Fee Modifier Definitions

As Of

01 October 2019

AGE AGE - (Implicit) - Identifies specific services which are payable at different rates depending upon the age of the patient.

- G2 OVER 2 YEARS - (Implicit) - The patient is 2 years of age or older.
- G65 OVER 65 YEARS - (Implicit) - The patient is 65 years of age or older.
- G75 OVER 75 YEARS - (Implicit) - The patient is 75 years of age or older
- G75GP OVER 75 YEARS- (Implicit) - The patient is 75 years of age or older. This modifier allows physicians with the skill of GP to be paid for HSC 03.03A at 20% above the GP rate.
- L1 UNDER 1 YEAR - (Implicit) - The patient is 12 months of age or younger.
- L10 UNDER 10 YEARS - (Implicit) - The patient has not reached their 10th birthday.
- L11 UNDER 11 YEARS - (Implicit) - The patient has not reached their 11th birthday.
- L13 UNDER 13 YEARS - (Implicit) - The patient has not reached their 13th birthday.
- L30 UNDER 30 DAYS,ROLE OF SURGEON - (Implicit) - The patient is 30 days of age or younger. Applies only to cardiovascular and thoracic surgery.
- L4 UNDER 4 YEARS - (Implicit) - The patient has not reached their 4th birthday.

ANEU ANESTHETIC LISTED RATE UNITS - (Implicit) - This modifier is system derived from the information in the calls field for multiple services of same Health Service Code when the anesthetic role modifier (ANE) is used.

- ANEU ANESTHETIC LISTED RATE UNITS - (Implicit)

ANU ANESTHETIC TIME UNITS - (Implicit) - This modifier is system derived from the information entered in the calls field when the Anesthetic Time role modifier (ANEST) is used. EACH UNIT REPRESENTS 5 MINUTES. ADDITIONAL 5 MINUTE UNITS MAY NOT BE CLAIMED UNLESS A FULL 5 MINUTES HAS ELAPSED.

- ANU ANESTHETIC TIME UNITS - (Implicit) - For anesthetic claimed on a time basis, claim the entire elapsed time against the primary procedure code, even if multiple procedures are done. (Example: if procedure A and B take a combined total of 2 hours, claim 2 hours against procedure A only). 2 hours equals 24 calls.

ARFC AUTOMATIC RAPID FILM CHANGER - (Explicit) - Increases rate of a procedure with automatic rapid film changer.

- ARFC AUTO RAPID FILM CHANGER - (Explicit)

BMI BMI - (Explicit) - This modifier is used to support the additional payment of 25% for selected procedures, obstetrical services, anesthesia, second qualified surgeon and surgical assistant services for adult patients who meet requirements indicated in the Governing Rules and patients under 18 years of age who are above the 97th percentile for BMI on an approved pediatric growth curve.

BMIABD BMIABD - Body Mass Index, ANESTHETIC BY DEFINITION - (Explicit) - The physician functions as the Anesthetist and is claiming a Health Service Code (HSC) which is an anesthetic by definition and does not have modifier ANE.

BMIANE BMIANE - Body Mass Index, ANESTHETIST - (Explicit) - The physician functions as the Anesthetist and is claiming the listed anesthetic benefit.

BMIANT BMIANT - Body Mass Index, ANESTHETIST TRC - (Explicit) - The physician functions as the Anesthetist and is claiming a benefit based on the duration of the anesthetic.

BMIPRO BMIPRO - Body Mass Index, SURGEON/SECOND QUALIFIED SURGEON/SURGICAL ASSISTANT - (Explicit) - The physician functions as the Surgeon, Second Qualified Surgeon, or as a Surgical Assistant and is claiming the listed applicable benefit.

BMISRG BMISRG - Body Mass Index, SURGEON/SECOND QUALIFIED SURGEON/SURGICAL ASSISTANT - (Explicit) - The oral maxillofacial surgeon functions as the Surgeon, Second Qualified Surgeon, or as a Surgical Assistant and is claiming the listed applicable benefit. This modifier may only be claimed by oral maxillofacial surgeons.

BMI2AN BMI2AN - Body Mass Index, ANESTHETIST TRC 2 - (Explicit) - The physician functions as the anesthetist and is claiming anesthetic time premium units based on the duration of the anesthetic.

CAGE CORRECTED AGE - (Explicit) - This modifier is used to support the additional payment of 25% for specific general surgery procedures and specific anesthetic services for patients with a "corrected" age of up to 3 months.

CAANE CORRECTED AGE, ROLE OF ANESTHETIST - (Explicit) -Infants up to 3 months "corrected age". Applies only to specific anesthetic services that are being claimed at the listed anesthetist benefit.

CAANT CORRECTED AGE, ROLE OF ANESTHETIST TRC - (Explicit) -Infants up to 3 months "corrected age". Applies only to specific anesthetic services that are being claimed on the duration of the anesthetic.

CASRG CORRECTED AGE, ROLE OF SURGEON - (Explicit) - Infants up to 3 months "corrected age". Applies only to specific general surgery procedures.

CA2AN CORRECTED AGE, ROLE OF ANESTHETIST TRC 2 - (Explicit) -Infants up to 3 months "corrected age". Applies only to specific anesthetic time premium units based on the duration of the anesthetic.

CALL CALLS UNITS - (Implicit) - This modifier is system derived from the information entered in the calls field for multiple services. The calls field indicates the number of services claimed. The modifier value code indicates what each unit/call represents (time, size, number).

CALL01 - (Implicit) - This modifier allows payment of an additional percentage for patients less than 1 year of age.
CALL10 - (Implicit) - This modifier allows payment of an additional percentage for patients less than 10 years of age.
CALL13 - (Implicit) - This modifier allows payment of an additional percentage for the second and subsequent calls for patients less than 13 years of age.
CM2.5D PER 2.5cm - (Implicit) - For use by Dentists only. Per layer, each 2.5 cm represents 1 unit.
COMGER COMPREHENSIVE GERIATRIC ASSESSMENT PER 1 1/2 HOURS + EACH ADDITIONAL 1/4 HOUR - (Implicit) - First unit represents 1 1/2 hours, each subsequent unit represents 15 minutes.
F2.5B5 PER FACE 2.5 cm or BODY 5 cm - (Implicit) - Each 2.5 cm of the face or 5 cm of the body involving a single layer represent 1 unit. For additional layers requiring suturing, each 2.5 cm of the face or 5 cm of the body represents 1 unit.
H1 PER HOUR - (Implicit) - Each unit represents 60 minutes.
H1M15 PER 1 HOUR + EACH ADDITIONAL 1/4 HOUR - (Implicit) - First unit represents 60 minutes, each subsequent unit represents 15 minutes.
M05 PER 5 MINUTES - (Implicit) - Each unit represents 5 minutes. Additional calls for anesthetic may not be claimed unless a full 5 minutes has elapsed.
M15 PER 1/4 HOUR - (Implicit) - Each unit represents 15 minutes.
M15NPM M15NPM - (Implicit) - This implicit modifier allows physicians with the implicit skill of NPM to be paid for HSC 08.45 according to the rates listed in the Price List
M15PDC M15PDC - (Implicit) - This implicit modifier allows physicians with the implicit skill modifier of PEDC to be paid for HSC 08.45 according to the rates listed in the Price List.
M15PDG M15PDG - (Implicit) - This implicit modifier allows physicians with the implicit skill modifier of PDGE to be paid for HSC 08.45 according to the rates listed in the Price List.
M15PDN M15PDN - (Implicit) - This implicit modifier allows physicians with the implicit skill modifier of PEDN to be paid for HSC 08.45 according to the rates listed in the Price List.
M15PDS M15PDS - (Implicit) - This implicit modifier allows physicians with the implicit skill modifier of PDSG to be paid for HSC 08.45 according to the rates listed in the Price List.
M15PED M15PED - (Implicit) - This implicit modifier allows physicians with the implicit skill modifier of PED to be paid for HSC 08.45 according to the rates listed in the Price List.
M15PSY M15PSY-(Implicit) - This implicit modifier allows physicians with the implicit skill modifier of PSYC to be paid for HSC 08.45 according to the rates listed in the Price List.
M30 PER 1/2 HOUR - (Implicit) - Each unit represents 30 minutes.
M30M15 PER 1/2 HOUR + EACH ADDITIONAL 1/4 HOUR - (Implicit) - First unit represents 30 minutes, each subsequent unit represents 15 minutes.

