HCPCS Levels I and II Modifiers

22	Increased Procedural Service: *When the service(s) provided is greater than that usually required for the listed procedure, it may be identified by adding modifier 22 to the usual procedure code.*
23	Unusual Anesthesia
24	Unrelated Evaluation and Management (E&M) by the Same Physician During a Postoperative Period: *The physician may need to indicate that an evaluation and management service was performed during a postoperative period for a reason(s) unrelated to the original procedure. This circumstance may be reported by adding the modifier 24 to the appropriate level of E&M service. Payment for the E&M service during postoperative period is made when the reason for the E&M service is unrelated to original procedure.*
25	Significant, Separately Identifiable Evaluation and Management Service by the Same Physician on the Day of a Procedure: *The physician may need to indicate that on the day a procedure or service identified by a CPT code was performed, the patient's condition required a significant, separately identifiable E&M service above and beyond the usual preoperative and postoperative care associated with the procedure that was performed. This circumstance may be reported by adding the modifier 25 to the appropriate level of E&M service.*
26	Professional Component: *Certain procedures are a combination of professional and technical components. When only the professional component is reported, the service is identified by adding modifier 26 to the procedure code.*
32	Mandated Services: *For informational purposes only; no extra allowance is allowed.*
47	Anesthesia By Surgeon
50	Bilateral Procedure: *Unless otherwise identified in the listing, bilateral procedures that are performed at the same operative session should be identified by adding this modifier to the appropriate five-digit code describing the first procedure.*
51	Multiple Procedures: *When multiple surgeries are performed at the same operative session, total payment is equal to the sum of the following: 100% of the highest value procedure; 50% of the global fee for each of*

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	the second through fifth procedures. More than five procedures require submission of documentation and individual review to determine the payment amount.
52	Reduced Services: *Under certain circumstances, a service or procedure is partially reduced at the physician's discretion. Under these circumstances, the service provided can be identified by its usual procedure number and the addition of the modifier 52, signifying that the service is reduced. This provides a means of reporting reduced services without disturbing the identification of the basic service.*
53	Discontinued Procedure: *Under certain circumstances, the physician may elect to terminate a surgical or diagnostic procedure. Due to extenuating circumstances, or those that threaten the well-being of the patient, it may be necessary to indicate that a surgical or diagnostic procedure was started but discontinued.*
54	Surgical Care Only: *When one physician performs a surgical procedure and another provides preoperative and/or postoperative management, surgical services may be identified by adding modifier 54 to the usual procedure number. A specific percentage of the global surgical payment in the fee schedule is made for the surgical procedure only.*
55	Postoperative Management Only: *When one physician performs the postoperative management and another physician has performed the surgical procedure, the postoperative component may be identified by adding the modifier 55 to the usual procedure number. A specific percentage of the global surgical payment in the fee schedule is made for the surgical procedure only.*
56	Preoperative Management Only: *When one physician performs the preoperative care and evaluation and another physician performs the surgical procedure, the preoperative component may be identified by adding the modifier 56 to the usual procedure number.*
57	Decision for Surgery: *An evaluation and management (E&M) service provided the day before the day of surgery that resulted in the initial decision to perform the surgery, may be identified by adding the modifier 57 to the appropriate level of E&M service. This does not apply to minor surgeries (those with a follow-up period of less than 90 days).*
58	Staged or Related Procedure or Service by the Same Physician During the Postoperative Period: *The physician may need to indicate that the performance of a procedure or service during the*

HCPCS Levels I and II Modifiers

	postoperative period was: *a) planned prospectively at the time of the original procedure (staged);* *b) more extensive than the original procedure; or* *c) for therapy following a diagnostic surgical procedure.* *This circumstance may be reported by adding the modifier 58 to the staged or related procedure. NOTE: This modifier is not used to report the treatment of a problem that requires a return to the operating room. See modifier 78.*
59	Distinct Procedural Service: *The physician must indicate that a procedure or service was distinct or separate from other services performed on the same day. This may represent a different session or patient encounter, different procedure or surgery, different site, separate lesion, or separate injury (or area of surgery in extensive injuries).*
62	Two Surgeons: *Under certain circumstances, the skills of two surgeons (usually with different skills) may be required in the management of a specific surgical procedure. Under such circumstances, separate services may be identified by adding modifier 62 to the procedure code used by each surgeon for reporting his/her services.*
66	Surgical Team
76	Repeat Procedure or Service by Same Physician: *The physician may need to indicate that a procedure or service was repeated. This may be reported by adding the modifier 76 to the repeated service.*
77	Repeat Procedure by Another Physician
78	Return to the Operating Room for a Related Procedure During the Postoperative Period: *The physician may need to indicate that another procedure was performed during the postoperative period of the initial procedure. When this subsequent procedure is related to the first, and requires the use of the operating room, it may be reported by adding the modifier 78 to the related procedure. When multiple procedures are performed, use modifier 78 on EACH detail line.*
79	Unrelated Procedure or Service by the Same Physician During the Postoperative Period: *The physician may need to indicate that the performance of a procedure or service during the postoperative period was unrelated to the original procedure. This circumstance may be reported by using the modifier 79.*

