

Modifiers XE XS XP XU and 59 Usage

Purpose

This policy is intended to ensure correct provider reimbursement and serves only as a general resource regarding Molina Healthcare's reimbursement policy for the services described in this policy. It is not intended to address every aspect of a reimbursement situation, nor is it intended to impact care decisions. This policy was developed using nationally accepted industry standards and coding principles. In a conflict, federal and state guidelines, as applicable, and the member's benefit plans supersede the information in this policy. Also, to the extent of conflicts between this policy and the provider contract language, the Provider contract language will prevail. Coverage may be mandated by applicable legal requirements of a State, the Federal government or the Centers for Medicare and Medicaid Services (CMS). References included were accurate at the time of policy approval. If there is a state exception, please refer to the state exception table listed below.

Policy Overview

This billing policy applies to all Molina Medicaid, Medicare and Marketplace lines of business. This policy outlines the process used by the Centers for Medicare & Medicaid Services (CMS) and state Medicaid plans to evaluate the use of the X(EPSU) modifiers—XE, XP, XS, and XU—which represent specific subsets of modifier 59. Molina Healthcare has specific requirements for the proper documentation of medical necessity and valid modifiers for the reimbursement of certain procedures. To understand the coverage guidelines, limitations, and medical necessity criteria, please consult the referenced document: [MLN1783722 - Proper Use of Modifiers 59, XE, XS, XP & XU](#).

It is incorrect to use both modifier 59 and any of the X(EPSU) modifiers on the same line. Claims that are not billed correctly may face denial or potential recovery. Payment rates are determined based on the applicable fee schedule or provider contract agreement.

Please be aware that Molina Healthcare has the right to review all claim payments and recover any overpaid amounts based on contractual rates. Charges submitted without supporting evidence of medical necessity or the correct modifiers will not be considered in the final claim payment.

Reimbursement Guidelines

The X(EPSU) modifiers, which include XE, XP, XS, and XU, collectively refer to specific subsets of modifier 59. These modifiers serve as more precise alternatives to modifier 59, indicating distinct or independent services under specific circumstances. It is essential to note that it is incorrect to use both modifier 59 and any of the X(EPSU) modifiers on the same line.

Here is a breakdown of each X(EPSU) modifier:

- XE (Separate Encounter) is used when a service is distinct because it occurred during a separate encounter on the same date of service.
- XP (Separate Practitioner) indicates a service that is distinct because a different practitioner performed it.
- XS (Separate Structure) identifies a service as distinct because it was performed on a separate organ or structure.
- XU (Unusual Non-Overlapping Service) is used when a service is distinct because it does not overlap the usual components of the primary service.

Modifier 59, on the other hand, is a more general modifier used to identify procedures or services that are not typically reported together or when a more descriptive modifier is unavailable. It applies to various scenarios, including different sessions, procedures, sites, incisions, lesions, injuries, and more. It should not be applied to E/M services and should only be used when no other more descriptive modifier adequately explains the circumstances. It is important to avoid using modifiers 59 and XU to bypass procedure-to-procedure (PTP) edits based on the two codes representing different procedures. Instead, for reporting a separate and distinct E/M service with a non-E/M service performed on the same day, consider using Modifier 25

Supplemental Information

Definitions

Term	Definitions
CMS	The Centers for Medicare & Medicaid Services. It is a federal agency within the United States Department of Health and Human Services that administers the Medicare program and works in partnership with state governments to administer Medicaid, the Children's Health Insurance Program(CHIP), and health insurance portability standards.
X(EPSU)	Modifiers used for billing certain codes at considerable risk of incorrect billing.
E/M	Evaluation and Management
NCCI PTP	National Correct Coding Initiative procedure to procedure used to prevent improper payment when certain codes are submitted together.

Documentation History

Type	Date	Action
Initial Creation Date	10/23/2023	New Policy
Revised Date	12/16/2024	Updated template and validated that the reference links still are valid.
Revised Date	05/12/2025	Updated Reimbursement Guidelines.
Revised Date	06/02/2025	Revised Reimbursement Guidelines.
Revised Date	08/08/2025	Updated Template
Revised Date	09/10/2025	Revised Initial Creation Date. Revised Definitions.

References

This policy was developed using:

- CMS
- State Medicaid Regulatory Guidance
- State Contracts

Reference	Link
CMS	MLN1783722 - Proper Use of Modifiers 59, XE, XS, XP & XU
CMS	Further Information on the Use of Modifier -25 in Reporting Hospital
CMS	Proper Use of Modifier 59 - XEPSU CMS - CR11168 CMS - CR1250
Novitas	Modifiers 59 and X(EPSU)
Capture Billing	Medicare 59 Modifiers – XE, XP, XS, XU
Findacde.com	Findacode.com - Modifier 59

***CODING DISCLAIMER.** Codes listed in this policy are for reference purposes only and may not be all-inclusive. Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for reimbursement. Listing of a service or device code in this policy does guarantee coverage. Coverage is determined by the benefit document. Molina adheres to Current Procedural Terminology (CPT®), a registered trademark of the American Medical Association (AMA). All CPT codes and descriptions are copyrighted by the AMA; this information is included for informational purposes only. Providers and facilities are expected to utilize industry standard coding practices for all submissions. When improper billing and coding is not followed, Molina has the right to reject/deny the claim and recover claim payment(s). Due to changing industry practices, Molina reserves the right to revise this policy as needed.