

MODIFIER REFERENCE POLICY

Policy Number: ADMINISTRATIVE 026.21 TO

Effective Date: March 1, 2019

Table of Contents	Page
INSTRUCTIONS FOR USE	1
APPLICABLE LINES OF BUSINESS/PRODUCTS	1
APPLICATION	1
OVERVIEW	1
REIMBURSEMENT GUIDELINES	2
REFERENCES	9
POLICY HISTORY/REVISION INFORMATION	9

Related Policies

- Refer to the [Reimbursement Guidelines](#) section of the policy

INSTRUCTIONS FOR USE

The services described in Oxford policies are subject to the terms, conditions and limitations of the member's contract or certificate. Unless otherwise stated, Oxford policies do not apply to Medicare Advantage members. Oxford reserves the right, in its sole discretion, to modify policies as necessary without prior written notice unless otherwise required by Oxford's administrative procedures or applicable state law. The term Oxford includes Oxford Health Plans, LLC and all of its subsidiaries as appropriate for these policies.

Certain policies may not be applicable to Self-Funded members and certain insured products. Refer to the member specific benefit plan document or Certificate of Coverage to determine whether coverage is provided or if there are any exclusions or benefit limitations applicable to any of these policies. If there is a difference between any policy and the member specific benefit plan document or Certificate of Coverage, the member specific benefit plan document or Certificate of Coverage will govern.

UnitedHealthcare may also use tools developed by third parties, such as the MCG™ Care Guidelines, to assist us in administering health benefits. The MCG™ Care Guidelines are intended to be used in connection with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice.

APPLICABLE LINES OF BUSINESS/PRODUCTS

This policy applies to Oxford Commercial plan membership.

APPLICATION

This reimbursement policy applies to services reported using the UB-04 claim form, the 1500 Health Insurance Claim Form (a/k/a CMS-1500), or their electronic equivalents or their successor forms. This policy applies to all network and non-network providers, including hospitals, ambulatory surgical centers, 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.

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.

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

REIMBURSEMENT GUIDELINES

Modifier	Description	Industry Standards for Usage According to AMA Publication Coding with Modifiers	Refer to Reimbursement Policy/ Informational Purposes Only
22	Increased Procedural Services	This modifier should not be appended to an E/M service.	Refer to policies: <ul style="list-style-type: none"> Increased Procedural Services Obstetrical Policy Robotic Assisted Surgery
23	Unusual Anesthesia		Informational Purposes Only
24	Unrelated Evaluation & Management Service by the Same Physician or Other Qualified Health Care Professional During a Postoperative Period	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.	Refer to policies: <ul style="list-style-type: none"> Global Days Obstetrical Policy
25	Significant, Separately Identifiable Evaluation & Management Service by the Same Physician or Other Qualified Health Care Professional on the Same Day of the Procedure or Other Service.	Modifier 25 should be used with E/M codes only and not appended to the surgical procedure code(s).	Refer to policies: <ul style="list-style-type: none"> Global Days Injection and Infusion Services Obstetrical Policy Preventive Medicine and Screening Prolonged Services Same Day/Same Service
26	Professional Component	Services that have been deemed eligible as a professional component will be reimbursed at a reduced rate and will be identified with modifier -26. *Note: Some providers (physicians and facilities) may be reimbursed both the technical (-TC) and professional (-26) component. This is referred to as a global reimbursement. In order to be eligible for this global reimbursement, the provider must be credentialed as a full service provider or have a contract that states both components may be reimbursed to the provider.	Refer to policies: <ul style="list-style-type: none"> Multiple Procedure Payment Reduction (MPPR) for Diagnostic Imaging Multiple Procedures Payment Reduction (MPPR) for Medical and Surgical Services Policy Obstetrical Policy
27	Multiple Outpatient Hospital E/M Encounters on the Same Date	This modifier is approved for ambulatory surgery center (ASC) hospital outpatient use	Refer to policy: <ul style="list-style-type: none"> Services and Modifiers Not Reimbursable to Healthcare Professionals
47	Anesthesia by Surgeon	Modifier 47 would not be used as a modifier for the anesthesia procedures.	Informational Purposes Only
50	Bilateral Procedure		Refer to policies: <ul style="list-style-type: none"> Bilateral Procedures Co-Surgeon/Team Surgeon Maximum Frequency Per Day Multiple Procedures Payment Reduction (MPPR) for Medical and Surgical Services Policy One or More Sessions

