III.E.1 List of Approved Modifiers

Below is a list of approved modifiers for use in billing PHC. Modifiers not listed in this section are not acceptable for billing PHC.

A list of discontinued modifiers is available at the end of this section.

Approved Modifier	National Modifier Description	Program-Specific Use of the Modifier and Special Considerations
22*	Increased procedural services	May be used with computerized tomography (CT) codes when additional slices are required or a more detailed evaluation is necessary. Surgical: May be billed when procedures involve significantly increased operative complexity and/or time in a significantly altered surgical field resulting from the effects of prior surgery, marked scarring, adhesions, inflammation, or distorted anatomy, irradiation, infection, very low weight (for example, neonates and small infants less than 10 kg) and/or trauma (as documented in a recipient's medical record). Justification is required on the claim.
24*+	Unrelated E&M service by the same physician during a postoperative period	
25* NCCI Associated	Significant, separately identifiable E&M service by the same physician on the same day of the procedure or other service	
26*	Professional component	
27* NCCI Associated	Increased procedural services	
47*	Anesthesia by surgeon	**Do** not **use** as a modifier for anesthesia codes.

*Check the CPT book for guidelines
+NCCI Associated

Approved Modifier	National Modifier Description	Program-Specific Use of the Modifier and Special Considerations
50*	Bilateral procedure	
51*	Multiple procedures	
52*	Reduced services	Surgical: For use with surgery codes 66820 – 66821, 66830, 66840, 66850, 66920, 66930, 66940 and 66982 – 66985. Requires "By Report" **documentation.**
53*	Discontinued procedure	Requires "By Report" **documentation.**
54*	Surgical care only	Surgical: Use only with surgery codes 66820 – 66821, 66830, 66840, 66850, 66920, 66930, 66940 and 66982 – 66985. Requires "By Report" documentation.
55*	Postoperative management only	
57+	Decision for surgery	
58* NCCI Associated	Staged or related procedure or service by the same physician during the postoperative period	May be used with codes 15002 – 15431 and 52601 to address subsequent part(s) of a staged procedure.
59* NCCI Associated	Distinct procedural service	Use only with codes 36818 – 36819 and 76816.
62*	Two surgeons	
66*	Surgical team	
73	Discontinued outpatient hospital/ambulatory surgery center (ASC) procedure prior to the administration of anesthesia (to be reported by hospital outpatient department or surgical clinic, only)	To be reported by hospital outpatient department or surgical clinic only. Requires "By Report" documentation.

*Check the CPT book for guidelines
+NCCI Associated

Approved Modifier	National Modifier Description	Program-Specific Use of the Modifier and Special Considerations
74	Discontinued outpatient hospital/ambulatory surgery center (ASC) procedure after administration of anesthesia	To be reported by hospital outpatient department or surgical clinic only. Requires "By Report" documentation.
76*	Repeat procedure or service by same physician	
77*	Repeat procedure by another physician	
78* NCCI Associated	Unplanned return to the operating/procedure room by the same physician following initial procedure for a related procedure during the postoperative period	
79* NCCI Associated	Unrelated procedure or service by the same physician during the postoperative period	
80*	Assistant surgeon	
90*	Reference (outside) laboratory	Only specified providers may use this modifier.
91* NCCI Associated	Repeat clinical diagnostic laboratory test	
99*	Multiple modifiers	Used when two or more modifiers are necessary to completely delineate a service; the multiple modifiers used must be explained in the *Remarks* field (Box 80)/*Reserved for Local Use* field (Box 19) of the claim. Also used in special circumstances as specified by the Department of Health Care Services (DHCS). For an example, refer to the *Surgery Billing Examples: UB-04* or *Surgery Billing Examples: CMS-1500* sections in the appropriate Part 2 manual.

