



USING MODIFIERS

NC Division of Public Health - Local Technical Assistance & Training Branch

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What are Modifiers?

A modifier provides the means to report or indicate that a service or procedure that has been performed has been altered by some specific circumstance but not changed in its definition or code. Modifiers enable health care professionals to effectively respond to payment policy requirements established by other entities (Medicaid, Insurance, Medicare, etc)

Excerpt CPT Professional 2019

How do I know which modifier to use?

- Any CPT coding book will include a section on modifiers. In addition, the Coding & Billing Guidance Document prepared by DPH/LTAT/PHNPDU includes a chapter on modifiers.
- Each modifier description provides details on when it is appropriate to use each modifier (and when not to).

Medicaid Specific Modifiers

FP - Family Planning

Use modifier FP to indicate that a service or procedure is related to Family Planning services.

UD - 340-B Drug or Device

Use modifier UD , in addition to FP, when billing Medicaid, as indication that the drug or device was purchased under a 340-B purchasing agreement.

EP - Early & Periodic Health Screen

Use modifier EP to identify early and periodic screens, and services provided in association with an early and periodic screen to NC Medicaid. This modifier is also used to identify preventive services such as vaccine administration.

SL - State Supplied Vaccine

Use modifier SL when reporting to Medicaid, as indication that the vaccine was state supplied.

OB - Reportable Maternity Office Visits

Use modifier OB to report or bill office visits with a \$0.00 charge that are associated with a package code or OB global package code.

Health Choice Specific Modifier

TJ - Health Choice Early & Periodic Health Screen

Use modifier TJ to identify early and periodic screens, and services provided in association with an early and periodic screen to NC Health Choice. This modifier is also used to identify preventive services such as vaccine administration.

24- Complications of Pregnancy,

Unrelated Issue.

Append modifier 24-*Unrelated evaluation and management service by the same physician during the global period* to all E/M services that address the pregnancy complications or unrelated issues.

Modifier 24 is needed to alert the carrier that the E/M service(s) is unrelated to the global OB package. Bill after delivery.

25- Significant, Separately Identifiable E&M Service by Same Provider, or Other Qualified Health Care Professional, on Same day of Procedure or Other Service.

The physician may need to indicate that the client's condition required a service above and beyond what is expected for other services provided on the same day.

The modifier 25 is attached to the E&M code, not the procedure code.

52 & 53- Failed/Discontinued Procedure

Use modifier -52 (Failed Procedure) to denote that you attempted insertion, but the procedure was incomplete due to anatomical factors (e.g. Stenosis) or -53 (Discontinued Procedure) to indicate that you had to stop because of concerns for client well-being (e.g. vasovagal, severe pain).

90- Reference/Outside Lab

When laboratory procedures are performed by a party other than the treating or reporting physician, the procedure should be identified by adding the modifier "90" to the CPT code for the laboratory test.

(e.g. LHD obtains sample but sends to outside laboratory for processing; in this case, the 90 modifier would be appended to the laboratory test)

TC- Technical Component

Use the TC modifier when **only** the procedure/test is being performed and not the interpretation of the test.

X Series Modifiers

XE – Separate Encounter:

A service that is distinct because it occurred during a separate encounter.

XS – Separate Structure:

A service that is distinct because it was performed on a separate organ/structure.

XP – Separate Practitioner:

A service that is distinct because it was performed by a different practitioner.

XU – Unusual Non-Overlapping Service:

The use of a service that is distinct because it does not overlap usual components of the main service.

Using X Series Modifiers

- Utilizing X series modifiers will help with more accurate coding that better describes the procedural encounter.
- X series modifiers are appropriate for NCCI procedure-to-procedure edits only.

Using Modifier 59

- A health care Physician or Advanced Practice Practitioner may need to use modifier 59 to indicate that a procedure or service was distinct or independent from other services performed on the same day.
- This means a different location, different anatomical site, and/or a different session. Documentation must support a different session, different procedure or surgery, different site or organ system, separate incision/excision, separate lesion, or separate injury (or area of injury in extensive injuries) not ordinarily encountered or performed on the same day by the same individual.

Modifier 59

Modifier 59 is used to identify procedures/services that are **commonly bundled together** but are appropriate to report separately under some circumstances.

X Series Modifiers vs. Modifier 59

- X series modifiers should be used to describe why a service is distinct.
- X series modifiers may be used in place of modifier 59 if appropriate.
- If there is another already established modifier that is appropriate, that established modifier should be used rather than modifier 59.

What Modifier Would You Use in These Scenarios:

- A. A pregnant patient is seen by her PCP for primary care. During the exam, the provider notes an issue and requests the patient be seen by the maternity provider, who examines the patient as well.
- B. Injection into elbow and injection into knee on same day by the same provider.
- C. Patient seen for nutritional services and for administration of depo in different clinics at different times.
- D. An x-ray is performed within the office and based on the x-ray, the patient needs to have surgery on a broken hip. The same provider will be performing surgery.

RESOURCES:

- [CPT Manual](#)
- [Coding & Billing Guidance Document, V13](https://publichealth.nc.gov/lhd/docs/CodingandBillingGuidanceDocumentVersion13-June2019.pdf)
<https://publichealth.nc.gov/lhd/docs/CodingandBillingGuidanceDocumentVersion13-June2019.pdf>
- [Public Health Administrative and Regional Nurse Consultants](https://publichealth.nc.gov/lhd/docs/Joint-AC-NC-Map-070119-FINAL1.pdf)
<https://publichealth.nc.gov/lhd/docs/Joint-AC-NC-Map-070119-FINAL1.pdf>
- https://www.aafp.org/journals/fpm/blogs/gettingpaid/entry/modifiers_override_claims.html

D) XU

C) XE

B) XS

A) XP

Scenario Answers: