

Highmark Reimbursement Policy Bulletin



HISTORY VERSION

Bulletin Number: RP-065

Subject: Modifier Reduction Glossary

Effective Date: March 1, 2021

End Date:

Issue Date: March 11, 2024

Revised Date: March 2024

Date Reviewed: February 2024

Source: Reimbursement Policy

Applicable Commercial Market

PA ☒ WV ☒ DE ☒ NY ☒

Applicable Medicare Advantage Market

PA ☒ WV ☒ DE ☒ NY ☒

Applicable Claim Type

UB ☒ 1500 ☒

➔ 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. This Policy supersedes direction provided in Bulletins prior to the effective date of this policy.

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	
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	
Description:	Significant, Separate Same Day Procedure
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

Modifier 56	
Description:	Preop management only
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

Modifier 79	
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	
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:

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

Highmark Reimbursement Policy Bulletin



HISTORY VERSION

Bulletin Number: RP- 065

Subject: Modifier Reduction Glossary

Effective Date: March 1, 2021

End Date:

Issue Date: January 16, 2023

Revised Date: January 2023

Date Reviewed: December 2022

Source: Reimbursement Policy

Applicable Commercial Market

PA ☒ WV ☒ DE ☒ NY ☒

Applicable Medicare Advantage Market

PA ☒ WV ☒ DE ☒ NY ☒

Applicable Claim Type

UB ☒ 1500 ☒

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Policies:	RP-042

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Purpose:	To be used when reporting an E&M procedure on the same day as another procedure or service.
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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

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
Modifier 79	
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	
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

POLICY UPDATE HISTORY INFORMATION:

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
1 / 2023	Reformatted policy

HISTORY

Highmark Reimbursement Policy Bulletin

HISTORY VERSION



Bulletin Number: RP- 065

Subject: Modifier Reduction Glossary

Effective Date: March 1, 2021

End Date:

Issue Date: January 13, 2022

Revised Date: November 2021

Date Reviewed: November 2021

Source: Reimbursement Policy

Applicable Commercial Market

PA ☐ WV ☐ DE ☐ NY ☐

Applicable Medicare Advantage Market

PA ☐ WV ☐ DE ☐ NY ☐

Applicable Claim Type

UB ☐ 1500 ☐

➔ 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. This Policy supersedes direction provided in Bulletins prior to the effective date of this policy.

PURPOSE:

This policy is a reference to assist in the identification of which reimbursement policies contain guidelines for reporting alphabetical or numerical procedure code modifiers. The Plan intends to update this reference as existing reimbursement policies change, existing modifiers change, or as new policies and modifiers are issued.

Note: 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. Questions about modifiers and correct coding can be addressed to the Plan's Provider Service Department.

REIMBURSEMENT GUIDELINES:

AMA Modifier	Description	Submission Guidelines	Related Reimbursement Policies
24	Significant, Separately Identifiable Evaluation and Management Service by the Same Physician or Other Qualified Health Care Professional on the Same Day	To be used to report an E&M procedure performed during the post-operative period that is unrelated to the original procedure.	▪ RP-042: Global Surgery and Subsequent Services

	of the Procedure or Other Service		
25	Significant, Separate Same Day Procedure	To be used when reporting an E&M procedure on the same day as another procedure or service.	▪ RP-009: Modifiers 25, 59, XE, XP, XS, XU ▪ RP-021: Annual Gynecological and Rectal Exams ▪ RP-023: Newborn Care, Obstetrical Delivery, Antepartum, and Postpartum Care and Associated Services ▪ RP-025 Implantation of Subcutaneous Intravascular Catheter ▪ RP-027 Hemodialysis and Peritoneal Dialysis ▪ RP-028 Insertion and Removal of Tympanic Ventilation Tubes ▪ RP-032 Pain Management ▪ RP-034 Prolonged Detention or Critical Care ▪ RP-042 Global Surgery and Subsequent Services ▪ RP-058 Acupuncture
26	Professional Component	To be used when a code has separately reimbursable Professional and Technical components	▪ RP-007 Multiple Procedure Payment Reduction for Certain Diagnostic Procedures ▪ RP-015 Professional and Technical Components of Applicable Services ▪ RP-016 Physician Laboratory and Pathology Services ▪ RP-048 Independent Diagnostic Testing Facility
47	Anesthesia by Surgeon	To be used to report regional or general anesthesia provided by a surgeon	▪ RP-033 Anesthesia Services
50	Bilateral Procedure	To be used to report a bilateral procedure by a provider	▪ RP-014 Bilateral and Multiple Surgery Procedures
51	Multiple Procedures	To be used to report multiple, distinct procedures (other than E&M, Physical Medicine, and Rehabilitation or provision of supplies)	▪ RP-014 Bilateral and Multiple Surgery Procedures