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80	Assistant Surgeon: *Surgical assistant and/or physician assistant services must be identified by adding modifier 80 to the usual procedure code(s).*
81	Minimum Assistant Surgeon: *Minimum surgical assistant services are identified by adding the modifier 81 to the usual procedure number.*
82	Assistant Surgeon (When Qualified Resident Surgeon Not Available): *The unavailability of a qualified resident surgeon is a prerequisite for use of modifier 82 appended to the usual procedure code number(s). Payment is 20% of the maximum allowance.*
90	Reference (Outside) Laboratory: *When laboratory procedures are performed by a lab other than the referring lab, the procedure must be identified by adding modifier 90 to the procedure code. The reference lab provider number must be entered in the performing number field on the 1500 Claim Form or electronic claim record. The reference lab must be CLIA-certified.*
91	Repeat Clinical Diagnostic Laboratory Test: *Modifier 91 must be used when repeat tests are performed on the same day, by the same provider to obtain reportable test values with separate specimens taken at different times, only when it is necessary to obtain multiple results in the course of treatment. When billing for a repeat test, use modifier 91 with the appropriate procedure code.*
99	Multiple Modifiers: *Under certain circumstances, two or more modifiers may be necessary to completely describe a service. Modifier 99 must be used when two or more modifiers affect pricing. All applicable modifiers must be listed in the modifier field of the HIPAA transaction (field 24D of CMS-1500). Modifier 99 must be the first modifier listed on the claim.*
A1	DRESSING FOR ONE WOUND
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

HCPCS Levels I and II Modifiers

AA	ANESTHESIA SERVICES PERFORMED PERSONALLY BY ANESTHESIOLOGIST
AD	MEDICAL SUPERVISION BY A PHYSICIAN: MORE THAN FOUR CONCURRENT ANESTHESIA
AD	PROCEDURES
AE	REGISTERED DIETICIAN
AF	SPECIALTY PHYSICIAN
AG	PRIMARY PHYSICIAN
AH	CLINICAL PSYCHOLOGIST
AI	PRINCIPAL PHYSICIAN OF RECORD
AJ	CLINICAL SOCIAL WORKER
AK	NON PARTICIPATING PHYSICIAN
AM	PHYSICIAN, TEAM MEMBER SERVICE
AP	DETERMINATION OF REFRACTIVE STATE WAS NOT PERFORMED IN THE COURSE OF DIAGNOSTIC
AP	OPHTHALMOLOGICAL EXAMINATION
AQ	PHYSICIAN PROVIDING A SERVICE IN AN UNLISTED HEALTH PROFESSIONAL SHORTAGE AREA
AQ	(HPSA)
AR	PHYSICIAN PROVIDER SERVICES IN A PHYSICIAN SCARCITY AREA
AS	PHYSICIAN ASSISTANT, NURSE PRACTITIONER, OR CLINICAL NURSE SPECIALIST SERVICES
AS	FOR ASSISTANT AT SURGERY
AT	ACUTE TREATMENT (THIS MODIFIER SHOULD BE USED WHEN REPORTING SERVICE 98940,
AT	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
BL	SPECIAL ACQUISITION OF BLOOD AND BLOOD PRODUCTS
BO	ORALLY ADMINISTERED NUTRITION, NOT BY FEEDING TUBE
BP	THE BENEFICIARY HAS BEEN INFORMED OF THE PURCHASE AND RENTAL OPTIONS AND HAS
BP	ELECTED TO PURCHASE THE ITEM
BR	THE BENEFICIARY HAS BEEN INFORMED OF THE PURCHASE AND RENTAL OPTIONS AND HAS
BR	ELECTED TO RENT THE ITEM
BU	THE BENEFICIARY HAS BEEN INFORMED OF THE PURCHASE AND

