Level II HCPCS (National) Modifiers

Modifiers are informational only. Use of these modifiers, in and of themselves, will have no effect on the health plan payment amount.

Approved Modifier	National Modifier Description	Program-Specific Use of the Modifier and Special Considerations
E1 NCCI Associated	Upper left, eyelid	Use modifier SC with CPT-4 code 68761 (closure of lacrimal punctum; by thermocauterization, ligation, or laser surgery; by plug, each) to indicate use of temporary collagen punctal plugs. Modifiers E1 thru E4 are used in connection with permanent silicone punctal plugs and procedures on the eyelids.
E2 NCCI associated	Lower left, eyelid	Same as above
E3 NCCI Associated	Upper right, eyelid	Same as above
E4 NCCI Associated	Lower right, eyelid	Same as above
ET	Emergency services	
F1 NCCI Associated	Left hand, second digit	
F2 NCCI Associated	Left hand, third digit	
F3 NCCI Associated	Left hand, fourth digit	
F4 NCCI Associated	Left hand, fifth digit	
F5 NCCI Associated	Right hand, thumb	
F6 NCCI Associated	Right hand, second digit	
F7 NCCI Associated	Right hand, third digit	

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F8 NCCI Associated	Right hand, fourth digit	
F9 NCCI Associated	Right hand, fifth digit	
FA NCCI Associated	Left hand, thumb	
FP	Family planning services	Add modifier to HCPCS and CPT-4 codes as appropriate: Z1032 – Z1038 + FP Z6200 – Z6500 + FP 59400 + FP 59510 + FP 59610 + FP 59618 + FP 99201 – 99215 + FP 99241 – 99245 + FP 99281 – 99285 + FP 99341 – 99353 + FP 99384 + FP 99394 + FP
GC	Physician services provided by a resident and teaching physician	Add modifier to CPT-4 codes 99201 – 99499 (Evaluation and Management Services) as appropriate.
GN	Service delivered under an outpatient speech-language pathology plan of care	Used by LEA to denote licensed speech-language pathologists and speech-language pathologists. See *Local Educational Agency (LEA)* in the appropriate Part 2 manual for more information.
GO	Service delivered under an outpatient occupational therapy plan of care	Used by LEA to denote registered occupational therapists. See *Local Educational Agency (LEA)* in the appropriate Part 2 manual for more information.
GP	Service delivered under an outpatient physical therapy plan of care	Used by LEA to denote licensed physical therapists. See *Local Educational Agency (LEA)* in the appropriate Part 2 manual for more information.
GQ	Via asynchronous telecommunications system	Used to denote store-and-forward telecommunications system.
GT	Service rendered via interactive audio and video telecommunications systems	Used to denote real-time telecommunications system.

Approved Modifier	National Modifier Description	Program-Specific Use of the Modifier and Special Considerations
GU	Waiver of liability statement issued as required by payer policy, routine notice	
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	Used to denote that the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) recipient with full-scope Medi-Cal has started a physician-ordered course of treatment before reaching 21 years of age and the recipient is to complete the course of the prescribed treatment; OR the recipient started a physician-ordered course of treatment before July 1, 2009, and required additional time to complete treatment after this date. GY is to be used ONLY for services exempted from the optional benefits exclusion policy. Use of GY only applies to medical/surgical care required for the treatment and the resolution of the acute episode.
HA	Child/adolescent program	Used by pediatric subacute facility to denote that the patient is a child.
HB	Adult program, nongeriatric	Used by adult subacute facility to denote that the patient is an adult.
HN	Ambulance service origin code H (hospital) with ambulance service destination code N (skilled nursing facility)	Ambulance modifier H may be used in conjunction with modifier N (H+N) to indicate transportation from an acute care hospital to a skilled nursing facility. When billed with modifier QN, modifier HN must be in the first modifier position.
HO	Masters degree level	Used by LEA to denote program specialists. See *Local Educational Agency (LEA)* in the appropriate Part 2 manual for more information.
HT	Multi-disciplinary team	Used by California Community Transition (CCT) Demonstration providers to denote CCT services.
J4	DMEPOS item subject to DMEPOS competitive bidding program that is furnished by a hospital upon discharge	Allowable but not required for all DME codes.
KC	Replacement of special power wheelchair interface	