		performed at the same session	
52	Reduced Services	To be used to report a procedure that has been reduced or eliminated by provider, at their discretion	▪ RP-004 Modifiers 52 and 53
53	Discontinued Procedure	To be used when a provider terminates a procedure	▪ RP-004 Modifiers 52 and 53
54	Surgical Care Only	To be used when a provider provides surgical care and a different provider provides pre- or post-operative care	▪ RP-005 Modifiers 54 and 55
55	Postoperative Management Only	To be used when a provider provides postoperative care and a different provider performed the surgical procedure	▪ RP-005 Modifiers 54 and 55
57	Decision for Surgery	To be used to report an E&M service that resulted in a subsequent surgery	▪ RP-042 Global Surgery and Subsequent Services
58	Staged or Related Procedure or Service by the Same Physician or Other Qualified Health Care Professional During the Postoperative Period	To be used to indicate that a procedure or service performed during the postoperative period was planned or anticipated	▪ RP-042 Global Surgery and Subsequent Services
59	Distinct Procedural Service	To be used when a provider performs two distinctly different procedures on the same day	▪ RP-009 Modifiers 25, 59, XE, XP, XS, XU ▪ RP-023 Newborn Care, Obstetrical Delivery, Antepartum, and Postpartum Care and Associated Services ▪ RP-030 Insertion of Tissue Expanders ▪ RP-032 Pain Management ▪ RP-033 Anesthesia Services
62	Two Surgeons	To be used when two surgeons, as part of a team, perform one service	▪ RP-002 Co-Surgery
66	Surgical Team	To be used when three or more surgeons, as	▪ RP-054 Surgical Team

		part of a team, performs one service	
76	Repeat Procedure by Same Surgeon	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	▪ RP-022 Repeat Surgical Procedures
77	Repeat Procedure by Different Surgeon	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	▪ RP-013 Electrocardiogram and Medical Imaging Interpretation ▪ RP-022 Repeat Surgical Procedures
78	Unplanned Return to Operating Room During Postoperative Period	To be used to report an unplanned procedure performed during the postoperative period of the initial	▪ RP-036 Preventable Serious Adverse Events ▪ RP-042 Global Surgery and Subsequent Services
79	Unrelated Procedure or Service by the Same Physician or Other Health Care Professional during the Postoperative Period	To be used to report an unrelated procedure performed during the postoperative period of another procedure	▪ RP-042 Global Surgery and Subsequent Services
80	Assistant Surgery	To be used to report when a provider actively assists the surgeon in charge of a case	▪ RP-001 Assistant Surgery
90	Reference Laboratory	To be used to report laboratory services performed by a party other than the treating or reporting physician	▪ RP-016 Physician Laboratory and Pathology Services ▪ RP-045 Purchased Services
93	Synchronous Telemedicine Service Rendered Via Telephone or Other Real Time Interactive Audio-only Telecommunications System.	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.	▪ RP-046 Telemedicine and Telehealth Services.
95	Synchronous Telemedicine Service	To be used when a patient and a provider at another, distant site have a real-time	▪ RP-046 Telemedicine and Telehealth Services

		interaction via phone or computer	
CO	Outpatient Occupational Therapy Services Furnished In Whole Or In Part By An Occupational Therapy Assistant	To be reported when services are provided by an Outpatient Therapy Assistant.	▪ MRP-007 Modifiers CO and CQ
CQ	Outpatient Physical Therapy Services Furnished In Whole Or In Part By A Physical Therapist Assistant	To be reported when services are provided by a Physical Therapy Assistant.	▪ MRP-007 Modifiers CO and CQ
FQ	The service was furnished using audio-only communication technology	To be reported when audio-only communication technology services are provided.	▪ RP-046 Telemedicine and Telehealth Services
FR	The supervising practitioner was present through two-way, audio/video communication technology	To be reported when the supervising practitioner was present through Two-way, audio/video communication.	▪ RP-010 Incident To Billing and Advanced Practice Provider Reductions. ▪ RP-046 Telemedicine and Telehealth Services
FS	Split (or shared) evaluation and management visit	To be used when services are split for one patient by a Physician and Mid-Level provider.	▪ RP-034 Prolonged Detention or Critical Care
FT	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	To be used when there is an unrelated evaluation and management (E/M) visit.	▪ RP-009 Modifiers 25, 59, XE, XP, XS, XU ▪ RP-034 Prolonged Detention or Critical Care

POLICY UPDATE HISTORY INFORMATION:

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

Highmark Reimbursement Policy Bulletin

HISTORY VERSION



Bulletin Number: RP- 065
Subject: Modifier Reduction Glossary
Effective Date: March 1, 2021 **End Date:**
Issue Date: January 3, 2022 **Revised Date:** November 2021
Date Reviewed: November 2021
Source: Reimbursement Policy

