MODIFIER REFERENCE POLICY (CES)

Policy Number: ADMINISTRATIVE 026.23C T0 **Effective Date**: June 1, 2020

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Related Policies

- Refer to the Overview and 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 1500 Health Insurance Claim Form (a/k/a CMS-1500), or its electronic equivalents or its successor form. This policy applies to 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.

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, 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 Reimbursement Policy titled Procedure to Modifier (CES).

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	Industry Standards for Usage According to AMA Publication Coding with Modifiers	Refer to Reimbursement Policy
22	This modifier should not be appended to an E/M service.	• *Anesthesia* • *Increased Procedural Services* • *Obstetrical Policy* • *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.	• *Global Days* • *Obstetrical Policy*
25	Modifier 25 should be used with E/M codes only and not appended to the surgical procedure code(s).	• *Global Days* • *Injection and Infusion Services* • *Obstetrical Policy* • *Preventive Medicine and Screening* • *Prolonged Services* • *Same Day/Same Service*
26		• *Multiple Procedure Payment Reduction (MPPR) for Diagnostic Imaging* • *Multiple Procedures Payment Reduction (MPPR) for Medical and Surgical Services* • *Obstetrical Policy* • *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 Procedures Payment Reduction (MPPR) for Medical and Surgical Services Policy* • *One or More Sessions*
51		• *Multiple Procedures Payment Reduction (MPPR) for Medical and Surgical Services*
52		• *Bilateral Procedures* • *One or More Sessions* • *Reduced Services* • *Time Span Codes*
53		• *Discontinued Procedure* • *Multiple Procedures 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*

Modifier	Industry Standards for Usage According to AMA Publication Coding with Modifiers	Refer to Reimbursement Policy
55		• *One or More Sessions* • *Once in a Lifetime Procedures* • *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.	• *Global Days*
58		• *Global Days* • *Once in a Lifetime Procedures*
59	This modifier should not be appended to an E/M service.	• *Anesthesia* • *Bilateral Procedures* • *Maximum Frequency Per Day* • *Multiple Procedure Payment Reduction (MPPR) for Diagnostic Imaging* • *Obstetrical Policy* • *Pediatric and Neonatal Critical and Intensive Care Services* • *Professional/Technical Component* • *Time Span Codes*
62		• *Co-Surgeon/Team Surgeon* • *Multiple Procedures 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 Procedures 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* • *Maximum Frequency Per Day* • *Multiple Procedure Payment Reduction (MPPR) for Diagnostic Imaging* • *Obstetrical Policy* • *Professional/Technical Component* • *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* • *Obstetrical Policy* • *Professional/Technical Component*

Modifier	Industry Standards for Usage According to AMA Publication Coding with Modifiers	Refer to Reimbursement Policy
78		• *Anesthesia* • *Global Days* • *Multiple Procedures Payment Reduction (MPPR) for Medical and Surgical Services*
79		• *Anesthesia* • *Global Days* • *One or More Sessions*
80		• *Assistant-at-Surgery* • *Co-Surgeon/Team Surgeon* • *Multiple Procedures Payment Reduction (MPPR) for Medical and Surgical Services*
81		• *Assistant-at-Surgery* • *Co-Surgeon/Team Surgeon* • *Multiple Procedures Payment Reduction (MPPR) for Medical and Surgical Services*
82		• *Assistant-at-Surgery* • *Co-Surgeon/Team Surgeon* • *Multiple Procedures Payment Reduction (MPPR) for Medical and Surgical Services*
90		N/A
91		• *Maximum Frequency Per Day* • *Professional/Technical Component*
92		N/A
95		• *Telehealth and Telemedicine*
AA		• *Anesthesia*
AD		• *Anesthesia*
AS		• *Assistant Surgeon* • *Co-Surgeon/Team Surgeon* • *Multiple Procedures Payment Reduction (MPPR) for Medical and Surgical Services* • *Physician Extenders*
E1-E4		• *Maximum Frequency Per Day* • *Professional/Technical Component*
FA, F1-F9		• *Bilateral Procedures* • *Maximum Frequency Per Day* • *Professional/Technical Component*
G0		• *Telehealth and Telemedicine*
G8		• *Anesthesia*
G9		• *Anesthesia*
GC		• *Anesthesia*
GN		N/A
GO		N/A
GP		N/A
GQ		• *Telehealth and Telemedicine*
GT		• *Telehealth and Telemedicine*
H9, HU, HV, HW, HX, HY, HZ, QJ, SE, SL, TR		• *Services and Modifiers Not Reimbursable to Healthcare Professionals*