Modifier	Description	Industry Standards for Usage According to AMA Publication Coding with Modifiers	Refer to Reimbursement Policy/ Informational Purposes Only
51	Multiple Procedure		Refer to policy: <ul style="list-style-type: none"> Multiple Procedures Payment Reduction (MPPR) for Medical and Surgical Services Policy
52	Reduced Services		Refer to policies: <ul style="list-style-type: none"> Bilateral Procedures One or More Sessions Reduced Services Time Span Codes
53	Discontinued Services		Refer to policies: <ul style="list-style-type: none"> Discontinued Procedure Multiple Procedures Payment Reduction (MPPR) for Medical and Surgical Services Policy Once in a Lifetime Procedures One or More Sessions
54	Surgical Care Only		Refer to policies: <ul style="list-style-type: none"> One or More Sessions Split Surgical Package
55	Postoperative Management Only		Refer to policies: <ul style="list-style-type: none"> One or More Sessions Once in a Lifetime Procedures Split Surgical Package
56	Preoperative Management Only		Refer to policies: <ul style="list-style-type: none"> Once in a Lifetime Procedures One or More Sessions Split Surgical Package
57	Decision for Surgery	Modifier 57 is used only with an E/M service.	Refer to policy: <ul style="list-style-type: none"> Global Days
58	Staged or Related Procedure or Service by the Same Physician or Other Qualified Health Care Professional During the Postoperative Period		Refer to policies: <ul style="list-style-type: none"> Global Days Once in a Lifetime Procedures
59	Distinct Procedural Service	This modifier should not be appended to an E/M service.	Refer to policies: <ul style="list-style-type: none"> Bilateral Procedures Maximum Frequency Per Day Multiple Procedure Payment Reduction (MPPR) for Diagnostic Imaging Obstetrical Policy Pediatric and Neonatal Critical and Intensive Care Services Time Span Codes
62	Two Surgeons		Refer to policies: <ul style="list-style-type: none"> Co-Surgeon/Team Surgeon Multiple Procedures Payment Reduction (MPPR) for Medical and Surgical Services Policy
63	Procedure Performed on Infants less than 4kg	This modifier should not be appended to any CPT code listed in the Evaluation and Management Services, Anesthesia, Radiology, Pathology/Laboratory, or Medicine sections.	Refer to policy: <ul style="list-style-type: none"> Increased Procedural Services

Modifier	Description	Industry Standards for Usage According to AMA Publication Coding with Modifiers	Refer to Reimbursement Policy/ Informational Purposes Only
66	Surgical Team		Refer to policies: <ul style="list-style-type: none"> • <i>Co-Surgeon/Team Surgeon</i> • <i>Multiple Procedures Payment Reduction (MPPR) for Medical and Surgical Services Policy</i>
73	Discontinued Outpatient Hospital/Ambulatory Surgery Center (ASC) Procedure Prior to the Administration of Anesthesia	This modifier is approved for ambulatory surgery center (ASC) hospital outpatient use	Refer to policy: <ul style="list-style-type: none"> • <i>Services and Modifiers Not Reimbursable to Healthcare Professionals</i>
74	Discontinued Outpatient Hospital/Ambulatory Surgery Center (ASC) Procedure After Administration of Anesthesia	This modifier is approved for ambulatory surgery center (ASC) hospital outpatient use	Refer to policy: <ul style="list-style-type: none"> • <i>Services and Modifiers Not Reimbursable to Healthcare Professionals</i>
76	Repeat Procedure or Service by Same Physician or Other Qualified Health Care Professional	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	Refer to policies: <ul style="list-style-type: none"> • <i>Maximum Frequency Per Day</i> • <i>Multiple Procedure Payment Reduction (MPPR) for Diagnostic Imaging</i> • <i>Obstetrical Policy</i> • <i>Time Span Codes</i>
77	Repeat Procedure by Another Physician or Other Qualified Health Care Professional	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.	Refer to policy: <ul style="list-style-type: none"> • <i>Obstetrical Policy</i>
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		Refer to policies: <ul style="list-style-type: none"> • <i>Global Days</i> • <i>Multiple Procedures Payment Reduction (MPPR) for Medical and Surgical Services Policy</i>
79	Unrelated Procedure or Service by the Same Physician or Other Qualified Health Care Professional During the Postoperative Period		Refer to policy: <ul style="list-style-type: none"> • <i>Global Days</i> • <i>One or More Sessions</i>
80	Assistant Surgeon		Refer to policies: <ul style="list-style-type: none"> • <i>Assistant-at-Surgery</i> • <i>Co-Surgeon/Team Surgeon</i> • <i>Multiple Procedures Payment Reduction (MPPR) for Medical and Surgical Services Policy</i>
81	Minimum Assistant Surgeon		Refer to policies: <ul style="list-style-type: none"> • <i>Assistant-at-Surgery</i> • <i>Co-Surgeon/Team Surgeon</i> • <i>Multiple Procedures Payment Reduction (MPPR) for Medical and Surgical Services Policy</i>