Applicable Commercial Market

PA ☒ WV ☒ DE ☒ NY ☒

Applicable Medicare Advantage Market

PA ☒ WV ☒ DE ☒ NY ☒

Applicable Claim Type

UB ☒ 1500 ☒

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	of the Procedure or Other Service		
25	Significant, Separate Same Day Procedure	To be used when reporting an E&M procedure on the same day as another procedure or service.	▪ RP-009: Modifiers 25, 59, XE, XP, XS, XU ▪ RP-021: Annual Gynecological and Rectal Exams ▪ RP-023: Newborn Care, Obstetrical Delivery, Antepartum, and Postpartum Care and Associated Services ▪ RP-025 Implantation of Subcutaneous Intravascular Catheter ▪ RP-027 Hemodialysis and Peritoneal Dialysis ▪ RP-028 Insertion and Removal of Tympanic Ventilation Tubes ▪ RP-032 Pain Management ▪ RP-034 Prolonged Detention or Critical Care ▪ RP-042 Global Surgery and Subsequent Services ▪ RP-058 Acupuncture
26	Professional Component	To be used when a code has separately reimbursable Professional and Technical components	▪ RP-007 Multiple Procedure Payment Reduction for Certain Diagnostic Procedures ▪ RP-015 Professional and Technical Components of Applicable Services ▪ RP-016 Physician Laboratory and Pathology Services ▪ RP-048 Independent Diagnostic Testing Facility
47	Anesthesia by Surgeon	To be used to report regional or general anesthesia provided by a surgeon	▪ RP-033 Anesthesia Services
50	Bilateral Procedure	To be used to report a bilateral procedure by a provider	▪ RP-014 Bilateral and Multiple Surgery Procedures
51	Multiple Procedures	To be used to report multiple, distinct procedures (other than E&M, Physical Medicine, and Rehabilitation or provision of supplies)	▪ RP-014 Bilateral and Multiple Surgery Procedures

		performed at the same session	
52	Reduced Services	To be used to report a procedure that has been reduced or eliminated by provider, at their discretion	▪ RP-004 Modifiers 52 and 53
53	Discontinued Procedure	To be used when a provider terminates a procedure	▪ RP-004 Modifiers 52 and 53
54	Surgical Care Only	To be used when a provider provides surgical care and a different provider provides pre- or post-operative care	▪ RP-005 Modifiers 54 and 55
55	Postoperative Management Only	To be used when a provider provides postoperative care and a different provider performed the surgical procedure	▪ RP-005 Modifiers 54 and 55
57	Decision for Surgery	To be used to report an E&M service that resulted in a subsequent surgery	▪ RP-042 Global Surgery and Subsequent Services
58	Staged or Related Procedure or Service by the Same Physician or Other Qualified Health Care Professional During the Postoperative Period	To be used to indicate that a procedure or service performed during the postoperative period was planned or anticipated	▪ RP-042 Global Surgery and Subsequent Services
59	Distinct Procedural Service	To be used when a provider performs two distinctly different procedures on the same day	▪ RP-009 Modifiers 25, 59, XE, XP, XS, XU ▪ RP-023 Newborn Care, Obstetrical Delivery, Antepartum, and Postpartum Care and Associated Services ▪ RP-030 Insertion of Tissue Expanders ▪ RP-032 Pain Management ▪ RP-033 Anesthesia Services
62	Two Surgeons	To be used when two surgeons, as part of a team, perform one service	▪ RP-002 Co-Surgery
66	Surgical Team	To be used when three or more surgeons, as	▪ RP-054 Surgical Team

		part of a team, performs one service	
76	Repeat Procedure by Same Surgeon	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	▪ RP-022 Repeat Surgical Procedures
77	Repeat Procedure by Different Surgeon	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	▪ RP-013 Electrocardiogram and Medical Imaging Interpretation ▪ RP-022 Repeat Surgical Procedures
78	Unplanned Return to Operating Room During Postoperative Period	To be used to report an unplanned procedure performed during the postoperative period of the initial	▪ RP-036 Preventable Serious Adverse Events ▪ RP-042 Global Surgery and Subsequent Services
79	Unrelated Procedure or Service by the Same Physician or Other Health Care Professional during the Postoperative Period	To be used to report an unrelated procedure performed during the postoperative period of another procedure	▪ RP-042 Global Surgery and Subsequent Services
80	Assistant Surgery	To be used to report when a provider actively assists the surgeon in charge of a case	▪ RP-001 Assistant Surgery
90	Reference Laboratory	To be used to report laboratory services performed by a party other than the treating or reporting physician	▪ RP-016 Physician Laboratory and Pathology Services ▪ RP-045 Purchased Services
95	Synchronous Telemedicine Service	To be used when a patient and a provider at another, distant site have a real-time interaction via phone or computer	▪ RP-046 Telemedicine and Telehealth Services
CO	Outpatient Occupational Therapy Services Furnished In Whole Or In Part By An Occupational Therapy Assistant	To be reported when services are provided by an Outpatient Therapy Assistant.	▪ MRP-007 Modifiers CO and CQ
CQ	Outpatient Physical Therapy Services Furnished In Whole Or	To be reported when services are provided	▪ MRP-007 Modifiers CO and CQ

