Use of 59 or X Modifiers for Code Pairs

Can you bill a certain pair of codes during the same patient visit? Use this decision tree to help you determine if the code combination can be used and whether it requires an X modifier (XE, XP, XS, XU) or modifier 59. Although Medicare allows the modifier to be appended to either code, we identify Column 2 for simplicity.

1. Does the code combination have a CCI edit?
   - NO → No modifier is needed to bill both codes.
   - YES →
     2. Is the modifier indicator a “1” or “0”?
        - 0 → No modifier is permitted. Bill the Column 1 code only.
        - 1 →
          3. Does the payer allow use of the X modifiers?
             - NO → Append modifier 59 to the Column 2 code to bill both codes.
             - YES →
               4. Are both codes time based with no overlapping components, and the documentation supports the exception?
                  - NO →
                    5. Did two different clinicians provide the services billing under the same TIN with no overlapping components, and the documentation supports the exception?
                       - NO →
                         6. Were the two procedures provided for different anatomical sites with no overlapping components, and the documentation supports the exception?
                                      - NO →
                                        7. Were one service-based code and one timed code performed with no overlapping components, and the documentation supports the exception?
                                                      - NO →
                                                        8. No modifier is permitted. Bill the Column 1 code only.
                                                      - YES →
                                                        9. Append the XE modifier to the Column 2 code to bill both codes.
                                                          - YES →
                                                            10. Append the XP modifier to the Column 2 code to bill both codes.
                                                               - NO →
                                                                 11. Append the XS modifier to the Column 2 code to bill both codes.
                                                                    - YES →
                                                                      12. Append the XU modifier to the Column 2 code to bill both codes.

Note: Check payer policy to determine if the payer permits the use of the X modifiers. Ensure that your clinical documentation supports the condition for which the specific modifier was selected. The Centers for Medicare & Medicaid Services' "Modifier 59 Article: Proper Usage Regarding Distinct Procedural Services" offers more information on use of modifier 59.