M35M05 PER 35 MINUTES + EACH ADDITIONAL 5 MINUTES - (Implicit) - First unit represents 35 minutes, each subsequent unit represents 5 minutes. Additional calls for anesthetic may not be claimed unless a full 5 minutes has elapsed.
M45M15 PER 3/4 HOUR + EACH ADDITIONAL 1/4 HOUR - (Implicit) - First unit represents 45 minutes, each subsequent unit represents 15 minutes.
M90M15 Per 90 MINUTES + EACH ADDITIONAL 1/4 HOUR - (Implicit) - First unit represents 90 minutes, each subsequent unit represents 15 minutes.
NBRDAY NUMBER OF DAYS - (Implicit) - Each unit represents 1 day.
NBRMON NUMBER OF MONTHS - (Implicit) - Each unit represents 1 month.
NBRSER NUMBER OF SERVICES - (Implicit) - Each unit represents 1 service.

CARE COMPLEX PATIENT CARE - (Explicit) - Used to indicate complex patient care.

CMXC30 CMXC30 COMPLEX PATIENT CONSULTATION/VISIT - (Explicit) - This modifier is used to indicate a complex patient consultation or visit requiring that the physician spend 30 minutes or more on management of the patient's care.
1. May only be claimed for HSCs 03.04A, 03.04B, 03.04C, 03.04D, 03.04E, 03.04F, 03.04FA, 03.04G, 03.04GA, 03.04H, 03.04HA, 03.04M, 03.08A, 03.08B, 03.08C, 03.08F, 03.08H, 03.08K and 03.09A.
2. May be claimed with HSC 03.08A when claiming prolonged consultations, ie. HSCs 03.08I, 03.08J, 03.08L, 03.08M.

CMXV15 CMXV15 COMPLEX PATIENT CONSULTATION/VISIT - (Explicit) - This modifier is used to indicate a complex patient consultation or visit requiring that the physician spend 15 minutes or more on management of the patient's care. Refer to modifier CMXV30 for visits taking 30 minutes or more.
May only be claimed by:
- community medicine, geriatric medicine, occupational medicine, radiation oncology for HSCs 03.03A, 03.07A, 03.07B.
- cardiology, endocrinology/metabolism, hematology, infectious diseases, internal medicine, medical oncology, nephrology, pediatric cardiology, pediatrics, rheumatology for HSCs 03.03A, 03.03F, 03.07A, 03.07B.
Pediatrics may claim for HSC 03.05JK.

CMXV20 CMXV20 COMPLEX PATIENT CONSULTATION/VISIT - (Explicit) - This modifier is used to indicate a complex patient consultation or visit requiring that the physician spend 20 minutes or more on management of the patient's care. Refer to modifier CMXV35 for visits taking 35 minutes or more. May be claimed by groups other than those eligible for the CMXV15, CMXV30 modifiers for HSCs 03.03A, 03.03B, 03.03C, 03.03F, 03.07A, 03.07B, 03.07C as appropriate to the physician's specialty.
This modifier may also be claimed by any physician for HSCs 03.05CR, 03.05DR, 03.05ER, 03.05F, 03.05FA, 03.05FB, 03.05FC, 03.05FD, 03.05FE, 03.05FF, 03.05FG, 03.05FH, 03.05FR, 03.05GR, 03.05HR when location and time conditions (above) are met.

CMXV30 CMXV30 COMPLEX PATIENT CONSULTATION/VISIT - (Explicit) - This modifier is used to indicate a complex patient consultation or visit requiring that the physician spend 30 minutes or more on management of the patient's care.
Refer to modifier CMXV15 for visits less than 30 minutes.
May only be claimed by:
- community medicine, geriatric medicine, occupational medicine, radiation oncology for HSCs 03.03A, 03.07A, 03.07B.
- cardiology, endocrinology/metabolism, hematology, infectious diseases, internal medicine, medical oncology, nephrology, pediatric cardiology, pediatrics, rheumatology for HSCs 03.03A, 03.03F, 03.07A, 03.07B.
Pediatrics may claim for HSC 03.05JK.
- general practice for HSC 03.05H only.

CMXV35 CMXV35 COMPLEX PATIENT CONSULTATION/VISIT - (Explicit) - This modifier is used to indicate a complex patient consultation or visit requiring that the physician spend 35 minutes or more on management of the patient's care.
Refer to modifier CMXV20 for visits taking less than 35 minutes.
May be claimed by groups other than those eligible for the CMXV15, CMXV30 modifiers for HSCs 03.03A, 03.03B, 03.03C, 03.03F, 03.07A, 03.07B, 03.07C as appropriate to the physician's specialty.
This modifier may also be claimed by any physician for HSCs 03.05CR, 03.05DR, 03.05ER, 03.05F, 03.05FA, 03.05FB, 03.05FC, 03.05FD, 03.05FE, 03.05FF, 03.05FG, 03.05FH, 03.05FR, 03.05GR, 03.05HR when location and time conditions (above) are met.

COINPT COMPLEX INPATIENT CARE - (Explicit) - This modifier is used to indicate management of a complex hospital inpatient, or a long term care (LTC) patient for palliative care or intercurrent illness when the conditions to claim HSCs 03.03D or 03.03AR are met.

1. May only be claimed once per patient, per physician, per day.
2. May only be claimed for the management of complex hospital inpatients with multi-system disease:
   - whose co-morbidities contribute to complicating or increasing the care required by the claiming physicians involved in the care of the patient; and
   - whose care requires that the physician spend 20 minutes or more per day on management of the patient's ongoing care.
3. May not be claimed for transfer of care where the receiving physician requires time to familiarize him/herself with the patient unless the conditions outlined in (2) above are met.

CMPD COMPOUND - (Explicit) - Used to indicate a compound fracture as described in GR 6.11.1.

CMPD COMPOUND - (Explicit)

CMPX COMPLEX TIME - (Explicit) - This modifier type is used to indicate a complex patient visit payable in time units by general practitioners only.

CMGP COMPLEX PATIENT VISIT - (Explicit) - This modifier is used to indicate a complex patient visit requiring that the physician spend 15 minutes or more on management of the patient's care. EACH ADDITIONAL UNIT REPRESENTS 10 MINUTES. ADDITIONAL UNITS MAY NOT BE CLAIMED UNLESS A FULL 10 MINUTES HAS ELAPSED. (Example: CMGP03 indicates a general practice physician has spent a minimum of 35 minutes with the patient and on patient management activities. The first unit represents 15 minutes and each subsequent unit represents 10 minutes.) A maximum of 10 calls may be claimed. May only be claimed by general practitioners for HSCs 03.01J, 03.03A, 03.03B, 03.03C, 03.03N, 03.03NA, 03.03NB, 03.03P, 03.03Q, 03.07A, 03.07B.

