

## Reimbursement policy update: Distinct Procedural Service, Modifiers 59 and XE, XP, XS, & XU\*

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*\*Change to Prior Authorization Requirements*

**Beginning with dates of service on or after November 1, 2021**, Anthem Blue Cross and Blue Shield (Anthem) will update the Related Coding section to indicate no modifier override for the neurostimulator device when billed with the surgical code for the implantation of the neurostimulator device.

The code pairs listed below have been added the below pairs to the Related Coding Section:

- L8680 when reported with 63655
- L8679 when reported with 63650
- L8679 when reported with 63655
- L8687 when reported with 63650
- L8687 when reported with 63655

For more information about this policy, visit the [Reimbursement Policy page](#) at [anthem.com](#).

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