

Modifier Reference Policy, Professional

IMPORTANT NOTE ABOUT THIS REIMBURSEMENT POLICY

This policy is applicable to UnitedHealthcare Medicare Advantage Plans offered by UnitedHealthcare and its affiliates.

You are responsible for submission of accurate claims. This reimbursement policy is intended to ensure that you are reimbursed based on the code or codes that correctly describe the health care services provided. UnitedHealthcare Medicare Advantage reimbursement policies use Current Procedural Terminology (CPT®*), Centers for Medicare and Medicaid Services (CMS), or other coding guidelines. References to CPT or other sources are for definitional purposes only and do not imply any right to reimbursement.

This reimbursement policy applies to all health care services billed on CMS 1500 forms. Coding methodology, industry-standard reimbursement logic, regulatory requirements, benefits design and other factors are considered in developing reimbursement policy.

This information is intended to serve only as a general resource regarding UnitedHealthcare's Medicare Advantage reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, UnitedHealthcare Medicare Advantage may use reasonable discretion in interpreting and applying this policy to health care services provided in a particular case. Further, the policy does not address all issues related to reimbursement for health care services provided to UnitedHealthcare Medicare Advantage enrollees. Other factors affecting reimbursement may supplement, modify or, in some cases, supersede this policy. These factors may include, but are not limited to legislative mandates, the physician or other provider contracts, and/or the enrollee's benefit coverage documents**. Finally, this policy may not be implemented exactly the same way on the different electronic claims processing systems used by UnitedHealthcare Medicare Advantage due to programming or other constraints; however, UnitedHealthcare Medicare Advantage strives to minimize these variations.

UnitedHealthcare Medicare Advantage may modify this reimbursement policy at any time to comply with changes in CMS policy and other national standard coding guidelines by publishing a new version of the reimbursement policy on this website. However, the information presented in this reimbursement policy is accurate and current as of the date of publication. UnitedHealthcare Medicare Advantage encourages physicians and other health care professionals to keep current with any CMS policy changes and/or billing requirements by referring to the CMS or your local carrier website regularly. Physicians and other health care professionals can sign up for regular distributions for policy or regulatory changes directly from CMS and/or your local carrier. UnitedHealthcare's Medicare Advantage reimbursement policies do not include notations regarding prior authorization requirements.

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*** For more information on a specific enrollee's benefit coverage, please call the customer service number on the back of the member ID card.*

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Application

This reimbursement policy applies to all Medicare Advantage products and for services reported using the 1500 Health Insurance Claim Form (a/k/a CMS 1500) or its electronic equivalent or its successor form. This policy applies to all network physicians and other qualified health care professionals.

Policy

Overview

According to the American Medical Association (AMA) and the Centers for Medicare and Medicaid Services (CMS), a modifier provides the means to report or indicate that a service or procedure that has been performed has been altered by some specific circumstance but not changed in its definition or code. It may also provide more information about a service such as it was performed more than once, unusual events occurred, or it was performed by more than one physician and/or in more than one location.

This document is a reference tool to guide readers to reimbursement policies in which modifiers are addressed. For complete information, please refer to the specific reimbursement policy that pertains to your coding situation.

For information regarding the appropriate use of modifiers with individual CPT and HCPCS procedure codes refer to the Procedure to Modifier Policy.

Note: The lists below represent modifiers that are addressed in UnitedHealthcare Medicare Advantage reimbursement policies. It is not an all-inclusive list of CPT and HCPCS modifiers.

Modifier to Reimbursement Policy Reference Table

Modifier	Industry Standards for Usage According to AMA Publication Coding with Modifiers	Refer to Reimbursement Policy
22	This modifier should not be appended to an E/M service.	· <i>Anesthesia</i>
		· <i>Increased Procedural Services</i>
23		· <i>Anesthesia</i>
24	This modifier is only used with E/M services in the CPT codebook. It is not used in any other section of the CPT codebook.	· <i>Global Days</i>
		· <i>Rebundling and NCCI Edits, Professional</i>
		· <i>Observation and Discharge Policy, Professional and Facility</i>
25	Modifier 25 should be used with E/M codes only and not appended to the surgical procedure code(s).	· <i>Global Days</i>
		· <i>Non-Chemotherapy Injection and Infusion Services</i>
		· <i>Observation and Discharge Policy, Professional and Facility</i>
		· <i>Rebundling and NCCI Edits, Professional</i>
26		· <i>Same Day/Same Service</i>
		· <i>Intraoperative Neuromonitoring</i>
		· <i>Multiple Procedure Payment Reduction (MPPR) for Cardiovascular and Ophthalmology</i>
		· <i>Multiple Procedure Payment Reduction (MPPR) for Diagnostic Imaging</i>