INCS INCISIONS - (Explicit) - This modifier is to be used for gynecological health service codes only to indicate multiple procedures were performed through a different incision.

DIFF DIFFERENT INCISION - (Explicit) - Used to indicate that multiple gynecological procedures were performed through different incisions. Does not apply to anesthetic claims.

LEVL LEVEL - (Implicit) - Calculates the rate payable for consecutive hospital days. The modifier value code is a combination using "level" for the date range and "skill" for the rate variations. If the service provider does not have one of the skills listed in this level modifier list, the system defaults to the rates indicated in HD1 and HD2. The Calls field and the Hospital Admission Date/Originating Encounter Date field must be entered when hospital days are claimed.

CARDH1 CARDIOLOGY HD1 - (Implicit) - Combination of LEVL HD1 (1-7 days) and skill Cardiology.
CARDH2 CARDIOLOGY HD2 - (Implicit) - Combination of LEVL HD2 (8 and subsequent days) and skill Cardiology.
CLIMH1 CLINICAL IMMUNOLOGY AND ALLERGY HD1 - (Implicit) - Combination of LEVL HD1 (1-7 days) and skill Clinical Immunology and Allergy.
CLIMH2 CLINICAL IMMUNOLOGY AND ALLERGY HD2 - (Implicit) - Combination of LEVL HD2 (8 and subsequent days) and skill Clinical Immunology and Allergy.
CRCMH1 CRITICAL CARE MEDICINE HD1 - (Implicit) - Combination of LEVL HD1 (1-7 days) and skill Critical Care Medicine.
CRCMH2 CRITICAL CARE MEDICINE HD2 - (Implicit) - Combination of LEVL HD2 (8 and subsequent days) and skill Critical Care Medicine.
DERMH1 DERMATOLOGY HD1 - (Implicit) - Combination of LEVL HD1 (1-7 days) and skill Dermatology.
DERMH2 DERMATOLOGY HD2 - (Implicit) - Combination of LEVL HD2 (8 and subsequent days) and skill Dermatology.
E/M H1 ENDOCRINOLOGY/METABOLISM HD1 - (Implicit) - Combination of LEVL HD1 (1-7 days) and skill Endocrinology/Metabolism.
E/M H2 ENDOCRINOLOGY/METABOLISM HD2 - (Implicit) - Combination of LEVL HD2 (8 and subsequent days) and skill Endocrinology/Metabolism.
GASTH1 GASTROENTEROLOGY HD1 - (Implicit) - Combination of LEVL HD1 (1-7 days) and skill Gastroenterology.

GASTH2 GASTROENTEROLOGY HD2 - (Implicit) - Combination of LEVL HD2 (8 and subsequent days) and skill Gastroenterology.
GNSGH1 GENERAL SURGERY HD1 - (Implicit) - Combination of LEVL HD1 (1-7 days) and skill General Surgery.
GNSGH2 GENERAL SURGERY HD2 - (Implicit) - Combination of LEVL HD2 (8 and subsequent days) and skill General Surgery.
HD1 1 - 7 days - (Implicit)
HD2 8 and subsequent days - (Implicit)
HEMH1 HEMATOLOGY HD1 - (Implicit) - Combination of LEVL HD1 (1-7 days) and skill Hematology.
HEMH2 HEMATOLOGY HD2 - (Implicit) - Combination of LEVL HD2 (8 and subsequent days) and skill Hematology.
IDISH1 INFECTIOUS DISEASES HD1 - (Implicit) - Combination of LEVL HD1 (1-7 days) and skill Infectious diseases.
IDISH2 INFECTIOUS DISEASES HD2 - (Implicit) - Combination of LEVL HD2 (8 and subsequent days) and skill Infectious diseases.
INMDH1 INTERNAL MEDICINE HD1 - (Implicit) - Combination of LEVL HD1 (1-7 days) and skill Internal Medicine.
INMDH2 INTERNAL MEDICINE HD2 - (Implicit) - Combination of LEVL HD2 (8 and subsequent days) and skill Internal Medicine.
MDGNH1 MEDICAL GENETICS HD1 - (Implicit) - Combination of LEVL HD1 (1-7 days) and skill Medical Genetics.
MDGNH2 MEDICAL GENETICS HD2 - (Implicit) - Combination of LEVL HD2 (8 and subsequent days) and skill Medical Genetics.
MDONH1 MEDICAL ONCOLOGY HD1 - (Implicit) - Combination of LEVL HD1 (1-7 days) and skill Medical Oncology.
MDONH2 MEDICAL ONCOLOGY HD2 - (Implicit) - Combination of LEVL HD2 (8 and subsequent days) and skill Medical Oncology.
NEPHH1 NEPHROLOGY HD1 - (Implicit) - Combination of LEVL HD1 (1-7 days) and skill Nephrology.
NEPHH2 NEPHROLOGY HD2 - (Implicit) - Combination of LEVL HD2 (8 and subsequent days) and skill Nephrology.
NEURH1 NEUROLOGY HD1 - (Implicit) - Combination of LEVL HD1 (1-7 days) and skill Neurology.
NEURH2 NEUROLOGY HD2 - (Implicit) - Combination of LEVL HD2 (8 and subsequent days) and skill Neurology.
NPMH1 NEONATAL PERINATAL MEDICINE HD1 - (Implicit) - Combination of LEVL HD1 (1-7 days) and skill Neonatal Perinatal Medicine.
NPMH2 NEONATAL PERINATAL MEDICINE HD2 - (Implicit) Combination of LEVL HD2 (8 and subsequent days) and skill Neonatal Perinatal Medicine.
ORPAH1 ORAL PATHOLOGY HD1 - (Implicit) - Combination of LEVL HD1 (1-7 days) and skill Oral Pathology
ORPAH2 ORAL PATHOLOGY HD2 - (Implicit) - Combination of LEVL HD2 (8 and subsequent days) and skill Oral Pathology
ORSGH1 ORAL SURGERY HD1 - (Implicit) - Combination of LEVL HD1 (1-7 days) and skill Oral Maxillofacial Surgery
ORSGH2 ORAL SURGERY HD2 - (Implicit) - Combination of LEVL HD2 (8 and subsequent days) and skill Oral Maxillofacial Surgery
PDGEH1 PEDIATRIC GASTROENTEROLOGY HD1 - (Implicit) - Combination of LEVL HD1 (1-7 days) and skill Pediatric Gastroenterology.
PDGEH2 PEDIATRIC GASTROENTEROLOGY HD2 - (Implicit) - Combination of LEVL HD2 (8 and subsequent days) and skill Pediatric Gastroenterology.