	In Part By A Physical Therapist Assistant	by a Physical Therapy Assistant.	
FQ	The service was furnished using audio-only communication technology	To be reported when audio-only communication technology services are provided.	▪ RP-046 Telemedicine and Telehealth Services
FR	The supervising practitioner was present through two-way, audio/video communication technology	To be reported when the supervising practitioner was present though Two-way, audio/video communication.	▪ RP-010 Incident To Billing and Advanced Practice Provider Reductions. ▪ RP-046 Telemedicine and Telehealth Services
FS	Split (or shared) evaluation and management visit	To be used when services are split for one patient by a Physician and Mid-Level provider.	▪ RP-034 Prolonged Detention or Critical Care
FT	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	To be used when there is an unrelated evaluation and management (E/M) visit.	▪ RP-009 Modifiers 25, 59, XE, XP, XS, XU ▪ RP-034 Prolonged Detention or Critical Care

POLICY UPDATE HISTORY INFORMATION:

3 / 2021	Implementation
11 / 2021	Added NY region applicable to the policy
1 / 2022	Added New Modifiers CO CQ FQ FR FS FT and associated policies

Highmark Reimbursement Policy Bulletin



HISTORY VERSION

Bulletin Number: RP-065
Subject: Modifier Reduction Glossary
Effective Date: March 1, 2021
Issue Date: November 1, 2021
Date Reviewed: July 2021
Source: Reimbursement Policy

End Date:
Revised Date: July 2021

Applicable Commercial Market

Applicable Medicare Advantage Market

Applicable Claim Type

PA	☒	WV	☒	DE	☒	NY	☒
PA	☒	WV	☒	DE	☐	NY	☒
UB	☒	1500	☒				

Reimbursement Policy designation of Professional or Facility application is based on how the provider is contracted with the Plan. This Policy supersedes direction provided in Bulletins prior to the effective date of this Policy.

PURPOSE:

This policy is a reference to assist in the identification of which reimbursement policies contain guidelines for reporting alphabetical or numerical procedure code modifiers. The Plan intends to update this reference as existing reimbursement policies change, existing modifiers change, or as new policies and modifiers are issued.

Note: 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. Questions about modifiers and correct coding can be addressed to the Plan's Provider Service Department.

REIMBURSEMENT GUIDELINES:

AMA Modifier	Description	Submission Guidelines	Related Reimbursement Policies
24	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	To be used to report an E&M procedure performed during the post-operative period that is unrelated to the original procedure.	▪ RP-042: Global Surgery and Subsequent Services
25	Significant, Separate Same Day Procedure	To be used when reporting an E&M procedure on the same day as another procedure or service.	▪ RP-009: Modifiers 25, 59, XE, XP, XS, XU ▪ RP-021: Annual Gynecological and Rectal Exams

			▪ RP-023: Newborn Care, Obstetrical Delivery, Antepartum, and Postpartum Care and Associated Services ▪ RP-025 Implantation of Subcutaneous Intravascular Catheter ▪ RP-027 Hemodialysis and Peritoneal Dialysis ▪ RP-028 Insertion and Removal of Tympanic Ventilation Tubes ▪ RP-032 Pain Management ▪ RP-034 Prolonged Detention or Critical Care ▪ RP-042 Global Surgery and Subsequent Services ▪ RP-058 Acupuncture
26	Professional Component	To be used when a code has separately reimbursable Professional and Technical components	▪ RP-007 Multiple Procedure Payment Reduction for Certain Diagnostic Procedures ▪ RP-015 Professional and Technical Components of Applicable Services ▪ RP-016 Physician Laboratory and Pathology Services ▪ RP-048 Independent Diagnostic Testing Facility
47	Anesthesia by Surgeon	To be used to report regional or general anesthesia provided by a surgeon	▪ RP-033 Anesthesia Services
50	Bilateral Procedure	To be used to report a bilateral procedure by a provider	▪ RP-014 Bilateral and Multiple Surgery Procedures
51	Multiple Procedures	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	▪ RP-014 Bilateral and Multiple Surgery Procedures
52	Reduced Services	To be used to report a procedure that has been reduced or eliminated by provider, at their discretion	▪ RP-004 Modifiers 52 and 53
53	Discontinued Procedure	To be used when a provider terminates a procedure	▪ RP-004 Modifiers 52 and 53
54	Surgical Care Only	To be used when a provider provides surgical care and a different provider provides pre- or post-operative care	▪ RP-005 Modifiers 54 and 55
55	Postoperative Management Only	To be used when a provider provides postoperative care and a different provider performed the surgical procedure	▪ RP-005 Modifiers 54 and 55
57	Decision for Surgery	To be used to report an E&M service that resulted in a subsequent surgery	▪ RP-042 Global Surgery and Subsequent Services
58	Staged or Related Procedure or Service by the Same Physician or	To be used to indicate that a procedure or service	▪ RP-042 Global Surgery and Subsequent Services