		<ul style="list-style-type: none"> · <i>Multiple Procedures Payment Reduction (MPPR) for Medical and Surgical Services</i>
		<ul style="list-style-type: none"> · <i>Procedure and Place of Service Policy, Professional</i>
		<ul style="list-style-type: none"> · <i>Professional/Technical Component</i>
27	This modifier is approved for ambulatory surgery center (ASC) hospital outpatient use	<ul style="list-style-type: none"> · <i>Modifiers Not Reimbursable to Healthcare Professionals</i>
		<ul style="list-style-type: none"> · <i>Observation and Discharge Policy, Professional and Facility</i>
47	Modifier 47 would not be used as a modifier for the anesthesia procedures.	<ul style="list-style-type: none"> · <i>Anesthesia</i>
50		<ul style="list-style-type: none"> · <i>Bilateral Procedures</i> · <i>Co-Surgeon/Team Surgeon</i>
		<ul style="list-style-type: none"> · <i>Multiple Procedures Payment Reduction (MPPR) for Medical and Surgical Services Policy</i>
51		<ul style="list-style-type: none"> · <i>Multiple Procedures Payment Reduction (MPPR) for Medical and Surgical Services</i>
52		<ul style="list-style-type: none"> · <i>Bilateral Procedures</i> · <i>Reduced Services and Discontinued Procedures</i>
		<ul style="list-style-type: none"> · <i>Time Span Codes</i>
53		<ul style="list-style-type: none"> · <i>Reduced Services and Discontinued Procedures</i>
		<ul style="list-style-type: none"> · <i>Multiple Procedures Payment Reduction (MPPR) for Medical and Surgical Services</i>
		<ul style="list-style-type: none"> · <i>Once in a Lifetime Procedures</i>
54		<ul style="list-style-type: none"> · <i>Procedure and Place of Service</i> · <i>Split Surgical Package</i>
55		<ul style="list-style-type: none"> · <i>Once in a Lifetime Procedures</i> · <i>Procedure and Place of Service</i> · <i>Split Surgical Package</i>
56		<ul style="list-style-type: none"> · <i>Once in a Lifetime Procedures</i> · <i>Procedure and Place of Service</i> · <i>Split Surgical Package</i>
57	Modifier 57 is used only with an E/M service.	<ul style="list-style-type: none"> · <i>Global Days</i> · <i>Procedure and Place of Service</i> · <i>Rebundling and NCCI Edits, Professional</i>
58		<ul style="list-style-type: none"> · <i>Global Days</i> · <i>Mohs Micrographic Surgery</i> · <i>Once in a Lifetime Procedures</i> · <i>Procedure and Place of Service</i> · <i>Rebundling and NCCI Edits, Professional</i>
59		<ul style="list-style-type: none"> · <i>Anesthesia</i>