PEDCH1 PEDIATRIC CARDIOLOGY HD1 - (Implicit) - Combination of LEVL HD1 (1-7 days) and skill Pediatric Cardiology.
PEDCH2 PEDIATRIC CARDIOLOGY HD2 (Implicit) - Combination of LEVL HD2 (8 and subsequent days) and skill of Pediatric Cardiology
PEDH1 PEDIATRICS HD1 - (Implicit) - Combination of LEVL HD1 (1-7 days) and skill Pediatrics.
PEDH2 PEDIATRICS HD2 - (Implicit) - Combination of LEVL HD2 (8 and subsequent days) and skill Pediatrics.
PEDNH1 PEDIATRIC NEPHROLOGY HD1 - (Implicit) - Combination of LEVL HD1 (1 - 7 days) and skill Pediatric Nephrology.
PEDNH2 PEDIATRIC NEPHROLOGY HD2 - (Implicit) - Combination of LEVL HD2 (8 and subsequent days) and skill Pediatric Nephrology.
PHMDH1 PHYSICAL MEDICINE AND REHABILITATION HD1 - (Implicit) - Combination of LEVL HD1 (1-7 days) and skill Physical Medicine and Rehabilitation.
PHMDH2 PHYSICAL MEDICINE AND REHABILITATION HD2 - (Implicit) - Combination of LEVL HD2 (8 and subsequent days) and skill Physical Medicine and Rehabilitation.
POSGH1 PODIATRIC SURGERY HD1 - (Implicit) - Combination of LEVL HD1 (1-7 days) and skill Podiatric Surgery.
POSGH2 PODIATRIC SURGERY HD2 - (Implicit) - Combination of LEVL HD2 (8 and subsequent days) and skill Podiatric Surgery.
RHEUH1 RHEUMATOLOGY HD1 - (Implicit) - Combination of LEVL HD1 (1-7 days) and skill Rheumatology.
RHEUH2 RHEUMATOLOGY HD2 - (Implicit) - Combination of LEVL HD2 (8 and subsequent days) and skill Rheumatology.
RSMDH1 RESPIRATORY MEDICINE HD1 - (Implicit) - Combination of LEVL HD1 (1-7 days) and skill Respiratory Medicine.
RSMDH2 RESPIRATORY MEDICINE - HD2 - (Implicit) - Combination of LEVL HD2 (8 and subsequent days) and skill Respiratory Medicine.

LMTS LIMITS - (Explicit) - This modifier is used to override restrictions for a service/procedure.

DSCH DISCHARGED - (Explicit) - As stated in GR 5.1.4, indicates payment for a patient who was discharged from an emergency department, AACC or UCC and returned the same day.
LWDT COMPLETE LOWER DENTURE - (Explicit) - Indicates the oral examination is for a complete lower denture.
LWPT PARTIAL LOWER DENTURE - (Explicit)- Indicates the oral examination is for a partial lower denture.
LWRL PARTIAL OR COMPLETE LOWER RELINE -(Explicit)-Indicates the oral examination is for a reline of a partial or complete lower denture.
L40 UNDER 40 WEEKS CONCEPTUAL AGE, ROLE OF SURGEON - (Explicit) - Infants under 40 weeks of conceptual age. Applies only to specific general surgery procedures.
L40ANE UNDER 40 WEEKS CONCEPTUAL AGE, ROLE OF ANESTHETIST - (Explicit) - Infants under 40 weeks of conceptual age. Applies only to specific anesthetic services. May also be claimed in addition to the time based anesthetic modifiers (ANEST/2ANES).
L44 UNDER 44 WEEKS CONCEPTUAL AGE, ROLE OF SURGEON - (Explicit) - Infants under 44 weeks of conceptual age. Applies only to cardiovascular and thoracic surgery.

L44ANE UNDER 44 WEEKS CONCEPTUAL AGE, ROLE OF ANESTHETIST - (Explicit) - Infants under 44 weeks of conceptual age. Applies only to specific anesthetic services. May also be claimed in addition to the time based anesthetic modifiers (ANEST/2ANES).

NEWCON NEW CONDITION FOR OPTOMETRY - (EXPLICIT) - Indicates an Optometrist is providing optometric services to an eligible resident for a new condition whose diagnostic code contains the same first three-digit root as a condition previously billed in the same benefit year.

NEWEP NEW EPISODE FOR OPTOMETRY - (EXPLICIT) - Indicates an Optometrist is providing optometric services to an eligible resident for a condition that was previously billed, but the resident incurred a new occurrence of the condition in the same benefit year.

OPHTCO OPHTHALMOLOGY CO-MANAGEMENT -(Explicit) - used to identify ongoing co-management of eye care for an eligible resident between an Optometrist and an Ophthalmologist

SPCDRG SPECIFIED DRUGS FOR OPTOMETRY - (EXPLICIT) - Indicates an Optometrist is providing optometric services as the patient is receiving treatment with the drug Chloroquine (Aralen), Ethambutol (Myambutol and Servambutol), Hydroxychloroquine Sulfate (Plaquenil), or Tamoxifen (Novaldex).

TOC TRANSFER OF CARE - (Explicit) - Indicates the care of a hospitalized patient was transferred to a second physician in the same facility. The physician receiving the transferred patient must use TOC.

UPDT COMPLETE UPPER DENTURE - (Explicit)- Indicates the oral examination is for a complete upper denture.

UPPT PARTIAL UPPER DENTURE - (Explicit) -Indicates the oral examination is for a partial upper denture.

UPRL PARTIAL OR COMPLETE UPPER RELINE - (Explicit) - Indicates the oral examination is for a reline of a partial or complete upper denture.

LVP LESSER VALUE PROCEDURE - (Explicit) - Indicates that the procedure should be processed at a reduced rate. IF BASE RATE AMOUNTS ARE EQUAL ON THE HSCS CLAIMED, LVP50 OR LVP75 ARE NOT TO BE USED.

ADD ADDITIONALS - (Explicit) - Indicates that the procedure is paid in addition to a specific procedure at a specified rate.

ADD2 ADDITIONAL SECOND CALL - (Explicit) - Used to replace ADD modifier if two of the same procedures were performed.

LVP50 LESSER VALUE PROCEDURE AT 50% - (Explicit) - Indicates the procedure of lesser value so that the General Rules to pay the second procedure at a reduced rate can be applied.

LVP75 LESSER VALUE PROCEDURE AT 75% - (Explicit) - Indicates the procedure of lesser value.

NBPG NUMBER OF PATIENTS IN GROUP - (Explicit) - Used to indicate the number of people in a psychiatric, or teaching group. A two digit numeric character must be added to the modifiers' alpha character, Example: NBPG08. This two digit numeric character represents the number of people participating in the psychiatric or teaching group. Depending on the skill indicated the rate is divided by the number of people to determine the rate per person per 15 minutes.

This modifier will be used in conjunction with the appropriate units modifier that is based on time, and is derived from the calls field used if the visit exceeds 15 minutes.

NBPG NUMBER OF PATIENTS IN GROUP - (Explicit) - Used by both, Fee-for-Service and Mental Health Sessional Practitioners on sessional payments to indicate the number of people participating in group psychotherapy, or teaching services.

Example: NBPG10, divide the rate by the number of people to determine the rate per patient per 15 minutes.

NBTR NUMBER OF TRAYS - (Explicit) - Used to indicate that multiple trays were used as described in Governing Rules 14.1, 14.2, 14.3, 14.3.1, 14.3.2 and 14.3.3. This modifier code must have a two digit numeric character attached indicating the number of trays used (Example: NBTR02).

NBTR NUMBER OF TRAYS - (Explicit) - Indicates the number of trays used, system defaults to one if modifier not used.

NOFL WITHOUT FLUOROSCOPY - (Explicit) - Used to indicate an xray which usually requires fluoroscopy was performed without the fluoroscopy component.

NOFLSP WITHOUT FLUOROSCOPY - (Explicit)

RECO RECONSTRUCTION - (Explicit) - Used to indicate the type of tissue repair or if a procedure was performed through an open incision.

