

Modifier Usage – Reimbursement Modifiers*

This table is provided as an informational tool to identify modifiers used in the adjudication of a claim and may impact reimbursement. In the absence of a modifier specific reimbursement policy, providers should refer to their provider manual and state and federal guidelines for guidance on modifiers affecting reimbursement or modifiers reimbursed specific to state and federal payment methodologies.

Modifiers	Description	Applicable Claim Type(s)	Comments	Referenced Reimbursement Policies
22	Increased Procedural Services	Professional		• Modifier 22
24	Unrelated Evaluation and Management Service by the Same Physician or Other Qualified Health Care Professional During a Post Operative Period*	Professional		• Modifier 24
25	Significant, Separately Identifiable Evaluation and Management Service by the Same Physician or Other Qualified Health Care Professional on the Same Day of the Procedure or Other Service	Professional and Facility		• Modifier 25 and 57 • Preventive Medicine and Sick Visits on the Same Day
26	Professional Component	Professional		• Modifiers 26 and TC
50	Bilateral Procedure	Professional and Facility		• Modifiers 50 and 51: Multiple and Bilateral Surgery
51	Multiple Procedures	Professional		• Modifiers 50 and 51: Multiple and Bilateral Surgery
52	Reduced Services	Professional and Facility		• Modifiers 52,53, 73, and 74: Reduced and Discontinued Services

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Modifiers	Description	Applicable Claim Type(s)	Comments	Referenced Reimbursement Policies
53	Discontinued Procedure	Professional		Modifiers 52,53, 73, and 74: Reduced and Discontinued Services
54	Surgical Care Only	Professional		Split-Care Surgical Modifiers
55	Post-Operative Management Only	Professional		Split-Care Surgical Modifiers
56	Preoperative Management Only	Professional		Split-Care Surgical Modifiers
57	Decision For Surgery	Professional		Modifiers 25 and 57
58	Staged or Related Procedure or Service by the Same Physician or Other Qualified Health Care Professional During the Postoperative Period	Professional		

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Modifiers	Description	Applicable Claim Type(s)	Comments	Referenced Reimbursement Policies
59 XE XP XS XU	Distinct Procedural Service Separate encounter, a service that is distinct because it occurred during a separate encounter. Separate practitioner, a service that is distinct because it was performed by a different practitioner. Separate structure, a service that is distinct because it was performed On a Separate organ/structure. Unusual non-overlapping Service, the use of a service that is distinct because it does not overlap usual components of the main service	Professional and Facility		Distinct Procedural Services (Modifiers 59, XE, XP, XS, XU)
62	Two Surgeons	Professional		Modifier 62
63	Procedure Performed on Infants less than 4 kg	Professional		Modifier 63
66	Surgical Team	Professional		Modifier 66
73	Discontinued Outpatient Hospital/Ambulatory Surgery Center (ASC)	Facility		Modifiers 52,53, 73, and 74: Reduced and Discontinued Services

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	Procedure Prior to the Administration of Anesthesia			
74	Discontinued Outpatient Hospital/Ambulatory Surgery Center (ASC) Procedure After Administration of Anesthesia	Facility		Modifiers 52,53, 73, and 74: Reduced and Discontinued Services
76	Repeat Procedure or Service by Same Physician or Other Qualified Health Care Professional	Professional and Facility		Modifier 76
77	Repeat Procedure or Service by Another Physician or Other Qualified Health Care Professional	Professional and Facility		Modifier 77
78	Unplanned Return to the Operating/Procedure Room by the Same Physician or Other Qualified Health Care Professional Following Initial Procedure for a Related Procedure During the Postoperative Period	Professional and Facility		Modifier 78

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Modifiers	Description	Applicable Claim Type(s)	Comments	Referenced Reimbursement Policies
80	Assistant Surgeon	Professional		Modifiers 80,81, and 82: Assistant at Surgery
81	Minimum Assistant Surgeon	Professional		Modifiers 80,81, and 82: Assistant at Surgery
82	Assistant Surgeon (When Qualified Resident Surgeon Not Available)	Professional		Modifiers 80,81, and 82: Assistant at Surgery
90	Reference (Outside) Laboratory	Professional and Facility		Modifier 90
91	Repeat Clinical Diagnostic Laboratory Test	Professional and Facility		
99	Multiple Modifiers	Professional and Facility		
AA	Anesthesiology service performed personally by an anesthesiologist	Professional		Professional Anesthesia Services
AD	Medical Supervision by a Physician: More than four concurrent anesthesia procedures	Professional		Professional Anesthesia Services
AG	Primary Physician	Professional		
AH	Clinical Psychologist	Professional		
AJ	Clinical Social Worker	Professional		
AQ**	Physician providing a service in a Health	Professional	For use by Medicare Non-Par Physicians Only	

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Modifiers	Description	Applicable Claim Type(s)	Comments	Referenced Reimbursement Policies
	Professional Shortage Area (HPSA)			
AS	Physician assistant, nurse practitioner, or clinical nurse specialist services for assistant at surgery	Professional		Modifier 80, 81, 82, and AS: Assistant at Surgery
CT	Computed tomography services furnished using equipment that does not meet each of the attributes of the national electrical manufacturers association (NEMA) r-29-2013 standard	Professional		
CO**	Outpatient occupational therapy services furnished in whole or in part by an occupational therapy assistant	Professional	Payment reduction consistent with CMS reimbursement.	
CQ **	Outpatient physical therapy services furnished in whole or in part by a physical therapist assistant	Professional	Payment reduction consistent with CMS reimbursement.	
D E	Diagnostic or therapeutic site/free standing facility other than P or H	Transportation providers		Transportation Services: Ambulance and Non-Emergent Transport

