

**PARTNERSHIP HEALTHPLAN OF CALIFORNIA  
MEDI-CAL PROVIDER MANUAL  
CLAIMS DEPARTMENT**

**III.E.2 Modifiers Used with Procedure Codes**

<b>Service or Procedure</b>	<b>Codes or Code Ranges</b>	<b>Required Modifiers</b>	<b>Allowable Modifiers</b>
Evaluation and Management (E&M) performed by a Non-Physician Medical Practitioner (NMP)	99201-99215, 99221-99233, 99238-99499	-	SA, SB, U7, 24, 25, 99
Office or Other Outpatient Services	99201-99215	-	24, 25
Hospital Inpatient Services	99221-99233, 99238, 99239	-	24, 25
Consultations	99241-99275	-	24, 25
Emergency Department Services	99281-99285	-	24, 25
Critical Care Services	99291-99292	-	24, 25
Nursing Facility Services (E&M)	99301-99313	-	24, 25
Domiciliary, Boarding Home or Custodial Care Services	99321-99333	-	24, 25
Home Services	99341-99350	-	24, 25
Preventive Medicine Services (E&M)	99381-99397	-	24, 25
Behavior Change Intervention (E&M)	99406, 99407	-	25
Unlisted Preventive Medicine Service (E&M)	99429	-	24, 25
Unlisted E&M Service	99499	-	24, 25
Medicine performed by a Non-Physician Medical Practitioner (NMP)	90673, 90700-99199	-	SA, BA, U7, 22, 99
Vaccine for Vaccines for Children (VFC)	90633, 90647-90649, 90655-90658, 90660, 90680, 90685, 90686, 90688, 90700, 90707, 90710, 90713-90716, 90723, 90734, 90743, 90744, 90748	SL	-

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Vaccine for High Risk	90632, 90636, 90675, 90690-90693, 90704, 90717, 90725, 90727, 90732-90734	SK	-
Vaccine for High Risk and VFC	90620, 90621, 90630, 90651	-	SA, SB, SK, SL, UD, U7, 99
	90632	SK, SL	-
	90633	SL	-
	90636, 90660, 90732, 90734	SK, SL	-
Infusion Therapy	90780, 90781	-	22, 99
Unlisted Therapeutic Prophylactic or Diagnostic Injections	96372, 96379	-	SA, SB, 22, 99
Psychiatry	90800-90869	-	22,99
	90870,90871	-	P1, ZE, ZF, ZG, 22, 99
	90880-90899	-	22, 99
Dialysis	90951-90970, 90989-90999	-	22, 99
Gastroenterology	91001-91030, 91034-91038, 91052-91065, 91122	TC, 26	99
	91132-91133	TC, 26	99
	91200	TC, 26	SA, SB, U7, 22, 24, 25, 99
	91299	-	-
Ophthalmology	92002, 92004, 92012, 92014	-	22, 99
	92018, 92019	-	P1, ZE, ZF, ZG, 22, 99
	92020	-	22, 99

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Ophthalmology continued	92060	TC, 26	99
	92071, 92072	SC, 22	-
	92081-92083	TC, 26	99
	92100	-	22, 99
	92132-92134	LT, RT, 50	TC, ZS, 26, 99
	92136, 92140	-	22, 99
	92225-92227	LT, RT, 50	22, 99
	92228	LT, RT, 50, TC, 26	22, 99
	92230	LT, RT, 50	22, 99
	92235	TC, 26, LT, RT, 50	99
	92240-92250	TC, 26	-
	92260	-	22, 99
	92265-92284	TC, 26	-
	92285-92287	-	22, 99
	92310-92312	22, SC	-
	92313-92317	-	AP, 99
	V2630-V2632, 92325-92499	-	22, 99
Special Otorhinolaryngologic	92502	-	P1, ZA, ZE, ZF, ZG, 22, 99
	92504-92534	-	22, 99
	92541-92547	TC, 26	99
	92551-92582	-	-
	92585	TC, 26	99

