HCPCS and CPT Standard Modifiers

In preparation for the implementation of the Health Insurance Portability and Accountability Act (HIPAA), it is essential that you use standard CPT and HCPCS modifiers to describe the service for which you are billing. Modifiers indicate that a service or procedure you've performed has been altered by some specific circumstance, but has not changed in its definition or code.

To prepare for HIPAA's new electronic claims transaction format, we will require standard modifiers on all claims (paper and electronic) that are received on or after June 1, 2003, **and will reject claims that use non-standard modifiers after that date. If you use a billing vendor, please contact them to be sure that they make the appropriate changes to begin processing your claims using standard modifiers.**

We've included a table of standard CPT and HCPCS modifiers here for your convenience. Ambulance origin and destination modifiers, used with transportation service codes, are included in a separate table at the end of this document.

Please refer to Fax-on-Demand document **834** for specific BCBSMA processing guidelines for CPT modifiers, or to the CPT and HCPCS manuals for a complete list of standard modifiers. You can order these manuals on-line:

- The *CPT Standard Edition* manual at: www.ama-assn.org/catalog.
- The *HCPCS Common Procedure Coding System* manual at: www.medicalbookstore.com.

Modifier	Narrative
21	Prolonged evaluation and management services
22	Unusual procedural services
23	Unusual anesthesia
24	Unrelated evaluation and management service by the same physician during a post-operative period
25	Significant, separately identifiable evaluation and management service by the same physician on the same day of the procedure or other service
26	Professional component
27	Multiple outpatient hospital evaluation and management encounters on the same date
32	Mandated services
47	Anesthesia by surgeon
50	Bilateral procedure
51	Multiple procedures
52	Reduced services
53	Discontinued procedure
54	Surgical care only
55	Post-operative management only
56	Pre-operative management only
57	Decision for surgery

Modifier	Narrative
58	Staged or related procedure or service by the same physician during the post-operative period
59	Distinct procedural service
62	Two surgeons
63	Procedure performed on infants
66	Surgical team
73	Discontinued outpatient procedure prior to anesthesia administration
74	Discontinued outpatient procedure after anesthesia administration
76	Repeat procedure by same physician
77	Repeat procedure by another physician
78	Return to the operating room for a related procedure during the post-operative period
79	Unrelated procedure or service by the same physician during the post-operative period
80	Assistant surgeon
81	Minimum assistant surgeon
82	Assistant surgeon *(when qualified resident surgeon not available)*
90	Reference *(outside)* laboratory
91	Repeat clinical diagnostic laboratory test
99	Multiple modifiers
A1	Dressing for one wound
A2	Dressing for two wounds
A3	Dressing for three wounds
A4	Dressing for four wounds
A5	Dressing for five wounds
A6	Dressing for six wounds
A7	Dressing for seven wounds
A8	Dressing for eight wounds
A9	Dressing for nine or more wounds
AA	Anesthesia services performed personally by anesthesiologist
AD	Medical supervision by a physician: more than four concurrent anesthesia procedures
AH	Clinical psychologist
AJ	Clinical social worker
AM	Physician, team member service
AP	Determination of refractive state was not performed in the course of diagnostic opthalmological examination
AS	Physician assistant, nurse practitioner, or clinical nurse specialist services for assistant at surgery
AT	Acute treatment *(this modifier should be used when reporting services 98940, 98941, 98942)*
AU	Item furnished in conjunction with a urological, ostomy, or tracheostomy supply
AV	Item furnished in conjunction with a prosthetic device, prosthetic or orthotic
AW	Item furnished in conjunction with a surgical dressing
AX	Item furnished in conjunction with dialysis services
BA	Item furnished in conjunction with parenteral enteral nutrition (PEN) services
BO	Orally administered nutrition, not by feeding tube
BP	The beneficiary has been informed of the purchase and rental options and has elected to purchase the item

