Payment Policy:	**Modifier 59 – Distinct Procedural Services**	
Original Date Approved: 7/12/2019	**Effective Date:** 01/01/2019	**Date Revised:** N/A
Scope: Commonwealth Care Alliance (CCA) Product Lines: ☒ Senior Care Options ☒ One Care		

PAYMENT POLICY SUMMARY:

As defined by AMA CPT: Under certain circumstances it may be necessary to indicate that a procedure or service was distinct or independent from other Non-Evaluation and Management services performed on the same day. Modifier 59 is used to identify those procedures/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 not ordinarily encountered or performed on the same day by the same individual.

BILLING AND CODING GUIDELINES:

CCA will use current industry standard procedure codes throughout their processing systems. The Health Insurance Portability & Accountability Act (HIPAA) Transaction and Code Set Rule requires providers to use the code(s) that are valid at the time the service is provided. Providers must only use industry standard code sets and must use specific HCPCS and CPT codes when available. Modifier 59 and its subsets (XE, XS, XP, XU) must only be appended to a procedure/service under the appropriate circumstances as described above. **Modifier 59 and its subsets (XE, XS, XP, XU) should never be appended to Evaluation & Management Services, Add-On codes, or to bypass PTP coding edits. Please review NCCI guidelines for appropriate use of this modifier:**

Modifier	Description
59	Distinct Procedural Service
XE	Separate Encounter
XS	Separate Structure
XP	Separate Practitioner
XU	Unusual Non-Overlapping Service

DISCLAIMER:

As every claim is unique, the use of this policy is neither a guarantee of payment nor a final prediction of how specific claim(s) will be adjudicated. Claims payment is subject to member eligibility and benefits on the date of service, coordination of benefits, referral/authorization and utilization management guidelines when applicable and adherence to plan policies and procedures and claims editing logic. CCA has the right to conduct audits on any provider and/or facility to ensure compliance with the guidelines stated in this payment policy. If such an audit determines that your office/facility did not comply with this payment policy, CCA has the right to expect your office/facility to refund all payments related to non-compliance.

REFERENCES:

Medicare 100-04 Chapter 12 20.4.6

Commonwealth Care Alliance

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POLICY TIMELINE DETAILS

1. May 2019 drafted