HCPCS Levels I and II Modifiers

	RENTAL OPTIONS AND AFTER
BU	30 DAYS HAS NOT INFORMED THE SUPPLIER OF HIS/HER DECISION
CA	PROCEDURE PAYABLE ONLY IN THE INPATIENT SETTING WHEN PERFORMED EMERGENTLY ON AN
CA	OUTPATIENT WHO EXPIRES PRIOR TO ADMISSION
CB	SERVICE ORDERED BY A RENAL DIALYSIS FACILITY (RDF) PHYSICIAN AS PART OF THE
CB	ESRD BENEFICIARY'S DIALYSIS BENEFIT, IS NOT PART OF THE COMPOSITE RATE, AND IS
CB	SEPARATELY REIMBURSABLE
CC	PROCEDURE CODE CHANGE (USE 'CC' WHEN THE PROCEDURE CODE SUBMITTED WAS CHANGED
CC	EITHER FOR ADMINISTRATIVE REASONS OR BECAUSE AN INCORRECT CODE WAS FILED)
CD	AMCC TEST HAS BEEN ORDERED BY AN ESRD FACILITY OR MCP PHYSICIAN THAT IS PART OF
CD	THE COMPOSITE RATE AND IS NOT SEPARATELY BILLABLE
CE	AMCC TEST HAS BEEN ORDERED BY AN ESRD FACILITY OR MCP PHYSICIAN THAT IS A
CE	COMPOSITE RATE TEST BUT IS BEYOND THE NORMAL FREQUENCY COVERED UNDER THE RATE
CE	AND IS SEPARATELY REIMBURSABLE BASED ON MEDICAL NECESSITY
CF	AMCC TEST HAS BEEN ORDERED BY AN ESRD FACILITY OR MCP PHYSICIAN THAT IS NOT
CF	PART OF THE COMPOSITE RATE AND IS SEPARATELY BILLABLE
CG	POLICY CRITERIA APPLIED
CR	CATASTROPHE/DISASTER RELATED
E1	UPPER LEFT, EYELID
E2	LOWER LEFT, EYELID
E3	UPPER RIGHT, EYELID
E4	LOWER RIGHT, EYELID
EA	ERYTHROPOETIC STIMULATING AGENT (ESA) ADMINISTERED TO TREAT ANEMIA DUE TO
EA	ANTI-CANCER CHEMOTHERAPY
EB	ERYTHROPOETIC STIMULATING AGENT (ESA) ADMINISTERED TO TREAT ANEMIA DUE TO
EB	ANTI-CANCER RADIOTHERAPY
EC	ERYTHROPOETIC STIMULATING AGENT (ESA) ADMINISTERED TO TREAT ANEMIA NOT DUE TO
EC	ANTI-CANCER RADIOTHERAPY OR ANTI-CANCER CHEMOTHERAPY
ED	HEMATOCRIT LEVEL HAS EXCEEDED 39% (OR HEMOGLOBIN LEVEL HAS EXCEEDED 13.0 G/DL)
ED	FOR 3 OR MORE CONSECUTIVE BILLING CYCLES IMMEDIATELY PRIOR

HCPCS Levels I and II Modifiers

	TO AND INCLUDING THE
ED	CURRENT CYCLE
EE	HEMATOCRIT LEVEL HAS NOT EXCEEDED 39% (OR HEMOGLOBIN LEVEL HAS NOT EXCEEDED
EE	13.0 G/DL) FOR 3 OR MORE CONSECUTIVE BILLING CYCLES IMMEDIATELY PRIOR TO AND
EE	INCLUDING THE CURRENT CYCLE
EJ	SUBSEQUENT CLAIMS FOR A DEFINED COURSE OF THERAPY, E.G., EPO, SODIUM
EJ	HYALURONATE, INFLIXIMAB
EM	EMERGENCY RESERVE SUPPLY (FOR ESRD BENEFIT ONLY)
EP	SERVICE PROVIDED AS PART OF MEDICAID EARLY PERIODIC SCREENING DIAGNOSIS AND
EP	TREATMENT (EPSDT) PROGRAM
ET	EMERGENCY SERVICES
EY	NO PHYSICIAN OR OTHER LICENSED HEALTH CARE PROVIDER ORDER FOR THIS ITEM OR
EY	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
FB	ITEM PROVIDED WITHOUT COST TO PROVIDER, SUPPLIER OR PRACTITIONER, OR FULL
FB	CREDIT RECEIVED FOR REPLACED DEVICE (EXAMPLES, BUT NOT LIMITED TO, COVERED
FB	UNDER WARRANTY, REPLACED DUE TO DEFECT, FREE SAMPLES)
FC	PARTIAL CREDIT RECEIVED FOR REPLACED DEVICE
FP	SERVICE PROVIDED AS PART OF FAMILY PLANNING PROGRAM
G1	MOST RECENT URR READING OF LESS THAN 60
G2	MOST RECENT URR READING OF 60 TO 64.9
G3	MOST RECENT URR READING OF 65 TO 69.9
G4	MOST RECENT URR READING OF 70 TO 74.9
G5	MOST RECENT URR READING OF 75 OR GREATER
G6	ESRD PATIENT FOR WHOM LESS THAN SIX DIALYSIS SESSIONS HAVE BEEN PROVIDED IN A
G6	MONTH