Modifier	Description	Industry Standards for Usage According to AMA Publication Coding with Modifiers	Refer to Reimbursement Policy/ Informational Purposes Only
82	Assistant Surgeon (when qualified resident surgeon not available)		Refer to policies: <ul style="list-style-type: none"> Assistant-at-Surgery Co-Surgeon/Team Surgeon Multiple Procedures Payment Reduction (MPPR) for Medical and Surgical Services Policy
90	Reference (Outside) Laboratory		Informational Purposes Only
91	Repeat Clinical Diagnostic Laboratory Test		Refer to policy: <ul style="list-style-type: none"> Maximum Frequency Per Day
92	Alternative Laboratory Platform Testing		Informational Purposes Only
AA	Anesthesia services performed personally by an anesthesiologists		Informational Purposes Only
AD	Medical supervision by a physician: more than four concurrent anesthesia procedures.		Informational Purposes Only
AS	Physician Assistant, nurse practitioner, or clinical nurse specialist services for assistant at surgery.		Refer to policies: <ul style="list-style-type: none"> Assistant-at-Surgery Co-Surgeon/Team Surgeon Multiple Procedures Payment Reduction (MPPR) for Medical and Surgical Services Policy Physician Extenders
CP	Adjunctive service related to a procedure assigned to a comprehensive ambulatory payment classification (c-APC) procedure, but reported on a different claim		Informational Purposes Only <ul style="list-style-type: none">
E1-E4	Anatomic modifiers which are associated with the eyelid		Refer to policy: <ul style="list-style-type: none"> Maximum Frequency Per Day
FA, F1-F9	Anatomic modifiers which are associated with the fingers		Refer to policies: <ul style="list-style-type: none"> Bilateral Procedures Maximum Frequency Per Day
G8	Monitored anesthesia care (MAC) for deep complex, complicated, or markedly invasive surgical procedure		Informational Purposes Only
G9	Monitored anesthesia care for patient who has history of severe cardiopulmonary condition		Informational Purposes Only
GC	This service has been performed in part by a resident under the direction of a teaching physician		Informational Purposes Only
GN	Service delivered under an outpatient speech-language pathology plan of care		Informational Purposes Only
GO	Service delivered under an outpatient occupational therapy plan of care		Informational Purposes Only

Modifier	Description	Industry Standards for Usage According to AMA Publication Coding with Modifiers	Refer to Reimbursement Policy/ Informational Purposes Only
GP	Service delivered under an outpatient physical therapy plan of care.		Informational Purposes Only
GQ	Via asynchronous telecommunications system		Refer to policy: <ul style="list-style-type: none"> • <i>Telehealth and Telemedicine</i>
GT	Via interactive audio and video telecommunications systems		Refer to policy: <ul style="list-style-type: none"> • <i>Telehealth and Telemedicine</i>
H9, HU, HV, HW, HX, HY, HZ, QJ, SE, SL, TR	Modifiers which represent services that are funded by a county, state or federal agency		Refer to policy: <ul style="list-style-type: none"> • <i>Services and Modifiers Not Reimbursable to Healthcare Professionals</i>
KH, KI, KJ, KM, KN, KR, MS, NR, NU, RR, TW, UE	Modifiers associated with Durable Medical Equipment and Orthotic/Prosthetic Devices		Refer to policies: <ul style="list-style-type: none"> • <i>Durable Medical Equipment, Orthotics and Prosthetics Multiple Frequency</i> • <i>Supply Policy</i>
LC, LD, LM, RC, RI	Anatomic modifiers which are associated with the coronary arteries		Refer to policy: <ul style="list-style-type: none"> • <i>Maximum Frequency Per Day</i>
LT	Left side (used to identify procedures performed on the left side of the body)		Refer to policies: <ul style="list-style-type: none"> • <i>Bilateral Procedures</i> • <i>Durable Medical Equipment, Orthotics and Prosthetics Multiple Frequency</i> • <i>Maximum Frequency Per Day</i> • <i>One or More Sessions</i>
P1	A normal healthy patient	All anesthesia services are reported by use of the anesthesia five-digit procedure code (00100-01999) with the appropriate physical status modifier appended.	Informational Purposes Only
P2	A patient with mild systemic disease	All anesthesia services are reported by use of the anesthesia five-digit procedure code (00100-01999) with the appropriate physical status modifier appended.	Informational Purposes Only
P3	A patient with severe systemic disease	All anesthesia services are reported by use of the anesthesia five-digit procedure code (00100-01999) with the appropriate physical status modifier appended.	Informational Purposes Only
P4	A patient with severe systemic disease that is a constant threat to life.	All anesthesia services are reported by use of the anesthesia five-digit procedure code (00100-01999) with the appropriate physical status modifier appended.	Informational Purposes Only
P5	A moribund patient who is not expected to survive without the operation.	All anesthesia services are reported by use of the anesthesia five-digit procedure code (00100-01999) with the appropriate physical status modifier appended.	Informational Purposes Only