CMPRSC COMPOSITE TISSUE RESECTION (Explicit) - Used to indicate a composite tissue resection (including bone).
FNCAR FLAP FUNCTIONAL AREA (Explicit) - Used to indicate a flap in a functional area.
OPEN OPEN INCISION - (Explicit) - Used to indicate that a procedure was performed through an open incision, therefore is payable at a modified rate.
OPEN2 OPEN SECOND CALL - (Explicit) - Used to replace open modifier if two of the same procedures were performed.
PROSTH PROSTH - PERIPROSTHETIC FRACTURE - (Explicit) - Used to indicate an open reduction of a periprosthetic fracture of a long bone or closed reduction with intramedullary nail fixation, when no revision arthroplasty of the same long bone is performed in the same surgical procedure. Applies only to the surgical component of a HSC.
YGRFTA Y GRAFT ANESTHETIC - (Explicit) - Used to indicate a full Y graft. Applies only to anesthetic services.
2ZPL FLAP 5-10cm OR DOUBLE Z PLASTY - (Explicit) - Used to indicate a functional area flap or a double Z plasty.

3ZPL FLAP GREATER THAN 10cm OR TRIPLE Z PLASTY - (Explicit) - Used to indicate a functional area flap or a triple Z plasty.

REDO REDO PROCEDURE - (Explicit) - Cardiac, Vascular, and Thoracic surgery as described in GR 6.15, re-operation for specific general surgery or ophthalmology procedures, or orthopedic procedures as listed in GR 6.17.1.

COMPLT COMPLETE - (Explicit) - Used to indicate a procedure is performed entirely through a previous incision. Applies to both the surgical and anesthetic components of a HSC.

NUFRAC NON UNION OF FRACTURE - (Explicit) - Used to indicate the open reduction of a fracture with demonstrated radiographic non-union at least 12 weeks from the date of the initial fracture. Applies only to the surgical component of a HSC.

ORREDO ORTHOPEDIC REDO - (Explicit) - Used to indicate redo orthopedic surgery on or relating to the same joint or muscle structure on which the patient has previously had an orthopedic surgical intervention. Applies only to the surgical component of a HSC.

PART PARTIAL - (Explicit) - Used to indicate part of a procedure is performed through a previous incision. Applies to both the surgical and anesthetic components of a HSC.

PDREDO PODIATRIC SURGERY REDO - (Explicit) - Used to indicate redo podiatric surgery on or relating to the same joint or muscle structure on which the patient has previously had a podiatric surgical intervention. Applies only to the surgical component of a HSC.

REANE REANE ANESTHESIA FOR RE-OPERATION - (Explicit) - Used to indicate that for specific ophthalmology or general surgery re-operations, a specified rate is paid in addition to the anesthetic benefit payable. Applies only to the anesthetic component of a HSC.

REDO1 FIRST REDO UTILIZING SAME INCISION - (Explicit) - Used to indicate the first redo utilizing the same incision (whole or partial) according to GR 6.15.4. Applies only to the surgical component of a HSC.

REDO2 REDO2 - SECOND REDO UTILIZING SAME INCISION (Explicit) - Used to indicate the second redo utilizing the same incision (whole or partial) according to GR 6.15.4. Applies only to the surgical component of a HSC.

REDO3 REDO3 - THIRD REDO UTILIZING SAME INCISION - (Explicit) - Used to indicate the third redo utilizing the same incision (whole or partial) according to GR 6.15.4. Applies only to the surgical component of a HSC.

REDO4 REDO4 - FOURTH REDO UTILIZING SAME INCISION (Explicit) - Used to indicate the fourth redo utilizing the same incision (whole or partial) according to GR 6.15.4. Applies only to the surgical component of a HSC.

REDO5 REDO5 - FIFTH REDO UTILIZING SAME INCISION - (Explicit) - Used to indicate the fifth redo utilizing the same incision (whole or partial) according to GR 6.15.4. Applies only to the surgical component of a HSC.

REOP REOP RE-OPERATION - (Explicit) - Used to indicate that for specific ophthalmology or general surgery re-operations, a specified rate is paid in addition to the procedure benefit payable. Applies only to the surgical component of a HSC.

REPT REPEAT - (Explicit) - Indicates the same service was performed previously and therefore this service is payable at a modified rate.

OPST OPPOSITE SIDE - (Explicit) - Indicates the service was performed previously but on the other side of the body.
REPT REPEAT - (Explicit) - Indicates the service was performed previously and therefore this service is payable at a modified rate.

ROLE ROLE - (Explicit) - This modifier indicates the capacity in which the service provider is functioning. This is an explicit modifier, however if no role modifier is identified, the system will assume the service provider functioned as the surgeon.

The surgical assistant (SA) modifier may not be claimed with the following role modifiers by the same physician for the same service for the same patient during the same encounter.
ASIC, MSURG2, MSRGN, MSRGP, SAQS, SSOS, SSCVT, SSST

The following modifiers are to be used when:

ANE ANESTHETIST - (Explicit) - The physician functions as the Anesthetist and is claiming the listed anesthetic benefit.
ANEST ANESTHETIST TRC - (Explicit) - The physician functions as the Anesthetist and is claiming a benefit based on the duration of the anesthetic.
ASIC ASSISTANCE INTERVENTIONAL CARDIOLOGIST SECOND SURGEON - (Explicit) - The physician is an interventional cardiologist providing assistance at a percutaneous coronary angioplasty or percutaneous closure of ASD.
MSRGN SECOND NEUROSURGEON MICROSURGERY - (Explicit) - A second neurosurgeon utilizing microsurgical technique to perform a specific surgical procedure.
MSRGP SECOND PLASTIC SURGEON MICROSURGERY - (Explicit) - A second plastic surgeon utilizing microsurgical technique to perform a specific surgical procedure.
MSURG2 2ND MICROSURGERY - (Explicit) - A second surgical specialist utilizing microsurgical technique to perform a specific surgical procedure.
SA SURGICAL ASSISTANT - (Explicit) - Service provider functions as a surgical assistant for a surgical procedure. This modifier may be claimed when hospital regulations or bylaws require an assistant for a particular surgical procedure.
SAQS SURGICAL ASSISTANT QUALIFIED SECOND SURGEON - (Explicit) - A surgical specialist provides surgical assistance in unusual circumstances. This modifier may be claimed when the complexities of a particular surgical procedure on a particular patient require a second qualified, surgical specialist assisting. May only be billed when the surgery requires the assistance of a qualified surgeon who is currently in an active surgical practice. If the surgery does not require a qualified surgeon, the SA (Surgical Assistant) modifier should be used.
SOSS SECOND ORAL SURGERY SURGEON - (Explicit) - A qualified oral and maxillofacial surgeon functions as a second surgeon during complex oral and maxillofacial surgery. This modifier may be claimed when the second surgeon has actively participated in the planning for and performance of the procedure. Only the second oral and maxillofacial surgeon's surgical time may be claimed; time spent in planning the procedure may not be included in the claimed time.

SSCVT SECOND SURGEON CARDIOVASCULAR OR THORACIC SURGEON - (Explicit) - A cardiovascular or thoracic surgeon functions as a second surgeon on a cardiovascular thoracic surgical team.

SSOS SECOND SURGEON ORTHOPEDIC SURGEON - (Explicit) - An orthopedic surgeon functions as a second surgeon during complex orthopedic surgery. This modifier may be claimed when the second surgeon has actively participated in the planning for and performance of the procedure. Only the second orthopedic surgeon's surgical time may be claimed; time spent in planning the procedure may not be included in the claimed time. May only be billed when the surgery requires the assistance of a qualified surgeon who is currently in an active surgical practice. If the surgery does not require a qualified surgeon, the SA (Surgical Assistant) modifier should be used.

