

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 |

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| 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 |