Modifier Reference Policy, Professional

IMPORTANT NOTE ABOUT THIS REIMBURSEMENT POLICY

You are responsible for submission of accurate claims. This reimbursement policy is intended to ensure that you are reimbursed based on the code or codes that correctly describe the health care services provided. UnitedHealthcare reimbursement policies may use Current Procedural Terminology (CPT®), Centers for Medicare and Medicaid Services (CMS) or other coding guidelines. References to CPT or other sources are for definitional purposes only and do not imply any right to reimbursement.*

This reimbursement policy applies to all health care services billed on CMS 1500 forms and, when specified, to those billed on UB04 forms. Coding methodology, industry-standard reimbursement logic, regulatory requirements, benefits design and other factors are considered in developing reimbursement policy.

This information is intended to serve only as a general reference resource regarding UnitedHealthcare's reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, UnitedHealthcare may use reasonable discretion in interpreting and applying this policy to health care services provided in a particular case. Further, the policy does not address all issues related to reimbursement for health care services provided to UnitedHealthcare enrollees. Other factors affecting reimbursement may supplement, modify or, in some cases, supersede this policy. These factors may include, but are not limited to: legislative mandates, the physician or other provider contracts, the enrollee's benefit coverage documents and/or other reimbursement, medical or drug policies. Finally, this policy may not be implemented exactly the same way on the different electronic claims processing systems used by UnitedHealthcare due to programming or other constraints; however, UnitedHealthcare strives to minimize these variations. UnitedHealthcare may modify this reimbursement policy at any time by publishing a new version of the policy on this Website. However, the information presented in this policy is accurate and current as of the date of publication.

Application

This reimbursement policy applies to services reported using the 1500 Health Insurance Claim Form (a/k/a CMS-1500) or its electronic equivalent or its successor form. This policy applies to all products and all network and non-network physicians and other qualified health care professionals, including, but not limited to, non-network authorized and percent of charge contract physicians and other qualified health care professionals.

Policy

Overview

According to the American Medical Association (AMA) and the Centers for Medicare and Medicaid Services (CMS), a modifier provides the means to report or indicate that a service or procedure that has been performed has been altered by some specific circumstance but not changed in its definition or code. It may also provide more information about a service such as it was performed more than once, unusual events occurred, or it was performed by more than one physician and/or in more than one location.

This document is a reference tool to guide readers to reimbursement policies in which modifiers are addressed. For complete information, please refer to the specific reimbursement policy that pertains to your coding situation.

For information regarding the appropriate use of modifiers with individual CPT and HCPCS procedure codes refer to the Procedure to Modifier Policy.

Note: The lists below represent modifiers that are addressed in UnitedHealthcare reimbursement policies. It is not an all-inclusive list of CPT and HCPCS modifiers.

Modifier Reference Tables

Modifier	Industry Standards for usage according to AMA publications *Coding with Modifiers* and *Current Procedural Terminology*	Refer to Reimbursement Policy
22	This modifier should not be appended to an E/M service.	Anesthesia, Increased Procedural Services, Obstetrical, Robotic Assisted Surgery
23		Anesthesia
24	This modifier is only used with E/M services in the CPT codebook. It is not used in any other section of the CPT codebook.	CCI Editing, Global Days, Obstetrical
25	Modifier 25 should be used with E/M codes only and not appended to the surgical procedure code(s).	CCI Editing, Global Days, Injection and Infusion Services, Obstetrical, Preventive Medicine & Screening, Prolonged Services, Rebundling, Same Day Same Service
26		Intraoperative Neuromonitoring (IONM), Multiple Procedure Reduction (MPPR) Cardiovascular and Ophthalmology Procedures, Multiple Procedure Payment Reduction (MPPR) for Diagnostic Imaging, MPPR for Medical & Surgical Services, Obstetrical Services, Professional/Technical Component
27	This modifier is approved for ambulatory surgery center (ASC) hospital outpatient use	Services and Modifiers Not Reimbursable to Healthcare Professionals
47	Modifier 47 would not be used as a modifier for the anesthesia procedures.	Anesthesia
50		Bilateral Procedures, Co-Surgeon/Team Surgeon, Maximum Frequency Per Day, Multiple Procedure Payment Reduction (MPPR) for Medical and Surgical Services, One or More Sessions, Rebundling
51		Multiple Procedure Payment Reduction (MPPR) for Medical and Surgical Services
52		Bilateral Procedures, One or More Sessions, Modifier Reduction, Time Span Codes
53		Discontinued Procedure, Multiple Procedure Payment Reduction (MPPR) for Medical and Surgical Services, Once in a Lifetime Procedures, One or More Sessions
54		One or More Sessions, Split Surgical Package
55		Once in a Lifetime Procedures, One or More Sessions, Split Surgical Package
56		Once in a Lifetime Procedures, One or More Sessions, Split Surgical Package
57	Modifier 57 is used only with an E/M service.	CCI Editing, Global Days, Rebundling

