PREMERA BLUE CROSS
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Payment Policy

cmi_171418

Title	**Modifier 59 - Distinct Procedural Service**		
Number	**CP.PP.394.v1.7**		
Last Approval Date	06/11/24	**Original Effective Date**	02/03/03
Replaces	N/A		
Cross Reference	• *Modifier 24 – Unrelated E&M service by the Same Physician in the Post-Op Period* • *Modifier 25 – Significant, Separately Identifiable Evaluation and Management Service on Same Day of Procedure or Other service* • *Modifiers XE, XS, XP and XU – Separate Encounter, Separate Structure, Separate Practitioner and Unusual Overlapping* • *Multiple Diagnostic Cardiovascular Services Reductions* • *Multiple Diagnostic Imaging Reductions* • *Multiple Diagnostic Ophthalmology Services Reductions* • *Multiple Endoscopy Procedure Reductions* • *Multiple Surgical Reductions*		

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.

Purpose	To define when the Plan recognizes services appended with Modifier 59 that are submitted on a CMS 1500 paper claim or 837P electronic claim form.
Scope	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.
Policy	The Plan recognizes modifier 59 when appended to a service to indicate that a procedure or service was separate and distinct or independent from other non-Evaluation and Management (E&M) services performed on the same day/same session. Modifier 59 is appended to a procedure code to identify services that are <u>not normally reported together</u> but are appropriate under the circumstances and supported as such within the clinical documentation. The provider must have documentation on file and available upon request to support that the procedure or service was distinct or separate from other services performed on the same day. Documentation must support a: • Different session, • Different procedure or surgery, • Different anatomic site(s) or different organs/organ system, • Separate incision/excision, • Separate non-contiguous lesion(s) in different anatomic regions or different organs, or • Separate injury or area of injury not ordinarily encountered or performed on the same day by the same provider Modifiers XE, XS, XP and XU are also available for use to represent distinct circumstances regarding the service. These modifiers describe specific information and

	circumstances regarding why two or more services are appropriately reported together. These modifiers take **precedence** over modifier 59 due to their greater specificity. Modifier 59 will continue to be recognized as a modifier of last resort when a **more specific** modifier cannot be found. Modifier 59 must not be appended to an Evaluation and Management (E&M) code. To report a separate and distinct E&M service with a non-E&M service performed on the same date of service, append modifier 25. To report a separate and distinct E&M service within the postoperative period of another procedure, append modifier 24. Modifier 59 must not be submitted on the same claim line as modifier XE, XS, XP or XU. Use of modifier 59 does **NOT** exempt the service from any multiple procedure reductions, which are defined within the criteria of the following payment policies: Multiple Diagnostic Radiologic Reductions, Multiple Diagnostic Cardiovascular Services Reductions, Multiple Diagnostic Ophthalmology Reductions, Multiple Endoscopy Reductions, and Multiple Surgical Reductions.
Codes/Coding Guidelines	The following modifiers referenced within this policy include: • **Modifier 24** – Unrelated E&M service by the Same Physician in the Post-Op Period • **Modifier 25** – Significant, Separately Identifiable Evaluation and Management Service on Same Day of Procedure or Other service • **Modifier XE: Separate Encounter** – 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) • **Modifier XS: Separate Structure** – A service that is distinct because it was performed on a separate organ/structure (e.g. different anatomic location) • **Modifier XP: Separate Practitioner** – A service that is distinct because a different practitioner performed it • **Modifier XU: Unusual non-overlapping service** – A service that is distinct because it does not overlap with the 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)
Violations of Policy	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 determined in Plan's sole discretion. Violations of this policy may be grounds for corrective action, up to and including termination of employment.
Exceptions	N/A

Laws, Regulations & Standards	None	
References	• American Medical Association Current Procedural Terminology (AMA/CPT) codebook • Centers for Medicare and Medicaid Services (CMS) Medicare Learning Network (MLN) Fact Sheet, "Proper use of Modifier 59 and X{EPSU}, MLN1783722, March 2021 • National Correct Coding Initiative (NCCI) Procedural Manual, Chapter I-General Correct Coding Policies • Healthcare Common Procedure Coding System (HCPCS) Level II codebook • Office of the Inspector General (OIG) Audit Reports	
Policy Owner Review	Payment Integrity Oversight Committee	
Contact	Any questions regarding the contents of this policy or its application should be directed to the Payment Integrity Department.	
Annual Review Dates	06/11/24; 10/12/23; 11/07/22; 12/02/21; 12/30/20; 01/10/20; 01/10/19; 02/06/18; 03/13/17; 04/27/16; 04/30/15; 12/07/14; 01/13/13; 01/26/12; 01/27/11; 03/04/10; 05/25/09; 08/01/08; 06/28/06; 08/29/05; 05/31/05; 10/08/04; 03/05/04; 03/29/03; 10/25/02	
Version History	02/06/18	Added paragraph to indicate modifier 59 should not be billed with modifiers XE, XS, XP or XU
	01/10/19	Annual Review; no changes
	01/10/20	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
	12/02/21	• Added Modifier 24 and 25 Payment Policies to the Cross Reference section. • Clarified the sixth paragraph that Modifier 24 or 25 should be appended to E&M services and not Modifier 59 to indicate a separate service.
	11/07/22	Annual review; no changes
	10/12/23	In the Policy section, added clarification to the sub-bullets in paragraph three and created a new section "Codes/Coding Guidelines" which includes full descriptions of the modifiers referenced in the policy
	06/11/24	Clarified last paragraph in the Policy statement for multiple procedure reductions related policies

This policy was published on June 19, 2024