

# REIMBURSEMENT POLICY

## Modifier Reference Guide

Active

**Policy Number:** General Coding – 001  
**Policy Title:** Modifier Reference Guide  
**Section:** General Coding  
**Effective Date:** 01/01/23

**Product:**                    Commercial    FEP    Medicare Advantage    Platinum Blue

### Description

This policy is a reference to assist in the identification of which reimbursement policies contain guidelines for reporting alphabetical or numerical procedure code modifiers.

### Policy Statement

This document is a reference guide regarding the use of modifiers related to Blue Cross reimbursement policies and is not all-inclusive. Refer to your CPT and HCPCS for a complete list of modifiers.

Modifier	Description	Refer to Reimbursement Policy
22	Increased Procedural Services	<a href="#">General Coding:</a> -025 Maternity <a href="#">Surgery/Interventional:</a> -001 Assistant Surgeons -003 Co-Surgeon and Team Surgeons -004 Modifier 22
24	Unrelated Evaluation and Management Service by the Same Physician or Other Qualified Health Care Professional During a Postoperative Period	<a href="#">General Coding:</a> -003 Code Editing policy <a href="#">Surgery/Interventional:</a> -007 Global Surgical Package policy
25	Significant Separately Identifiable Evaluation and Management Service by the Same Physician or Other Qualified Health Care Professional on the Same Day of the Procedure or Other Service	<a href="#">Evaluation &amp; Management:</a> -001 Evaluation & Management Services <a href="#">General Coding:</a> -003 Code Editing -010 Chiropractic Services -025 Maternity -037 Immunizations/Vaccines -054 Chemo Administration <a href="#">Rehabilitative Service:</a> -004 Physical, Occupational and Speech

		<p>Therapy Modalities and Evaluation</p> <p><u>Surgery/Interventional:</u></p> <ul style="list-style-type: none"> <li>-006 Fracture Care</li> <li>-007 Global Surgical Package</li> </ul>
26	Professional Component	<p><u>General Coding:</u></p> <ul style="list-style-type: none"> <li>-019 Professional and Technical Components for Applicable Services policy</li> </ul> <p><u>Lab Path Services:</u></p> <ul style="list-style-type: none"> <li>-002 Professional Component for Pathology Tests</li> </ul> <p><u>Radiology:</u></p> <ul style="list-style-type: none"> <li>-001 Radiology Services General Guide</li> </ul>
50	Bilateral Procedure	<p><u>Surgery/Interventional:</u></p> <ul style="list-style-type: none"> <li>-002 Bilateral Procedure</li> <li>-005 Multiple Surgical Reduction</li> </ul>
51	Multiple Procedures	<p><u>Anesthesia:</u></p> <ul style="list-style-type: none"> <li>-001 Anesthesia Services</li> </ul> <p><u>Surgery/Interventional:</u></p> <ul style="list-style-type: none"> <li>-001 Assistant Surgeons</li> <li>-002 Bilateral Procedures</li> <li>-005 Multiple Surgical Reduction</li> </ul>
52	Reduced Services	<p><u>General Coding:</u></p> <ul style="list-style-type: none"> <li>-003 Code Editing</li> </ul>
53	Discontinued Procedure	<p><u>General Coding:</u></p> <ul style="list-style-type: none"> <li>-003 Code Editing</li> </ul> <p><u>Surgery/Interventional:</u></p> <ul style="list-style-type: none"> <li>-019 Once in a Lifetime Procedures</li> </ul>
54	Surgical Care Only	<p><u>Surgery/Interventional:</u></p> <ul style="list-style-type: none"> <li>-006 Fracture Care</li> <li>-007 Global Surgical Package</li> </ul>
55	Post-operative Management Only	<p><u>Surgery/Interventional:</u></p> <ul style="list-style-type: none"> <li>-006 Fracture Care</li> <li>-007 Global Surgical Package</li> <li>-019 Once in a Lifetime Procedures</li> </ul>
56	Pre-operative Management Only	<p><u>Surgery/Interventional:</u></p> <ul style="list-style-type: none"> <li>-006 Fracture Care</li> <li>-007 Global Surgical Package</li> <li>-019 Once in a Lifetime Procedures</li> </ul>