Modifier	Description	Industry Standards for Usage According to AMA Publication Coding with Modifiers	Refer to Reimbursement Policy/ Informational Purposes Only
P6	A declared brain-dead patient whose organs are being removed for donor purposes.	All anesthesia services are reported by use of the anesthesia five-digit procedure code (00100-01999) with the appropriate physical status modifier appended.	Informational Purposes Only
PA	Surgical or other invasive procedure on wrong body part		Refer to policy: <ul style="list-style-type: none"> • <i>Wrong Surgical or Other Invasive Procedures</i>
PB	Surgical or other invasive procedure on wrong patient		Refer to policy: <ul style="list-style-type: none"> • <i>Wrong Surgical or Other Invasive Procedures</i>
PC	Wrong surgery or other invasive procedure on patient		Refer to policy: <ul style="list-style-type: none"> • <i>Wrong Surgical or Other Invasive Procedures</i>
PO	Services, procedures and/or surgeries provided at off-campus provider-based outpatient departments		Refer to policy: <ul style="list-style-type: none"> • <i>Services and Modifiers Not Reimbursable to Healthcare Professionals</i>
QK	Medical direction of two, three, or four concurrent anesthesia procedures involving qualified individuals.		Informational Purposes Only
QS	Monitored anesthesia care service		Informational Purposes Only
QX	CRNA service; with medical direction by a physician		Refer to policy: <ul style="list-style-type: none"> • <i>Physician Extenders</i>
QY	Medical direction of one Certified Registered Nurse Anesthetist (CRNA) by an anesthesiologist.		Refer to policy: <ul style="list-style-type: none"> • <i>Physician Extenders</i>
QZ	CRNA service; without medical direction by a physician.		Informational Purposes Only
RT	Right side (used to identify procedures performed on the right side of the body)		Refer to policies: <ul style="list-style-type: none"> • <i>Bilateral Procedures</i> • <i>Durable Medical Equipment, Orthotics and Prosthetics Multiple Frequency</i> • <i>Maximum Frequency Per Day</i> • <i>One or More Sessions</i>
SG	Ambulatory surgical center (ASC) facility service		Informational Purposes Only
SU	Procedure performed in physician's office (to denote use of facility and equipment)		Refer to policy: <ul style="list-style-type: none"> • <i>Modifier SU</i>
TA, T1-T9	Anatomic modifiers which are associated with the toes		Refer to policies: <ul style="list-style-type: none"> • <i>Bilateral Procedures</i> • <i>Maximum Frequency Per Day</i>