58		CCI Editing, Global Days, Once in a Lifetime Procedures, Rebundling
59	This modifier should not be appended to an E/M service.	Anesthesia, Bilateral Procedures, CCI Editing, Intensity Modulated Radiation Therapy, Laboratory Services, Maximum Frequency Per Day, Multiple Procedure Payment Reduction (MPPR) for Diagnostic Imaging Policy, Obstetrical, Professional/Technical Component, Pediatric & Neonatal Critical & Intensive Care Services, Rebundling, Time Span Codes
62		Co-Surgeon/Team Surgeon, Multiple Procedure Payment Reduction (MPPR) for Medical and Surgical Services
63	This modifier should not be appended to any CPT code listed in the Evaluation and Management Services, Anesthesia, Radiology, Pathology/Laboratory, or Medicine sections.	Increased Procedural Services
66		Co-Surgeon/Team Surgeon, Multiple Procedure Payment Reduction (MPPR) for Medical and Surgical Services
73	This modifier is approved for ambulatory surgery center (ASC) hospital outpatient use	Services and Modifiers Not Reimbursable to Healthcare Professionals
74	This modifier is approved for ambulatory surgery center (ASC) hospital outpatient use	Services and Modifiers Not Reimbursable to Healthcare Professionals
76	This modifier should not be appended to an E/M service. For repeat laboratory tests performed on the same day, use modifier 91. For multiple specimens/sites use modifier 59.	Anesthesia, Laboratory Services, Maximum Frequency Per Day, Multiple Procedure Payment Reduction (MPPR) for Diagnostic Imaging, Obstetrical, Professional/Technical Component, Rebundling, Time Span Codes
77	This modifier should not be appended to an E/M service. For repeat laboratory tests performed on the same day, use modifier 91. For multiple specimens/sites use modifier 59.	Anesthesia, Laboratory Services, Obstetrical, Professional/Technical Component
78		Anesthesia, CCI Editing, Global Days, Multiple Procedure Payment Reduction (MPPR) for Medical and Surgical Services, Rebundling
79		Anesthesia, CCI Editing, Global Days, One or More Sessions, Rebundling
80		Assistant-at-Surgery, Co-Surgeon/Team Surgeon, Multiple Procedure Payment Reduction (MPPR) for Medical and Surgical Services

81		Assistant-at-Surgery, Co-Surgeon/Team Surgeon, Multiple Procedure Payment Reduction (MPPR) for Medical and Surgical Services
82		Assistant-at-Surgery, Co-Surgeon/Team Surgeon, Multiple Procedure Payment Reduction (MPPR) for Medical and Surgical Services
90		Laboratory Services
91		CCI Editing, Laboratory Services, Maximum Frequency Per Day, Professional/Technical Component, Rebundling
92		Laboratory Services
95		Telehealth/Virtual Health, Provider Based Billing Policy, Professional and Facility
AA		Anesthesia
AB		Procedure to Modifier
AD		Anesthesia
AS		Assistant-at-Surgery, Co-Surgeon/Team Surgeon, Multiple Procedure Payment Reduction (MPPR) for Medical and Surgical Services
CT		Modifier Reduction
E1- E4		CCI Editing, Maximum Frequency Per Day, Professional/Technical Component, Rebundling
FA, F1- F9		Bilateral, CCI Editing, Maximum Frequency Per Day, Professional/Technical Component, Rebundling.
FS		Services Incident-to a Supervising Health Care Provider, Procedure to Modifier
FT		Global Days, Obstetrical, Procedure to Modifier
FX		Modifier Reduction
FY		Modifier Reduction
G0		Telehealth/Virtual Health, Provider Based Billing Policy, Professional and Facility

G8		Anesthesia
G9		Anesthesia
GC		Anesthesia, Services by Residents, Interns and Medical Students
GE		Services by Residents, Interns and Medical Students
GN		Physical Medicine & Rehabilitation: Speech Therapy, Maximum Combined Frequency Per Day, Multiple Therapy Procedure Reduction
GO		Physical Medicine & Rehabilitation: PT, OT and Evaluation & Management, Maximum Combined Frequency Per Day, Multiple Therapy Procedure Reduction
GP		Physical Medicine & Rehabilitation: PT, OT and Evaluation & Management, Maximum Combined Frequency Per Day, Multiple Therapy Procedure Reduction
GQ		Telehealth/Virtual Health, Provider Based Billing Policy, Professional and Facility
GT		Telehealth/Virtual Health, Provider Based Billing Policy, Professional and Facility
H9, HU, HV, HW, HX, HY, HZ, QJ, SE, SL, TR		Services and Modifiers Not Reimbursable to Healthcare Professionals
KH, KI, KJ, KM, KN, KR, KX, MS, NR, NU, RR, TW, UE		Durable Medical Equipment, Orthotics and Prosthetics Multiple Frequency
LC, LD, LM, RC, RI		Anatomical Modifier Requirements, CCI Editing, Maximum Frequency Per Day, Professional/Technical Component, Rebundling
LT		Bilateral Procedures, CCI Editing, Durable Medical Equipment, Orthotics and Prosthetics Multiple Frequency, Maximum Frequency Per Day, One or More Sessions, Professional/Technical Component, Rebundling
N1		Procedure to Modifier
N2		Procedure to Modifier