SSPS SECOND SURGEON PODIATRIC SURGEON - (Explicit) - A podiatric surgeon functions as a second surgeon during complex podiatric surgery. This modifier may be claimed when the second surgeon has actively participated in the planning for and performance of the procedure. Only the second podiatric surgeon's surgical time may be claimed; time spent in planning the procedure may not be included in the claimed time.

SSST SECOND SURGEON SURGICAL TEAM - (Explicit) - A surgical specialist functions as a second surgeon of a second surgical team.

2ANES ANESTHETIST TRC 2 -(Explicit)- The physician functions as the Anesthetist and is claiming anesthetic time premium units based on the duration of the anesthetic.

SAQU SURGICAL ASSISTANT QUALIFIED SECOND SURGEON UNITS - (Implicit) - This modifier is system derived from the information entered in the calls field when the Surgical Assistant Qualified Second Surgeon role modifier (SAQS) is used. EACH UNIT REPRESENTS 15 MINUTES.

SAQU SURGICAL ASSISTANT QUALIFIED SECOND SURGEON UNIT - (Implicit) Surgical Assistant Qualified Second Surgeons are claimed on a time basis. Claim the entire elapsed time against the primary procedure, even if multiple procedures are done. (Example: If procedure A and B take a combined total of 2 hours, claim 2 hours against procedure A only). For SAQU each call covers 15 minutes, therefore 2 hours equal 8 calls.

SAU SURGICAL ASSIST UNITS - (Implicit) - This modifier is system derived from the information entered in the calls field when the Surgical Assist role modifier (SA) is used. THE FIRST UNIT REPRESENTS 1 HOUR, EACH SUBSEQUENT UNIT REPRESENTS 15 MINUTES.

SAU SURGICAL ASSIST UNITS - (Implicit) - Surgical Assists are claimed on a time basis. Claim the entire elapsed time against the primary procedure, even if multiple procedures are done. (Example: if procedure A and B take a combined total of 2 hours, claim 2 hours against procedure A only). For SAU the first call covers the first hour, therefore 2 hours equal 5 calls.

SESU SESSIONAL UNITS (Implicit) - This modifier is used to indicate the duration of a psychiatric service to be paid on a sessional basis. The modifier is system derived from the information entered in the calls field when skill GNMH or SPMH are used. EACH UNIT REPRESENTS ONE 15 MINUTE PERIOD. The skill (GNMH or SPMH) must be used with this modifier to determine amount payable.

SESU SESSIONAL UNITS - (Implicit)

SKLL SKILL - (Implicit) - The SKILL modifier designates the discipline and specialty/accreditation under which the service provider provided the service. This is an implicit modifier, however if using another skill, it is an explicit modifier and it is derived from the skill field on the claim instead of the default skill.

ANES ANESTHETIST - (Implicit)
ANPA ANATOMICAL PATHOLOGY - (Implicit)
CARD CARDIOLOGY - (Implicit)
CLIM CLINICAL IMMUNOLOGY AND ALLERGY - (Implicit)
CMSP COMMUNITY MEDICINE SPECIALIST - (Implicit)
CRCM CRITICAL CARE MEDICINE - (Implicit)
CRSG CARDIAC SURGEON - (Implicit)
CTSG CARDIOVASCULAR AND THORACIC - (Implicit)
DERM DERMATOLOGY - (Implicit)
DIRD DIAGNOSTIC RADIOLOGY - (Implicit)
E/M ENDOCRINOLOGY/METABOLISM - (Implicit)
EMSP EMERGENCY MEDICINE - (Implicit)
FTER FULL TIME EMERGENCY ROOM - (Implicit)
GAST GASTROENTEROLOGY - (Implicit)
GNMH GENERALISTS RATES FOR MENTAL HEALTH PHYSICIANS - (Implicit)
GNSG GENERAL SURGERY - (Implicit)
GP GENERAL PRACTICE - (Implicit)
HEM HEMATOLOGY - (Implicit)
HEPA HEMATOLOGICAL PATHOLOGY - (Implicit)
IDIS INFECTIOUS DISEASES - (Implicit)
INMD INTERNAL MEDICINE - (Implicit)
MDBI MEDICAL BIOCHEMISTRY - (Implicit)
MDGN MEDICAL GENETICS - (Implicit)
MDMI MEDICAL MICROBIOLOGY - (Implicit)
MDON MEDICAL ONCOLOGY - (Implicit)
NCMD NUCLEAR MEDICINE - (Implicit)
NEPH NEPHROLOGY - (Implicit)
NEUR NEUROLOGY - (Implicit)
NPM NEONATAL PERINATAL MEDICINE - (Implicit)
NUPA NEUROPATHOLOGY - (Implicit)
NUSG NEUROSURGERY - (Implicit)
OBGY OBSTETRICS AND GYNECOLOGY - (Implicit)
OCMD OCCUPATIONAL MEDICINE SPECIALTY - (Implicit)
OPHT OPHTHALMOLOGY - (Implicit)
ORPA ORAL PATHOLOGY - (Implicit)
ORSG ORAL SURGERY - (Implicit)
ORTH ORTHOPEDIC - (Implicit)

OTOL OTOLARYNGOLOGY - (Implicit)
OVAC OCULO - VISUAL ASSESSMENT CERTIFICATION - (Implicit)
PATH GENERAL PATHOLOGY - (Implicit)
PDGE PEDIATRIC GASTROENTEROLOGY - (Implicit)
PDNR PEDIATRIC NEUROLOGY - (Implicit)
PDSG PEDIATRIC GENERAL SURGERY - (Implicit)
PED PEDIATRICS - (Implicit)
PEDC PEDIATRIC CARDIOLOGY - (Implicit)
PEDN PEDIATRIC NEPHROLOGY - (Implicit)
PHMD PHYSICAL MEDICINE AND REHABILITATION - (Implicit)
PLAS PLASTIC SURGERY - (Implicit)
PODS PODIATRIC SURGERY - (Implicit)
PROS PROSTHODONTICS - (Implicit)
PSYC PSYCHIATRY - (Implicit)
RHEU RHEUMATOLOGY - (Implicit)
ROSP RADIATION ONCOLOGY - (Implicit)
RSMD RESPIRATORY MEDICINE - (Implicit)
SPMH SPECIALIST RATES FOR MENTAL HEALTH PHYSICIANS - (Implicit)
THOR THORACIC SURGERY - (Implicit)
UROL UROLOGY - (Implicit)
VSSG VASCULAR SURGERY - (Implicit)

SOSU SECOND ORAL SURGERY SURGEON UNITS - (Implicit) - This modifier is system derived from the information entered in the calls field when the Second Oral Surgery Surgeon role modifier (SOSS) is used. THE FIRST UNIT (SOSS) REPRESENTS 45 MINUTES; EACH SUBSEQUENT UNIT (SOSU) REPRESENTS 15 MINUTES OR THE MAJOR PORTION THEREOF.

SOSU SECOND ORAL SURGERY SURGEON UNIT - (Implicit) - This modifier is system derived from the information entered in the calls field when the Second Oral Surgery Surgeon role modifier (SOSS) is used. THE FIRST UNIT (SOSS) REPRESENTS 45 MINUTES; EACH SUBSEQUENT UNIT (SOSU) REPRESENTS 15 MINUTES OR THE MAJOR PORTION THEREOF.