Modifier	Description	Industry Standards for Usage According to AMA Publication Coding with Modifiers	Refer to Reimbursement Policy/ Informational Purposes Only
TC	Technical Component	Services that have been deemed eligible as a technical component will be reimbursed at a reduced rate and will be identified with modifier -TC. *Note: Some providers (physicians and facilities) may be reimbursed both the technical (-TC) and professional (-26) component. This is referred to as a global reimbursement. In order to be eligible for this global reimbursement, the provider must be credentialed as a full service provider or have a contract that states both components may be reimbursed to the provider.	Refer to policy: <ul style="list-style-type: none"> Multiple Procedure Payment Reduction (MPPR) for Diagnostic Imaging Multiple Procedures Payment Reduction (MPPR) for Medical and Surgical Services Policy
XE	Separate encounter, a service that is distinct because it occurred during a separate encounter	HCPCS modifiers for selective identification of subsets of Distinct Procedural Services [-59 modifier]	Refer to policies: <ul style="list-style-type: none"> Maximum Frequency Per Day Multiple Procedure Payment Reduction (MPPR) for Diagnostic Imaging Obstetrical Policy Pediatric and Neonatal Critical and Intensive Care Services
XP	Separate practitioner, a service that is distinct because it was performed by a different practitioner	HCPCS modifiers for selective identification of subsets of Distinct Procedural Services [-59 modifier]	Informational Purposes Only
XS	Separate structure, a service that is distinct because it was performed on a separate organ/structure	HCPCS modifiers for selective identification of subsets of Distinct Procedural Services [-59 modifier]	Refer to policies: <ul style="list-style-type: none"> Bilateral Procedures Maximum Frequency Per Day Obstetrical Policy Pediatric and Neonatal Critical and Intensive Care Services
XU	Unusual non-overlapping service, the use of a service that is distinct because it does not overlap usual components of the main service	HCPCS modifiers for selective identification of subsets of Distinct Procedural Services [-59 modifier]	Refer to policies: <ul style="list-style-type: none"> Maximum Frequency Per Day Obstetrical Policy Pediatric and Neonatal Critical and Intensive Care Services

Reimbursement Policy	Modifier
Assistant Surgeon	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
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, LT, MS, NR, NU, RR, RT, TW, UE
Global Days	24, 25, 57, 58, 78, 79
Increased Procedural Services	22, 63
Injection and Infusion Services	25
Maximum Frequency Per Day	50, 59, 76, 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, XS, XU

Reimbursement Policy	Modifier
<i>Modifier SU</i>	SU
<i>Multiple Procedure Payment Reduction (MPPR) for Diagnostic Imaging</i>	26, 59, 76, TC, XE
<i>Multiple Procedures Payment Reduction (MPPR) for Medical and Surgical Services</i>	26, 50, 51, 53, 62, 66, 78, 80, 81, 82, AS, TC
<u>Obstetrical Policy</u>	22, 24, 25, 26, 59, 76, 77, XE, XS, XU
<i>Once in a Lifetime Procedures</i>	53, 55, 56, 58
<i>One or More Sessions</i>	50, 52, 53, 54, 55, 56, 79, LT, RT
<i>Pediatric and Neonatal Critical and Intensive Care Services</i>	59, XE, XS, XU
<i>Physician Extenders</i>	AS, QX, QY
<i>Preventive Medicine and Screening</i>	25
<i>Prolonged Services</i>	25
<i>Reduced Services</i>	52
<i>Robotic Assisted Surgery</i>	22
<i>Same Day/Same Service</i>	25
<i>Services and Modifiers Not Reimbursable to Healthcare Professionals</i>	27, 73, 74, H9, HU, HV, HW, HX, HY, HZ, PO, QJ, SE, SL, TR
<i>Split Surgical Package</i>	54, 55, 56
<i>Supply Policy</i>	KM, KN, NR, NU, UE
<i>Telemedicine</i>	GQ, GT
<i>Time Span Codes</i>	52, 59, 76
<i>Wrong Surgical or Other Invasive Procedures</i>	PA, PB, PC

REFERENCES

The foregoing Oxford policy has been adapted from an existing UnitedHealthcare national policy that was researched, developed and approved by UnitedHealthcare Reimbursement Policy Oversight Committee. [2018R0111B]

American Medical Association, *Coding with Modifiers*.

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

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

POLICY HISTORY/REVISION INFORMATION

Date	Action/Description
03/01/2019	<ul style="list-style-type: none"> • Changed policy title; previously titled <i>Modifier Reference Policy</i> • Revised reference guidance for: <ul style="list-style-type: none"> ○ Modifier 25; removed reference to the policy titled <i>Pediatric and Neonatal Critical and Intensive Care Services</i> ○ Modifiers 26, 59, 76, TC, and XE; added reference to the policy titled <i>Multiple Procedure Payment Reduction (MPPR) for Diagnostic Imaging</i> ○ Modifier 52; removed reference to the policy titled <i>Discontinued Procedure</i> ○ Modifiers 59, XE, XS, and XU; added reference to the policy titled <i>Pediatric and Neonatal Critical and Intensive Care Services</i> ○ Modifier 79; added reference to the policy titled <i>One or More Sessions</i> ○ Modifier CP; replaced reference to the policy titled <i>Services and Modifiers Not Reimbursable to Health Care Professionals</i> with language indicating "CP is listed for informational purposes only" • Archived previous policy version ADMINISTRATIVE 026.20 T0