*Check the CPT book for guidelines
+NCCI Associated

Approved Modifier	National Modifier Description	Program-Specific Use of the Modifier and Special Considerations
AG	Primary physician	Surgical: Used to denote a primary surgeon. In the case of multiple primary surgeons, two or more surgeons can use modifier AG for the same patient on the same date of service if the procedures are performed independently and in different specialty areas. This does not include surgical teams or surgeons performing a single procedure requiring different skills. An explanation of the clinical situation and operative reports by all surgeons involved must be included with the claim.
AI	Principal physician of record	Allowable for all procedure codes.
AP	Determination of refractive state was not performed in the course of diagnostic ophthalmological examination	Use only for ophthalmology.
AY	Item or service furnished to an ERSD patient that is not for the treatment of ERSD	
AZ	Physician providing a service in a dental health profession shortage area for the purpose of an electronic health record incentive payment.	
CS	Item of service related, in whole or in part, to an illness, injury, or condition that was caused by or exacerbated by the effects direct or indirect, of the 2010 oil spill in the Gulf of Mexico including but not limited to subsequent clean-up activities	
DA	Oral health assessment by a licensed health professional other than a dentist	
DS	Ambulance service origin code D (diagnostic or therapeutic site other than P or H when these are used as origin codes) with ambulance service destination code S (scene of accident or acute event)	Medical transport dry run

*Check the CPT book for guidelines
+NCCI Associated

Approved Modifier	National Modifier Description	Program-Specific Use of the Modifier and Special Considerations
E1 NCCI Associated	Upper left, eyelid	Use modifier SC with CPT-4 code 68761 (closure of lacrimal punctum; by thermocauterization, ligation, or laser surgery; by plug, each) to indicate use of temporary collagen punctal plugs. Modifiers E1 thru E4 are reserved for permanent silicone punctal plugs.
E2 NCCI Associated	Lower left, eyelid	Same as above
E3 NCCI Associated	Upper right, eyelid	Same as above
E4 NCCI Associated	Lower right, eyelid	Same as above
ET	Emergency services	
F1 NCCI Associated	Left hand, second digit	
F2 NCCI Associated	Left hand, third digit	
F3 NCCI Associated	Left hand, fourth digit	
F4 NCCI Associated	Left hand, fifth digit	
F5 NCCI Associated	Right hand, thumb	
F6 NCCI Associated	Right hand, second digit	
F7 NCCI Associated	Right hand, third digit	
F8 NCCI Associated	Right hand, fourth digit	

*Check the CPT book for guidelines
+NCCI Associated

Approved Modifier	National Modifier Description	Program-Specific Use of the Modifier and Special Considerations
F9 NCCI Associated	Right hand, fifth digit	
FA NCCI Associated	Left hand, thumb	
FP	Family planning services	Add modifier to HCPCS and CPT-4 codes as appropriate: Z1032 – Z1038 + FP Z6200 – Z6500 + FP 59400 + FP 59510 + FP 59610 + FP 59618 + FP 99201 – 99215 + FP 99241 – 99245 + FP 99281 – 99285 + FP 99341 – 99353 + FP 99384 + FP 99394 + FP
GQ	Via asynchronous telecommunications system	Used to denote store-and-forward telecommunications system.
GT	Via interactive audio and video telecommunications systems	Used to denote real-time telecommunications system.
GU	Waiver of liability statement issued as required by payer policy, routine notice	
GX	Notice of liability issued, voluntary under payer policy	
GY	Item or service statutorily excluded; does not meet the definition of any Medicare benefit or for non-Medicare insurers, is not a contract benefit.	Used to denote that the recipient has started a physician-ordered course of treatment before reaching 21 years of age and the recipient is to complete the course of the prescribed treatment; Or the recipient started a physician-ordered course of treatment before July 1, 2009 and required additional time to complete treatment after this date. GY is to be used only for services exempted from the optional benefits exclusion policy. Use of GY only applies to medical/surgical care required for the treatment and the resolution of the acute episode.