HCPCS Levels I and II Modifiers

G7	PREGNANCY RESULTED FROM RAPE OR INCEST OR PREGNANCY CERTIFIED BY PHYSICIAN AS
G7	LIFE THREATENING
G8	MONITORED ANESTHESIA CARE (MAC) FOR DEEP COMPLEX, COMPLICATED, OR MARKEDLY
G8	INVASIVE SURGICAL PROCEDURE
G9	MONITORED ANESTHESIA CARE FOR PATIENT WHO HAS HISTORY OF SEVERE
G9	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
GB	GLOBAL PAYMENT DEMONSTRATION
GC	THIS SERVICE HAS BEEN PERFORMED IN PART BY A RESIDENT UNDER THE DIRECTION OF A
GC	TEACHING PHYSICIAN
GD	UNITS OF SERVICE EXCEEDS MEDICALLY UNLIKELY EDIT VALUE AND REPRESENTS
GD	REASONABLE AND NECESSARY SERVICES
GE	THIS SERVICE HAS BEEN PERFORMED BY A RESIDENT WITHOUT THE PRESENCE OF A
GE	TEACHING PHYSICIAN UNDER THE PRIMARY CARE EXCEPTION
GF	NON-PHYSICIAN (E.G. NURSE PRACTITIONER (NP), CERTIFIED REGISTERED NURSE
GF	ANESTHETIST (CRNA), CERTIFIED REGISTERED NURSE (CRN), CLINICAL NURSE SPECIALIST
GF	(CNS), PHYSICIAN ASSISTANT (PA)) SERVICES IN A CRITICAL ACCESS HOSPITAL
GG	PERFORMANCE AND PAYMENT OF A SCREENING MAMMOGRAM AND DIAGNOSTIC MAMMOGRAM ON
GG	THE SAME PATIENT, SAME DAY
GH	DIAGNOSTIC MAMMOGRAM CONVERTED FROM SCREENING MAMMOGRAM ON SAME DAY
GJ	"OPT OUT" PHYSICIAN OR PRACTITIONER EMERGENCY OR URGENT SERVICE
GK	REASONABLE AND NECESSARY ITEM/SERVICE ASSOCIATED WITH A GA OR GZ MODIFIER
GL	MEDICALLY UNNECESSARY UPGRADE PROVIDED INSTEAD OF NON-UPGRADED ITEM, NO CHARGE,
GL	NO ADVANCE BENEFICIARY NOTICE (ABN)
GM	MULTIPLE PATIENTS ON ONE AMBULANCE TRIP
GN	SERVICES DELIVERED UNDER AN OUTPATIENT SPEECH LANGUAGE PATHOLOGY PLAN OF CARE

HCPCS Levels I and II Modifiers

GO	SERVICES DELIVERED UNDER AN OUTPATIENT OCCUPATIONAL THERAPY PLAN OF CARE
GP	SERVICES DELIVERED UNDER AN OUTPATIENT PHYSICAL THERAPY PLAN OF CARE
GQ	VIA ASYNCHRONOUS TELECOMMUNICATIONS SYSTEM
GR	THIS SERVICE WAS PERFORMED IN WHOLE OR IN PART BY A RESIDENT IN A DEPARTMENT OF
GR	VETERANS AFFAIRS MEDICAL CENTER OR CLINIC, SUPERVISED IN ACCORDANCE WITH VA
GR	POLICY
GS	DOSAGE OF EPO OR DARBEPOIETIN ALFA HAS BEEN REDUCED AND MAINTAINED IN RESPONSE
GS	TO HEMATOCRIT OR HEMOGLOBIN LEVEL
GT	VIA INTERACTIVE AUDIO AND VIDEO TELECOMMUNICATION SYSTEMS
GV	ATTENDING PHYSICIAN NOT EMPLOYED OR PAID UNDER ARRANGEMENT BY THE PATIENT'S
GV	HOSPICE PROVIDER
GW	SERVICE NOT RELATED TO THE HOSPICE PATIENT'S TERMINAL CONDITION
GY	ITEM OR SERVICE STATUTORILY EXCLUDED, DOES NOT MEET THE DEFINITION OF ANY
GY	MEDICARE BENEFIT OR, FOR NON-MEDICARE INSURERS, IS NOT A CONTRACT 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
HI	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

