

Claims Coding Modifiers

(modified 03-2009)

Modifiers help to ensure the submission of clean claims. Appending a modifier to the appropriate current procedural terminology (CPT) or healthcare common procedure coding system (HCPCS) code conveys specific information. Proper usage is essential to getting paid for appropriately for the services provided as modifiers can affect pricing.

The use of modifiers may be used to indicate whether:

- A service or procedure has a professional component
- A service or procedure has a technical component
- A service or procedure was provided more than once
- A service or procedure was performed on a specific site
- Only a part of a service was performed

To help ensure the correct payment is received we have provided a list of modifiers that we discount.

If you have any additional questions regarding the modifiers list below, please contact your Provider Representative.

Modifier	Modifier Description	Pricing Functionality
26	Professional Component	40% of allowed amount
50	Bilateral Procedure	50% of allowed amount
51	Multiple Procedures	50% of allowed amount
52	Reduced Services	50% of allowed amount
53	Discontinued Procedure	25% of allowed amount
54	Surgical care only	75% of allowed amount
55	Post-Operative Management Only	12.5% of allowed amount
56	Pre-Operative Management Only	12.5% of allowed amount
62	Two Surgeons	62.5% of allowed amount
73	Discontinued Outpatient procedure Prior to Anesthesia Administration	50% of allowed amount
74	Discontinued Outpatient procedure after Anesthesia Administration	70% of allowed amount
78	Return to OP Room	75% of allowed amount
80	Assistant Surgeon	20% of allowed amount
81	Minimum Assistant Surgeon	20% of allowed amount

82	Assistant Surgeon (when qualified resident surgeon not available)	20% of allowed amount
AD	Medical Supervision, > four Anesthesia procedures	63% of allowed amount
AS	Physician assistant, nurse practitioner, or clinical nurse specialist services for assistant at surgery	20% of allowed amount
GM	Multiple patients on one ambulance trip	75% of allowed amount
QK	Medical Direction of two, three or four concurrent anesthesia procedures involving qualified individuals	63% of allowed amount
QX	CRNA service: with medical direction by a physician	50% of allowed amount
QY	Medical direction of one Certified Registered Nurse Anesthetist by an anesthesiologist	50 % of allowed amount
RR	Rental (use the 'RR' modifier when DME is to be rented)	8.33% of allowed amount
TC	Technical component	60% of allowed amount
UE	Used durable medical equipment	75% of allowed amount