

Modifier Chart

22	Increased procedural services		
23	Unusual anesthesia		
24	Unrelated Evaluation & Management (E/M) services by the same provider during postoperative period		
25	Significant, separately identifiable E/M service by the same physician on the same day of the procedure or other service		
26	Professional component		
32	Mandated Services		
33	When primary purpose is the delivery of an evidence-based service in accord with US Preventive Services Task Force A or B rating in effect and other preventive services identified in preventive services mandates (legislative or regulatory)		
47	Anesthesia by surgeon		
50	Bilateral procedure		
51	Multiple procedures		
52	Reduced services		
53	Discontinued procedure		
54	Surgical care only		
55	Postoperative management only		
57	Decision for surgery		
58	Staged or related procedure or service by the same physician during the postoperative period		
59	Distinct procedural service		
*	XE	Separate encounter, distinct because it occurred during a separate encounter	
*	XS	Separate structure, distinct because it was performed on a separate organ/structure	
*	XP	Separate practitioner, distinct because it was performed by a different practitioner	
*	XL	Unusual non-overlapping service, distinct because it does not overlap usual components of the main service	
62	Two surgeons		
63	Procedure performed on infants less than 4 kgs.		
66	Surgical team		
76	Repeat procedure or service by the same physician or other qualified health care professional		
77	Repeat procedure or service by another physician or other qualified health care professional		
78	Unplanned return to the operating/procedure room during the postoperative period following initial procedure for a related procedure delivered by the same physician or other qualified healthcare professional		
79	Unrelated procedure or service by the same physician during the postoperative period		

82 Assistant surgeon (when qualified resident surgeon not available) 90 Reference (outside) laboratory 91 Repeat clinical diagnostic laboratory test 99 Multiple modifiers FA Left hand, thumb F1 Left hand, second digit F2 Left hand, third digit F3 Left hand, fourth digit F4 Left hand, fifth digit F5 Right hand, thumb F6 Right hand, second digit F7 Right hand, third digit F8 Right hand, second digit F9 Right hand, fifth digit F9 Right hand, fifth digit F9 Right hand, fifth digit T0 Left foot, great toe T1 Left foot, great toe T1 Left foot, fourth digit T3 Left foot, fourth digit T4 Left foot, fifth digit T6 Right foot, fourth digit T7 Right foot, fourth digit T8 Right foot, fourth digit T9 Right foot, fourth digit T9 Right foot, fourth digit T1 Right foot, fifth digit T1 Right foot fourth digit T2 Right foot fourth digit T3 Right foot, fourth digit T6 Right foot, fifth digit T7 Right foot fifth digit T8 Right foot fourth digit T9 Right foot fourth digit T9 Right foot, fourth digit T9 Right foot, fourth digit T9 Right foot, fifth digit Al Principal physician of record EP Service provided as part of Medicaid early periodic screening diagnosis and treatment (EPSDT) program EP Service provided as part of family planning program EP Service provided as part of family planning program EP Service provided as part of family planning program EP Service provided as part of family planning program EP Service provided as part of family planning program EP Service provided as part of family planning program EP Service provided as part of family planning program EP Service provided as part of family planning program EP Service provided as part of family planning program EP Service provided as part of family planning program EP Service provided as part of family planning program EP Service provided as part of family planning program EP Service provided as part of family	80	Assistant surgeon		