	Other Qualified Health Care Professional During the Postoperative Period	performed during the postoperative period was planned or anticipated	
59	Distinct Procedural Service	To be used when a provider performs two distinctly different procedures on the same day	▪ RP-009 Modifiers 25, 59, XE, XP, XS, XU ▪ RP-023 Newborn Care, Obstetrical Delivery, Antepartum, and Postpartum Care and Associated Services ▪ RP-030 Insertion of Tissue Expanders ▪ RP-032 Pain Management ▪ RP-033 Anesthesia Services
62	Two Surgeons	To be used when two surgeons, as part of a team, perform one service	▪ RP-002 Co-Surgery
66	Surgical Team	To be used when three or more surgeons, as part of a team, performs one service	▪ RP-054 Surgical Team
76	Repeat Procedure by Same Surgeon	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	▪ RP-022 Repeat Surgical Procedures
77	Repeat Procedure by Different Surgeon	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	▪ RP-013 Electrocardiogram and Medical Imaging Interpretation ▪ RP-022 Repeat Surgical Procedures
78	Unplanned Return to Operating Room During Postoperative Period	To be used to report an unplanned procedure performed during the postoperative period of the initial	▪ RP-036 Preventable Serious Adverse Events ▪ RP-042 Global Surgery and Subsequent Services
79	Unrelated Procedure or Service by the Same Physician or Other Health Care Professional during the Postoperative Period	To be used to report an unrelated procedure performed during the postoperative period of another procedure	▪ RP-042 Global Surgery and Subsequent Services
80	Assistant Surgery	To be used to report when a provider actively assists the surgeon in charge of a case	▪ RP-001 Assistant Surgery
90	Reference Laboratory	To be used to report laboratory services performed by a party other than the treating or reporting physician	▪ RP-016 Physician Laboratory and Pathology Services ▪ RP-045 Purchased Services
95	Synchronous Telemedicine Service	To be used when a patient and a provider at another, distant site have a real-time interaction via phone or computer	▪ RP-046 Telemedicine and Telehealth Services

CMS Modifiers	Description	Submission Guidelines	Related Reimbursement Policies
-AA	Anesthesia Services Performed by Anesthesiologist	To be used to report services personally performed by an anesthesiologist	RP-033 Anesthesia Services
-AD	Medical Supervision by a Physician; More Than Four Concurrent Anesthesia Procedures	To be used to report four or more concurrent, supervised Anesthesia services	RP-033 Anesthesia Services
-CT	Computed Tomography Services	To be used for CT services furnished using equipment that does not meet each of the attributes of the national electrical manufacturers association (NEMA) XR-29-2013 standard	RP-008 X-Rays Using Film, Computed Radiography, and Computed Tomography
-ET	Emergency Services	To be used to report emergency services that are exempt from SNF consolidated billing and the service spans multiple dates of service	RP-013 Electrocardiogram and Medical Imaging Interpretation
-FX	X-Ray Taken While Using Film	To be used to report an x-ray using film	RP-008 X-Rays Using Film, Computed Radiography, and Computed Tomography
-FY	X-Ray Taken Using Computed Radiography	To be used to report an x-ray using computed radiography technology/cassette-based imaging	RP-008 X-Rays Using Film, Computed Radiography, and Computed Tomography
-G8	Monitored Anesthesia Care for Deep, Complex, Complicated, or Markedly Invasive Surgical Procedures	To be used to report anesthesia services for a complicated procedure	RP-033 Anesthesia Services
-G9	Monitored Anesthesia Care for Patient Who Has A History of Severe Cardiopulmonary Condition	To be used to report anesthesia services for a patient with a history of a severe cardiopulmonary issue	RP-033 Anesthesia Services
-GQ	Asynchronous Telecommunications System	To be used when reporting Telehealth codes	RP-046 Telemedicine and Telehealth Services

-GT	Interactive Audio and Video Telecommunications System	To be used when reporting Telehealth codes	RP-046 Telemedicine and Telehealth Services
-JW	Drug Amount Discarded/Not Administered to Any Patient	To be used when the total content of a drug or biological cannot be used and is discarded	RP-003 Drug Wastage and Convenience Kits
-LT	Left Side	To be used to report a unilateral procedure that was performed on the left side of the body	RP-014 Bilateral and Multiple Surgery Procedures
-PA	Surgical or Other Invasive Procedure on Wrong Body Part	To be used to report a procedure performed on wrong body part	RP-036 Preventable Serious Adverse Effects
-PB	Surgical or Other Invasive Procedure on Wrong Patient	To be used to report a procedure performed on wrong patient	RP-036 Preventable Serious Adverse Effects
-PC	Wrong Surgery or Other Invasive Procedure on Patient	To be used to report an incorrect procedure	RP-036 Preventable Serious Adverse Effects
-P1	A Normal Healthy Patient	To be used to report anesthesia for described patient	RP-033 Anesthesia Services
-P2	A Patient with Mild Systemic Disease	To be used to report anesthesia for described patient	RP-033 Anesthesia Services
-P3	A Patient with Severe Systemic Disease	To be used to report anesthesia for described patient	RP-033 Anesthesia Services
-P4	A Patient with Severe Systemic Disease That Is a Constant Threat to Life	To be used to report anesthesia for described patient	RP-033 Anesthesia Services
-P5	A Moribund Patient Who Is Not Expected to Survive without The Operation	To be used to report anesthesia for described patient	RP-033 Anesthesia Services
-P6	A Declared Brain-Dead Patient Whose Organs Are Being Removed for Donor Purposes	To be used to report anesthesia for described patient	RP-033 Anesthesia Services

