
-59 Distinct Procedural Service and X-(EPSU) Modifiers

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Appending the -59 or one of the X-(EPSU) modifiers to a procedure indicates that one of the procedures/services being billed separately (other than Evaluation and Management services) would typically be bundled in the other procedure/service, but under the circumstances the services are separate and distinct, and as a result are appropriate to bill separately.

Product Information

The information outlined below applies to all Aspirus Medicare Advantage products.

Payment Information

- For Procedure to-Procedure (PTP) edits that have a Correct Coding Modifier Indicator (CCMI) of "1," the codes may be reported together only in defined circumstances which are identified on the claim using specific NCCI-associated modifiers (-59, -XE, -XP, XS, or -XU).
- The -59 Distinct Procedural Service modifier is used to describe a variety of circumstances. Medicare introduced the X-(EPSU) modifiers to further define specific subsets of the -59 modifier. One of the following X-(EPSU) modifiers should be used instead of the -59 modifier whenever it more accurately describes the circumstances causing a service to be separate and distinct from the service to which it would normally be bundled:
 - -XE Separate Encounter. A service that is distinct because it occurred during a separate encounter.
 - -XP Separate Practitioner. A service that is distinct because it was performed by a different practitioner.
 - -XS Separate Structure. A service that 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.
- Either the -59 modifier or one of the X-(EPSU) modifiers may be appended to a claim line, but both modifiers cannot be appended to the same procedure/service.

- While it is not required to submit documentation with the claim, supporting documentation must be made available upon request.
- Eligible services will bypass CCI edits for separate payment.
- Modifiers -XE, -XP, -XS, -XU, and -59 *do not* bypass multiple surgery fee reductions, bilateral fee adjustments, or any other Aspirus administrative policy other than CCI edits.

Appropriate Use

- If based on the circumstances presenting themselves, it is necessary to unbundle services that would normally be bundled by CCI Edits because the services are distinct the -59 or one of the X-(EPSU) modifiers would be appropriate to use.
- Two services are time based and they are performed sequentially or within separate and distinct timeframes during the same patient encounter.
- When a diagnostic procedure precedes a surgical procedure or non-surgical therapeutic procedure, and it the basis upon which the decision is made to perform the surgical/non-surgical therapeutic procedure, that diagnostic test may be considered separate and distinct if it:
 - Occurs before the therapeutic procedure and is not interspersed with services that are required for the therapeutic intervention;
 - Clearly provides the information needed to determine whether to proceed with the therapeutic procedure; and,
 - Is not a service that would have been required during the therapeutic intervention.

Inappropriate Use

- For procedure-to-procedure (PTP) edits that have a CCMI of “0,” the codes should never be reported together by the same provider for the same patient on the same date of service. If they are reported on the same date of service, the column one code is eligible for payment, and the column two code is denied.
- Using the -59 modifier when one of the X-(EPSU) modifiers more accurately describes why the service is separate and distinct.
- The presence of different diagnoses alone is not a sufficient reason to append the -59 Distinct Procedural Service modifier or one of the X- (EPSU) modifiers to a procedure/service.

- Appending the -59 Distinct Procedural Service modifier or one of the X- (EPSU) modifiers to an Evaluation and Management service.
- The treatment of contiguous structures in the same organ or anatomic region does not constitute treatment of different anatomic sites, including, but not limited to:
 - Treatment of the nail, nail bed, and adjacent soft tissue on the same toe or finger constitutes treatment of a single anatomic site.
 - Treatment of posterior segment structures in the eye constitutes treatment of a single anatomic site.
 - Arthroscopic treatment of structures in adjoining areas of the same shoulder constitutes treatment of a single anatomic site.
 - The exact same procedure was performed twice in the same day.

Additional Links

[Proper Use of Modifiers 59 & -X{EPSU}](#)

[Modifiers - NGSMEICARE](#)

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