HCPCS Levels I and II Modifiers

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 STATE ADDICTIONS AGENCY
HW	FUNDED BY STATE MENTAL HEALTH AGENCY
HX	FUNDED BY COUNTY/LOCAL AGENCY
HY	FUNDED BY JUVENILE JUSTICE AGENCY
HZ	FUNDED BY CRIMINAL JUSTICE AGENCY
J1	COMPETITIVE ACQUISITION PROGRAM NO-PAY SUBMISSION FOR A PRESCRIPTION NUMBER
J2	COMPETITIVE ACQUISITION PROGRAM, RESTOCKING OF EMERGENCY DRUGS AFTER EMERGENCY
J2	ADMINISTRATION
J3	COMPETITIVE ACQUISITION PROGRAM (CAP), DRUG NOT AVAILABLE THROUGH CAP AS
J3	WRITTEN, REIMBURSED UNDER AVERAGE SALES PRICE METHODOLOGY
J4	DMEPOS ITEM SUBJECT TO DMEPOS COMPETITIVE BIDDING PROGRAM THAT IS FURNISHED BY
J4	A HOSPITAL UPON DISCHARGE
JA	ADMINISTERED INTRAVENOUSLY
JB	ADMINISTERED SUBCUTANEOUSLY
JC	SKIN SUBSTITUTE USED AS A GRAFT
JD	SKIN SUBSTITUTE NOT USED AS A GRAFT
JW	DRUG AMOUNT DISCARDED/NOT ADMINISTERED TO ANY PATIENT
K0	LOWER EXTREMITY PROSTHESIS FUNCTIONAL LEVEL 0 - DOES NOT HAVE THE ABILITY OR
K0	POTENTIAL TO AMBULATE OR TRANSFER SAFELY WITH OR WITHOUT ASSISTANCE AND A
K0	PROSTHESIS DOES NOT ENHANCE THEIR QUALITY OF LIFE OR MOBILITY.
K1	LOWER EXTREMITY PROSTHESIS FUNCTIONAL LEVEL 1 - HAS THE ABILITY OR POTENTIAL TO
K1	USE A PROSTHESIS FOR TRANSFERS OR AMBULATION ON LEVEL SURFACES AT FIXED
K1	CADENCE. TYPICAL OF THE LIMITED AND UNLIMITED HOUSEHOLD AMBULATOR.
K2	LOWER EXTREMITY PROSTHESIS FUNCTIONAL LEVEL 2 - HAS THE ABILITY OR POTENTIAL
K2	FOR AMBULATION WITH THE ABILITY TO TRAVERSE LOW LEVEL

HCPCS Levels I and II Modifiers

	ENVIRONMENTAL BARRIERS
K2	SUCH AS CURBS, STAIRS OR UNEVEN SURFACES. TYPICAL OF THE LIMITED COMMUNITY
K2	AMBULATOR.
K3	LOWER EXTREMITY PROSTHESIS FUNCTIONAL LEVEL 3 - HAS THE ABILITY OR POTENTIAL
K3	FOR AMBULATION WITH VARIABLE CADENCE. TYPICAL OF THE COMMUNITY AMBULATOR WHO
K3	HAS THE ABILITY TO TRANSVERSE MOST ENVIRONMENTAL BARRIERS AND MAY HAVE
K3	VOCATIONAL, THERAPEUTIC, OR EXERCISE ACTIVITY THAT DEMANDS PROSTHETIC
K3	UTILIZATION BEYOND SIMPLE LOCOMOTION.
K4	LOWER EXTREMITY PROSTHESIS FUNCTIONAL LEVEL 4 - HAS THE ABILITY OR POTENTIAL
K4	FOR PROSTHETIC AMBULATION THAT EXCEEDS THE BASIC AMBULATION SKILLS, EXHIBITING
K4	HIGH IMPACT, STRESS, OR ENERGY LEVELS, TYPICAL OF THE PROSTHETIC DEMANDS OF THE
K4	CHILD, ACTIVE ADULT, OR ATHLETE.
KA	ADD ON OPTION/ACCESSORY FOR WHEELCHAIR
KB	BENEFICIARY REQUESTED UPGRADE FOR ABN, MORE THAN 4 MODIFIERS IDENTIFIED ON CLAIM
KC	REPLACEMENT OF SPECIAL POWER WHEELCHAIR INTERFACE
KD	DRUG OR BIOLOGICAL INFUSED THROUGH DME
KE	BID UNDER ROUND ONE OF THE DMEPOS COMPETITIVE BIDDING PROGRAM FOR USE WITH
KE	NON-COMPETITIVE BID BASE EQUIPMENT
KF	ITEM DESIGNATED BY FDA AS CLASS III DEVICE
KG	DMEPOS ITEM SUBJECT TO DMEPOS COMPETITIVE BIDDING PROGRAM NUMBER 1
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
KJ	FOUR TO FIFTEEN
KK	DMEPOS ITEM SUBJECT TO DMEPOS COMPETITIVE BIDDING PROGRAM NUMBER 2
KL	DMEPOS ITEM DELIVERED VIA MAIL
KM	REPLACEMENT OF FACIAL PROSTHESIS INCLUDING NEW IMPRESSION/MOULAGE
KN	REPLACEMENT OF FACIAL PROSTHESIS USING PREVIOUS MASTER MODEL

