Procedures Designated as "Separate Procedure"

Last Updated: 10/1/2025 **Last Reviewed: 10/10/2025** **Originally Effective: 1/1/2000**

Last update includes payment policy changes, subject to 28 TAC §3.3703(a)(20)(D)? No

If yes, Texas Last Update Effective Date: n/a **Policy #: RPM051**

Scope

Companies: Moda Partners, Inc. and its subsidiaries & affiliates (All) **Provider Contract Status:** Any

Claim Forms: CMS1500 & CMS1450 (paper and electronic versions) **Claim Dates:** All

Reimbursement Guidelines

A. General Policy Statement:

If a CPT code descriptor includes the term "separate procedure", the CPT code may not be reported separately with a related procedure. Moda Health follows CMS/NCCI Policy Manual guidelines to determine whether or not the "separate procedure" code is related to the other procedure codes billed.

B. Sole Procedure Code Billed.

Codes designated as "separate procedure" CPT codes are eligible for separate reimbursement when they are the only procedure code reported for that joint, body part, or organ system during that surgical session.

C. Billed In Combination With Other Procedure Codes.

1. Clinical Edit Bundling
   a. Many CCI procedure-to-procedure (PTP) edits deny "separate procedure" CPT codes as included in related comprehensive codes. Some of these edits are eligible for a modifier bypass (modifier indicator of "1"), and others are not (modifier indicator of "0").
   b. Other code combinations do not appear in the CCI PTP edits; the claims processing bundling edits are based upon the separate procedure guidelines found in the CCI Policy Manual guidelines.[2]

2. When Separately Allowable with Other Procedure Code(s)

   A CPT code with a descriptor including the term "separate procedure" may be reported with a bypass modifier in combination with a more comprehensive related procedure code when the modifier indicator is a "1" and the following criteria is met:
   a. Modifier XE may be appended when the "separate procedure" service is performed first, the patient leaves the operating room, is recovered, and hours later on the same date of service needs to return to the operating room for a more comprehensive procedure on the same organ system or a related body part.
   b. Modifier XS may be appended when the "separate procedure" service is performed on one side of the body (e.g., left knee) and the more comprehensive, related procedure code is performed on the contralateral (opposite side) of the body (e.g., right knee).
   c. Modifier XS may be appended to a separate procedure code when performed during the same operative session as a more comprehensive related code, but the "separate procedure" service is performed on one lesion and the more comprehensive, related procedure code is performed on a different lesion which is not touching the first lesion (non-contiguous). The two lesions may be located in the same organ (e.g., breast, liver, etc.) or different organs (depending upon the code descriptions involved), or on the skin but not touching or located in a different area.

3. Not Eligible for Bypass-Modifier Usage or Separate Reimbursement
   A code designated as "separate procedure" may not be reported with a modifier for separate reimbursement in combination with a more comprehensive, related procedure when:
   a. Both codes are performed on the same joint or body part during the same operative session.
      i. The use of a separate surgical approach (laparoscopic versus open approach) or a separate incision is not a sufficient reason to use a modifier to obtain separate reimbursement.
      ii. The CMS/CCI guidelines indicate that the use of a separate incision or separate surgical approach alone is not sufficient when the more comprehensive procedure is performed on an anatomically related area.
   b. Both codes are performed during the same operative session, but by different providers.
      i. Separate procedure bundling and guidelines apply to assistant surgeon, co-surgeon, and/or other situations involving multiple surgeons during the same surgical session.
      ii. It is not appropriate to use modifier XP or 59 to bypass separate procedure bundling during the same operative session.
   c. The CCI procedure-to-procedure (PTP) edit is not eligible for a modifier bypass (modifier indicator of "0").
      For Example:
      58805 "Drainage of ovarian cyst(s), unilateral or bilateral (separate procedure); abdominal approach."
      This separate procedure may not be reported in combination with other procedure codes for fallopian tubes, ovaries, or other female organs on the same date of service during the same surgical session. Procedure codes for female organs are considered anatomically related.

