



Clover Health Distinct Procedural Service, modifiers 59 and XE, XP, XS & XU  
Reimbursement Policy

Policy # RP-041

<b>Policy Title</b>	Distinct Procedural Service, modifiers 59 and XE, XP, XS & XU Reimbursement Policy
<b>Policy Department</b>	Payment Strategy & Optimization
<b>Effective Date</b>	4/1/2022
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**Disclaimer:**

Clover Health applies The Center for Medicare and Medicaid Services (CMS) criteria and guidelines, National Coverage Determinations (NCD), Local Coverage Determinations (LCD), Clover Policies, and MCG for determining medical necessity. Clover Policies are intended to provide a standard guideline but are not used to preempt providers' judgment in rendering services. Providers are expected to provide care based on best practices and use their medical judgment for appropriate care.

**Description:**

Modifiers 59, XE, XP, XS, and XU have been created to allow providers to report distinct procedural services on claims, however appropriate use of the modifiers is required by Clover Health for providers to be reimbursed. This policy defines guidelines for contracted and non-contracted providers for Clover Health's Medicare Advantage plans.

**Definitions:**

- National Correct Coding Initiative (NCCI)
  - The National Correct Coding Initiative is a Centers for Medicare & Medicaid Services program designed to prevent improper payment of procedures that should not be submitted together.
- Current Procedural Terminology (CPT)
  - A medical code set used for reporting medical services and procedures.
- Evaluation and Management (E/M) Services
  - Medical codes established for reporting visits and services involving evaluating and managing patient health.



**Policy:**

The CPT Manual defines modifier 59 as follows: "Distinct Procedural Service: Under certain circumstances, it may be necessary to indicate that a procedure or service was distinct or independent from other non-E/M (Evaluation/Management) services performed on the same day. 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. Documentation must support a different session, different procedure or surgery, different site or organ system, separate incision/excision, separate lesion, or separate injury (or area of injury in extensive injuries) not ordinarily encountered or performed on the same day by the same individual. However, when another already established modifier is appropriate, it should be used rather than modifier 59. 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. To report a separate and distinct E/M service with a non-E/M service performed on the same date, see modifier 25."

Modifier 59 should not be submitted with an E/M service or in the case where another established modifier is appropriate. Only use modifier 59 when no other more specific modifier is appropriate.

Modifiers XE, XP, XS, and XU were created to be used in place of modifier 59 when appropriate. They provide more specific explanations of distinct procedural services. Modifier 59 should never be used in addition to modifiers X{EPSU}.

Modifier XE is used on separate encounters for the same date of service. For example a patient has had multiple surgery procedures at different times on the same day.

Modifier XP is used for services provided by separate providers under the same TIN on the same date of service. Services may or may not be billed on the same encounter and providers may or may not be the same specialty.

Modifier XS is used for services provided on the same encounter on a separate structure or organ at a different anatomical site. For example, injection into an elbow and an injection into a knee.

Modifier XU is submitted for services on the same encounter, provided by the same provider on the same anatomical site, structure, or organ.

Use of modifiers 59, XE, XP, XS, or XU to override NCCI editing should only be in the case



when a more appropriate NCCI PTP-associated modifier is not defined.

**Claim Codes (if applicable)**

- Modifier 59:
  - Distinct Procedural 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

**References**

[MLN 1783722](#)

[NCCI Policy Manual for Medicare](#)