	This modifier should not be appended to an E/M service.	<ul style="list-style-type: none"> · <i>Bilateral Procedures</i> · <i>Laboratory Services</i> · <i>Intensity Modulated Radiation Therapy (IMRT) Policy, Professional and Facility</i> · <i>Medically Unlikely Edits (MUE)</i> · <i>Mohs Micrographic Surgery</i> · <i>Molecular Pathology</i> · <i>Multiple Procedure Payment Reduction (MPPR) for Diagnostic Imaging</i> · <i>Professional/Technical Component</i> · <i>Rebundling and NCCI Edits, Professional</i> · <i>Time Span Codes</i>
62		<ul style="list-style-type: none"> · <i>Co-Surgeon/Team Surgeon</i> · <i>Multiple Procedures Payment Reduction (MPPR) for Medical and Surgical Services</i>
63	This modifier should not be appended to any CPT code listed in the Evaluation and Management Services, Anesthesia, Radiology, Pathology/Laboratory, or Medicine sections.	<ul style="list-style-type: none"> · <i>Increased Procedural Services</i>
66		<ul style="list-style-type: none"> · <i>Co-Surgeon/Team Surgeon</i> · <i>Multiple Procedures Payment Reduction (MPPR) for Medical and Surgical Services</i>
73	This modifier is approved for ambulatory surgery center (ASC) hospital outpatient use	<ul style="list-style-type: none"> · <i>Modifiers Not Reimbursable to Healthcare Professionals</i>
74	This modifier is approved for ambulatory surgery center (ASC) hospital outpatient use	<ul style="list-style-type: none"> · <i>Modifiers Not Reimbursable to Healthcare Professionals</i>
76	<p>This modifier should not be appended to an E/M service.</p> <p>For repeat laboratory tests performed on the same day, use modifier 91. For multiple specimens/sites use modifier 59</p>	<ul style="list-style-type: none"> · <i>Anesthesia</i> · <i>Laboratory Services</i> · <i>Medically Unlikely Edits (MUE)</i> · <i>Multiple Procedure Payment Reduction (MPPR) for Diagnostic Imaging</i> · <i>Professional/Technical Component</i> · <i>Rebundling and NCCI Edits, Professional</i> · <i>Time Span Codes</i>
77	<p>This modifier should not be appended to an E/M service.</p> <p>For repeat laboratory tests performed on the same day, use modifier 91. For multiple specimens/sites use modifier 59.</p>	<ul style="list-style-type: none"> · <i>Anesthesia</i> · <i>Laboratory Services</i> · <i>Medically Unlikely Edits (MUE)</i> · <i>Professional/Technical Component</i>

78		· Anesthesia
		· Global Days
		· Multiple Procedures Payment Reduction (MPPR) for Medical and Surgical Services
		· Rebundling and NCCI Edits, Professional
79		· Anesthesia
		· Global Days
		· Rebundling and NCCI Edits, Professional
80		· Assistant-at-Surgery
		· Co-Surgeon/Team Surgeon
		· Multiple Procedures Payment Reduction (MPPR) for Medical and Surgical Services
81		· Assistant-at-Surgery
		· Co-Surgeon/Team Surgeon
		· Multiple Procedures Payment Reduction (MPPR) for Medical and Surgical Services
82		· Assistant-at-Surgery
		· Co-Surgeon/Team Surgeon
		· Multiple Procedures Payment Reduction (MPPR) for Medical and Surgical Services
90		· Laboratory Services
91		· Laboratory Services
		· Medically Unlikely Edits (MUE)
		· Mohs Micrographic Surgery
		· Professional/Technical Component
		· Rebundling and NCCI Edits, Professional
92		· Laboratory Services
95		· Telehealth and Telemedicine
AA		· Anesthesia
AD		· Anesthesia
AS		· Assistant Surgeon
		· Co-Surgeon/Team Surgeon
		· Multiple Procedures Payment Reduction (MPPR) for Medical and Surgical Services
E1-E4		· Bilateral Procedures
		· Medically Unlikely Edits (MUE)
		· Professional/Technical Component
		· Rebundling and NCCI Edits, Professional
FA, F1-F9		· Bilateral Procedures
		· Medically Unlikely Edits (MUE)
		· Professional/Technical Component
		· Rebundling and NCCI Edits, Professional

FT		· <i>Global Days</i>
G0		· <i>Telehealth and Telemedicine</i>
G8		· <i>Anesthesia</i>
G9		· <i>Anesthesia</i>
GC		· <i>Anesthesia</i>
GN		· <i>Physical Medicine & Rehabilitation: Speech Therapy</i>
GO		· <i>Physical Medicine & Rehabilitation: PT, OT, and Evaluation & Management</i>
GP		· <i>Physical Medicine & Rehabilitation: PT, OT, and Evaluation & Management</i>
GQ		· <i>Telehealth and Telemedicine</i>
GT		· <i>Telehealth and Telemedicine</i>
JW		· <i>Discarded Drugs and Biologicals, Professional</i>
KH, KI, KJ, KM, KN, KR, MS, NR, NU, RR, TW, UE		· <i>Durable Medical Equipment, Orthotics and Prosthetics Multiple Frequency</i>
LC, LD, LM, RC, RI		· <i>Medically Unlikely Edits (MUE)</i>
		· <i>Professional/Technical Component</i>
LT		· <i>Bilateral Procedures</i>
		· <i>Durable Medical Equipment, Orthotics and Prosthetics Multiple Frequency</i>
		· <i>Global Days</i>
		· <i>Medically Unlikely Edits (MUE)</i>
		· <i>Professional/Technical Component</i>
PO		· <i>Rebundling and NCCI Edits, Professional</i>
		· <i>Services and Modifiers Not Reimbursable to Healthcare Professionals</i>
QK		· <i>Anesthesia</i>
QS		· <i>Anesthesia</i>
QX		· <i>Anesthesia</i>
QY		· <i>Anesthesia</i>
QZ		· <i>Anesthesia</i>
RT		· <i>Bilateral Procedures</i>
		· <i>Durable Medical Equipment, Orthotics and Prosthetics Multiple Frequency</i>
		· <i>Global Days</i>
		· <i>Medically Unlikely Edits (MUE)</i>
		· <i>Professional/Technical Component</i>
		· <i>Rebundling and NCCI Edits, Professional</i>