Modifier	Narrative
BR	The beneficiary has been informed of the purchase and rental options and has elected to rent the item
BU	The beneficiary has been informed of the purchase and rental options and after 30 days has not informed the supplier of his/her decision
CC	Procedure code change *(use CC when procedure code submitted was changed either for administrative reasons or because an incorrect code was filed)*
E1	Upper left, eyelid
E2	Lower left, eyelid
E3	Upper right, eyelid
E4	Lower right, eyelid
EJ	Subsequent claims for a defined course of therapy *(e.g., EPO, sodium hyaluronate, infliximab)*
EM	Emergency reserve supply *(for ESRD benefit only)*
EP	Service provided as part of Medicaid early periodic screening diagnosis and treatment (EPSDT) program
ET	Emergency treatment *(dental procedures performed in emergency situations should show the modifier "ET")*
EY	No physician or other licensed health care provider order for this item or service
F1	Left hand, second digit
F2	Left hand, third digit
F3	Left hand, fourth digit
F4	Left hand, fifth digit
F5	Right hand, thumb
F6	Right hand, second digit
F7	Right hand, third digit
F8	Right hand, fourth digit
F9	Right hand, fifth digit
FA	Left hand, thumb
FP	Service provided as part of Medicaid family planning program
G1	Most recent urea reduction ration (URR) reading of less than 60
G2	Most recent urea reduction ration (URR) reading of 60 to 64.9
G3	Most recent urea reduction ration (URR) reading of 65 to 69.9
G4	Most recent urea reduction ration (URR) reading of 70 to 74.9
G5	Most recent urea reduction ration (URR) reading of 75 or greater
G6	ESRD patient for whom less than six dialysis sessions have been provided in a month
G7	Pregnancy resulted from rape or incest or pregnancy certified by physician as life-threatening
G8	Monitored anesthesia care (MAC) for deep complex, complicated, or markedly invasive surgical procedure
G9	Monitored anesthesia care for patient who has history of severe cardio-pulmonary condition
GA	Waiver of liability statement on file
GB	Claim being re-submitted for payment because it is no longer covered under a global payment demonstration
GC	This service has been performed in part by a resident under the direction of a teaching physician
GE	This service has been performed by a resident without the presence of teaching physician under the primary care exception

Modifier	Narrative
GG	Performance and payment of a screening mammogram and diagnostic mammogram on the same patient, same day
GH	Diagnostic mammogram converted from screening mammogram on same day
GJ	Physician or practitioner emergency or urgent service
GK	Actual item/service ordered by a physician, item associated with GA or GZ modifier
GL	Medically unnecessary upgrade provided instead of standard item, no charge, no advance beneficiary notice (ABN)
GM	Multiple patients on one ambulance trip
GN	Service delivered personally by a speech-language pathologist or under an outpatient speech-language pathology plan of care
GO	Service delivered personally by an occupational therapist or under an outpatient occupational therapy plan of care
GP	Service delivered personally by a physical therapist or under an outpatient physical therapy plan of care
GQ	Via asynchronous telecommunications system
GT	Via interactive audio and video telecommunication systems
GV	Attending physician not employer-paid under arrangement by the patient's hospice provider
GW	Service not related to the hospice patient's terminal condition
GY	Item or service statutorily excluded or does not meet the definition of any Medicare benefit
GZ	Item or service expected to be denied as not reasonable and necessary
H9	Court ordered
HA	Child/adolescent program
HB	Adult program, non-geriatric
HC	Adult program, geriatric
HD	Pregnant/parenting women's program
HE	Mental health program
HF	Substance abuse program
HG	Opioid addiction treatment program
HH	Integrated mental health/substance abuse program
HI	Integrated mental health and mental retardation/developmental disabilities program
HJ	Employee assistance program
HK	Specialized mental health programs for high-risk populations
HL	Intern
HM	Less than bachelor degree level
HN	Bachelors degree level
HO	Masters degree level
HP	Doctoral level
HQ	Group setting
HR	Family/couple with client present
HS	Family/couple without client present
HT	Multi-disciplinary team
HU	Funded by child welfare agency
HV	Funded by state addictions agency
HW	Funded by state mental health agency
HX	Funded by county/local agency

