

**TO: All Medicaid Enrolled Providers**  
**FROM: NH Medicaid**  
**DATE: July 3, 2018**  
**SUBJECT: Modifier 59 Guidelines**

NCCI edits are used to prevent payment for codes that report overlapping services except in those instances where the services are “separate and distinct.” Modifier 59 is an important NCCI-associated modifier that is often used incorrectly.

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 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. **Note:** 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.”

Modifiers XE, XS, XP, XU became effective January 1, 2015. These modifiers were developed to provide greater reporting specificity in situations where modifier 59 was previously reported and may be utilized in lieu of modifier 59 whenever possible. (**Modifier 59 should only be utilized if no other more specific modifier is appropriate.**) Providers have been instructed to begin using them for claims with dates of service on or after January 1, 2015. The modifiers are defined as follows:

**XE** – “Separate encounter, A service that is distinct because it occurred during a separate encounter” This modifier should only be used to describe separate encounters on the same date of service.

**XS** – “Separate Structure, A service that is distinct because it was performed on a separate organ/structure”

**XP** – “Separate Practitioner, A service that is distinct because it was performed by a different practitioner”

**XU** – “Unusual Non-Overlapping Service, The use of a service that is distinct because it does not overlap usual components of the main service”

Appropriate uses of Modifier 59 include:

- 1. Modifier 59 is used appropriately for different anatomic sites during the same encounter only when procedures which are not ordinarily performed or encountered on the same day are performed on different organs, or different anatomic regions, or in limited situations on different, non-contiguous lesions in different anatomic regions of the same organ.**

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- 2. Modifier 59 is used appropriately when the procedures are performed in different encounters on the same day.**
- 3. Modifier 59 is used inappropriately if the basis for its use is that the narrative description of the two codes is different.**

**4. Other specific appropriate uses of modifier 59**

There are three other limited situations in which two services may be reported as separate and distinct because they are separated in time and describe non-overlapping services even though they may occur during the same encounter.

- a. Modifier 59 is used appropriately for two services described by timed codes provided during the same encounter only when they are performed sequentially.**
- b. Modifier 59 is used appropriately for a diagnostic procedure which precedes a therapeutic procedure only when the diagnostic procedure is the basis for performing the therapeutic procedure.**
- c. Modifier 59 is used appropriately for a diagnostic procedure which occurs subsequent to a completed therapeutic procedure only when the diagnostic procedure is not a common, expected, or necessary follow-up to the therapeutic procedure.**