91 Repeat clinical diagnostic laboratory test 99 Multiple modifiers FA Left hand, thumb F1 Left hand, second digit F2 Left hand, second digit F3 Left hand, fourth digit F4 Left hand, fifth digit F5 Right hand, second digit F6 Right hand, second digit F7 Right hand, second digit F8 Right hand, second digit F9 Right hand, fourth digit F9 Right hand, fourth digit F9 Right hand, fifth digit TA Left foot, great toe T1 Left foot, second digit T2 Left foot, second digit T3 Left foot, fourth digit T4 Left foot, fifth digit T5 Right foot, great toe G6 Right foot, great toe G7 Right foot, fourth digit T8 Right foot, fifth digit T9 Right foot, fifth digit T9 Right foot, fifth digit T9 Right foot, fifth digit Al Principal physician of record EP Service provided as part of Medicaid early periodic screening diagnosis and treatment (EPSDT) program EP Service provided as part of family planning program Waiver of liability statement issued as required by payer policy, individual case GV Attending physician not employed or paid under arrangement by the patient's hospice provider GW Service not related to the hospice patient's terminal condition GX Notice of liability issued, voluntary under payer policy Item or service estatutorily excluded, does not meet the definition of any Medicare benefit or, for non-Medicare insurers, is not a contract benefit G7 Item or service expected to be denied as not reasonable and necessary Diagnostic or related non-diagnostic item or service provided in a wholly owned or operated entity to a patient who is admitted as an inpatient within 3 days OW CLIA-waived test	82	Assistant surgeon (when qualified resident surgeon not available)		
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F1 Left hand, second digit F2 Left hand, third digit F3 Left hand, third digit F4 Left hand, fifth digit F5 Right hand, thumb F6 Right hand, second digit F7 Right hand, third digit F8 Right hand, fourth digit F9 Right hand, fourth digit F9 Right hand, fifth digit TA Left foot, great toe T1 Left foot, second digit T2 Left foot, third digit T3 Left foot, fourth digit T4 Left foot, fourth digit T5 Right foot, fourth digit T6 Right foot, fourth digit T7 Right foot, fifth digit T8 Right foot, fifth digit T9 Right foot, third digit T9 Right foot, fourth digit Al Principal physician of record EP Service provided as part of Medicaid early periodic screening diagnosis and treatment (EPSDT) program FP Service provided as part of family planning program GA Waiver of liability statement issued as required by payer policy, individual case GV Attending physician not employed or paid under arrangement by the patient's hospice provider GW Service not related to the hospice patient's terminal condition GX Notice of liability issued, voluntary under payer policy Item or service statutorily excluded, does not meet the definition of any Medicare benefit or, for non-Medicare insurers, is not a contract benefit GZ Item or service expected to be denied as not reasonable and necessary Diagnostic or related non-diagnostic item or service provided in a wholly owned or operated entity to a patient who is admitted as an inpatient within 3 days CW CLIA-waived test	99	Multiple modifiers		
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F4 Left hand, fifth digit F5 Right hand, thumb F6 Right hand, second digit F7 Right hand, second digit F8 Right hand, fourth digit F9 Right hand, fifth digit TA Left foot, great toe T1 Left foot, second digit T2 Left foot, third digit T3 Left foot, fourth digit T4 Left foot, fifth digit T5 Right foot, great toe T6 Right foot, second digit T7 Right foot, second digit T8 Right foot, fourth digit T9 Right foot, fourth digit T9 Right foot, fourth digit T9 Right foot, fifth digit Al Principal physician of record EP Service provided as part of Medicaid early periodic screening diagnosis and treatment (EPSDT) program EP Service provided as part of family planning program GA Waiver of liability statement issued as required by payer policy, individual case GV Attending physician not employed or paid under arrangement by the patient's hospice provider GW Service not related to the hospice patient's terminal condition GX Notice of liability issued, voluntary under payer policy Item or service statutorily excluded, does not meet the definition of any Medicare benefit or, for non-Medicare insurers, is not a contract benefit GZ Item or service expected to be denied as not reasonable and necessary Diagnostic or related non-diagnostic item or service provided in a wholly owned or operated entity to a patient who is admitted as an inpatient within 3 days CW CLIA-waived test	F2	Left hand, third digit		