57	Decision for Surgery	<u>General Coding:</u> -003 Code Editing <u>Surgery/Interventional:</u> -007 Global Surgical Package
58	Staged or related procedure/service same physician or other qualified health care professional during the post-op period	<u>Surgery/Interventional:</u> -007 Global Surgical Package -019 Once in a Lifetime Procedures
59	Distinct Procedural Service	<u>Anesthesia Services:</u> -001 Anesthesia Policy <u>General Coding:</u> -003 Code Editing -010 Chiropractic Services -071 Bundled Services <u>Lab Path Services:</u> -001 Laboratory Rebundling -005 Laboratory Services-General Guides <u>Rehabilitative Service:</u> -004 Physical, Occupational and Speech Therapy Modalities and Evaluation <u>Surgery/Interventional:</u> -008 Multiple Endoscopic Procedures
62	Two Surgeons	<u>Surgery/Interventional Procedure:</u> -001 Assistant Surgeons -003 Co-Surgeon and Team Surgeons -004 Modifier 22 -005 Multiple Surgical Reduction
66	Surgical Team	<u>Surgery/Interventional Procedure:</u> -001 Assistant Surgeons -003 Co-Surgeon and Team Surgeons -004 Modifier 22 -005 Multiple Surgical Reduction
73	Discontinued Out- patient Hospital/Ambulatory Surgery Center (ASC) Procedure Prior to the Administration of Anesthesia	<u>General Coding:</u> -003 Code Editing
74	Discontinued Outpatient Hospital/Ambulatory Surgery Center (ASC) Procedure After Administration of Anesthesia	<u>General Coding:</u> -003 Code Editing

76	Repeat Procedure or Service by Same Physician or Other Qualified Health Care Professional	<a href="#">Radiology:</a> -001 Radiology Services General Guide
77	Repeat Procedure by Another Physician or Other Qualified Health Care Professional	<a href="#">Radiology:</a> -001 Radiology Services General Guide
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	<a href="#">Surgery/Interventional Procedure:</a> -007 Global Surgical Package
79	Unrelated Procedure or Service by the Same Physician or Other Qualified Health Care Professional During Postoperative Period	<a href="#">Surgery/Interventional Procedure:</a> -007 Global Surgical Package
80	Assistant Surgeon	<a href="#">Surgery/Interventional Procedure:</a> -001 Assistant Surgeons -003 Co-Surgeon and Team Surgeons -004 Modifier 22 -005 Multiple Surgical Reduction
81	Minimum Assistant Surgeon	<a href="#">Surgery/Interventional Procedure:</a> -001 Assistant Surgeons -003 Co-Surgeon and Team Surgeons -004 Modifier 22 -005 Multiple Surgical Reduction
82	Assistant Surgeon (When Qualified Resident Surgeon Not Available)	<a href="#">Surgery/Interventional Procedure:</a> -001 Assistant Surgeons -003 Co-Surgeon and Team Surgeons -004 Modifier 22 -005 Multiple Surgical Reduction
90	Reference (Outside) Laboratory	<a href="#">Lab Path Services:</a> -005 Laboratory Services-General Guides
91	Repeat Clinical Diagnostic Laboratory Test	<a href="#">Laboratory/Pathology:</a> -001 Laboratory Rebundling -005 Laboratory Services-General Guides
93	Synchronous Telemedicine Service Rendered Via Telephone or Other Real-Time Interactive Audio-Only Telecommunications System	<a href="#">General Coding:</a> -007 Telehealth and Virtual Care Services

95	Synchronous Telemedicine Service Rendered Via a Real-Time Interactive Audio and Video Telecommunications System	<u>General Coding:</u> -007 Telehealth and Virtual Care Services
AA	Anesthesia services Performed personally by Anesthesiologist	<u>Anesthesia Services:</u> - 001 Anesthesia Policy
AD	Medical supervision by a physician; more than 4 concurrent anesthesia procedures	<u>Anesthesia Services:</u> - 001 Anesthesia Policy
AS	Physician Assistant, Nurse Practitioner, or Clinical Nurse Specialist Services for Assistant at Surgery	<u>Surgery/Interventional Procedure:</u> -001 Assistant Surgeons -003 Co-Surgeon and Team Surgeons -004 Modifier 22 -005 Multiple Surgical Reduction
AT	Acute Treatment	<u>General Coding:</u> - 010 Chiropractic Services
CG	Policy Criteria Applied	<u>Surgery/Interventional Procedure:</u> -011 Insertion and Removal of Tympanic Ventilation Tubes
E1-E4	Anatomic modifiers associated with eyelids	Must be submitted in the first modifier position, if applicable.
FA, F1-F9	Anatomic modifiers associated with fingers	Must be submitted in the first modifier position, if applicable.
FQ	The service was furnished using audio-only communication technology	<u>General Coding:</u> -007 Telehealth and Virtual Care Services
FR	The supervising practitioner was present through two-way, audio/video communication technology	<u>General Coding:</u> -007 Telehealth and Virtual Care Services
FS	Split (or shared) evaluation and management visit	<u>Evaluation &amp; Management:</u> -001 Evaluation & Management Services -007 Critical Care Services
FT	Unrelated evaluation and management (E/M) visit during a postoperative period, or on the same day as a procedure or another E/M visit. (Report when an E/M visit is furnished within the global period but is	<u>Evaluation &amp; Management:</u> -007 Critical Care Services <u>Surgery/Interventional Procedure:</u> -007 Global Surgical Package