*Check the CPT book for guidelines
+NCCI Associated

Approved Modifier	National Modifier Description	Program-Specific Use of the Modifier and Special Considerations
HA	Child/adolescent program	Used by pediatric subacute facility to denote that the patient is a child.
HB	Adult program, nongeriatric	Used by adult subacute facility to denote that the patient is an adult.
J4	DMEPOS item subject to DMEPOS competitive bidding program that is furnished by a hospital upon discharge	Allowable but not required for all DME codes.
KC	Replacement of special power wheelchair interface	
KX	Requirements specified in the medical policy have been met	Specific required documentation on file.
LC NCCI Associated	Left circumflex coronary artery	
LD NCCI Associated	Left anterior descending coronary artery	
LM+	Left main coronary artery	
LT NCCI Associated	Left side (used to identify procedures performed on the left side of the body)	
NB	Nebulizer system, any type, FDA-cleared for use with specific drug	
NU	New equipment	Used to denote purchase of new equipment.
P1*	A normal, healthy patient	Used to denote anesthesia services provided to a normal, uncomplicated patient.
P3*	A patient with severe systemic disease	Used to denote anesthesia services provided to a patient with severe systemic disease.
P4*	A patient with severe systemic disease that is a constant threat to life	Used to denote anesthesia services provided to a patient with severe systemic disease that is a constant threat to life.

*Check the CPT book for guidelines
+NCCI Associated

Approved Modifier	National Modifier Description	Program-Specific Use of the Modifier and Special Considerations
P5*	A moribund patient who is not expected to survive without the operation	Used to denote anesthesia services provided to a moribund patient who is not expected to survive without the operation.
PA	Surgery, wrong body part	Allowable for all procedure codes.
PB	Surgery, wrong patient	Allowable for all procedure codes.
PC	Wrong surgery on patient	Allowable for all procedure codes.
PI	Positron emission tomography (PET) or PET/computed tomography (CT) to inform initial treatment strategy of tumors	Allowable but not required for all radiology procedure codes.
PS	PET or PET/CT to inform the subsequest treatment strategy of cancerous tumors	Allowable but not required for all radiology procedure codes.
PT	Colorectal cancer screening test; converted to diagnostic test or other procedure	
QE	Prescribed amount of oxygen is less than one liter per minute (LPM)	
QF	Prescribed amount of oxygen exceeds four liters per minute (LPM) and portable oxygen is prescribed	
QG	Prescribed amount of oxygen is greater than four liters per minute (LPM)	Use this modifier if portable oxygen is NOT prescribed.
QK	Medical direction of two, three or four concurrent anesthesia procedures involving qualified individuals	Note: Modifier QK will also be used when billing for the supervision of one anesthesia procedure.

*Check the CPT book for guidelines
+NCCI Associated

Approved Modifier	National Modifier Description	Program-Specific Use of the Modifier and Special Considerations
QP	Documentation is on file showing that the laboratory test(s) was ordered individually or ordered as a CPT- recognized panel other than automated profile codes 80002 – 800019, G0058, G0059, and G0060	Used for lab codes where documentation is on file showing that the test was ordered individually.
QS	Monitored anesthesia care service	Used by California Children's Services (CCS) to denote monitored anesthesia care.
QW	CLIA waived test	Used to certify that the provider is performing testing for the procedure with the use of a specific test kit from manufacturers identified by the Centers for Medicare & Medicaid Services (CMS).
QX	CRNA service: with medical direction by a physician	
QZ	CRNA service: without medical direction by a physician	
RA	Replacement	Used to indicate replacement vision care frames and lenses
RB	Replacement as part of a repair	Used to indicate replacement parts during repair of durable Medical Equipment (DME), repair, including parts of eyeglass frames
RC NCCI Associated	Right coronary artery	
RI+	Ramus intermedius	
RR	Rental	Used to indicate when DME is to be rented.
RT NCCI Associated	Right side (used to identify procedures performed on the right side of the body)	
SA	Nurse practitioner rendering service in collaboration with a physician	
SB	Nurse midwife	Used when Certified Nurse Midwife service is billed by a physician, hospital outpatient department or organized outpatient clinic (not by CNM billing under his or her own provider number).

*Check the CPT book for guidelines
+NCCI Associated

Approved Modifier	National Modifier Description	Program-Specific Use of the Modifier and Special Considerations
SC	Medically necessary service or supply	
SK	Member of high-risk population (use only with codes for immunization)	
SL	State-supplied vaccine	Used for Vaccines For Children (VFC) program recipients younger than 18 years of age.
T1 NCCI Associated	Left foot, second digit	
T2 NCCI Associated	Left foot, third digit	
T3 NCCI Associated	Left foot, fourth digit	
T4 NCCI Associated	Left foot, fifth digit	
T5 NCCI Associated	Right foot, great toe	
T6 NCCI Associated	Right foot, second digit	
T7 NCCI Associated	Right foot, third digit	
T8 NCCI Associated	Right foot, fourth digit	
T9 NCCI Associated	Right foot, fifth digit	
TA NCCI Associated	Left foot, great toe	
TC	Technical component	
TD	Registered nurse (RN)	