-QK	Medical Direction of Two, Three, or Four Concurrent Anesthesia Procedures Involving Qualified Individuals	To be used to report 2-4 anesthesia procedures by a qualified individual while under medical direction	RP-033 Anesthesia Services
-QL	Patient Reported Dead after Ambulance Is Called	To be used to report an ambulance procedure code when the patient dies after the ambulance is called	RP-054 Ambulance Services
-QS	Monitored Anesthesia Care Service	To be used for informational reporting only	RP-033 Anesthesia Services
-QX	CRNA Service; with Medical Direction by a Physician	To be used to report anesthesia administered by a CRNA that is being directed by a physician	RP-033 Anesthesia Services
-QY	Medical Direction of One CRNA by an Anesthesiologist	To be used to report anesthesia administered by a CRNA that is being directed by an anesthesiologist	RP-033 Anesthesia Services
-QZ	CRNA Service; without Medical Direction by a Physician	To be used to report anesthesia administered by a CRNA without being directed by a physician	RP-033 Anesthesia Services
-RT	Right Side	To be used to report a unilateral procedure that was performed on the right side of the body	RP-014 Bilateral and Multiple Surgery Procedures
-SL	State Supplied Vaccine	To be used when a vaccine is provided at no cost to a provider by a state or federal agency	RP-064 Modifier SL State Supplied Vaccines
-TC	Technical Component	To be used when reporting the technical component portion of a procedure or when reporting multiple diagnostic procedures on the same patient on the same day	RP-007 Multiple Procedure Payment Reduction for Certain Diagnostic Procedures RP-015 Professional and Technical Components of Applicable Services

			RP-016 Physician Laboratory and Pathology Services RP-048 Independent Diagnostic Testing Facility
-XE	Separate Encounter	To be used to report a service that is distinct because it occurred during a separate encounter	RP-009 Modifiers 25, 59, XE, XP, XS, XU
-XP	Separate Practitioner	To be used to report a service performed by a different practitioner	RP-009 Modifiers 25, 59, XE, XP, XS, XU
-XS	Separate Structure	To be used to report a service that is performed on a different organ/structure	RP-009 Modifiers 25, 59, XE, XP, XS, XU
-XU	Unusual Nonoverlapping Service	To be used to report a procedure that does not overlap the usual components of a service	RP-009 Modifiers 25, 59, XE, XP, XS, XU

RELATED HIGHMARK POLICIES:

Refer to the following Reimbursement Policies for additional information:

- RP-035 Correct Coding Guidelines

REFERENCES:

- Leibold, E., Magnani, R., & Petersen, J. (Eds.) (2019). Appendix 2- Modifiers, In *HCPCS Level II, 2020* (pp. 29-34). Optum 360.
- Sunovec, M., Brin, K., Jagmin, C., Hochsteder, Z., Barney, L., Calega, V., ...Vorenkamp, K. (Eds.) (2019). Appendix A: Modifiers. In *CPT 2020, Professional Edition* (pp. 803-814). American Medical Association.

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POLICY UPDATE HISTORY INFORMATION:

3 / 2021	Implementation
11 / 2021	Added NY region applicable to the policy

HISTORY

Highmark Reimbursement Policy Bulletin



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

End Date:

Revised Date:

Applicable Commercial Market

Applicable Medicare Advantage Market

Applicable Claim Type

PA ☒ WV ☒ DE ☒
PA ☒ WV ☒
UB ☒ 1500 ☒

Reimbursement Policy designation of Professional or Facility application is based on how the provider is contracted with the Plan. This Policy supersedes direction provided in Bulletins prior to the effective date of this Policy.

PURPOSE: This policy is a reference to identify which reimbursement policies contain guidelines for reporting alphabetical or numerical procedure code modifiers. Highmark intends to update this reference as existing reimbursement policies change, existing modifiers change, or as new policies and modifiers are issued. However, if a modifier mentioned in another reimbursement policy is not in the list below, it is an inadvertent error and nothing herein shall be construed to excuse the provider from reporting the modifier if required by such other reimbursement policy. Questions about modifiers and correct coding can be addressed to the Plan's Provider Service Department.

REIMBURSEMENT GUIDELINES:

AMA Modifiers	Description	Submission Guidelines	Related Reimbursement Policies
-24	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	To be used to report an E&M procedure performed during the post-operative period that is unrelated to the original procedure.	RP-042 Global Surgery and Subsequent Services

-25	Significant, Separate Same Day Procedure	To be used when reporting an E&M procedure on the same day as another procedure or service.	RP-009 Modifiers 25, 59, XE, XP, XS, XU RP-021 Annual Gynecological and Rectal Exams RP-023 Newborn Care, Obstetrical Delivery, Antepartum, and Postpartum Care and Associated Services RP-025 Implantation of Subcutaneous Intravascular Catheter RP-027 Hemodialysis and Peritoneal Dialysis RP-028 Insertion and Removal of Tympanic Ventilation Tubes RP-032 Pain Management RP-034 Prolonged Detention or Critical Care RP-042 Global Surgery and Subsequent Services RP-058 Acupuncture
-26	Professional Component	To be used when a code has separately reimbursable Professional and Technical components	RP-007 Multiple Procedure Payment Reduction for Certain Diagnostic Procedures RP-015 Professional and Technical Components of Applicable Services RP-016 Physician Laboratory and Pathology Services RP-048 Independent Diagnostic Testing Facility
-47	Anesthesia by Surgeon	To be used to report regional or general anesthesia provided by a surgeon	RP-033 Anesthesia Services

