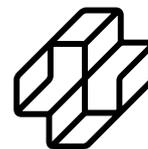


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Understanding the Fate of Modifier 59

By Jennifer Swindle

Using new 'X' modifiers allows for better tracking of bundled services.

Will there ever be a need to report a modifier 59 with the addition of the new X modifiers?

Answer: Modifier 59 is used when procedures normally bundled together should be reported as distinct and separate procedures. Modifier 59 was used to capture when procedures normally not performed together or not billable together were appropriately billed together and should receive separate payment. Some scenarios captured by the modifier 59 included a different incision or excision, a different body area, or a different time of day.

Modifier 59 has often been called the modifier of last resort because it is easy to use it incorrectly. It has been monitored and reviewed for overuse and misuse in the past, so while modifier 59 still is valid, the instances in which it will be used have been significantly reduced with the newly created 'X' modifiers that provide more clarification on the definition of distinct and separate services.

As with the 59 modifier, the determining factor for using X modifiers is if a service that is usually part of a bundle should not be in a particular instance, for a particular patient, on a particular

day. If you find that the modifier is necessary for all patients, every time a particular service is done, the procedures are not distinct and separate based on how the service is provided.

Previously, if a service was performed in the morning and a component part of the service was done in the afternoon, that would have been reported with a 59 modifier. Now that scenario is captured with the XE modifier.

This further differentiation and justification of the modifier will allow for better tracking and

identifying when services that are considered bundled should appropriately be reported together.

However, as with all modifier changes, there may be payers that do not recognize or want the new HCPCS modifiers, so attention should be paid to rejections or denials of claims based on modifiers. Communication with payers is critical. 

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The Four Types of X Modifiers

Modifier	Description
XE	Separate encounter. The services were performed at a different time or during a separate encounter and are only bundled when provided together.
XP	Separate practitioner. The services would normally be bundled if performed by the same practitioner, but a different practitioner provided the distinct service.
XS	Separate structure. Service provided on a separate body area or organ structure.
XU	Unusual or non-overlapping service. Distinct based on non-overlap of the usual components of the main service.

Source: Salud Healthcare Solutions, LLC, Lafayette, Ind.

X modifiers replaced modifier 59 as a way to code services that are normally bundled together but must be reported separately in certain circumstances.