

## Modifiers

A Physicians' *Current Procedural Terminology*/Healthcare Common Procedure Coding System (CPT/HCPCS) modifier is a two-character (alpha and/or numeric) code reported in addition to the CPT/HCPCS procedure code that indicates that the service or procedure performed has been altered by some specific circumstance but not changed in its definition or code. Modifiers are grouped into the two levels below:

Level I: Modifiers and descriptors that are copyrighted by the American Medical Association

Level II: Modifiers and descriptors that are approved and maintained by the Alphanumeric Editorial Panel

Understanding how and when to use a CPT/HCPCS modifier is vital for proper reporting of medical services and procedures. Blue Cross and Blue Shield of Alabama will accept modifiers that comply with the Health Insurance Portability and Accountability Act (HIPAA) legislation.

Many modifiers are considered "informational only" and do not affect the processing of the claim or reimbursement. The lack of modifiers or the improper use of modifiers can result in claim delays or claim denials. There are many modifiers that Blue Cross does not utilize in claim processing or pricing. Use of modifiers is subject to Blue Cross and Blue Shield of Alabama's Medical Policies and should only be used when appropriate and not used to solely bypass NCCI edits.

Following are some of the modifiers that Blue Cross may recognize or require:

Modifier	Description	Comments
25	Significant, Separately Identifiable Evaluation and Management (E&M) Service by the Same Physician on the Same Day of the Procedure or Other Services	See Medical Policy 330.
50	Bilateral Procedure	The procedure for submitting a claim for payment for bilateral surgery on the same day has not changed for Blue Cross and Blue Shield of Alabama.
53	Discontinued Procedure	The surgical or diagnostic procedure was discontinued.
54	Surgical Care Only	<b>Optometrist and Ophthalmologist only</b> – These modifiers may be utilized by optometrists and ophthalmologists for separate billing of postoperative care only. Add modifier 54 when billing the surgery separately from the other components.
55	Postoperative Management Only	<b>Optometrist and Ophthalmologist only</b> – These modifiers may be utilized by optometrists and ophthalmologists for separate billing of postoperative care only. Use modifier 55 when billing the postoperative care only.
56	Preoperative Management Only	<b>Optometrist and Ophthalmologist only</b> – These modifiers may be utilized by optometrists and ophthalmologists for separate billing of preoperative care only. Use modifier 56 when billing the preoperative management only.
57	Decision for Surgery	See Medical Policy 053.
59	Distinct Procedural Service	Used to identify procedures or services, other than E&M services, that are not normally reported together but are appropriate under certain circumstances.

<b>Modifier</b>	<b>Description</b>	<b>Comments</b>
62	Two Surgeons	When two surgeons work together as primary surgeons performing distinct parts of a procedure, each surgeon should file his/her distinctive work by adding modifier 62 to the procedure code and any associated add-on codes for that procedure as long as both surgeons continue to work together as primary surgeons. Each surgeon should file the co-surgery once using the same procedure code(s). If additional procedures are performed during the same surgical session, separate codes may be filed with modifier 62 attached. (See Medical Policy 111.)
66	Surgical Team	Under some circumstances highly complex procedures (requiring the concomitant services of several physicians, often of different specialties, plus other highly skilled, specialty trained personnel, various types of complex equipment) are carried out under the "surgical team" concept. Such circumstances may be identified by each participating physician filing the addition of modifier 66 to the basic procedure code used for filing the services. (See Medical Policy 111.)
73	Discontinued Outpatient Hospital/Ambulatory Surgery Center (ASC) Procedure Prior to the Administration of Anesthesia	These modifiers indicate that a surgical diagnostic procedure was terminated due to extenuating circumstances.
74	Discontinued Outpatient Hospital/Ambulatory Surgery Center (ASC) Procedure After Administration of Anesthesia	These modifiers indicate that a surgical diagnostic procedure was terminated due to extenuating circumstances
80	Assistant Surgeon	All charges for assistant surgery services must contain one of these modifiers (80, 81, 82 or AS).
81	Minimum Assistant Surgeon	All charges for assistant surgery services must contain one of these modifiers (80, 81, 82 or AS).
82	Assistant Surgeon (when qualified resident surgeon not available)	All charges for assistant surgery services must contain one of these modifiers (80, 81, 82 or AS).
90	Reference (outside) Laboratory	When sending laboratory work to an outside laboratory to be analyzed, there is reimbursement available for the venipuncture to draw the specimen. Use modifier 90 following the venipuncture. Laboratory work that is performed in the physician's office includes reimbursement for the drawing of blood.
91	Repeat Clinical Diagnostic Laboratory Test	

## Additional Modifiers

Modifier	Description	Comments
AA	Anesthesia Only	
AS	Physician Assistant, Nurse Practitioner or Clinical Nurse Specialist Services for Assistant at Surgery	All charges for assistant surgery services must contain one of these modifiers (80, 81, 82 or AS).
E1-E4	Anatomical Modifier to Designate Right and Left Upper and Lower Eyelid	
FA	Left Hand, Thumb	
F1-F9	Anatomical Modifier to Designate Right and Left Hand and Each of the Digits	
LC	Left Circumflex Coronary Artery	
LD	Left Anterior Descending Coronary Artery	
LT	Left Side of the Body	
P1-P6	Modifiers that Report Patient Condition	Anesthesia Only
RC	Right Coronary Artery	
RT	Right Side of the Body	
TA	Left Foot, Great Toe	
T1-T9	Anatomical Modifier to Describe Right and Left Foot Digits	

## Specialized Modifiers

The following modifiers should be used for Erythropoiesis Stimulating Agents (ESA's) use with patients with End Stage Renal Disease – Refer to Special Bulletin BCBS 2008-15 date July 2008 and Medical Policy #307 for additional information and direction

Modifier	Description
TR	Test Results
R1	Hemoglobin
R2	Hematocrit
EA	ESA, Anemia, Chemo-Induced
EB	ESA, anemia, Radio-Induced
EC	ESA, anemia, Non-Chemo/Radio
EJ	Subsequent Claims for a Defined Course of Therapy