-50	Bilateral Procedure	To be used to report a bilateral procedure by a provider	RP-014 Bilateral and Multiple Surgery Procedures
-51	Multiple Procedures	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	RP-014 Bilateral and Multiple Surgery Procedures
-52	Reduced Services	To be used to report a procedure that has been reduced or eliminated by provider, at their discretion	RP-004 Modifiers 52 and 53
-53	Discontinued Procedure	To be used when a provider terminates a procedure	RP-004 Modifiers 52 and 53
-54	Surgical Care Only	To be used when a provider provides surgical care and a different provider provides pre- or post-operative care	RP-005 Modifiers 54 and 55
-55	Postoperative Management Only	To be used when a provider provides postoperative care and a different provider performed the surgical procedure	RP-005 Modifiers 54 and 55
-57	Decision for Surgery	To be used to report an E&M service that resulted in a subsequent surgery	RP-042 Global Surgery and Subsequent Services
-58	Staged or Related Procedure or Service by the Same Physician or Other Qualified Health Care Professional During the Postoperative Period	To be used to indicate that a procedure or service performed during the postoperative period was planned or anticipated	RP-042 Global Surgery and Subsequent Services
-59	Distinct Procedural Service	To be used when a provider performs two distinctly different procedures on the same day	RP-009 Modifiers 25, 59, XE, XP, XS, XU RP-023 Newborn Care, Obstetrical Delivery,

			Antepartum, and Postpartum Care and Associated Services RP-030 Insertion of Tissue Expanders RP-032 Pain Management RP-033 Anesthesia Services
-62	Two Surgeons	To be used when two surgeons, as part of a team, perform one service	RP-002 Co-Surgery
-66	Surgical Team	To be used when three or more surgeons, as part of a team, performs one service	RP-054 Surgical Team
-76	Repeat Procedure by Same Surgeon	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	RP-022 Repeat Surgical Procedures
-77	Repeat Procedure by Different Surgeon	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	RP-013 Electrocardiogram and Medical Imaging Interpretation RP-022 Repeat Surgical Procedures
-78	Unplanned Return to Operating Room During Postoperative Period	To be used to report an unplanned procedure performed during the postoperative period of the initial	RP-036 Preventable Serious Adverse Events RP-042 Global Surgery and Subsequent Services
-79	Unrelated Procedure or Service by the Same Physician or Other Health Care Professional during the Postoperative Period	To be used to report an unrelated procedure performed during the postoperative period of another procedure	RP-042 Global Surgery and Subsequent Services
-80	Assistant Surgery	To be used to report when a provider actively assists the surgeon in charge of a case	RP-001 Assistant Surgery

-90	Reference Laboratory	To be used to report laboratory services performed by a party other than the treating or reporting physician	RP-016 Physician Laboratory and Pathology Services RP-045 Purchased Services
-95	Synchronous Telemedicine Service	To be used when a patient and a provider at another, distant site have a real-time interaction via phone or computer	RP-046 Telemedicine and Telehealth Services

HISTORY

CMS Modifiers	Description	Submission Guidelines	Related Reimbursement Policies
-AA	Anesthesia Services Performed by Anesthesiologist	To be used to report services personally performed by an anesthesiologist	RP-033 Anesthesia Services
-AD	Medical Supervision by a Physician; More Than Four Concurrent Anesthesia Procedures	To be used to report four or more concurrent, supervised Anesthesia services	RP-033 Anesthesia Services
-CT	Computed Tomography Services	To be used for CT services furnished using equipment that does not meet each of the attributes of the national electrical manufacturers association (NEMA) XR-29-2013 standard	RP-008 X-Rays Using Film, Computed Radiography, and Computed Tomography
-ET	Emergency Services	To be used to report emergency services that are exempt from SNF consolidated billing and the service spans multiple dates of service	RP-013 Electrocardiogram and Medical Imaging Interpretation
-FX	X-Ray Taken While Using Film	To be used to report an x-ray using film	RP-008 X-Rays Using Film, Computed Radiography, and Computed Tomography
-FY	X-Ray Taken Using Computed Radiography	To be used to report an x-ray using computed radiography technology/cassette-based imaging	RP-008 X-Rays Using Film, Computed Radiography, and Computed Tomography
-G8	Monitored Anesthesia Care for Deep, Complex, Complicated, or Markedly Invasive Surgical Procedures	To be used to report anesthesia services for a complicated procedure	RP-033 Anesthesia Services
-G9	Monitored Anesthesia Care for Patient Who Has A History of Severe Cardiopulmonary Condition	To be used to report anesthesia services for a patient with a history of a severe cardiopulmonary issue	RP-033 Anesthesia Services
-GQ	Asynchronous Telecommunications System	To be used when reporting Telehealth codes	RP-046 Telemedicine and Telehealth Services