TA, T1-T9		<ul style="list-style-type: none"> · <i>Bilateral Procedures</i> · <i>Medically Unlikely Edits (MUE)</i> · <i>Professional/Technical Component</i> · <i>Rebundling and NCCI Edits, Professional</i>
TC		<ul style="list-style-type: none"> · <i>Intraoperative Neuromonitoring</i> · <i>Multiple Procedure Payment Reduction (MPPR) for Cardiovascular and Ophthalmology</i> · <i>Multiple Procedure Payment Reduction (MPPR) for Diagnostic Imaging</i> · <i>Multiple Procedures Payment Reduction (MPPR) for Medical and Surgical Services</i> · <i>Professional/Technical Component</i>
XE	HCPSC modifiers for selective identification of subsets of Distinct Procedural Services [-59 modifier]	<ul style="list-style-type: none"> · <i>Anesthesia</i> · <i>Laboratory Services</i> · <i>Medically Unlikely Edits (MUE)</i> · <i>Multiple Procedure Payment Reduction (MPPR) for Diagnostic Imaging</i> · <i>Professional/Technical Component</i> · <i>Rebundling and NCCI Edits, Professional</i>
XP	HCPSC modifiers for selective identification of subsets of Distinct Procedural Services [-59 modifier]	<ul style="list-style-type: none"> · <i>Laboratory Services</i> · <i>Molecular Pathology</i> · <i>Professional/Technical Component</i> · <i>Rebundling and NCCI Edits, Professional</i>
XS	HCPSC modifiers for selective identification of subsets of Distinct Procedural Services [-59 modifier]	<ul style="list-style-type: none"> · <i>Bilateral Procedures</i> · <i>Laboratory Services</i> · <i>Medically Unlikely Edits (MUE)</i> · <i>Mohs Micrographic Surgery</i> · <i>Professional/Technical Component</i> · <i>Rebundling and NCCI Edits, Professional</i>
XU	HCPSC modifiers for selective identification of subsets of Distinct Procedural Services [-59 modifier]	<ul style="list-style-type: none"> · <i>Anesthesia</i> · <i>Laboratory Services</i> · <i>Medically Unlikely Edits (MUE)</i> · <i>Mohs Micrographic Surgery</i> · <i>Molecular Pathology</i> · <i>Professional/Technical Component</i> · <i>Rebundling and NCCI Edits, Professional</i>

Reimbursement Policy to Modifier Reference Table

Reimbursement Policy	Modifiers addressed within the reimbursement policy
Add On Code Policy, Professional	N/A