HCPCS Levels I and II Modifiers

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
KT	BENEFICIARY RESIDES IN A COMPETITIVE BIDDING AREA AND TRAVELS OUTSIDE THAT
KT	COMPETITIVE BIDDING AREA AND RECEIVES A COMPETITIVE BID ITEM
KU	DMEPOS ITEM SUBJECT TO DMEPOS COMPETITIVE BIDDING PROGRAM NUMBER 3
KV	DMEPOS ITEM SUBJECT TO DMEPOS COMPETITIVE BIDDING PROGRAM THAT IS FURNISHED AS
KV	PART OF A PROFESSIONAL SERVICE
KW	DMEPOS ITEM SUBJECT TO DMEPOS COMPETITIVE BIDDING PROGRAM NUMBER 4
KX	REQUIREMENTS SPECIFIED IN THE MEDICAL POLICY HAVE BEEN MET
KY	DMEPOS ITEM SUBJECT TO DMEPOS COMPETITIVE BIDDING PROGRAM NUMBER 5
KZ	NEW COVERAGE NOT IMPLEMENTED BY MANAGED CARE
LC	LEFT CIRCUMFLEX CORONARY ARTERY
LD	LEFT ANTERIOR DESCENDING CORONARY ARTERY
LL	LEASE/RENTAL (USE THE 'LL' MODIFIER WHEN DME EQUIPMENT RENTAL IS TO BE APPLIED
LL	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)
M2	MEDICARE SECONDARY PAYER (MSP)
MS	SIX MONTH MAINTENANCE AND SERVICING FEE FOR REASONABLE AND NECESSARY PARTS AND
MS	LABOR WHICH ARE NOT COVERED UNDER ANY MANUFACTURER OR SUPPLIER WARRANTY
NR	NEW WHEN RENTED (USE THE 'NR' MODIFIER WHEN DME WHICH WAS NEW AT THE TIME OF
NR	RENTAL IS SUBSEQUENTLY PURCHASED)
NU	NEW EQUIPMENT
P1	A NORMAL HEALTHY PATIENT
P2	A PATIENT WITH MILD SYSTEMIC DISEASE
P3	A PATIENT WITH SEVERE SYSTEMIC DISEASE
P4	A PATIENT WITH SEVERE SYSTEMIC DISEASE THAT IS A CONSTANT

HCPCS Levels I and II Modifiers

	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
PA	SURGICAL OR OTHER INVASIVE PROCEDURE ON WRONG BODY PART
PB	SURGICAL OR OTHER INVASIVE PROCEDURE ON WRONG PATIENT
PC	WRONG SURGERY OR OTHER INVASIVE PROCEDURE ON PATIENT
PI	POSITRON EMISSION TOMOGRAPHY (PET) OR PET/COMPUTED TOMOGRAPHY (CT) TO INFORM
PI	THE INITIAL TREATMENT STRATEGY OF TUMORS THAT ARE BIOPSY PROVEN OR STRONGLY
PI	SUSPECTED OF BEING CANCEROUS BASED ON OTHER DIAGNOSTIC TESTING
PL	PROGRESSIVE ADDITION LENSES
PS	POSITRON EMISSION TOMOGRAPHY (PET) OR PET/COMPUTED TOMOGRAPHY (CT) TO INFORM
PS	THE SUBSEQUENT TREATMENT STRATEGY OF CANCEROUS TUMORS WHEN THE BENEFICIARY'S
PS	TREATING PHYSICIAN DETERMINES THAT THE PET STUDY IS NEEDED TO INFORM SUBSEQUENT
PS	ANTI-TUMOR STRATEGY
Q0	INVESTIGATIONAL CLINICAL SERVICE PROVIDED IN A CLINICAL RESEARCH STUDY THAT IS
Q0	IN AN APPROVED CLINICAL RESEARCH STUDY
Q1	ROUTINE CLINICAL SERVICE PROVIDED IN A CLINICAL RESEARCH STUDY THAT IS IN AN
Q1	APPROVED CLINICAL RESEARCH STUDY
Q2	HCFA/ORD DEMONSTRATION PROJECT PROCEDURE/SERVICE
Q3	LIVE KIDNEY DONOR SURGERY AND RELATED SERVICES
Q4	SERVICE FOR ORDERING/REFERRING PHYSICIAN QUALIFIES AS A SERVICE EXEMPTION
Q5	SERVICE FURNISHED BY A SUBSTITUTE PHYSICIAN UNDER A RECIPROCAL BILLING
Q5	ARRANGEMENT
Q6	SERVICE FURNISHED BY A 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
QC	SINGLE CHANNEL MONITORING
QD	RECORDING AND STORAGE IN SOLID STATE MEMORY BY A DIGITAL RECORDER

