

LW Consulting, Inc.

CodingAlert

Coding & Audit Pitfalls:
Best Practices to Avoid Compliance Issues

January 2019

Number: 01608034780
Claim Received: 06/09/10

DATES OF SERVICE	PROCEDURE CODE	
05/21/10-05/21/10	82272	PU
05/21/10-05/21/10	94010	PULMO
05/21/10-05/21/10	94375	CARDIOVASCULAR SE
05/21/10-05/21/10	93000	VENIPUNCTURE
05/21/10-05/21/10	36410	

Modifier 59 and the X Modifiers: Gaining Knowledge to Make Specificity Count

This CodingAlert provides a summary of Modifier 59 and changes to X Modifiers. This Distinct Procedural Services modifier helps healthcare providers identify procedures and services that are not normally reported together but may be reported together under certain circumstances. The use of Modifier 59 can be critical (as detailed further below) to explain the medical billing justification for reporting certain procedures/services together. It helps providers avoid unnecessary claims denials for double billing, inappropriate billing, and unbundling. Modifier 59 should never be appended to an Evaluation and Management (E/M) service under any circumstance.

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Proper Usage of Modifier 59:

- Two or more separate patient encounters on the same date of service.
- An additional and distinctly different procedure/surgery performed on the same day.
- Multiple separate lesions or injuries not typically treated on the same day.
- No other appropriate modifier is available

(Evaluate other modifiers, such as the RT/LT, identifying right and left; FA-F0, to identify fingers; TA-T0, to identify toes; and E1-E4, to identify eyelids).

Improper Usage of Modifier 59:

- When a more descriptive, appropriate, or valid modifier exists for the service.
- When appended to an Evaluation/Management (E/M) service.
- To report a separate E/M service with a non-E/M service performed on the same date (use Modifier 25).
- When a documentation does not support a separate and distinct status.
- When the Medicare National Correct Coding Initiative (NCCI) tables list the procedure code pair with a modifier indicator of "0" which means that under no circumstances can the code pair combination be billed together.

X Modifiers:

National Correct Coding Initiative (NCCI) will soon require the use of the following new X {E,S,P,U} Modifiers, on certain claims, instead of Modifier 59. The updates to Procedure-to-Procedure (PTP) edits will define when a Healthcare Common Procedure

To inquire about coding education, medical record documentation or compliance auditing, contact Rob Senska by calling 609-249-3819 or email RSenska@LW-Consult.com.

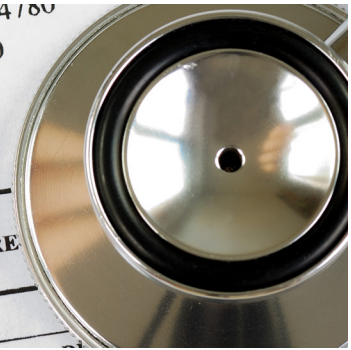
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06/01/10	82272



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Coding System (HCPCS) and Current Procedural Terminology (CPT) code should not be reported together. X Modifiers were created for greater specificity regarding reporting and billing and should be utilized instead of Modifier 59 whenever possible. Here are some of the new X Modifiers:

- **XE - Separate Encounter:** distinct service which occurred during a separate encounter (must be on the same date).
- **XS - Separate Structure:** a distinct service performed on a separate organ/structure.
- **XP - Separate Practitioner:** a distinct service performed by a different practitioner.
- **XU - Unusual Non-Overlapping Service:** a distinct service which does not overlap usual components of the main service.

Sources:

<https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/SE1418.pdf>

<https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM8863.pdf>

To minimize costly medical billing and coding errors, it's important to stay up to date on the requirements. LW Consulting, Inc, can assist you with coding education, medical record documentation and/or compliance auditing.

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