

		Reimbursement Policy
Subject: Distinct Procedural Services (Modifiers 59, XE, XP, XS, XU)		
Effective Date: 10/01/17	Committee Approval Obtained: 08/31/17	Section: Coding
<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 https://providers.amerigroup.com/DC. *****</p> <p>These policies serve as a guide to assist you in accurate claim submissions and to outline the basis for reimbursement by Amerigroup District of Columbia, Inc. if the service is covered by a member's Amerigroup benefit plan. 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 District 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, Amerigroup may:</p> <ul style="list-style-type: none"> • Reject or deny the claim. • Recover and/or recoup claim payment. <p>Amerigroup reimbursement policies are developed based on nationally accepted industry standards and coding principles. These policies may be superseded by mandates in provider, District, federal or CMS contracts and/or requirements.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, Amerigroup strives to minimize these variations.</p> <p>Amerigroup 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>		
Policy	<p>Amerigroup 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, District, 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>	

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

Amerigroup reserves the right to perform postpayment review of claims submitted with Modifier 59 and X{EPSU}. We 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, we may:

- Deny the claim.
- Recover and/or recoup monies previously paid on the claim.

Amerigroup is not liable for interest or penalties when payment is denied or recouped because the provider fails to submit required or requested documentation.

Nonreimbursable

Amerigroup does not allow reimbursement for the above-listed modifiers in the following circumstances:

- The modifier is billed with evaluation and management codes.
- The modifier is billed with radiation therapy management codes.
- A different modifier would describe the situation more accurately.

Note: Refer to individual modifier policies for specific modifier requirements, guidelines and exemptions.

History

- Biennial review approved **08/31/17**: Policy template updated
- Initial review approved **07/19/17** and effective **10/01/17**

References and Research Materials	<p>This policy has been developed through consideration of the following:</p> <ul style="list-style-type: none"> • CMS • DC Department of Health Care Finance policies • Amerigroup contract with the DC Department of Health Care Finance • Optum 360 Learning: Understanding Modifiers, 2016 edition • U.S. Department of Health & Human Services, Office of the Inspector General, Semiannual Report to Congress, 1 October 2005-31 March 2006 • U.S. Department of Health & 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
Definitions	<ul style="list-style-type: none"> • General Reimbursement Policy Definitions
Related Policies	<ul style="list-style-type: none"> • Claims Requiring Additional Documentation • Code and Clinical Editing Guidelines • Modifier Usage
Related Materials	<ul style="list-style-type: none"> • None