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KX	Requirements specified in the medical policy have been met	Specific required documentation on file.
LC NCCI Associated	Left circumflex coronary artery	
LD NCCI Associated	Left anterior descending coronary artery	
LM †	Left main coronary artery	
LT NCCI Associated	Left side (used to identify procedures performed on the left side of the body)	
NB	Nebulizer system, any type, FDA-cleared for use with specific drug	
NU	New equipment	Used to denote purchase of new equipment.
P1*	A normal, healthy patient	Used to denote anesthesia services provided to a normal, uncomplicated patient.
P3*	A patient with severe systemic disease	Used to denote anesthesia services provided to a patient with severe systemic disease.
P4*	A patient with severe systemic disease that is a constant threat to life	Used to denote anesthesia services provided to a patient with severe systemic disease that is a constant threat to life.
P5*	A moribund patient who is not expected to survive without the operation	Used to denote anesthesia services provided to a moribund patient who is not expected to survive without the operation.
PA	Surgery, wrong body part	Allowable for all procedure codes.
PB	Surgery, wrong patient	Allowable for all procedure codes.
PC	Wrong surgery on patient	Allowable for all procedure codes.
PI	Positron emission tomography (PET) or PET/computed tomography (CT) to inform initial treatment strategy of tumors	Allowable but not required for all radiology procedure codes.
PS	PET or PET/CT to inform the subsequent treatment strategy of cancerous tumors	Allowable but not required for all radiology procedure codes.
PT	Colorectal cancer screening test; converted to diagnostic test or other procedure	

Approved Modifier	National Modifier Description	Program-Specific Use of the Modifier and Special Considerations
QE	Prescribed amount of oxygen is less than one liter per minute (LPM)	
QF	Prescribed amount of oxygen exceeds four liters per minute (LPM) and portable oxygen is prescribed	
QG	Prescribed amount of oxygen is greater than four liters per minute (LPM)	Use this modifier if portable oxygen is NOT prescribed.
QK	Medical direction of two, three or four concurrent anesthesia procedures involving qualified individuals	Note: Modifier QK will also be used when billing for the supervision of one anesthesia procedure.
QN	Ambulance service furnished directly by a provider of services	May be used in conjunction modifier HN for medical transportation, which is the combination of ambulance service origin code H (hospital) and ambulance service destination code N (skilled nursing facility).
QP	Documentation is on file showing that the laboratory test(s) was ordered individually or ordered as a CPT-recognized panel other than automated profile codes 80002 – 80019, G0058, G0059 and G0060	Used for lab codes where documentation is on file showing that the test was ordered individually.
QS	Monitored anesthesia care service	Used by California Children's Services (CCS) to denote monitored anesthesia care.
QW	CLIA waived test	Used to indicate that the provider is performing testing for the procedure with the use of a specific test kit from manufacturers identified by the Centers for Medicare & Medicaid Services (CMS).
QX	CRNA service: with medical direction by a physician	
QY	Medical direction of one certified registered nurse anesthetist (CRNA) by an anesthesiologist	
QZ	CRNA service: without medical direction by a physician	
RA	Replacement	Used to indicate replacement vision care frames and lenses.