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Modifiers	Description	Applicable Claim Type(s)	Comments	Referenced Reimbursement Policies
G H I J N P R S X	Residential, domiciliary, custodial facility Hospital-based dialysis facility (hospital or hospital associated) Hospital (inpatient or outpatient) Site of transfer between types of ambulances Nonhospital based dialysis Skilled Nursing Facility (SNF), included swing bed Physician's office, including HMO nonhospital facility, clinic, etc. Private Residence Scene of accident or acute event Intermediate stop at physician's office enroute to hospital (can only use as destination code in the second position of the modifier)			
FB	Item provided without cost to provider, supplier or practitioner, or full credit received for replaced	Professional and Facility		

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	device (examples, but not limited to, covered under warranty, replaced due to defect, free samples)			
FC	Partial credit received for replaced device	Professional and Facility		
FX	X-ray taken using film	Professional		
FY**	X-ray taken using computed radiography technology/cassette-based imaging	Professional		
GF	Nonphysician (e.g., nurse practitioner (NP), certified registered nurse anesthetist (CRNA), certified registered nurse (CRN), clinical nurse specialist (CNS), physician assistant (PA)) services in a critical access hospital	Professional		
GM	Multiple patients on one ambulance trip	Transportation providers		Transportation Services: Ambulance and Non-Emergent Transport
GN	Services delivered under an outpatient speech language pathology plan of care	Professional		

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GO	Services delivered under an outpatient occupational therapy plan of care	Professional		
GP	Services delivered under an outpatient physical therapy plan of care	Professional		
GT	Via interactive audio and video telecommunication systems	Professional		
HM	Less than bachelor's degree level	Professional		
HN	Bachelor's degree level	Professional		
HO	Master's degree level	Professional		
HP	Doctoral Level	Professional		
HQ	Group setting	Professional	For behavioral health use	
HT	Multi-disciplinary team	Professional	For behavioral health use	
KR	Rental Item, Billing for Partial Month	Professional		
NU	New equipment	Professional		DME Modifiers for New, Rented, and Used Equipment
P1	A normal healthy patient	Professional		Professional Anesthesia Services
P2	A patient with mild systemic disease	Professional		Professional Anesthesia Services

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Modifiers	Description	Applicable Claim Type(s)	Comments	Referenced Reimbursement Policies
P3	A patient with severe systemic disease	Professional		Professional Anesthesia Services
P4	A patient with severe systemic disease that is a constant threat to life	Professional		Professional Anesthesia Services
P5	A moribund patient who is not expected to survive without the operation	Professional		Professional Anesthesia Services
P6	A declared brain-dead patient whose organs are being removed for donor purposes	Professional		Professional Anesthesia Services
QF	Prescribed amount of stationary oxygen while at rest exceeds 4 liters per minute (LPM) and portable oxygen is prescribed	Professional		
QK	Medical direction of two, three or four concurrent anesthesia procedures involving qualified individuals	Professional		Professional Anesthesia Services
QL	Patient pronounced dead after ambulance called	Transportation providers		Transportation Services: Ambulance and Non-Emergent Transport

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QX	CRNA service: with medical direction by a physician	Professional		Professional Anesthesia Services
QY	Medical direction of one certified registered nurse anesthetist (CRNA) by an anesthesiologist	Professional		Professional Anesthesia Services
QZ	CRNA service without medical direction by a physician	Professional		Professional Anesthesia Services
RR	Rental (Use the RR modifier when DME is to be rented)	Professional		DME Modifiers for New, Rented, and Used Equipment
SA	Nurse practitioner rendering service in collaboration with a physician	Professional	The SA modifier should be appended when the supervising physician is billing on behalf of a Non-Physician Practitioner for non-surgical services	
SB	Nurse Midwife	Professional		
SH	Second concurrently administered infusion therapy	Professional		
SJ	Third or more concurrently administered infusion therapy	Professional		

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TC	Technical component; under certain circumstances, a charge may be made for the technical component alone; under those circumstances the technical component charge is identified by adding modifier TC to the usual procedure number; technical component charges are institutional charges and not billed separately by physicians; however, portable x-ray suppliers only bill for technical component and should utilize modifier TC; the charge data from portable x-ray suppliers will then be used to build customary and prevailing profiles	Professional and Facility		• Modifiers 26 and TC • Multiple Procedure Payment Reduction
TD	RN	Professional	For behavioral health, physical health, and home health use	

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TE	LPN/LVN	Professional	For behavioral health, physical health, and home health use	
TK	Extra patient or passenger	Transportation Providers		Transportation Services: Ambulance and Non-Emergent Transport
UE	Used durable medical equipment	Professional		DME Modifiers for New, Rented, and Used Equipment
UN	Two patients served	Professional		Portable/Mobile/Handheld Radiology Services
UP	Three patients served	Professional		Portable/Mobile/Handheld Radiology Services
UQ	Four patients served	Professional		Portable/Mobile/Handheld Radiology Services
UR	Five patients served	Professional		Portable/Mobile/Handheld Radiology Services
US	Six or more patients served	Professional		Portable/Mobile/Handheld Radiology Services

* The above list does not include market-specific modifiers. All modifiers are for use by professional providers only, unless otherwise indicated in modifier description.

** Modifier is applicable to Medicare Advantage and MMP markets only.