F5 Right hand, second digit F7 Right hand, second digit F8 Right hand, fourth digit F9 Right hand, fifth digit TA Left foot, great toe T1 Left foot, second digit T2 Left foot, fourth digit T3 Left foot, fourth digit T4 Left foot, fifth digit T5 Right foot, great toe T6 Right foot, second digit T7 Right foot, second digit T8 Right foot, second digit T9 Right foot, fourth digit T9 Right foot, fifth digit T9 Right foot, fifth digit T9 Right foot, fifth digit Al Principal physician of record EP Service provided as part of Medicaid early periodic screening diagnosis and treatment (EPSDT) program EP Service provided as part of family planning program GA Waiver of liability statement issued as required by payer policy, individual case GV Attending physician not employed or paid under arrangement by the patient's hospice provider GW Service not related to the hospice patient's terminal condition GX Notice of liability issued, voluntary under payer policy Item or service statutorily excluded, does not meet the definition of any Medicare benefit or, for non-Medicare insurers, is not a contract benefit GZ Item or service expected to be denied as not reasonable and necessary Diagnostic or related non-diagnostic item or service provided in a wholly owned or operated entity to a patient who is admitted as an inpatient within 3 days CW CLIA-waived test	F3	Left hand, fourth digit		
F6 Right hand, second digit F7 Right hand, third digit F8 Right hand, fourth digit F9 Right hand, fifth digit TA Left foot, great toe T1 Left foot, second digit T2 Left foot, third digit T3 Left foot, fourth digit T4 Left foot, fifth digit T5 Right foot, great toe T6 Right foot, second digit T7 Right foot, second digit T8 Right foot, fourth digit T9 Right foot, fourth digit T9 Right foot, fourth digit T9 Right foot, fifth digit T9 Right foot, fourth digit T9 Right foot, fifth digit T9 Right foot, forth digit T9 Right foot, fifth digit T9 Right foot, forth digit T9 Right foot, footh digit T10 Right foot, fifth digit T10 Right foot, footh digit T10 Right f	F4	Left hand, fifth digit		
F7 Right hand, third digit F8 Right hand, fourth digit F9 Right hand, fifth digit TA Left foot, great toe T1 Left foot, second digit T2 Left foot, third digit T3 Left foot, fourth digit T4 Left foot, fifth digit T5 Right foot, great toe T6 Right foot, second digit T7 Right foot, second digit T8 Right foot, second digit T9 Right foot, third digit T9 Right foot, fifth digit Al Principal physician of record EP Service provided as part of Medicaid early periodic screening diagnosis and treatment (EPSDT) program FP Service provided as part of family planning program Waiver of liability statement issued as required by payer policy, individual case GV Attending physician not employed or paid under arrangement by the patient's hospice provider GW Service not related to the hospice patient's terminal condition GX Notice of liability issued, voluntary under payer policy Item or service statutorily excluded, does not meet the definition of any Medicare benefit or, for non-Medicare insurers, is not a contract benefit GZ Item or service expected to be denied as not reasonable and necessary Diagnostic or related non-diagnostic item or service provided in a wholly owned or operated entity to a patient who is admitted as an inpatient within 3 days CW CLIA-waived test	F5	Right hand, thumb		
F8 Right hand, fourth digit F9 Right hand, fifth digit TA Left foot, great toe T1 Left foot, second digit T2 Left foot, fourth digit T3 Left foot, fourth digit T4 Left foot, fifth digit T5 Right foot, great toe T6 Right foot, second digit T7 Right foot, second digit T8 Right foot, third digit T9 Right foot, fifth digit Al Principal physician of record EP Service provided as part of Medicaid early periodic screening diagnosis and treatment (EPSDT) program EP Service provided as part of family planning program GA Waiver of liability statement issued as required by payer policy, individual case GV Attending physician not employed or paid under arrangement by the patient's hospice provider GW Service not related to the hospice patient's terminal condition GX Notice of liability issued, voluntary under payer policy GY Item or service statutorily excluded, does not meet the definition of any Medicare benefit or, for non-Medicare insurers, is not a contract benefit GZ Item or service expected to be denied as not reasonable and necessary Diagnostic or related non-diagnostic item or service provided in a wholly owned or operated entity to a patient who is admitted as an inpatient within 3 days CW CLIA-waived test	F6	Right hand, second digit		