	unrelated, or when one or more additional E/M visits furnished on the same day are unrelated)	
G0	Telehealth services for diagnosis, evaluation, or treatment, of symptoms of an acute stroke	<u>General Coding:</u> -007 Telehealth and Virtual Care Services
GA	Waiver of Liability statement issued as required by payer policy, individual case	<u>DME:</u> -001 DME and Supplies <u>General Coding:</u> - 010 Chiropractic Services <u>Rehabilitative Service:</u> -004 Physical, Occupational and Speech
GQ	Via asynchronous telecommunications system	<u>General Coding:</u> -007 Telehealth and Virtual Care Services
GT	Via interactive audio and video telecommunication systems	<u>General Coding:</u> -007 Telehealth and Virtual Care Services
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	<u>DME:</u> -001 DME and Supplies
JW	Drug amount discarded/not administered to any patient	<u>General Coding:</u> -016 Drug Wastage
LC, LD, LM, RC, RI	Anatomic modifiers associated with coronary arteries	Must be submitted in the first modifier position, if applicable.
LT	Anatomic modifiers used to identify procedures performed on the left side of the body	Must be submitted in the first modifier position, if applicable.
N1	Group 1 oxygen coverage criteria met	<u>DME:</u> -002 Oxygen Aiding Equipment
N2	Group 2 oxygen coverage criteria met	<u>DME:</u> -002 Oxygen Aiding Equipment
N3	Group 3 oxygen coverage criteria met	<u>DME:</u> -002 Oxygen Aiding Equipment
P1	A normal, healthy patient	<u>Anesthesia Services:</u> - 001 Anesthesia Policy

P2	A patient with mild systemic disease	<a href="#">Anesthesia Services:</a> - 001 Anesthesia Policy
P3	A patient with severe systemic disease	<a href="#">Anesthesia Services:</a> - 001 Anesthesia Policy
P4	A patient with severe systemic disease that is a constant threat to life	<a href="#">Anesthesia Services:</a> - 001 Anesthesia Policy
P5	A moribund patient who is not expected to survive without the operation	<a href="#">Anesthesia Services:</a> - 001 Anesthesia Policy
P6	A declared brain-dead patient whose organs are being removed for donor purposes	<a href="#">Anesthesia Services:</a> - 001 Anesthesia Policy
QK	Medical direction of 2, 3 or 4 concurrent anesthesia procedures by qualified personnel	<a href="#">Anesthesia Services:</a> - 001 Anesthesia Policy
QL	Patient pronounce dead after ambulance cited	<a href="#">General Coding:</a> -069 Ambulance Services
QM	Ambulance service provided under arrangement by hospital	<a href="#">General Coding:</a> -069 Ambulance Services
QN	Ambulance service furnished directly to hospital	<a href="#">General Coding:</a> -069 Ambulance Services
QS	Monitored anesthesia care service	<a href="#">Anesthesia Services:</a> - 001 Anesthesia Policy
QX	CRNA service with medical direction by a Physician	<a href="#">Anesthesia Services:</a> - 001 Anesthesia Policy
QY	Medical direction of one Certified Registered Nurse Anesthetist (CRNA) by an Anesthesiologist	<a href="#">Anesthesia Services:</a> - 001 Anesthesia Policy
QZ	CRNA service; without medical direction by a Physician	<a href="#">Anesthesia Services:</a> - 001 Anesthesia Policy
RT	Anatomic modifiers used to identify procedures performed on the right side of the body	Must be submitted in the first modifier position, if applicable.
SG	Ambulatory surgical center (ASC) facility service	No separate reimbursement will be made for fees associated with procedures performed in office surgical suites.



