

Highmark Reimbursement Policy Bulletin



Bulletin Number: RP-065
Subject: Modifier Reduction Glossary
Effective Date: March 1, 2021 **End Date:** March 27, 2026
Issue Date: March 27, 2026 **Revised Date:** March 2026
Date Reviewed: March 2026
Source: Reimbursement Policy

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| Applicable Commercial Market | PA | <input checked="" type="checkbox"/> | WV | <input checked="" type="checkbox"/> | DE | <input checked="" type="checkbox"/> | NY | <input checked="" type="checkbox"/> |
| Applicable Medicare Advantage Market | PA | <input checked="" type="checkbox"/> | WV | <input checked="" type="checkbox"/> | DE | <input checked="" type="checkbox"/> | NY | <input checked="" type="checkbox"/> |
| Applicable Claim Type | UB | <input checked="" type="checkbox"/> | 1500 | <input checked="" type="checkbox"/> | | | | |

➔ A checked box indicates the policy is applicable to that market either entirely, or partially, as indicated within the policy.

Reimbursement Policy designation of Professional or Facility application is based on how the provider is contracted with the Plan.

PURPOSE:

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

The list of modifiers in this policy may not be all-inclusive. Missing modifiers or policy cross references in this policy does not excuse providers from reporting modifiers as required by another reimbursement policy or industry correct coding standards. Questions about modifiers and correct coding can be addressed to the Plan's Provider Service department.

REIMBURSEMENT GUIDELINES:

| Modifier 24 | |
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| Description: | Significant, Separately Identifiable Evaluation and Management Service by the Same Physician or Other Qualified Health Care Professional on the Same Day of the Procedure or Other Service |
| Purpose: | To be used to report an E&M procedure performed during the post-operative period that is unrelated to the original procedure. |
| Policies: | RP-042 |

| Modifier 25 | |
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| Description: | Significant, Separate Same Day Procedure |

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| Purpose: | To be used when reporting an E&M procedure on the same day as another procedure or service. |
| Policies: | RP-009, RP-021, RP-023, RP-025, RP-027, RP-028, RP-032, RP-034, RP-042, RP-058, RP-072 |
| Modifier 26 | |
| Description: | Professional Component |
| Purpose: | To be used when reporting an E&M procedure on the same day as another procedure or service. |
| Policies: | RP-007, RP-015, RP-016, RP-048 |
| Modifier 47 | |
| Description: | Anesthesia by Surgeon |
| Purpose: | To be used to report regional or general anesthesia provided by a surgeon |
| Policies: | RP-033 |
| Modifier 50 | |
| Description: | Bilateral Procedure |
| Purpose: | To be used to report a bilateral procedure by a provider |
| Policies: | RP-014 |
| Modifier 51 | |
| Description: | Multiple Procedures |
| Purpose: | To be used to report multiple, distinct procedures (other than E&M, Physical Medicine, and Rehabilitation or provision of supplies) performed at the same session |
| Policies: | RP-014 |
| Modifier 52 | |
| Description: | Reduced Services |
| Purpose: | To be used to report a procedure that has been reduced or eliminated by provider, at their discretion |
| Policies: | RP-004 |
| Modifier 53 | |
| Description: | Discontinued Procedure |
| Purpose: | To be used to report a procedure that has been reduced or eliminated by provider, at their discretion |
| Policies: | RP-004 |
| Modifier 54 | |
| Description: | Surgical Care Only |
| Purpose: | To be used when a provider provides surgical care and a different provider provides pre- or post-operative care |
| Policies: | RP-005 |
| Modifier 55 | |
| Description: | Postoperative Management Only |
| Purpose: | To be used when a provider provides postoperative care and a different provider performed the surgical procedure |
| Policies: | RP-005 |

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| Modifier 56 | |
| Description: | Preop management only |

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| Purpose: | To be used when a provider provides preoperative care, and a different provider performed the surgical procedure |
| Policies: | RP-005 |
| Modifier 57 | |
| Description: | Decision for Surgery |
| Purpose: | To be used to report an E&M service that resulted in a subsequent surgery |
| Policies: | RP-042 |
| Modifier 58 | |
| Description: | Staged or Related Procedure or Service by the Same Physician or Other Qualified Health Care Professional During the Postoperative Period |
| Purpose: | To be used to indicate that a procedure or service performed during the postoperative period was planned or anticipated |
| Policies: | RP-042 |
| Modifier 59 | |
| Description: | Distinct Procedural Service |
| Purpose: | To be used when a provider performs two distinctly different procedures on the same day |
| Policies: | RP-009, RP-023, RP-030, RP-032, RP-033 |
| Modifier 62 | |
| Description: | Two Surgeons |
| Purpose: | To be used when two surgeons, as part of a team, perform one service |
| Policies: | RP-023 |
| Modifier 66 | |
| Description: | Surgical Team |
| Purpose: | To be used when three or more surgeons, as part of a team, performs one service |
| Policies: | RP-030 |
| Modifier 76 | |
| Description: | Repeat Procedure by Same Surgeon |
| Purpose: | To be used to indicate that a procedure or service (other than E/M) was repeated by the same provider subsequent to the original procedure or service |
| Policies: | RP-032 |
| Modifier 77 | |
| Description: | Repeat Procedure by Different Surgeon |
| Purpose: | To be used to indicate that a procedure or service (other than E/M) was repeated by another provider subsequent to the original procedure or service |
| Policies: | RP-013, RP-022 |
| Modifier 78 | |
| Description: | Unplanned Return to Operating Room During Postoperative Period |
| Purpose: | To be used to report an unplanned procedure performed during the postoperative period of the initial |
| Policies: | RP-036, RP-042 |

