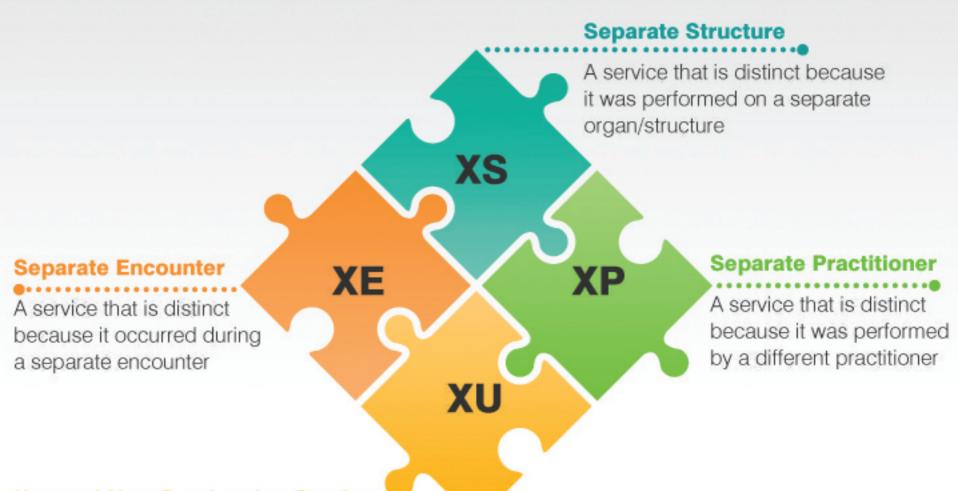
## X{EPSU} MODIFIERS

## QUICK REFERENCE GUIDE

Modifier 59 is associated with considerable misuse and high levels of manual audit activity, leading to reviews, appeals, and even civil fraud and abuse cases. The introduction of subset modifiers is designed to reduce improper use of modifier 59 and help improve claims processing for providers.



Unusual Non-Overlapping Service

The use of a service that is distinct because it does not overlap usual components of the main service

## **Examples**

XE (Separate encounter) – The physician performs a diagnostic nasal endoscopy at 10 a.m. (31231). The patient presents to the ER that evening with severe epistaxis. The physician who performed the endoscopy uses complex techniques to control the anterior epistaxis (30903). The diagnostic endoscopy is bundled with the control of epistaxis if performed during the same encounter. The procedures were performed at different encounters on the same date. Append XE to 30903 because it is the column 2 code.

XS (Separate structure) – When control of bleeding (45382) is performed as a result of a snare polypectomy during a colonoscopy (45385), the procedures are bundled. If control of the bleeding is performed at a separate site that is not a result of the polypectomy, report both codes and append XS to code 45382.

XP (Separate practitioner) – Unlike separate encounter and separate structure, this alternative would be used much more infrequently. This modifier is used when one doctor in the group does a service and another practitioner in the practice does another service that's bundled with the first. There has to be medical necessity documented for using the two different practitioners for these two bundled procedures. I believe you might see this in the care of trauma patients, when multiple physicians care for the patient at the same time.

**XU (Unusual non-overlapping service)** – Diagnostic angiography codes are bundled when performed during a percutaneous coronary intervention (PCI). In some cases, the diagnostic angiography can be reported. For example, no prior catheter-based angiography is available or the patient's clinical indication changed since the study. If the documentation supports billing the diagnostic angiography performed (as defined in the CPT® guidelines) during the same session as the PCI, append XU to the diagnostic angiography code.



Overusing modifier 59 may lead to an audit. Be sure your documentation supports utilization of any modifier indicating a "distinct service." X{EPSU} modifiers were created by CMS to help clarify this.