SS	Home infusion services provided in the infusion suite of the IV therapy provider	<a href="#">General Coding:</a> -031 Home Infusion
SU	Procedure performed in physician's office (to denote use of facility and equipment)	No separate reimbursement will be made for fees associated with procedures performed in office surgical suites.
TA, T1-T9	Anatomic modifiers associated with toes	Must be submitted in the first modifier position, if applicable.
TC	Technical Component	<a href="#">General Coding:</a> -019 Professional and Technical Components for Applicable Services Policy <a href="#">Radiology:</a> -001 Radiology Services General Guide
TN	Rural/outside providers' customary service area	<a href="#">General Coding:</a> -069 Ambulance Services
TP	Medical transport, unloaded vehicle	<a href="#">General Coding:</a> -069 Ambulance Services
TQ	Basic life support transport by a volunteer ambulance provider	<a href="#">General Coding:</a> -069 Ambulance Services
XE	Separate encounter, a service that is distinct because it occurred during a separate encounter	<a href="#">General Coding:</a> -003 Code Editing
XP	Separate practitioner, a service that is distinct because it was performed by a different practitioner	<a href="#">General Coding:</a> -003 Code Editing
XS	Separate structure, a service that is distinct because it was performed on a separate organ/structure	<a href="#">General Coding:</a> -003 Code Editing
XU	Unusual non-overlapping service, the use of a service that is distinct because it does not overlap usual components of the main service	<a href="#">General Coding:</a> -003 Code Editing

### Documentation Submission

Documentation must identify and describe the services performed. If a denial is appealed, this documentation must be submitted with the appeal.

### Coverage

Eligible services will be subject to the subscriber benefits, Blue Cross or Medicare fee schedule amount and any coding edits.

The following applies to all claim submissions.





All coding and reimbursement is subject to all terms of the Provider Service Agreement and subject to changes, updates, or other requirements of coding rules and guidelines. All codes are subject to federal HIPAA rules, and in the case of medical code sets (HCPCS, CPT, ICD), only codes valid for the date of service may be submitted or accepted. Reimbursement for all Health Services is subject to current Blue Cross Medical Policy criteria, policies found in the Provider Policy and Procedure Manual sections, Reimbursement Policies and all other provisions of the Provider Service Agreement (Agreement).

In the event that any new codes are developed during the course of Provider's Agreement, such new codes will be paid according to the standard or applicable Blue Cross fee schedule until such time as a new agreement is reached and supersedes the Provider's current Agreement.

All payment for codes based on Relative Value Units (RVU) will include a site of service differential and will be calculated using the appropriate facility or non-facility components, based on the site of service identified, as submitted by Provider.

### Coding

The following codes are included below for informational purposes only and are subject to change without notice. Inclusion or exclusion of a code does not constitute or imply subscriber coverage or provider reimbursement.

<b>CPT/HCPCS Modifier:</b>	Refer to <a href="#">Appendix</a>
<b>ICD-10 Diagnosis:</b>	N/A
<b>ICD-10 Procedure:</b>	N/A
<b>CPT/HCPCS:</b>	N/A
<b>Revenue Codes:</b>	N/A

### Cross Reference

<b>Cross Reference:</b>	N/A
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Policy History	
06/01/2015	Initial Committee Approval Date
02/02/2016	Annual Review Update
11/29/2017	Annual Review and Code Update
05/02/2018	Annual Review Update
12/19/2019	Review Update
05/30/2019	Annual Review and Code Update
06/29/2020	Annual Review Update
12/28/2021	Annual Review – converted policy into a reference document
03/22/2022	Code Update – added new Q1 modifiers – 93, FQ, FR, FT
04/26/2022	Code Update – added modifiers FS, QL, QM, QN, TN, TP, TQ
08/23/2022	Removed Radiology – 001 Radiology Services General Guide from Modifier 90
01/01/2023	Removed inactivated policies, Added N1, N2, N3

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## Appendix

22	24	25	26	50	51	52	53	54	55
56	57	58	59	62	66	73	74	76	77
78	79	80	81	82	90	91	93	95	
AA	AD	AS	AT	CG	E1	E2	E3	E4	FA
F1	F2	F3	F4	F5	F6	F7	F8	F9	FQ
FR	FS	FT	G0	GA	GQ	GT	GY	JW	LC
LD	LM	LT	N1	N2	N3	P1	P2	P3	P4
P5	P6	QL	QM	QN	QK	QS	QX	QY	QZ
RC	RI	RT	SG	SS	SU	TA	T1	T2	T3
T4	T5	T6	T7	T8	T9	TC	TN	TP	TQ
XE	XP	XS	XU						