SSOU SECOND SURGEON ORTHOPEDIC SURGEON UNITS - (Implicit) - This modifier is system derived from the information entered in the calls field when the Second Surgeon Orthopedic Surgeon role modifier (SSOS) is used. THE FIRST UNIT (SSOS) REPRESENTS 45 MINUTES; EACH SUBSEQUENT UNIT (SSOU) REPRESENTS 15 MINUTES OR THE MAJOR PORTION THEREOF.

SSOU SECOND SURGEON ORTHOPEDIC SURGEON UNIT - (Implicit) - An orthopedic surgeon functioning as a second surgeon during complex orthopedic surgery may claim for his/her services on a time basis when he/she has actively participated in the planning for and performance of the procedure. Only the second orthopedic surgeon's surgical time may be claimed; time spent in planning the procedure may not be included in the claimed time. The entire surgical time is to be claimed against the primary procedure even if multiple procedures are performed. For example, if procedure A and B take a combined total of 2 hours, claim 2 hours against procedure A only. For SSOU, the first call covers the first 45 minutes, therefore, 2 hours equals 6 calls.

SSPU SECOND SURGEON PODIATRIC SURGEON UNITS - (Implicit) - This modifier is system derived from the information entered in the calls field when the Second Surgeon Podiatric Surgeon role modifier (SSPS) is used. THE FIRST UNIT (SSPS) REPRESENTS 45 MINUTES; EACH SUBSEQUENT UNIT (SSPU) REPRESENTS 15 MINUTES OR THE MAJOR PORTION THEREOF.

SSPU SECOND SURGEON PODIATRIC SURGEON UNIT - (Implicit) - A podiatric surgeon functioning as a second surgeon during complex podiatric surgery may claim for his/her services on a time basis when he/she has actively participated in the planning for and performance of the procedure. Only the second podiatric surgeon's surgical time may be claimed; time spent in planning the procedure may not be included in the claimed time. The entire surgical time is to be claimed against the primary procedure even if multiple procedures are performed. For example, if procedure A and B take a combined total of 2 hours, claim 2 hours against procedure A only. For SSPU, the first call covers the first 45 minutes, therefore, 2 hours equals 6 calls.

SUBD SUBD SUBDIVISION - (Explicit) - This modifier type is used with visit health service codes to indicate during which time period the service recipient/service provider encounter took place. These modifiers are applicable during the evening on weekdays, during the day and evening on weekends and statutory holidays, and during the night on any day. A fee is added to the base rate as indicated by the modifier.

For home visits and hospice visits, the SUBD modifier should be claimed based on the time at which the encounter commences and the physician responds on an unscheduled basis within a 24 hour period from the time of the call.

BNEV (Explicit) 1700 - 2200 HOURS - BUNDLED EMERGENCY HOME VISIT WITH A HOSPITAL ADMISSION AND A HOSPITAL VISIT ON THE SAME DAY
BNEVWK (Explicit) 0700 - 2200 HOURS - SATURDAY, SUNDAY, STATUTORY HOLIDAY - BUNDLED EMERGENCY HOME VISIT WITH A HOSPITAL ADMISSION AND A HOSPITAL VISIT ON THE SAME DAY
BNNTAM (Explicit) 2400 - 0700 HOURS - BUNDLED EMERGENCY HOME VISIT WITH A HOSPITAL ADMISSION AND A HOSPITAL VISIT ON THE SAME DAY
BNNTPM (Explicit) 2200 - 2400 HOURS - BUNDLED EMERGENCY HOME VISIT WITH A HOSPITAL ADMISSION AND A HOSPITAL VISIT ON THE SAME DAY
HAEV (Explicit) 1700 - 2200 HOURS - HOSPITAL ADMISSION
HAEVWK (Explicit) 0700 - 2200 HOURS - SATURDAY, SUNDAY, STATUTORY HOLIDAY HOSPITAL ADMISSION
HANTAM (Explicit) 2400 - 0700 HOURS - HOSPITAL ADMISSION
HANTPM (Explicit) 2200 - 2400 HOURS - HOSPITAL ADMISSION
OFEV (Explicit) 1700 - 2200 HOURS - HOME VISIT OR CALLBACK TO CLOSED OFFICE
OFEVWK (Explicit) 0700 - 2200 HOURS - HOME VISIT SATURDAY, SUNDAY, STATUTORY HOLIDAY OR INTERRUPTION OF OFFICE HOURS, EMERGENCY OR CALLBACK TO CLOSED OFFICE
OFNTAM (Explicit) 2400 - 0700 HOURS - HOME VISIT OR CALLBACK TO CLOSED OFFICE
OFNTPM (Explicit) 2200 - 2400 HOURS - HOME VISIT OR CALLBACK TO CLOSED OFFICE

SURC SERVICES UNSCHEDULED - (Explicit) - This modifier type is used for services listed in the GRs to indicate during which time period a service provider provided unscheduled in-patient or out-patient services for a hospital service recipient. A fee is added to the base rate as indicated by the modifier. For visits, refer to the subdivision modifier.

DEV (Explicit) DENTAL WEEKDAY EVENING - Between 1700 and 2200 hours.
DNTAM (Explicit) DENTAL NIGHT MORNING - Between 2400 and 0700 hours.
DNTPM (Explicit) DENTAL NIGHT EVENING - Between 2200 and 2400 hours.
DWK (Explicit) DENTAL WEEKEND AND STATUTORY HOLIDAY - Between 0700 and 2200 hours.
EV (Explicit) WEEKDAY EVENING - Between 1700 and 2200 hours.
NTAM (Explicit) NIGHT MORNING - Between 2400 and 0700 hours.
NTPM (Explicit) NIGHT EVENING - Between 2200 and 2400 hours.
PEV (Explicit) PODIATRIC SURGERY WEEKDAY EVENING - Between 1700 and 2200 hours.
PNTAM (Explicit) PODIATRIC SURGERY NIGHT MORNING - Between 2400 and 0700 hours.
PNTPM (Explicit) PODIATRIC SURGERY NIGHT EVENING - Between 2200 and 2400 hours.
PWK (Explicit) PODIATRIC SURGERY WEEKEND AND STATUTORY HOLIDAY - Between 0700 and 2200 hours.
WK (Explicit) WEEKEND AND STATUTORY HOLIDAY - Between 0700 and 2200 hours.

SURT AFTER HOURS TIME PREMIUM - (Explicit) - This modifier type is used to indicate after hours time units for services provided to patients in active treatment hospitals, AACCs, UCCs, nursing homes and auxiliary hospitals. This modifier is payable in 15 minute blocks to a maximum of 4 per hour, per physician. It is to be billed beginning at the time of contact with the patient and may only be claimed for direct patient care time related to the provision of an insured service. The after-hours time premium units may not be claimed for stand by time, e.g. time spent waiting for results of diagnostic tests. In the event that one 15 minute period covers two time periods, the modifier claimed will be based on the time period where the majority of the 15 minute period was spent. In the event that the time spent with the patient covers more than one time period, additional SURT modifiers may be claimed, each according to the time spent with the patient in that particular time period.