Anesthesia Policy, Professional	22, 23, 47, 59, 76, 77, 78, 79, AA, AD, GC, G8, G9, QK, QS, QX, QY, QZ, XE, XU
Assistant-at-Surgery Services Policy, Professional	80, 81, 82, AS
Bilateral Procedures Policy, Professional	50, 52, 59, LT, RT
Brace Supply Codes Direct Sourced Edit	N/A
Clinical Laboratory Improvement Amendments (CLIA) ID Requirement Policy, Professional	QW
Co-Surgeon/Team Surgeon, Professional	50, 62, 66, 80, 81, 82, AS
Discarded Drugs and Biologicals, Professional	JW
Durable Medical Equipment Charges in a Skilled Nursing Facility, Professional	N/A
Durable Medical Equipment, Orthotics and Prosthetics Policy, Professional	KH, KI, KJ, KM, KN, KR, KX, LT, MS, NR, NU, RR, RT, UE
Emergency Department (ED) Evaluation and Management (E&M) Coding Policy, Facility	N/A
Evaluation and Management (E/M) Policy, Professional	N/A
From -To Date Policy, Professional	N/A
Global Days Policy, Professional	24, 25, 57, 58, 78, 79, FT, RT, LT
Hospital Acquired Conditions, Facility	N/A
Inappropriate Primary Diagnosis Policy, Facility	N/A
Incident To Services Policy, Professional	N/A
Increased Procedural Service Policy, Professional	22, 63
Intensity Modulated Radiation Therapy (IMRT) Policy, Professional and Facility	59, XU
Intraoperative Neuromonitoring Policy, Professional (IONM)	26, TC
Laboratory Services Policy, Professional	59, 76, 77, 90, 91, 92, XE, XP, XS, XU
Medically Unlikely Edits (MUE) Policy, Professional	59, 76, 77, 91, E1, E2, E3, E4, FA, F1, F2, F3, F4, F5, F6, F7, F8, F9, LC, LD, LM, LT, RC, RI, RT, TA, T1, T2, T3, T4, T5, T6, T7, T8, T9, JW, XE, XP, XS, XU
Medicare Physician Fee Schedule Status Indicator, Professional	N/A
Microsurgery, Professional	N/A
Modifiers Not Reimbursable to Healthcare Professionals, Professional	27, 73, 74, PO
Mohs Micrographic Surgery Policy, Professional	58, 59, XS, XU

Molecular Pathology Policy, Professional and Facility	59, XE, XU
Multiple Procedure Payment Reduction (MPPR) for Diagnostic Cardiovascular and Ophthalmology Procedures, Professional	26, TC
Multiple Procedure Payment Reduction (MPPR) for Diagnostic Imaging f/k/a Radiology Multiple Imaging Reduction, Professional	26, 59, 76, TC, XE
Multiple Procedure Payment reduction (MPPR) for Medical and Surgical Services, Professional	26, 50, 51, 53, 62, 66, 78, 80, 81, 82, AS, TC
Multiple Procedure Payment Reduction (MPPR) for Therapy Services, Professional	GO, GN, GP
National Drug Code (NDC) Requirement Professional and Facility	N/A
New Patient Visit Policy Professional	N/A
Non-Chemotherapy Injection and Infusion Services Policy, Professional	25
Nonphysician Health Care Professionals Billing E/M Codes, Professional	N/A
Observation and Discharge Policy, Professional and Facility	24, 25, 27
Once in a Lifetime Procedures Policy, Professional	53, 55, 56, 58
Procedure and Place of Service Policy, Professional	26, 54, 55, 56, 57, 58
Procedure to Modifier Policy, Professional	CO, CQ, CT, FX, FY, GN, GO, GP, UN, UP, UQ, UR, US
Professional/Technical Component Policy, Professional	26, 59, 76, 77, 91, E1, E2, E3, E4, FA, F1, F2, F3, F4, F5, F6, F7, F8, F9, LC, LD, LM, LT, RC, RI, RT, TC, TA, T1, T2, T3, T4, T5, T6, T7, T8, T9, XE, XP, XS, XU
Rebundling and NCCI Edits, Professional	24, 25, 57, 58, 59, 76, 78, 79, 91, E1, E2, E3, E4, LC, LD, LM, LT, RC, RI, RT, TA, T1, T2, T3, T4, T5, T6, T7, T8, T9, FA, F1, F2, F3, F4, F5, F6, F7, F8, F9, XE, XP, XS, XU
Reduced Services and Discontinued Procedures, Professional	52, 53
Same Day, Same Service Policy, Professional	25
Services Included in Facility Reimbursement, Professional	N/A
Split Surgical Package Policy, Professional	54, 55, 56
Standby Services Policy, Professional	N/A
Supply Policy, Professional	N/A
Telehealth and Telemedicine Policy, Professional	95, G0, GQ, GT

Time Span Codes Policy, Professional	52, 59, 76
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Resources
American Medical Association, <i>Current Procedural Terminology</i> (CPT®) and associated publications and services.
Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services
Centers for Medicare and Medicaid Services, Healthcare Common Procedure Coding System, HCPCS Release and Code Sets

History	
3/1/2026	Policy Version Change Anniversary Review
6/1/2025	Policy Version Change Anniversary Review
03/01/2022	New policy