Modifier	Narrative
HY	Funded by juvenile justice agency
HZ	Funded by criminal justice agency
JW	Drug amount discarded/not administered to any patient
K0	Lower extremity prosthesis functional level 0 – does not have the ability or potential to ambulate or transfer safely with or without assistance and a prosthesis does not enhance their quality of life or mobility
K1	Lower extremity prosthesis functional level 1 – has the ability or potential to use a prosthesis for transfers or ambulation on level surfaces at fixed cadence. Typical of the limited and unlimited household ambulator.
K2	Lower extremity prosthesis functional level 2 – has the ability or potential for ambulation with the ability to traverse low level environmental barriers such as curbs, stairs, or uneven surfaces. Typical of the limited community ambulator.
K3	Lower extremity prosthesis functional level 3 – has the ability or potential for ambulation with variable cadence. Typical of the community ambulator who has the ability to transverse most environmental barriers and may have vocational, therapeutic, or exercise activity that demands prosthetic utilization beyond simple locomotion.
K4	Lower extremity prosthesis function level 4 – has the ability or potential for prosthetic ambulation that exceeds the basic ambulation skills, exhibiting high impact, stress, or energy levels. Typical of the prosthetic demands of the child, active adult, or athlete.
KA	Add-on option/accessory for wheelchair
KB	Beneficiary-requested upgrade for ABN, more than four modifiers indicated on claim
KH	DMEPOS item, initial claim, purchase or first month rental
KI	DMEPOS item, second or third month rental
KJ	DMEPOS item, parenteral enteral nutrition (PEN) pump or capped rental, months four to fifteen
KM	Replacement of facial prosthesis including new impression/moulage
KN	Replacement of facial prosthesis using previous master model
KO	Single drug unit dose formulation
KP	First drug of a multiple drug unit dose formulation
KQ	Second or subsequent drug of a multiple drug unit dose formulation
KR	Rental item, billing for partial month
KS	Glucose monitor supply for diabetic beneficiary not treated with insulin
KX	Specific required documentation on file
LC	Left circumflex coronary artery
LD	Left anterior descending coronary artery
LL	Lease/rental *(use "LL" modifier when DME equipment rental is to be applied against the purchase price)*
LR	Laboratory round trip
LS	FDA-monitored intraocular lens implant
LT	Left side *(used to identify procedures performed on the left side of the body)*
MS	Six month maintenance and servicing fee for reasonable and necessary parts and labor which are not covered under any manufacturer or supplier warranty
NR	New when rented *(use the "NR" modifier when DME that was new at the time of rental is subsequently purchased)*
NU	New equipment *(for DME equipment)*
P1	A normal healthy patient
P2	A patient with mild systemic disease

Modifier	Narrative
P3	A patient with severe systemic disease
P4	A patient with severe systemic disease that is a constant threat to life
P5	A moribund patient who is not expected to survive without the operation
P6	A declared brain-dead patient whose organs are being removed for donor purposes
PL	Progressive addition lenses
Q2	CMS/ORD demonstration project procedure/service
Q3	Live kidney donor; Services associated with post-operative medical complications directly related to the donation
Q4	Service for ordering/referring physician qualifies as a service exemption
Q5	Service furnished by a substitute physician under a reciprocal billing arrangement
Q6	Service furnished by locum tenens physician
Q7	One class A finding
Q8	Two class B findings
Q9	One class B and two class C findings
QA	FDA investigational device exemption
QB	Physician providing service in a rural HPSA
QC	Single channel monitoring
QD	Recording and storage in solid state memory by a digital recorder
QE	Prescribed amount of oxygen is less than 1 liter per minute (LPM)
QF	Prescribed amount of oxygen exceeds 4 liters per minute (LPM) and portable oxygen is prescribed
QG	Prescribed amount of oxygen is greater than 4 liters per minute (LPM)
QH	Oxygen conserving device is being used with an oxygen delivery system
QJ	Services/items provided to a prisoner or patient in state or local custody however the state or local government, as applicable, meets the requirements in 42 CFR 411.4 (B)
QK	Medical direction of two, three, or four concurrent anesthesia procedures involving qualified individuals
QL	Patient pronounced dead after ambulance called
QM	Ambulance service provided under arrangement by a provider of services
QN	Ambulance service furnished directly by provider of services
QP	Documentation is on file showing that the laboratory test(s) as ordered individually or ordered as a CPT-recognized panel other than automated profile codes 80002-80019, G0058, G0059, and G0060
QQ	Claim submitted with a written statement of intent
QS	Monitored anesthesia care service
QT	Recording and storage on tape by an analog tape recorder
QU	Physician provider service in an urban HPSA
QV	Item or service provided as routine care in a Medicare-qualifying clinical trial
QW	CLIA-waived test
QX	Certified Registered Nurse Anesthetist (CRNA) service with medical direction by a physician
QY	Medical direction of one Certified Registered Nurse Anesthetist (CRNA) by an anesthesiologist
QZ	Certified Registered Nurse Anesthetist (CRNA) service without medical direction by a physician
RC	Right coronary artery