Modifier	Industry Standards for Usage According to AMA Publication Coding with Modifiers	Refer to Reimbursement Policy
KH, KI, KJ, KM, KN, KR, MS, NR, NU, RR, TW, UE		• *Durable Medical Equipment, Orthotics and Prosthetics Multiple Frequency* • *Supply Policy*
LC, LD, LM, RC, RI		• *Maximum Frequency Per Day* • *Professional/Technical Component*
LT		• *Bilateral Procedures* • *Durable Medical Equipment, Orthotics and Prosthetics Multiple Frequency* • *Maximum Frequency Per Day* • *One or More Sessions* • *Professional/Technical Component*
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* • *Physician Extenders*
QY		• *Anesthesia* • *Physician Extenders*
QZ		• *Anesthesia*
RT		• *Bilateral Procedures* • *Durable Medical Equipment, Orthotics and Prosthetics Multiple Frequency* • *Maximum Frequency Per Day* • *One or More Sessions* • *Professional/Technical Component*
SG		N/A; refer to the Questions and Answers section of this policy
SU		• *Modifier SU*
TA, T1-T9		• *Bilateral Procedures* • *Maximum Frequency Per Day* • *Professional/Technical Component*
TC		• *Multiple Procedure Payment Reduction (MPPR) for Diagnostic Imaging* • *Multiple Procedures 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* • *Maximum Frequency Per Day* • *Multiple Procedure Payment Reduction (MPPR) for Diagnostic Imaging* • *Pediatric and Neonatal Critical and Intensive Care Services* • *Professional/Technical Component*

Modifier	Industry Standards for Usage According to AMA Publication Coding with Modifiers	Refer to Reimbursement Policy
XP	HCPCS modifiers for selective identification of subsets of Distinct Procedural Services [-59 modifier]	• *Professional/Technical Component*
XS	HCPCS modifiers for selective identification of subsets of Distinct Procedural Services [-59 modifier]	• *Bilateral Procedures* • *Maximum Frequency Per Day* • *Pediatric and Neonatal Critical and Intensive Care Services* • *Professional/Technical Component*
XU	HCPCS modifiers for selective identification of subsets of Distinct Procedural Services [-59 modifier]	• *Anesthesia* • *Maximum Frequency Per Day* • *Pediatric and Neonatal Critical and Intensive Care Services* • *Professional/Technical Component*

Reimbursement Policy	Modifier
Anesthesia	22, 23, 47, 59, 76, 77, 78, 79, AA, AD, GC, G8, G9, QK, QS, QX, QY, QZ, P1, P2, P3, P4, P5, P6, XE, 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
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, 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
Modifier SU	SU
Multiple Procedure Payment Reduction (MPPR) for Diagnostic Imaging	26, 59, 76, TC, XE
Multiple Procedures Payment Reduction (MPPR) for Medical and Surgical Services	26, 50, 51, 53, 62, 66, 78, 80, 81, 82, AS, TC
Obstetrical Policy	22, 24, 25, 26, 59, 76, 77
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
Physician Extenders	AS, QX, QY
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, FA, F1, F2, F3, F4, F5, F6, F7, F8, F9, LC, LD, LM, LT, RC, RI, RT, TC, TA, T1, T2, T3, T4, T5, T6, T7, T8, T9, XE, XP, XS, XU
Prolonged Services	25
Reduced Services	52
Robotic Assisted Surgery	22
Same Day/Same Service	25

Reimbursement Policy	Modifier
Services and Modifiers Not Reimbursable to Healthcare Professionals	27, 73, 74, H9, HU, HV, HW, HX, HY, HZ, PO, QJ, SE, SL, TR
Split Surgical Package	54, 55, 56
Supply Policy	KM, KN, NR, NU, UE
Telehealth and Telemedicine	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.

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. [*2020R0111A*]

American Medical Association, *Coding with Modifiers*.

American Medical Association, *Current Procedural Terminology* (CPT®) 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.

POLICY HISTORY/REVISION INFORMATION

Date	Action/Description

06/01/2020	**Reimbursement Guidelines**
	• Revised and reformatted list of modifiers [with industry standards for usage and corresponding Reimbursement Policy reference(s)]:
	  ○ Removed modifier code descriptions
	  ○ Removed reference link to the Reimbursement Policy titled *Obstetrical Policy* for modifiers XE, XS, and XU
	• Revised list of Reimbursement Policies [with corresponding modifier reference(s)]:
	Durable Medical Equipment, Orthotics and Prosthetics Multiple Frequency
	  ○ Added modifier KX
	  ○ Removed modifier TW
	Obstetrical Policy
	  ○ Removed modifiers XE, XS, and XU
	Supporting Information
	• Archived previous policy version ADMINISTRATIVE 026.22C T0