F9 Right hand, fifth digit TA Left foot, great toe T1 Left foot, second digit T2 Left foot, third digit T3 Left foot, fourth digit T4 Left foot, fifth digit T5 Right foot, great toe T6 Right foot, second digit T7 Right foot, second digit T8 Right foot, fourth digit T9 Right foot, fifth digit Al Principal physician of record EP Service provided as part of Medicaid early periodic screening diagnosis and treatment (EPSDT) program FP Service provided as part of family planning program GA Waiver of liability statement issued as required by payer policy, individual case GV Attending physician not employed or paid under arrangement by the patient's hospice provider GW Service not related to the hospice patient's terminal condition GX Notice of liability issued, voluntary under payer policy Item or service statutorily excluded, does not meet the definition of any Medicare benefit or, for non-Medicare insurers, is not a contract benefit GZ Item or service expected to be denied as not reasonable and necessary Diagnostic or related non-diagnostic item or service provided in a wholly owned or operated entity to a patient who is admitted as an inpatient within 3 days OW CLIA-waived test	F7	Right hand, third digit		
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T1 Left foot, second digit T2 Left foot, third digit T3 Left foot, fourth digit T4 Left foot, fifth digit T5 Right foot, great toe T6 Right foot, second digit T7 Right foot, second digit T8 Right foot, fourth digit T9 Right foot, fourth digit T9 Right foot, fifth digit Al Principal physician of record EP Service provided as part of Medicaid early periodic screening diagnosis and treatment (EPSDT) program FP Service provided as part of family planning program GA Waiver of liability statement issued as required by payer policy, individual case GV Attending physician not employed or paid under arrangement by the patient's hospice provider GW Service not related to the hospice patient's terminal condition GX Notice of liability issued, voluntary under payer policy Item or service statutorily excluded, does not meet the definition of any Medicare benefit or, for non-Medicare insurers, is not a contract benefit GZ Item or service expected to be denied as not reasonable and necessary Diagnostic or related non-diagnostic item or service provided in a wholly owned or operated entity to a patient who is admitted as an inpatient within 3 days QW CLIA-waived test	F9	Right hand, fifth digit		
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T3 Left foot, fourth digit T4 Left foot, fifth digit T5 Right foot, great toe T6 Right foot, second digit T7 Right foot, third digit T8 Right foot, fourth digit T9 Right foot, fifth digit Al Principal physician of record EP Service provided as part of Medicaid early periodic screening diagnosis and treatment (EPSDT) program FP Service provided as part of family planning program GA Waiver of liability statement issued as required by payer policy, individual case GV Attending physician not employed or paid under arrangement by the patient's hospice provider GW Service not related to the hospice patient's terminal condition GX Notice of liability issued, voluntary under payer policy Item or service statutorily excluded, does not meet the definition of any Medicare benefit or, for non-Medicare insurers, is not a contract benefit GZ Item or service expected to be denied as not reasonable and necessary Diagnostic or related non-diagnostic item or service provided in a wholly owned or operated entity to a patient who is admitted as an inpatient within 3 days QW CLIA-waived test	T1	Left foot, second digit		
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Medicare benefit or, for non-Medicare insurers, is not a contract benefit GZ Item or service expected to be denied as not reasonable and necessary Diagnostic or related non-diagnostic item or service provided in a wholly owned or operated entity to a patient who is admitted as an inpatient within 3 days QW CLIA-waived test	GX			
PD Diagnostic or related non-diagnostic item or service provided in a wholly owned or operated entity to a patient who is admitted as an inpatient within 3 days QW CLIA-waived test	GY			
PD wholly owned or operated entity to a patient who is admitted as an inpatient within 3 days QW CLIA-waived test	GZ	Item or service expected to be denied as not reasonable and necessary		
	PD	wholly owned or operated entity to a patient who is admitted as an		
TC Technical component	QW	CLIA-waived test		
	TC	Technical component		

QUESTIONS?

Contact ISMA Practice Management staff at (800) 257-4762 or (317) 261-2060.