HCPCS Levels I and II Modifiers

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
QF	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,
QJ	HOWEVER THE STATE OR LOCAL GOVERNMENT, AS APPLICABLE, MEETS THE REQUIREMENTS IN
QJ	42 CFR 411.4 (B)
QK	MEDICAL DIRECTION OF TWO, THREE, OR FOUR CONCURRENT ANESTHESIA PROCEDURES
QK	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 A PROVIDER OF SERVICES
QP	DOCUMENTATION IS ON FILE SHOWING THAT THE LABORATORY TEST(S) WAS ORDERED
QP	INDIVIDUALLY OR ORDERED AS A CPT-RECOGNIZED PANEL OTHER THAN AUTOMATED PROFILE
QP	CODES 80002-80019, G0058, G0059, AND G0060.
QR	ITEM OR SERVICE PROVIDED IN A MEDICARE SPECIFIED STUDY
QS	MONITORED ANESTHESIA CARE SERVICE
QT	RECORDING AND STORAGE ON TAPE BY AN ANALOG TAPE RECORDER
QV	ITEM OR SERVICE PROVIDED AS ROUTINE CARE IN A MEDICARE QUALIFYING CLINICAL TRIAL
QW	CLIA WAIVED TEST
QX	CRNA SERVICE: WITH MEDICAL DIRECTION BY A PHYSICIAN
QY	MEDICAL DIRECTION OF ONE CERTIFIED REGISTERED NURSE ANESTHETIST (CRNA) BY AN
QY	ANESTHESIOLOGIST
QZ	CRNA SERVICE: WITHOUT MEDICAL DIRECTION BY A PHYSICIAN
RA	REPLACEMENT OF A DME ITEM
RB	REPLACEMENT OF A PART OF DME FURNISHED AS PART OF A REPAIR
RC	RIGHT CORONARY ARTERY
RD	DRUG PROVIDED TO BENEFICIARY, BUT NOT ADMINISTERED "INCIDENT-TO"

HCPCS Levels I and II Modifiers

RE	FURNISHED IN FULL COMPLIANCE WITH FDA-MANDATED RISK EVALUATION AND MITIGATION
RE	STRATEGY (REMS)
RP	REPLACEMENT AND REPAIR -RP MAY BE USED TO INDICATE REPLACEMENT OF DME, ORTHOTIC
RP	AND PROSTHETIC DEVICES WHICH HAVE BEEN IN USE FOR SOMETIME. THE CLAIM SHOWS
RP	THE CODE FOR THE PART, FOLLOWED BY THE 'RP' MODIFIER AND THE CHARGE FOR THE
RP	PART.
RR	RENTAL (USE THE '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
SD	INFUSION TRAINING
SE	STATE AND/OR FEDERALLY-FUNDED PROGRAMS/SERVICES
SF	SECOND OPINION ORDERED BY A PROFESSIONAL REVIEW ORGANIZATION (PRO) PER SECTION
SF	9401, P.L. 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
SM	SECOND SURGICAL OPINION
SN	THIRD SURGICAL OPINION
SQ	ITEM ORDERED BY HOME HEALTH
SS	HOME INFUSION SERVICES PROVIDED IN THE INFUSION SUITE OF THE IV THERAPY PROVIDER
ST	RELATED TO TRAUMA OR INJURY
SU	PROCEDURE PERFORMED IN PHYSICIAN'S OFFICE (TO DENOTE USE OF FACILITY AND
SU	EQUIPMENT)
SV	PHARMACEUTICALS DELIVERED TO PATIENT'S HOME BUT NOT UTILIZED
SW	SERVICES PROVIDED BY A CERTIFIED DIABETIC EDUCATOR
SY	PERSONS WHO ARE IN CLOSE CONTACT WITH MEMBER OF HIGH-RISK