-GT	Interactive Audio and Video Telecommunications System	To be used when reporting Telehealth codes	RP-046 Telemedicine and Telehealth Services
-JW	Drug Amount Discarded/Not Administered to Any Patient	To be used when the total content of a drug or biological cannot be used and is discarded	RP-003 Drug Wastage and Convenience Kits
-LT	Left Side	To be used to report a unilateral procedure that was performed on the left side of the body	RP-014 Bilateral and Multiple Surgery Procedures
-PA	Surgical or Other Invasive Procedure on Wrong Body Part	To be used to report a procedure performed on wrong body part	RP-036 Preventable Serious Adverse Effects
-PB	Surgical or Other Invasive Procedure on Wrong Patient	To be used to report a procedure performed on wrong patient	RP-036 Preventable Serious Adverse Effects
-PC	Wrong Surgery or Other Invasive Procedure on Patient	To be used to report an incorrect procedure	RP-036 Preventable Serious Adverse Effects
-P1	A Normal Healthy Patient	To be used to report anesthesia for described patient	RP-033 Anesthesia Services
-P2	A Patient with Mild Systemic Disease	To be used to report anesthesia for described patient	RP-033 Anesthesia Services
-P3	A Patient with Severe Systemic Disease	To be used to report anesthesia for described patient	RP-033 Anesthesia Services
-P4	A Patient with Severe Systemic Disease That Is a Constant Threat to Life	To be used to report anesthesia for described patient	RP-033 Anesthesia Services
-P5	A Moribund Patient Who Is Not Expected to Survive without The Operation	To be used to report anesthesia for described patient	RP-033 Anesthesia Services
-P6	A Declared Brain-Dead Patient Whose Organs Are Being Removed for Donor Purposes	To be used to report anesthesia for described patient	RP-033 Anesthesia Services

-QK	Medical Direction of Two, Three, or Four Concurrent Anesthesia Procedures Involving Qualified Individuals	To be used to report 2-4 anesthesia procedures by a qualified individual while under medical direction	RP-033 Anesthesia Services
-QL	Patient Reported Dead after Ambulance Is Called	To be used to report an ambulance procedure code when the patient dies after the ambulance is called	RP-054 Ambulance Services
-QS	Monitored Anesthesia Care Service	To be used for informational reporting only	RP-033 Anesthesia Services
-QX	CRNA Service; with Medical Direction by a Physician	To be used to report anesthesia administered by a CRNA that is being directed by a physician	RP-033 Anesthesia Services
-QY	Medical Direction of One CRNA by an Anesthesiologist	To be used to report anesthesia administered by a CRNA that is being directed by an anesthesiologist	RP-033 Anesthesia Services
-QZ	CRNA Service; without Medical Direction by a Physician	To be used to report anesthesia administered by a CRNA without being directed by a physician	RP-033 Anesthesia Services
-RT	Right Side	To be used to report a unilateral procedure that was performed on the right side of the body	RP-014 Bilateral and Multiple Surgery Procedures
-SL	State Supplied Vaccine	To be used when a vaccine is provided at no cost to a provider by a state or federal agency	RP-064 Modifier SL State Supplied Vaccines
-TC	Technical Component	To be used when reporting the technical component portion of a procedure or when reporting multiple diagnostic procedures on the same patient on the same day	RP-007 Multiple Procedure Payment Reduction for Certain Diagnostic Procedures RP-015 Professional and Technical Components of Applicable Services

			RP-016 Physician Laboratory and Pathology Services RP-048 Independent Diagnostic Testing Facility
-XE	Separate Encounter	To be used to report a service that is distinct because it occurred during a separate encounter	RP-009 Modifiers 25, 59, XE, XP, XS, XU
-XP	Separate Practitioner	To be used to report a service performed by a different practitioner	RP-009 Modifiers 25, 59, XE, XP, XS, XU
-XS	Separate Structure	To be used to report a service that is performed on a different organ/structure	RP-009 Modifiers 25, 59, XE, XP, XS, XU
-XU	Unusual Nonoverlapping Service	To be used to report a procedure that does not overlap the usual components of a service	RP-009 Modifiers 25, 59, XE, XP, XS, XU

RELATED HIGHMARK POLICIES:

Refer to the following Reimbursement Policies for additional information:

- RP-035 Correct Coding Guidelines

REFERENCES:

- Leibold, E., Magnani, R., & Petersen, J. (Eds.) (2019). Appendix 2- Modifiers, In *HCPCS Level II, 2020* (pp. 29-34). Optum 360.
- Sunovec, M., Brin, K., Jagmin, C., Hochsteder, Z., Barney, L., Calega, V., ...Vorenkamp, K. (Eds.) (2019). Appendix A: Modifiers. In *CPT 2020, Professional Edition* (pp. 803-814). American Medical Association.

POLICY UPDATE HISTORY INFORMATION:

03/2021	Implementation
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