*Check the CPT book for guidelines
+NCCI Associated

Approved Modifier	National Modifier Description	Program-Specific Use of the Modifier and Special Considerations
TE	Licensed Practical Nurse (LPN)/ Licensed vocational nurse (LVN)	Used by LEA to denote licensed vocational nurses. See Local Educational Agency (LEA) in the appropriate Part 2 manual for more information. Used by Pediatric Palliative Care Waiver Program (PPCWP) to denote licensed vocational nurses providing services to children receiving palliative care services
TH	Obstetrical treatment/services, prenatal or postpartum	Used to denote that the service rendered is ONLY for pregnancy-related services and services for the treatment of other conditions that might complicate the pregnancy. Modifier TH can be used for up to 60 days after termination of pregnancy. TH is to be used ONLY for services exempted from the optional benefits exclusion policy.
U4	Medicaid level of care 4, as defined by each state	Also used with HCPCS code A4269 to indicate the type of spermicide (contraceptive sponge).
U5	Medicaid level of care 5, as defined by each state.	Used with HCPCS code J3490 to indicaqte emergency contraceptive pills (ulipristal acetate).
U7	Medicaid level of care 7, as defined by each state	Used to denote services rendered by Physician Assistant (PA).
UA	Medicaid level of care 10, as defined by each state	Used for surgical or non-general anesthesia related supplies and drugs, including surgical trays and plaster casting supplies, provided in conjunction with a surgical code.
UB	Medicaid level of care 11, as defined by each state	Used for surgical or general anesthesia related supplies and drugs, including surgical trays and plaster casting supplies, provided in conjunction with a surgical procedure code.
UD	Medicaid level of care 13, as defined by each state	Used by Section 340B providers to denote services provided or drugs purchased under this program.
UJ	Services provided at night	
UN	Two patients served	
UP	Three patients served	
UQ	Four patients served	

*Check the CPT book for guidelines
+NCCI Associated

Approved Modifier	National Modifier Description	Program-Specific Use of the Modifier and Special Considerations
UR	Five patients served	
US	Six or more patients served	
V5	Any vascular catheter (alone or with any other vascular access)	Allowable for all procedure codes.
V6	Arteriovenous graft (or other vascular access not including a vascular catheter)	Allowable for all procedure codes.
V7	Arteriovenous fistula only (in use with two needles)	Allowable for all procedure codes.
YW	Not applicable. This is an interim (local) modifier.	Required professional experience (applies only to speech therapists and audiologists)
Z1	Not applicable. This is an interim (local) modifier.	Additional air mileage in excess of 10 percent of standard airway mileage distances. Reason for additional mileage flown must be documented on the claim or on an attachment.
ZA	Novartis/Sandoz	Use with Biosimilar HCPC code Q5101 to identify product being used. Product Brand name is Zarxio.
ZB	Pfizer/Hospira	Use with Biosimilar HCPC code Q5102 to identify product being used. Product Brand name is Inflectra.
ZC	Merck/Samsung	Use with Biosimilar HCPC code Q5102 to identify product being used. Product Brand name is Renflexis.
ZQ	Not applicable. This is an interim (local) modifier.	Family planning counseling. Certifies that family planning counseling was provided during a routine non-family planning office visit. Limited to female recipients 15 – 44 years of age. Can be reimbursed once per recipient per provider in a 12-month period. (For detailed billing information, see *Family Planning* in the appropriate Part 2 manual.)
ZS	Not applicable. This is an interim (local) modifier.	Professional and technical component

*Check the CPT book for guidelines
+NCCI Associated

Discontinued and Invalid Modifiers

Below is a list of discontinued and invalid modifier codes. Modifiers listed below are no longer acceptable for billing PHC.

