

<b>Reimbursement Policy</b>	
Subject: <b>Distinct Procedural Services (Modifiers 59, XE, XP, XS, XU)</b>	
Policy Number: <b>G-15001</b>	Policy Section: <b>Coding</b>
Last Approval Date: <b>04/12/2022</b>	Effective Date: <b>04/12/2022</b>

\*\*\*\* Visit our provider website for the most current version of our reimbursement policies. If you are using a printed version of this policy, please verify the information by going to <https://www.bluecrossnc.com/providers/blue-medicare-providers/healthy-blue-medicare>. \*\*\*\*

### Disclaimer

These policies serve as a guide to assist you in accurate claims submissions and to outline the basis for reimbursement by Blue Cross and Blue Shield of North Carolina (Blue Cross NC) if the service is covered for Healthy Blue + Medicare<sup>SM</sup> (HMO D-SNP). The determination that a service, procedure, item, etc. is covered under a member's benefit plan is not a determination that you will be reimbursed. Services must meet authorization and medical necessity guidelines appropriate to the procedure and diagnosis as well as to the member's state of residence. You must follow proper billing and submission guidelines. You are required to use industry standard, compliant codes on all claim submissions. Services should be billed with CPT<sup>®</sup> codes, HCPCS codes, and/or revenue codes. The codes denote the services and/or procedures performed. The billed code(s) are required to be fully supported in the medical record and/or office notes. Unless otherwise noted within the policy, our policies apply to participating providers and facilities; a noncontracting provider who accepts Medicare assignment will be reimbursed for services according to the original Medicare reimbursement rates.

If appropriate coding/billing guidelines or current reimbursement policies are not followed, Blue Cross NC Medicare Advantage may:

- Reject or deny the claim.
- Recover and/or recoup claim payment.
- Adjust the reimbursement to reflect the appropriate services and/or procedures performed.

Blue Cross NC Medicare Advantage reimbursement policies are developed based on nationally accepted industry standards and coding principles. These policies may be superseded by mandates in provider, state, federal, or CMS contracts and/or requirements. System logic or setup may prevent the loading of policies into the claims platforms in the same manner as described; however, Blue Cross NC Medicare Advantage strives to minimize these variations.

<https://www.bluecrossnc.com/provider-home>

Healthy Blue + Medicare<sup>SM</sup> (HMO D-SNP) is a Medicare Advantage plan offered by Blue Cross and Blue Shield of North Carolina (Blue Cross NC). Certain administrative services for Healthy Blue + Medicare are provided by Amerigroup Partnership Plan, LLC (Amerigroup) pursuant to an administrative services agreement. References to Blue Cross NC may mean Blue Cross NC or their designee, Amerigroup.  
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Blue Cross NC Medicare Advantage reserves the right to review and revise our policies periodically when necessary. When there is an update, we will publish the most current policy to our provider website.

### Policy

Blue Cross NC Medicare Advantage allows reimbursement for a procedure or service that is distinct or independent from other service(s) performed on the same day by the same provider when billed with Modifier 59, XE, XP, XS, or XU (collectively known as X{EPSU}), unless provider, state, federal, or CMS contracts and/or requirements indicate otherwise.

Blue Cross NC Medicare Advantage follows CMS National Correct Coding Initiative (NCCI) Procedure to Procedure (PTP) edit guidelines.

### Reimbursable:

- National Correct Coding Initiative (NCCI) Column 1/ Column 2 edits; Modifiers 59 or X{EPSU} may be appended to the paid or denied code.
- Modifier 59 should only be used if no more descriptive modifier is available such as XE, XP, XS, XU.
- Modifier 59 should not be appended to the same claim line item as X{EPSU}.

Blue Cross NC Medicare Advantage reserves the right to perform post-payment review of claims submitted with Modifier 59 and X{EPSU}. Blue Cross NC Medicare Advantage may request that providers submit additional documentation, including medical records or other documentation not directly related to the member, 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, we may:

- Deny the claim.
- Recover and/or recoup monies previously paid on the claim.

We are not liable for interest or penalties when payment is denied or recouped because the provider fails to submit required or requested documentation.

### Related Coding

Standard Correct Coding applies

### Policy History

04/12/2022	Biennial review approved and effective: Updated policy template, no changes to policy language
07/01/2021	Initial policy approval and effective date

### References and Research Materials

This policy has been developed through consideration of the following:

- CMS

- State Medicaid
- State contracts
- American Medical Association: Coding with Modifiers, Fifth Edition
- Optum 360 Learning: Understanding Modifiers, 2021 Edition

**Definitions**

Modifier 59	Modifier 59 is used to identify procedures/services, other than E/M services, that are not normally reported together, but are appropriate under the circumstances. Only if no more descriptive modifier is available, and the use of modifier 59 best explains the circumstances, should modifier 59 be used. 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
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
General Reimbursement Policy Definitions	

**Related Policies and Materials**

Claims Requiring Additional Documentation
Code and Clinical Editing Guidelines
Documentation Standards for Episodes of Care
Modifier Usage