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| Modifier 79 |
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| Description: | Unrelated Procedure or Service by the Same Physician or Other Health Care Professional during the Postoperative Period |
| Purpose: | To be used to report an unrelated procedure performed during the postoperative period of another procedure |
| Policies: | RP-042 |
| Modifier 80 | |
| Description: | Assistant Surgery |
| Purpose: | To be used to report when a provider actively assists the surgeon in charge of a case |
| Policies: | RP-001 |
| Modifier 90 | |
| Description: | Reference Laboratory |
| Purpose: | To be used to report laboratory services performed by a party other than the treating or reporting physician |
| Policies: | RP-016, RP-045 |
| Modifier 93 | |
| Description: | Synchronous Telemedicine Service Rendered Via Telephone or Other Real Time Interactive Audio-only Telecommunications System. |
| Purpose: | To be reported when telemedicine service is defined as a real-time interaction between a physician or other qualified health care professional for audio services only. |
| Policies: | RP-046 |
| Modifier 95 | |
| Description: | Synchronous Telemedicine Service |
| Purpose: | To be used when a patient and a provider at another, distant site have a real-time interaction via phone or computer |
| Policies: | RP-046 |
| Modifier CO | |
| Description: | Outpatient Occupational Therapy Services Furnished In Whole Or In Part By An Occupational Therapy Assistant |
| Purpose: | To be reported when services are provided by an Outpatient Therapy Assistant. |
| Policies: | MRP-007 |
| Modifier CQ | |
| Description: | Outpatient Physical Therapy Services Furnished In Whole Or In Part By A Physical Therapist Assistant |
| Purpose: | To be reported when services are provided by a Physical Therapy Assistant. |
| Policies: | MRP-007 |
| Modifier FQ | |
| Description: | The service was furnished using audio-only communication technology |
| Purpose: | To be reported when audio-only communication technology services are provided. |
| Policies: | RP-046 |
| Modifier FR | |
| Description: | The supervising practitioner was present through two-way, audio/video communication technology |
| Purpose: | The supervising practitioner was present through two-way, audio/video communication technology |
| Policies: | RP-010, RP-046 |

| Modifier FS | |
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| Description: | Split (or shared) evaluation and management visit |
| Purpose: | To be used when services are split for one patient by a Physician and Mid-Level provider. |
| Policies: | RP-034 |
| Modifier FT | |
| Description: | Unrelated evaluation and management (e/m) visit during a postoperative period, or on the same day as a procedure or another e/m visit. (report when an e/m visit is furnished within the global period but is unrelated, or when one or more additional e/m visits furnished on the same day are unrelated) |
| Purpose: | To be used when there is an unrelated evaluation and management (E/M) visit. |
| Policies: | RP-009, RP-034 |
| Modifier FX | |
| Description: | X-ray taken using film |
| Purpose: | To be used when X-ray services are using film |
| Policies: | RP-008 |
| Modifier FY | |
| Description: | X-ray taken using computed radiography technology/cassette-based imaging |
| Purpose: | To be used when X-ray services are using computed radiography cassette-based imaging |
| Policies: | RP-008 |
| Modifier UN | |
| Description: | Two patients served |
| Purpose: | To be used to indicate how many patients were served on that trip to the location. |
| Policies: | RP-026 |
| Modifier UP | |
| Description: | Three patients served |
| Purpose: | To be used to indicate how many patients were served on that trip to the location. |
| Policies: | RP-026 |
| Modifier UQ | |
| Description: | Four patients served |
| Purpose: | To be used to indicate how many patients were served on that trip to the location. |
| Policies: | RP-026 |
| Modifier UR | |
| Description: | Five patients served |
| Purpose: | To be used to indicate how many patients were served on that trip to the location. |
| Policies: | RP-026 |
| Modifier US | |
| Description: | Six or more patients served |
| Purpose: | To be used to indicate how many patients were served on that trip to the location. |
| Policies: | RP-026 |

POLICY UPDATE HISTORY INFORMATION:

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| 3 / 2021 | Implementation |
| 11 / 2021 | Added NY region applicable to the policy |
| 1 / 2022 | Added new modifiers CO, CQ, FQ, FR, FS, FT, 93, and associated policies |

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| 1 / 2023 | Reformatted policy |
| 3 / 2024 | Added new modifiers FX, FY, UN, UP, UQ, UR, US, 56, and associated policies |
| 3 / 2026 | Policy Archived |

IMPORTANT INFORMATION

The purpose of this Reimbursement Policy is to document our payment guidelines for those services covered by a member's medical benefit plan. Reimbursement Policies do not provide guidance on whether a service is a covered benefit under the member's contract. Benefit determinations are based in all cases on the applicable benefit plan contract language and applicable medical policies. Should there be any conflicts between Reimbursement Policy and the member's benefit plan, the member's benefit plan will prevail. Additionally, health care providers (facilities, physicians, and other professionals) are expected to exercise independent medical judgment in providing care to members. Reimbursement Policy is not intended to impact care decisions or medical practice. This Reimbursement Policy is intended to serve as a guide as to how the plan pays for covered services, however, other factors may influence payment and, in some cases, may supersede this policy. The provider should consult their network provider agreement for further details of their contractual obligations.