Discontinued/ Invalid Modifier	Discontinuation Date	Modifier Description
21	September 1, 2009	Prolonged evaluation and management services (see Evaluation and Management (E&M) section in the appropriate provider manual on how to bill for prolonged E&M visits)
60	May 1, 2009	Altered surgical field. **Use modifier 22.**
75	May 1, 2009	Concurrent care, services rendered by more than one physician
AF	August 1, 2005	Anesthesia complicated by total body hypothermia above 30 degrees
AG	August 1, 2005	Emergency anesthesia (moribund patient)
AN	February 1, 2009	Physician assistant service. **Replaced by HIPAA compliant modifier U7.**
AS	January 1, 2008	Physician Assistant serving as first assistant in surgery under an approved supervising physician. **Use HIPAA compliant modifier 80 to denote assistant surgeon.**
V8	October 1, 2012	Infection present. Allowable for all procedure codes.
V9	October 1, 2012	No infection present. Allowable for all procedure codes.
Y1	November 1, 2005	Rental without sales tax (hearing aids)
Y2	November 1, 2005	Purchase or repair without sales tax (hearing aids)
Y6	November 1, 2005	Rental with sales tax (hearing aids)
Y7	November 1, 2005	Purchase, repair, mileage with sales tax (standard item, hearing aids)
YQ	November 1, 2005	Certified Nurse Midwife service (when billed by a physician, organized outpatient clinic or hospital outpatient department). **Replaced by HIPAA compliant modifier SB.**
YR	February 1, 2009	Certified Nurse Midwife service (multiple modifiers) (when billed by a physician, organized outpatient clinic or hospital outpatient department). **Replaced by HIPAA compliant modifier 99.**
YS	November 1, 2005	Nurse Practitioner service. **Replaced by HIPAA compliant modifier SA.**
YT	February 1, 2009	Nurse Practitioner service (multiple modifiers). **Replaced by HIPAA compliant modifier 99.**
YU	February 1, 2009	Physician Assistant service (multiple modifiers). **Replaced by HIPAA compliant modifier 99.**
ZD	March 1, 2011	Emergency anesthesia (systemic disease)
ZE	March 1, 2011	Nurse anesthestist service; elective anesthesia; normal, healthy patient

*Check the CPT book for guidelines
+NCCI Associated

Discontinued/ Invalid Modifier	Discontinuation Date	Modifier Description
ZF	March 1, 2011	Anesthesia supervision
ZG	March 1, 2011	Multiple anesthesia modifiers
ZH	March 1, 2011	Nurse anesthetist service; anesthesia special circumstances; unusual position/field avoidance
ZI	March 1, 2011	Nurse anesthetist service; anesthesia special circumstances; total body hypothermia
ZJ	March 1, 2011	Nurse anesthetist service; emergency anesthesia; normal, healthy patient
ZK	November 1, 2005	Primary Surgeon. **Replaced by HIPAA compliant modifier AG**
ZM	November 1, 2010	Supplies and drugs for surgical procedures with other than general anesthesia or no anesthesia. Replaced by HIPAA compliant modifier UA.
ZN	November 1, 2010	Supplies and drugs for surgical procedures with general anesthesia. Replaced by HIPAA compliant modifier UB.
ZO	March 1, 2011	Nurse anesthetist service; anesthesia special circumstances; extracorporeal circulation
ZP	March 1, 2011	Nurse anesthetist service; elective anesthesia; patient with severe systemic disease that is a constant threat to life.
ZQ	December 30, 2013	Family planning counseling. Certifies that family planning counseling was provided during a routine non-family planning office visit. Limited to female recipients 15 – 44 years of age. Can be reimbursed once per recipient per provider in a 12-month period.
ZR	March 1, 2011	Nurse anesthetist service; emergency anesthesia; patient with severe systemic disease that is a constant threat to life
ZT	March 1, 2011	Nurse anesthetist service; emergency anesthesia; moribund patient who is not expected to survive without the operation.
ZU	November 1, 2005	Exception modifier to 80 percent reimbursement (medical necessity requires common office procedure to be performed in outpatient setting)
ZV	November 1, 2005	Exception modifier to 80 percent reimbursement (non-hospital-compensated physician called from outside to render emergency service)
ZX	March 1, 2011	Nurse anesthetist service; emergency or elective anesthesia; patient with severe systemic disease
ZY	March 1, 2011	Nurse anesthetist service; elective anesthesia; moribund patient who is not expected to survive without the operation.

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+NCCI Associated