N3		Procedure to Modifier
P1 – P6	All anesthesia services are reported by use of the anesthesia five-digit procedure code (00100-01999) with the appropriate physical status modifier appended.	Anesthesia
PA		Wrong Surgical or Other Invasive Procedures
PB		Wrong Surgical or Other Invasive Procedures
PC		Wrong Surgical or Other Invasive Procedures
PO		Services and Modifiers Not Reimbursable to Healthcare Professionals
QK		Anesthesia
QS		Anesthesia
QX		Anesthesia
QY		Anesthesia
QZ		Anesthesia
RT		Bilateral Procedures, CCI Editing, Durable Medical Equipment, Orthotics and Prosthetics Multiple Frequency, Maximum Frequency Per Day, One or More Sessions, Professional/Technical Component, Rebundling
SA		Services Incident-to a Supervising Health Care Provider
SG		Not applicable – refer to the Questions and Answers section of this policy
SU		Modifier SU
TA, T1 - T9		Bilateral, CCI Editing, Maximum Frequency Per Day, Professional/Technical Component, Rebundling
TC		Intraoperative Neuromonitoring, Multiple Procedure Payment Reduction (MPPR) for Diagnostic Cardiovascular and Ophthalmology Procedures, Multiple Procedure Payment Reduction (MPPR) for Diagnostic Imaging, Multiple Procedure Payment Reduction (MPPR) for Medical and Surgical Services, Professional/Technical Component
XE	HCPCS modifiers for selective identification of subsets of Distinct Procedural Services [-59 modifier]	Anesthesia, CCI Editing, Laboratory Services, Maximum Frequency Per Day, Multiple Procedure Payment Reduction (MPPR) for Diagnostic Imaging, Pediatric & Neonatal Critical & Intensive Care Services, Professional/Technical Component, Rebundling

XP	HCPCS modifiers for selective identification of subsets of Distinct Procedural Services [-59 modifier]	Anesthesia, CCI Editing, Laboratory Services, Pediatric and Neonatal Critical and Intensive Care Services, Professional/Technical Component, Rebundling
XS	HCPCS modifiers for selective identification of subsets of Distinct Procedural Services [-59 modifier]	Anesthesia, Bilateral Procedures, CCI Editing, Laboratory Services, Maximum Frequency Per Day, Pediatric and Neonatal Critical and Intensive Care Services, Professional/Technical Component, Rebundling
XU	HCPCS modifiers for selective identification of subsets of Distinct Procedural Services [-59 modifier]	Anesthesia, CCI Editing, Intensity Modulated Radiation Therapy, Laboratory Services, Maximum Frequency Per Day, Pediatric and Neonatal Critical and Intensive Care Services, Professional/Technical Component, Rebundling

Reimbursement Policy	Modifiers addressed within the reimbursement policy
Anatomical Modifier Requirements	LC, LD, LM, RC, RI
Anesthesia	22, 23, 47, 59, 76, 77, 78, 79, AA, AD, GC, G8, G9, P1 - P6, QK, QS, QX, QY, QZ, XE, XP, XU
Assistant-at-Surgery	80, 81, 82, AS
Bilateral Procedures	50, 52, 59, FA, F1, F2, F3, F4, F5, F6, F7, F8, F9, LT, RT, TA, T1, T2, T3, T4, T5, T6, T7, T8, T9, XS
CCI Editing	24, 25, 57, 58, 59, 78, 79, 91, E1, E2, E3, E4, LC, LD, LM, LT, RC, RI, RT, TA, T1, T2, T3, T4, T5, T6, T7, T8, T9, FA, F1, F2, F3, F4, F5, F6, F7, F8, F9, XE, XP, XS, XU
Co-Surgeon/Team Surgeon	50, 62, 66, 80, 81, 82, AS
Discontinued Procedure	53
Durable Medical Equipment, Orthotics and Prosthetics Multiple Frequency	KH, KI, KJ, KM, KN, KR, KX, LT, MS, NR, NU, RR, RT, TW, UE
Global Days	24, 25, 57, 58, 78, 79, FT
Increased Procedural Services	22, 63
Injection and Infusion Services	25
Intensity Modulated Radiation Therapy	59, XU
Intraoperative Neuromonitoring (IONM)	26, TC