Definitions

Acronyms/Abbreviations

Acronym	Definition
AMA	American Medical Association
CCI	Correct Coding Initiative (see "NCCI")
CMS	Centers for Medicare and Medicaid Services
CPT	Current Procedural Terminology
NCCI	National Correct Coding Initiative (aka "CCI")
PTP	Procedure-To-Procedure (a type of CCI edit)
RPM	Reimbursement Policy Manual (e.g., in context of "RPM052" policy number, etc.)

Definition of Terms

Term	Definition
Contralateral	On the opposite side; originating in or affecting the opposite side of the body, the opposite of homolateral and ipsilateral.
Different Anatomic Sites	Different organs, different anatomic regions, or different lesions in the same organ.
Ipsilateral	On the same side; affecting the same side of the body; the opposite of contralateral. In paralysis, this term is used to describe findings on the same side of the body as the brain or spinal cord lesions producing them.

Term	Definition
Same Anatomic Site	Contiguous structures of the same organ. For example, treatment of the nail, nail bed, and adjacent soft tissue constitutes treatment of a single anatomic site. Treatment of posterior segment structures in the ipsilateral eye constitutes treatment of a single anatomic site. Treatment of a shoulder injury in adjoining areas of the ipsilateral shoulder constitutes treatment of a single anatomic site. [3]

Modifier Definitions

Modifier	Modifier Description & Definition
Modifier XE	Separate Encounter, A Service That Is Distinct Because It Occurred During A Separate Encounter
Modifier XS	Separate Structure, A Service That Is Distinct Because It Was Performed On A Separate Organ/Structure
Modifier XP	Separate Practitioner, A Service That Is Distinct Because It Was Performed By A Different Practitioner
Modifier XU	Unusual Non-Overlapping Service, The Use Of A Service That Is Distinct Because It Does Not Overlap Usual Components Of The Main Service
Modifier 59	**Distinct Procedural Service:** Under certain circumstances, it may be necessary to indicate that a procedure or service was distinct or independent from other non-E/M services performed on the same day. Modifier 59 is used to identify procedures/services, other than E/M services, that are not normally reported together, but are appropriate under the circumstances. Documentation must support a different session, different procedure or surgery, different site or organ system, separate incision/excision, separate lesion, or separate injury (or area of injury in extensive injuries) not ordinarily encountered or performed on the same day by the same individual. However, when another already established modifier is appropriate it should be used rather than modifier 59. Only if no more descriptive modifier is available, and the use of modifier 59 best explains the circumstances, should modifier 59 be used. **Note:** Modifier 59 should not be appended to an E/M service. To report a separate and distinct E/M service with a non-E/M service performed on the same day, see modifier 25.

Related Policies

A. "Moda Health Reimbursement Policy Overview." Moda Health Reimbursement Policy Manual, RPM001.
B. "Modifiers XE, XS, XP, XU, and 59 - Distinct Procedural Service." Moda Health Reimbursement Policy Manual, RPM027.

Resources

1. American Medical Association. "Surgery Guidelines, Separate Procedure." *Current Procedural Terminology (CPT)*. Chicago: AMA Press.
2. CMS. "CPT 'Separate Procedure' Definition." *National Correct Coding Initiative Policy Manual*. Chapter 1 General Correct Coding Policies, § J.
3. CMS. "Modifiers and Modifier Indicators, Modifier 59." *National Correct Coding Initiative Policy Manual*. Chapter 1 General Correct Coding Policies, § E.1.d.

Policy History

Reminder: The most current version of our reimbursement policies can be found on our provider website. If you are using a printed or saved electronic version of this policy, please verify the current information by going to: https://www.modahealth.com/medical/policies_reimburse.shtml

Date	Summary of Update
10/10/2025	Coding Guidelines & Sources section retired; see Resources for information. Background Information section retired. Acronyms & Related policies updated. Policy History section info added to 8/10/2022 entry. Formatting updates. No policy changes.
9/11/2024	Definition of Terms updated. Formatting updates. No policy changes.
10/11/2023	Cross References updated. Formatting updates. No policy changes.
8/10/2022	Policy History section added; entries prior to 2022 omitted (in archive storage). Idaho added to Scope. Formatting updates. No policy changes.
8/10/2016	Policy initially approved by the Reimbursement Administrative Policy Review Committee & initial publication.
1/1/2000	Original Effective Date (with or without formal documentation). Policy based on AMA guidelines & CMS separate procedure policy.