Modifier	Narrative
RP	Replacement and repair. "RP" may be used to indicate replacement of DME, orthotic, and prosthetic devices which have been in use for sometime. The claim shows the code for the part, followed by the "RP" modifier and the charge for the part.
RR	Rental *(use "RR" modifier when DME is to be rented)*
RT	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
SC	Medically necessary service or supply
SD	Services provided by registered nurse with specialized, highly technical home infusion
SE	State and/or federally-funded programs/services
SF	Second opinion ordered by professional review organization (PRO) per section 9401, pl. 99-272 *(100% reimbursement—no Medicare deductible or coinsurance)*
SG	Ambulatory surgical center (ASC) facility service
SH	Second concurrently administered infusion therapy
SJ	Third or more concurrently administered infusion therapy
SK	Member of high risk population *(use only with codes for immunization)*
SL	State-supplied vaccine
SQ	Item ordered by home health
ST	Related to trauma or injury
SU	Procedure performed in physician's office *(to denote use of facility equipment)*
SV	Pharmaceuticals delivered to patient's home but not utilized
T1	Left foot, second digit
T2	Left foot, third digit
T3	Left foot, fourth digit
T4	Left foot, fifth digit
T5	Right foot, great toe
T6	Right foot, second digit
T7	Right foot, third digit
T8	Right foot, fourth digit
T9	Right foot, fifth digit
TA	Left foot, great toe
TC	Technical component
TD	RN
TE	LPN/LVN
TF	Intermediate level of care
TG	Complex/high tech level of care
TH	Obstetrical treatment/services, pre-natal or post-partum
TJ	Program group, child and/or adolescent
TK	Extra patient or passenger, non-ambulance *(established for state Medicaid agencies)*
TL	Early intervention/individualized family services plan (IFSP) *(established for state Medicaid agencies)*
TM	Individualized education program (IEP) *(established for state Medicaid agencies)*
TN	Rural/outside providers customary service area *(established for state Medicaid agencies)*
TP	Medical transport, unloaded vehicle *(established for state Medicaid agencies)*
TQ	Basic life support transport by a volunteer ambulance provider *(established for state Medicaid agencies)*

Modifier	Narrative
TR	School-based individualized education program (iep) services provided outside the public school district responsible for the student
TS	Follow-up service
TT	Individualized service provided to more than one patient in same setting
TU	Special payment rate, overtime
TV	Special payment rate, holidays/weekends
TW	Back-up equipment
U1	Medicaid level of care 1
U2	Medicaid level of care 2
U3	Medicaid level of care 3
U4	Medicaid level of care 4
U5	Medicaid level of care 5
U6	Medicaid level of care 6
U7	Medicaid level of care 7
U8	Medicaid level of care 8
U9	Medicaid level of care 9
UA	Medicaid level of care 10
UB	Medicaid level of care 11
UC	Medicaid level of care 12
UD	Medicaid level of care 13
UE	Used durable medical equipment
VP	Aphakic patient

Ambulance Origin and Destination Modifiers

The following table lists ambulance origin and destination modifiers that are used with transportation service codes. Use the first digit to indicate the place of origin, and the second digit to indicate the destination.

Modifier	Narrative
D	Diagnostic or therapeutic site other than 'P' or 'H' when these codes are used as origin codes
E	Residential, domiciliary, custodial facility *(other than a 1819 facility)*
G	Hospital-based dialysis facility *(hospital or hospital-related)*
H	Hospital
I	Site of transfer *(e.g., airport or helicopter pad)* between types of ambulance
J	Non-hospital-based dialysis facility
N	Skilled nursing facility (SNF) *(1819 facility)*
P	Physician's office *(includes HMO non-hospital facility, clinic, etc.)*
R	Residence
S	Scene of accident or acute event
X	*(Destination code only)* intermediate stop at physician's office on the way to the hospital *(includes HMO non-hospital facility, clinic, etc.)*