PNTA (Explicit) PODIATRIC SURGERY AFTER HOURS TIME PREMIUM ANY DAY NIGHT MORNING - Between 2400 and 0700 hours
PNTP (Explicit) PODIATRIC SURGERY AFTER HOURS TIME PREMIUM ANY DAY NIGHT EVENING - Between 2200 and 2400 hours
PTEV (Explicit) PODIATRIC SURGERY AFTER HOURS TIME PREMIUM WEEKDAY EVENING - Between 1700 and 2200 hours
PTST (Explicit) PODIATRIC SURGERY AFTER HOURS TIME PREMIUM STATUTORY HOLIDAYS - Between 0700 and 2200 hours
PTWK (Explicit) PODIATRIC SURGERY AFTER HOURS TIME PREMIUM WEEKEND - Between 0700 and 2200 hours
TDES (Explicit) AFTER HOURS TIME PREMIUM DESIGNATED HOLIDAYS - Between 0700 and 2200 hours
TEV (Explicit) AFTER HOURS TIME PREMIUM WEEKDAY EVENING - Between 1700 and 2200 hours
TNTA (Explicit) AFTER HOURS TIME PREMIUM ANY DAY NIGHT MORNING - Between 2400 and 0700 hours

TNTP (Explicit) AFTER HOURS TIME PREMIUM ANY DAY NIGHT EVENING - Between 2200 and 2400 hours
TST (Explicit) AFTER HOURS TIME PREMIUM STATUTORY HOLIDAYS - Between 0700 and 2200 hours
TWK (Explicit) AFTER HOURS TIME PREMIUM WEEKEND - Between 0700 and 2200 hours

TELE TELEHEALTH - (Explicit) - This modifier is used to indicate telehealth services.

TELES TELEHEALTH - (Explicit) - A Medical consultant (other than a radiologist) may claim the appropriate consultation health service code with modifier TELES when a patient is referred from another physician, audiologist, a midwife, chiropractor, podiatrist, dentist, optometrist, physical therapist or nurse practitioner.

Referrals from a non-physician other than an audiologist, midwife, chiropractor, podiatrist, dentist, optometrist, physical therapist or nurse practitioner may be claimed under the appropriate non-referred visit health service code.

A Podiatric Surgeon consultant may claim the appropriate consultation health service code with modifier TELES when a patient is referred from a Medical practitioner, podiatric surgeon or a podiatrist. Referrals from any other source may be claimed under the appropriate non-referred visit health service code.

TRAY TRAY - (Implicit) - A specified amount is added to the base amount for procedures listed in Governing Rule 14.1 and 14.2. If more than one tray is used refer to NBTR.

MAJT MAJOR TRAY - (Implicit)
MINT MINOR TRAY - (Implicit)

TSAR TWO SURGEONS SAME ANATOMICAL REGION - (Explicit) - Used to indicate that payment for the 2nd surgeon is to be made according to the Price List. Example: Health Service Code 14.49H (tumor of the cranial base). Base rate is payable for the neurosurgical component performed by the neurosurgeon. If the otolaryngological component is performed by a second surgeon, modifier ENT must be applied to Health Service Code 14.49H.

ENT OTOLARYNGOLOGY - (Explicit) - Indicates the payment for the otolaryngological component of the procedure.
TSAR TWO SURGEONS SAME ANATOMICAL REGION - (Explicit) - Payment for the second surgeon same anatomical region should be processed according to the Price List.

UGA PROCEDURE UNDER GENERAL ANESTHETIC - (Explicit) - Increases payment for services performed under general anesthetic in accordance with restrictions listed in the Governing Rule.

UGA PROCEDURE UNDER GENERAL ANESTHETIC - (Explicit) - Replaces base rate for specific procedures performed under general anesthetic in accordance with the Governing Rule.

UNDP UNDISPLACED - (Explicit) - Used to indicate an undisplaced fracture as described in Governing Rule 6.11.2.

UNDP UNDISPLACED - (Explicit)

VANE VARIABLE ANESTHETIC (Implicit) - Indicates a specific rate adjustment for role ANE and/or ANEST with specific HSCs.

ADDA ADDITIONS ANESTHETIC (Implicit) - Modifier ADDA is derived from explicit modifiers ANE and ADD. It indicates the anesthetic rate which is payable in addition to a specific anesthetic rate for another procedure.
AGEG2 AGE ANESTHETIC OVER 2 YEARS - (Implicit) - Modifier AGEG2 is derived from the implicit modifier G2 and explicit modifier ANE. It adjusts the rate for role ANE.
AGEL10 AGE ANESTHETIC UNDER 10 YEARS - (Implicit) - Modifier AGEL10 is derived from the implicit modifier L10 and explicit modifier ANE. It adjusts the rate for role ANE.
AGEL4 AGE ANESTHETIC UNDER 4 YEARS - (Implicit) - Modifier AGEL4 is derived from the implicit modifier L4 and explicit modifier ANE. It adjusts the rate for role ANE.
L30AN UNDER 30 DAYS, ROLE OF ANE - (Implicit) - Modifier L30AN is derived from the implicit modifier L30 and explicit modifier ANE. It adjusts the rate for role ANE.
L30AT UNDER 30 DAYS, ROLE OF ANEST - (Implicit) - Modifier L30AT is derived from the implicit modifier L30 and explicit modifier ANEST. It adjusts the rate for role ANEST.
L30AT2 UNDER 30 DAYS, ROLE OF ANES2 - (Implicit) - Modifier L30AT2 is derived from the implicit modifier L30 and explicit modifier 2ANES. It adjusts the rate for role 2ANES.

XRAY XRAY STUDIES - (Explicit) - Used to indicate that an xray was performed with the use of video, stereo, or cine studies or that tomography was used in addition to mammography services.

CINE CINE - (Explicit) - Indicates xray involved cine.
STEREO STEREO - (Explicit) - Indicates xray involved stereo.
TOMO TOMOGRAPHY - (Explicit) - Indicates tomography is used in addition to mammography services.
VIDEO VIDEO - (Explicit) - Indicates xray involved video.

2ANU ANESTHETIC TIME PREMIUM UNITS - (Implicit) - This modifier is system derived from the information entered in the calls field when the Anesthetic time unit premium role modifier (2ANES) is used. EACH UNIT REPRESENTS 5 MINUTES. ADDITIONAL 5 MINUTE UNITS MAY NOT BE CLAIMED UNLESS A FULL 5 MINUTES HAS ELASPED.

2ANU ANESTHETIC TIME PREMIUM UNITS - (Implicit) - For anesthetic claimed on a time basis, claim the entire elapsed time against the health service code which has the 2ANES modifier, even if multiple procedures are done. (Example: if procedure A and B take a combined total of 2 hours, claim 2 hours against the health service code which has the 2ANES modifier). 2 hours equals 24 calls.

2MNU SECOND NEUROSURGEON MICROSURGERY UNITS (Implicit)

2MNU SECOND NEUROSURGEON MICROSURGERY UNITS - (Implicit) - This modifier is system derived from the information entered in the calls field when the second neurosurgeon microsurgery role modifier (MSRGN) is used. EACH UNIT REPRESENTS 1 HOUR.

2MPU SECOND PLASTIC SURGEON MICROSURGERY UNITS (Implicit)

2MPU SECOND PLASTIC SURGEON MICROSURGERY UNITS - (Implicit) - This modifier is system derived from the information entered in the calls field when the second plastic surgeon microsurgery role modifier (MSRGP) is used. EACH UNIT REPRESENTS 1 HOUR.

2MSU SECOND MICROSURGERY UNITS (Implicit) - This modifier is system derived from the information entered in the calls field when the second Microsurgery role modifier (MSURG2) is used. EACH UNIT REPRESENTS 1 HOUR.

2MSU SECOND MICROSURGERY UNITS - (Implicit)