Distinct Procedural Services</i></li> <li>• <i>Multiple Diagnostic Cardiovascular Services Reductions</i></li> <li>• <i>Multiple Diagnostic Imaging Reductions</i></li> <li>• <i>Multiple Diagnostic Ophthalmology Services Reductions</i></li> <li>• <i>Multiple Endoscopy Procedure Reductions</i></li> <li>• <i>Multiple Surgical Reductions</i></li> </ul>		

Coverage of any service is determined by a member's eligibility, benefit limits for the service or services rendered and the application of the Plan's Medical Policy. Final payment is subject to the application of claims adjudication edits common to the industry and the **Plan's professional or facility services claims coding policies**. Reimbursement is restricted to the provider's scope of practice as well as the fee schedule applicable to that provider.

<b>Purpose</b>	To define how the Plan recognizes separate encounters, separate structures, separate practitioners, and unusual overlapping services when appended by specific modifiers that are submitted on a CMS 1500 paper claim or 837P electronic claim form.
<b>Scope</b>	Applies to all Premera Blue Cross, Premera Blue Cross Blue Shield of Alaska, LifeWise Health Plan of Washington, LifeWise Assurance Company, and Premera Blue Cross HMO lines of business and products.
<b>Policy</b>	<p>The Plan recognizes that it may be necessary to indicate that a procedure or service was separate and distinct or independent from other services performed on <b>the same day</b>.</p> <p>Modifiers XE, XS, XP and XU can be used to identify services that are not normally reported together but are appropriate under certain documented circumstances.</p> <p>Modifiers XE, XS, XP and XU describe <b>specific information and circumstances</b> regarding why two or more services are appropriately reported together.</p> <p>Modifiers XE, XS, XP and XU take <b>precedence</b> over the use of modifier 59 due to their greater specificity.</p> <p>The provider must have documentation on file and available for viewing upon request. Documentation must support that the procedure or service was done during a distinct or separate encounter, on a separate structure, by a separate practitioner, or an unusual non-overlapping service. Do <b>not</b> use these modifiers to bypass an edit unless the proper criteria for use of the modifiers are met.</p> <p>Modifier 59 will continue to be recognized as a modifier of <b>last resort</b> only when a <b>more specific</b> modifier cannot be found. Modifier 59 should <b>not</b> be submitted on the same line as modifiers XE, XS, XP or XU.</p>

	<p>Modifiers XE, XS, XP and XU should <b>not</b> be appended to an Evaluation and Management (E&amp;M) code. When reporting a separate and distinct E&amp;M service with a non-E&amp;M service performed on the same date of service, append modifier 25.</p> <p>Use of modifiers XE, XS, XP and XU does <b>NOT</b> exempt the service from any multiple procedure reductions. Claim submissions with multiple surgical, multiple endoscopic or multiple diagnostic radiologic, cardiovascular, or ophthalmologic procedures will be subject to criteria in the Multiple Surgical Reductions, Multiple Endoscopy Procedure Reductions or the Multiple Diagnostic Imaging, Multiple Diagnostic Cardiovascular Services, and Multiple Diagnostic Ophthalmology Services Reductions Payment Policies.</p>
<b>Codes/Coding Guidelines</b>	<p>The following modifiers are referenced in this policy:</p> <ul style="list-style-type: none"> <li>• <b><u>Modifier XE: Separate Encounter</u></b> – a service that is distinct because it occurred during a separate encounter (e.g., separate surgical sessions after discharged from surgical suite; different block of time resulting in no overlap of services).</li> <li>• <b><u>Modifier XP: Separate Practitioner</u></b> – a service that is distinct because a different practitioner performed it.</li> <li>• <b><u>Modifier XS: Separate Structure</u></b> – a service that is distinct because it was performed on a separate organ/structure (e.g., different anatomic region or organ)</li> <li>• <b><u>Modifier XU: Unusual non-overlapping service</u></b> – the use of a service that is distinct because it does not overlap usual components of the main service (e.g., performed through separate incision/excision, performed on separate lesions, separate injuries, or areas of injury during same operative session)</li> </ul>
<b>Violations of Policy</b>	<p>Violations of this policy by any party that enters into a written arrangement with the Plan may result in increased auditing and monitoring, performance guarantee contractual penalties and/or termination of the contract. Disciplinary actions will be appropriate to the seriousness of the violation and shall be determined in Plan’s sole discretion.</p> <p>Violations of this policy may be grounds for corrective action, up to and including termination of employment.</p>
<b>Exceptions</b>	N/A
<b>Laws, Regulations &amp; Standards</b>	None
<b>References</b>	<ul style="list-style-type: none"> <li>• American Medical Association Current Procedural Terminology (AMA/CPT) codebook, Professional Edition</li> <li>• Centers for Medicare and Medicaid Services (CMS) MLN Fact Sheet, “Proper use of Modifier 59 and X{EPSU}, MLN1783722, March 2021</li> <li>• National Correct Coding Initiative (NCCI) Procedural Manual</li> <li>• Healthcare Common Procedure Coding System (HCPCS) Level II Codebook</li> <li>• Office of the Inspector General (OIG) audit reports</li> </ul>

<b>Policy Owner Review</b>	Payment Integrity Oversight Committee	
<b>Contact</b>	Any questions regarding the contents of this policy or its application should be directed to the Payment Integrity Department.	
<b>Annual Review Dates</b>	06/12/25; 07/08/24; 10/12/23; 11/07/22; 12/02/21; 12/30/20; 01/10/20; 01/10/19; 02/06/18; 03/17/17; 04/27/16; 04/30/15; 12/07/14	
<b>Version History</b>	02/06/18	Annual review; no changes
	01/10/19	Annual review; no changes
	01/20/20	Annual review; no changes
	12/30/20	Clarified the Purpose statement to indicate that the policy pertains to Professional services billed on a CMS-1500 or 837P claim forms. Moved the Modifier descriptions out of the Policy statement and entered them in the new section Codes/Coding Guidelines
	12/02/21	Added Modifier 24 and 25 Payment Policies to the Cross Reference Section Clarified in the seventh paragraph that Modifier 24 or 25 should be appended to an E&M Service and not modifier XE, XS, XP or XU
	11/07/22	Annual review; no changes
	10/12/23	Annual review; no changes
	07/08/24	Annual review; no changes
	06/12/25	Annual review; no changes