Laboratory Services	59, 76, 77, 90, 91, 92, XE, XP, XS, XU
Maximum Frequency Per Day	50, 59, 76, 91, E1, E2, E3, E4, LC, LD, LM, LT, RC, RI, RT, TA, T1, T2, T3, T4, T5, T6, T7, T8, T9, FA, F1, F2, F3, F4, F5, F6, F7, F8, F9, XE, XS, XU
Modifier Reduction	52, CT, FX, FY
Modifier SU	SU
Multiple Procedure Payment Reduction (MPPR) for Diagnostic Cardiovascular and Ophthalmology Procedures	26, TC
Multiple Procedure Payment Reduction (MPPR) for Diagnostic Imaging	26, 59, 76, TC, XE
Multiple Procedure Payment Reduction (MPPR) for Medical and Surgical Services	26, 50, 51, 53, 62, 66, 78, 80, 81, 82, AS, TC
Obstetrical	22, 24, 25, 26, 59, 76, 77, FT
Once in a Lifetime Procedures	53, 55, 56, 58
One or More Sessions	50, 52, 53, 54, 55, 56, 79, LT, RT
Pediatric and Neonatal Critical and Intensive Care Services	59, XE, XS, XU
Physical Medicine & Rehabilitation: PT, OT and Evaluation & Management, Speech Therapy, Maximum Combined Frequency Per Day, Multiple Therapy Procedure Reduction	GN, GO, GP
Preventive Medicine and Screening	25
Procedure to Modifier	Refer to the policy for further detail
Professional/Technical Component	26, 59, 76, 77, 91, E1, E2, E3, E4, LC, LD, LM, LT, RC, RI, RT, TC, TA, T1, T2, T3, T4, T5, T6, T7, T8, T9, FA, F1, F2, F3, F4, F5, F6, F7, F8, F9, XE, XP, XS, XU
Prolonged Services	25
Provider Based Billing Policy, Professional and Facility (archived 6/1/2022)	G0, GQ, GT,95
Rebundling	25, 50, 57, 58, 59, 76, 78, 79, 91, E1, E2, E3, E4, FA, F1, F2, F3, F4, F5, F6, F7, F8, F9, LC, LD, LM, LT, RC, RI, RT, TA, T1, T2, T3, T4, T5, T6, T7, T8, T9, XE, XP, XS, XU
Robotic Assisted Surgery	22
Same Day Same Service	25
Services and Modifiers Not Reimbursable to Healthcare Professionals	27, 73, 74, PO, H9, HU, HV, HW, HX, HY, HZ, QJ, SE, SL, TR

Services by Residents, Interns and Medical Students	GC,GE
Services Incident-to a Supervising Health Care Provider	FS, SA
Split Surgical Package	54, 55, 56
Telehealth/Virtual Health	95, G0, GQ, GT
Time Span Codes	52, 59, 76
Wrong Surgical or Other Invasive Procedures	PA, PB, PC

Questions and Answers

1	**Q:** How are claims reimbursed for an Ambulatory Surgical Center when submitted on a 1500 Health Insurance Claim Form (a/k/a CMS-1500) or its electronic equivalent or its successor form with an SG modifier? **A:** Services reported on a CMS 1500 form with an SG modifier are not treated as professional claims. The SG modifier indicates facility services and the claim is treated as a facility claim and is not subject to UnitedHealthcare's reimbursement policies.

Resources

American Medical Association, *Coding with Modifiers*

American Medical Association, *Current Procedural Terminology (*CPT®) *Professional Edition* and associated publications and services

Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services

Centers for Medicare and Medicaid Services, Healthcare Common Procedure Coding System, HCPCS Release and Code Sets

History

8/1/2023	Policy Version Change Logo Updated Changes throughout to align with Exchange policy and update policy names Added Anatomical Modifier Requirement policy
2/16/2023	Policy Version Change Added Modifiers GC, GE, FS, FT to Modifier Reference Tables Added Services by Residents, Interns and Medical Students to reimbursement policy section. History Section: Entries prior to 2/16/2021 archived
1/1/2023	Policy Version Change Added Modifiers AB, N1, N2 & N3 to Modifier Reference Tables History Section: Entries prior to 1/1/2021 archived
12/1/2022	Policy Version Change Policy Verbiage Change: Changed Reduced Services to Modifier Reduction for Modifier 52 Added Modifiers CT, FX and FY to Modifier Reference Tables Added Modifiers 52, CT, FX, FY to Modifier Reference Policy under Modifiers Addressed Within the Reimbursement Policy History Section: Entries prior to 4/20/2020 archived

1/1/2022	Policy Version Change Updates to Modifier Reference Tables and Reimbursement Policies section
11/11/2009	Policy approved by National Reimbursement Forum