

		<b>Reimbursement Policy</b>
<b>Subject: Distinct Procedural Services (Modifiers 59, XE, XP, XS, XU)</b>		
Effective Date: <b>08/24/15</b>	Committee Approval Obtained: <b>08/31/17</b>	Section: <b>Coding</b>
<p>*****The most current version of our reimbursement policies can be found on our provider website. If you are using a printed version of this policy, please verify the information by going to <a href="https://medproviders.anthem.com/nv">https://medproviders.anthem.com/nv</a>.*****</p> <p>These policies serve as a guide to assist you in accurate claim submissions and to outline the basis for reimbursement by Anthem Blue Cross and Blue Shield Healthcare Solutions (Anthem). 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 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 both participating and nonparticipating providers and facilities.</p> <p>If appropriate coding/billing guidelines or current reimbursement policies are not followed, Anthem may:</p> <ul style="list-style-type: none"> <li>• Reject or deny the claim.</li> <li>• Recover and/or recoup claim payment.</li> </ul> <p>Anthem 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 These policies may be superseded by mandates in provider, state, federal or CMS contracts and/or requirements.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, Anthem strives to minimize these variations.</p> <p>Anthem 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 this site.</p>		
<b>Policy</b>	<p>Anthem 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 unless provider, state, federal or CMS contracts and/or requirements indicate otherwise.</p> <p>Modifier 59 should be used when a more descriptive modifier, like an XE, XP, XS or XU, collectively referred to as X{EPSU} is not available. The X{EPSU} modifiers are more selective versions of Modifier 59; it would be incorrect to include both modifiers on the same claim line.</p>	

**<https://medproviders.anthem.com/nv>**

Modifier	Description
59	Used to indicate that a procedure or service was distinct or independent from other services performed on the same day. Modifier 59 is used to identify procedures or services that are not normally reported together, but are appropriate under the circumstances.
XE	Separate Encounter, used to indicate a service that is distinct because it occurred during a separate encounter.
XP	Separate Practitioner, used to indicate a service is distinct because it was performed by a different practitioner.
XS	Separate Structure, used to indicate a service is distinct because it was performed on a separate organ/structure.
XU	Unusual Non-Overlapping Service, the use of a service that is distinct because it does not overlap usual components of the main service.
<p>Anthem reserves the right to perform postpayment review of claims submitted with Modifier 59 and X{EPSU}. Anthem 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, Anthem may:</p> <ul style="list-style-type: none"> <li>• Deny the claim.</li> <li>• Recover and/or recoup monies previously paid on the claim.</li> </ul> <p>Anthem is not liable for interest or penalties when payment is denied or recouped because the provider fails to submit required or requested documentation.</p> <p><b>Nonreimbursable</b>                      Anthem does not allow reimbursement for the above listed modifiers in the following circumstances:</p> <ul style="list-style-type: none"> <li>• The modifier is billed with evaluation and management (E&amp;M) codes.</li> <li>• The modifier is billed with radiation therapy management codes.</li> <li>• A different modifier would describe the situation more accurately.</li> </ul> <p><b>NOTE:</b> Refer to individual modifier policies for specific modifier requirements, guidelines and exemptions.</p>	
<b>History</b>	<ul style="list-style-type: none"> <li>• Effective <b>02/01/18</b>: Policy template updated</li> </ul>

	<ul style="list-style-type: none"> <li>• Biennial review approved <b>08/31/17</b>: Policy template updated</li> <li>• Initial approval and effective date: <b>08/24/15</b></li> </ul>
<b>References and Research Materials</b>	<p>This policy has been developed through consideration of the following:</p> <ul style="list-style-type: none"> <li>• CMS</li> <li>• State Medicaid</li> <li>• State contracts</li> <li>• American Medical Association: Coding with Modifiers, Fifth edition</li> <li>• Optum 360 Learning: Understanding Modifiers, 2016 edition</li> <li>• U.S. Department of Health &amp; Human Services, Office of the Inspector General, Semiannual Report to Congress, 1 October 2005 – 31 March 2006</li> <li>• U.S. Department of Health &amp; Human Services, Office of the Inspector General, Use of Modifier 59 to Bypass Medicare’s National Correct Coding Initiative Edits, OEI-03-02-00771, November 2005</li> </ul>
<b>Definitions</b>	<ul style="list-style-type: none"> <li>• <b>General Reimbursement Policy Definitions</b></li> </ul>
<b>Related Policies</b>	<ul style="list-style-type: none"> <li>• Claims Requiring Additional Documentation</li> <li>• Code and Clinical Editing Guidelines</li> <li>• Modifier Usage</li> </ul>
<b>Related Materials</b>	<ul style="list-style-type: none"> <li>• None</li> </ul>