Part B Insider (Multispecialty) Coding Alert

Modifiers: This MAC Offers Long-Awaited Modifier X{EPSU} Examples

Use these case scenarios to help guide your modifier 59 alternatives.

CMS has been slow to offer examples on how to use Medicare's new "X{EPSU}" modifiers, but the MACs are slowly but surely stepping in to share advice on their proper usage.

As we reported in The Insider v. 16 n 2, WPS Medicare updated its "Modifiers Fact Sheet" to reflect some tips on using the new modifiers, and this week, NGS Medicare stepped in with some solid examples, as follows:

- **Modifier XE (Separate encounter):** Patient is seen in the morning for a cardiovascular stress test and then later in the day, the patient returns for a rhythm ECG. In this situation, you'd report 93015 for the stress test, along with 93040-XE for the ECG, NGS says.

- **Modifier XS (Separate structure):** Physician destroys a pre-malignant lesion and then obtains tissue for a biopsy unrelated to the destruction. You'll report 17000 for the lesion destruction along with 11100-XS for the biopsy.

- **Modifier XP (Separate practitioner):** Surgeon A performs a hernia repair at 7:00 a.m. Later that day, a different doctor performs an appendectomy. Surgeon A reports 49650 for the hernia repair and physician B reports 44970-XP for the appendectomy, NGS advises.

- **Modifier XU (Unusual Non-Overlapping Service):** The physician excises a 2.8 cm lesion on the patient's upper thigh area and then excises a separate 2.5 cm lipoma on the lower leg region. You'll report 27327 for the first excision and 27618-XU for the second.

Modifier 59 (Distinct procedural service): This continues to be the modifier of last resort, which means you'll only use it when none of the modifiers above apply to your situation.

"We do expect that we'll start off seeing more information coming from CMS in the future, they're looking to see how things go with the reporting of these modifiers before they take another step and further clarify these or make actual changes to policy," said NGS Medicare's **Nathan L. Kennedy, Jr., CPC, CHC, CPPM, CPC-I** during the MAC's Jan. 27 online conference, "J6 January Quarterly Release Webinar."

"These modifiers were highly anticipated to go into effect," Kennedy added. "Modifier 59 has always been kind of a catch-all or a generic modifier to try and catch several different things, so CMS decided it was necessary to create more specific modifiers to report services, more distinctly than modifier 59 did."

Resource: For more on using the new modifiers, visit www.ngsmedicare.com.