HCPCS Levels I and II Modifiers

	POPULATION (USE ONLY
SY	WITH CODES FOR IMMUNIZATION)
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. UNDER CERTAIN CIRCUMSTANCES, A CHARGE MAY BE MADE FOR THE
TC	TECHNICAL COMPONENT ALONE. UNDER THOSE CIRCUMSTANCES THE TECHNICAL COMPONENT
TC	CHARGE IS IDENTIFIED BY ADDING MODIFIER 'TC' TO THE USUAL PROCEDURE NUMBER.
TC	TECHNICAL COMPONENT CHARGES ARE INSTITUTIONAL CHARGES AND NOT BILLED SEPARATELY
TC	BY PHYSICIANS. HOWEVER, PORTABLE X-RAY SUPPLIERS ONLY BILL FOR TECHNICAL
TC	COMPONENT AND SHOULD UTILIZE MODIFIER TC. THE CHARGE DATA FROM PORTABLE X-RAY
TC	SUPPLIERS WILL THEN BE USED TO BUILD CUSTOMARY AND PREVAILING PROFILES.
TD	RN
TE	LPN/LVN
TF	INTERMEDIATE LEVEL OF CARE
TG	COMPLEX/HIGH TECH LEVEL OF CARE
TH	OBSTETRICAL TREATMENT/SERVICES, PRENATAL OR POSTPARTUM
TJ	PROGRAM GROUP, CHILD AND/OR ADOLESCENT
TK	EXTRA PATIENT OR PASSENGER, NON-AMBULANCE
TL	EARLY INTERVENTION/INDIVIDUALIZED FAMILY SERVICE PLAN (IFSP)
TM	INDIVIDUALIZED EDUCATION PROGRAM (IEP)
TN	RURAL/OUTSIDE PROVIDERS' CUSTOMARY SERVICE AREA
TP	MEDICAL TRANSPORT, UNLOADED VEHICLE
TQ	BASIC LIFE SUPPORT TRANSPORT BY A VOLUNTEER AMBULANCE PROVIDER
TR	SCHOOL-BASED INDIVIDUALIZED EDUCATION PROGRAM (IEP) SERVICES PROVIDED OUTSIDE
TR	THE PUBLIC SCHOOL DISTRICT RESPONSIBLE FOR THE STUDENT
TS	FOLLOW-UP SERVICE

HCPCS Levels I and II Modifiers

TT	INDIVIDUALIZED SERVICE PROVIDED TO MORE THAN ONE PATIENT IN SAME SETTING
TU	SPECIAL PAYMENT RATE, OVERTIME
TV	SPECIAL PAYMENT RATES, HOLIDAYS/WEEKENDS
TW	BACK-UP EQUIPMENT
U1	MEDICAID LEVEL OF CARE 1, AS DEFINED BY EACH STATE
U2	MEDICAID LEVEL OF CARE 2, AS DEFINED BY EACH STATE
U3	MEDICAID LEVEL OF CARE 3, AS DEFINED BY EACH STATE
U4	MEDICAID LEVEL OF CARE 4, AS DEFINED BY EACH STATE
U5	MEDICAID LEVEL OF CARE 5, AS DEFINED BY EACH STATE
U6	MEDICAID LEVEL OF CARE 6, AS DEFINED BY EACH STATE
U7	MEDICAID LEVEL OF CARE 7, AS DEFINED BY EACH STATE
U8	MEDICAID LEVEL OF CARE 8, AS DEFINED BY EACH STATE
U9	MEDICAID LEVEL OF CARE 9, AS DEFINED BY EACH STATE
UA	MEDICAID LEVEL OF CARE 10, AS DEFINED BY EACH STATE
UB	MEDICAID LEVEL OF CARE 11, AS DEFINED BY EACH STATE
UC	MEDICAID LEVEL OF CARE 12, AS DEFINED BY EACH STATE
UD	MEDICAID LEVEL OF CARE 13, AS DEFINED BY EACH STATE
UE	USED DURABLE MEDICAL EQUIPMENT
UF	SERVICES PROVIDED IN THE MORNING
UG	SERVICES PROVIDED IN THE AFTERNOON
UH	SERVICES PROVIDED IN THE EVENING
UJ	SERVICES PROVIDED AT NIGHT
UK	SERVICES PROVIDED ON BEHALF OF THE CLIENT TO SOMEONE OTHER THAN THE CLIENT
UK	(COLLATERAL RELATIONSHIP)
UN	TWO PATIENTS SERVED
UP	THREE PATIENTS SERVED
UQ	FOUR PATIENTS SERVED
UR	FIVE PATIENTS SERVED
US	SIX OR MORE PATIENTS SERVED
V5	VASCULAR CATHETER
V6	ARTERIOVENOUS GRAFT
V7	ARTERIOVENOUS FISTULA
V8	INFECTION PRESENT
V9	NO INFECTION PRESENT
VP	APHAKIC PATIENT