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Service or Procedure	Codes or Code Ranges	Required Modifiers	Allowable Modifiers
Special Otorhinolaryngologic Continued	92586	-	22, 99
	92587, 92588	TC, ZS, 26	22, 99
	92589-92700	-	22, 99
Cardiovascular	92920	LM, LD, LC, RC, RI	53
	92921	-	53
	92924	LM, LD, LC, RC, RI	22, 53, 99
	92925	-	22, 53, 99
	92928	LM, LD, LC, RC, RI	53
	92929	-	53
	92933, 92937,	LM, LD, LC, RC, RI	22, 53, 99
	92941, 92943	LM, LD, LC, RC, RI	
	92934, 92938, 92944	-	22, 53, 99
	92950	-	53
	92953	-	22, 53, 99
	92960 – 92970	-	ET, P1, P3, P4, P5, ZD, ZE, ZF, ZG, 22, 53, 99
	92971 – 92977	-	53
	92978, 92979	TC, 26	53, 99
	92986, 92987, 92990	-	P1, ZE, ZF, ZG, 53, 80
	92992 – 92998	-	53
	93000	-	22, 76, 99
	93005	-	22, 99
	93010	-	22, 76, 99
	93015 – 93018	-	22, 99
93024, 93025	TC, 26	99	

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Cardiovascular Continued	93040 – 93042	–	76
	93043 – 93266	–	–
	93260, 93261	TC, 26	99
	93269	–	22, 99
	93278	TC, 26	–
	93281	TC, 26	99
	93279, 93280, 93282, 93283, 93285, 93288, 93289, 93291 – 93295, 93298	TC, 26	99
	93312, 93315, 93318	TC, 26	99
	93320 – 93351	TC, 26	22, 99
	93451-93461	TC, 26	53, 99
	93462, 93463	–	53
	93464	TC, 26	53, 99
	93503	–	53
	93505 – 93533	TC, 26	53, 99
	93561, 93562	TC, 26	22, 53, 99
	93563 – 93583	–	53
	93600, 93602, 93603, 93609 – 93613, 93615 – 93622	TC, 26	53, 99
	93623	–	22, 53, 99
	93624, 93631 – 93642	TC, 26	53, 99
	93644	TC, 26	53, 99
	93650 – 93657	–	22, 53, 99
	93660	–	22, 99
	93662	TC, 26	99
	93724	TC, 26	99

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<b>Service or Procedure</b>	<b>Codes or Code Ranges</b>	<b>Required Modifiers</b>	<b>Allowable Modifiers</b>
Cardiovascular Continued	93740	-	22, 99
	93799	-	22, 99
Non-Invasive Vascular Diagnostic Studies	93880-93981	TC, 26	99
	93990	TC, 26	99
Pulmonary	94010-94620	TC, 26	99
	94640-94668	-	22, 99
	94680-94750	TC, 26	99
	94760	-	-
	94770	TC, 26	99
	94772, 94799	-	22, 99
Allergy and Clinical Immunology	95000-95199	-	22, 99
Neurology	95805-95827	TC, 26	99
	95829	TC, 26	99
	95830-95839	-	-
	95842	TC, 26	99
	95851-95857	-	-
	95860-95875	TC, 26	99
	95880-95582	-	-
	95885-95887	TC, 26	99, U7
	95905-95939, 95943-95958	TC, 26	99
	95999	-	22, 99
Chemotherapy Administration	96401-96549	-	22, 99
Special Dermatologic Procedures	Z0308, 96900-96999	-	22, 99
Physical Medicine	97010-97799	-	22, 99

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<b>Service or Procedure</b>	<b>Codes or Code Ranges</b>	<b>Required Modifiers</b>	<b>Allowable Modifiers</b>
Special Services and Reports	Z5424, Z5432, 99000-99140	-	22, 99
	99152	-	22, 99
Critical Care	Z0100-Z0108, 99160-99174	-	22, 99
Neonatal Critical Care (ECMO/ECLS) 0-5 Years of Age	33946-33949, 33951, 33953, 33955, 33957, 33959, 33963, 33965, 33969, 33985, 33987-33989	-	AG, ET, PA, PB, PC, SA, SB, SC, UA, UB, U7, 22, 47, 50, 51, 53, 54, 55, 62, 63*, 66, 76, 77, 78, 79, 80, 99  * (Do not report Mod 63 with 33946, 33947, 33948 or 33939)
Other Services	Z0310, 99175-99199	-	22, 99
Evaluation and Management Services	99200-99215, 99221-99233, 99238-99499	-	22, 99
Miscellaneous	70000-79999, 80000-89999, S3620, S3626, Z2010	TC, 26, QW, ZS, 90, 99	-
Biosimilar Injections	Q5101 Q5102 Q5102	ZA ZB ZC	-

Some radiology/pathology codes may not require a modifier at all. See the Pathology and Radiology Sections in the appropriate Part 2 of the Medi-Cal Manual for the Medi-Cal policy regarding pathology and radiology codes. Modifiers P1, ZE or ZG may be used for anesthesia reimbursement when essential performance or radiology or pathology procedure. These are the only modifiers that can be used for the above listed HCPCS and CPT-4 codes for Medi-Cal.