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RB	Replacement as part of a repair	Used to indicate replacement parts during repair of Durable Medical Equipment (DME), including parts of eyeglass frames.
RC NCCI Associated	Right coronary artery	
RI †	Ramus intermedius	
RR	Rental	Used to indicate when DME is to be rented.
RT NCCI Associated	Right side (used to identify procedures performed on the right side of the body)	
SA	Nurse practitioner rendering service in collaboration with a physician	
SB	Nurse midwife	Used when Certified Nurse Midwife service is billed by a physician, hospital outpatient department or organized outpatient clinic (not by CNM billing under his or her own provider number).
SC	Medically necessary service or supply	
SE	State and/or federally funded programs/services	
SK	Member of high-risk population (use only with codes for immunization)	
SL	State-supplied vaccine	Used for Vaccines For Children (VFC) program recipients through 18 years of age.
T1 NCCI Associated	Left foot, second digit	
T2 NCCI Associated	Left foot, third digit	
T3 NCCI Associated	Left foot, fourth digit	
T4 NCCI Associated	Left foot, fifth digit	
T5 NCCI Associated	Right foot, great toe	

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T6 NCCI Associated	Right foot, second digit	
T7 NCCI Associated	Right foot, third digit	
T8 NCCI Associated	Right foot, fourth digit	
T9 NCCI Associated	Right foot, fifth digit	
TA NCCI Associated	Left foot, great toe	
TC	Technical component	
TD	Registered nurse (RN)	
TE	Licensed practical nurse (LPN)/ Licensed vocational nurse (LVN)	Used by LEA to denote licensed vocational nurses. See *Local Educational Agency (LEA)* in the appropriate Part 2 manual for more information. Used by Pediatric Palliative Care Waiver Program (PPCWP) to denote licensed vocational nurses providing services to children receiving palliative care services.
TH	Obstetrical treatment/services, prenatal or postpartum	Used to denote that the service rendered is ONLY for pregnancy-related services and services for the treatment of other conditions that might complicate the pregnancy. Modifier TH can be used for up to 60 days after termination of pregnancy. TH is to be used ONLY for services exempted from the optional benefits exclusion policy.
TL	Early intervention/ Individualized Family Services Plan (IFSP)	Used by LEA to denote that service is part of IFSP. See *Local Educational Agency (LEA)* in the appropriate Part 2 manual for more information.
TM	Individualized Education Plan (IEP)	Used by LEA to denote that service is part of individualized education plan. See *Local Educational Agency (LEA)* in the appropriate Part 2 manual for more information.

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TS	Follow-up service	Used by LEA to denote an amended re-assessment. See *Local Educational Agency (LEA)* in the appropriate Part 2 manual for more information.
TT	Individualized service provided to more than one patient in same setting	Used by Home and Community-Based Services (HCBS) Waiver Program to denote services provided to two HCBS Nursing Facility/Acute Hospital (NF/AH) Waiver recipients who reside in the same residence. Also referred to as shared services.
TU	Special payment rate, overtime, (air ambulance transportation only), (emergency or non-emergency)	Used by medical transportation to bill for waiting time in excess of the first 15 minutes, in one-half (1/2) hour increments.
U1	Medicaid level of care 1, as defined by each state	Used by HCBS Waiver Program to denote skilled nursing services A or B level of care. Also used with HCPCS code A4269 to indicate the type of spermicide (gel, jelly, foam, cream). See the *Family Planning* section in the appropriate Part 2 manual or the *Family PACT Policies, Procedures and Billing Instructions (PPBI)* manual for details.
U2	Medicaid level of care 2, as defined by each state	Used by HCBS Waiver Program to denote skilled nursing services A or B level of care. Also used with HCPCS code A4269 to indicate the type of spermicide (suppository). See the *Family Planning* section in the appropriate Part 2 manual or the *Family PACT PPBI* manual for details.
U3	Medicaid level of care 3, as defined by each state	Used by HCBS Waiver Program to denote skilled nursing services A or B level of care. Also used with HCPCS code A4269 to indicate the type of spermicide (vaginal film). See the *Family Planning* section in the appropriate Part 2 manual or the *Family PACT PPBI* manual for details.
U4	Medicaid level of care 4, as defined by each state	Also used with HCPCS code A4269 to indicate the type of spermicide (contraceptive sponge). See the *Family Planning* section in the appropriate Part 2 manual or the *Family PACT PPBI* manual for details.
U5	Medicaid level of care 5, as defined by each state	Used with HCPCS code J3490 to indicate emergency contraceptive pills (ulipristal acetate). See the *Family Planning* section in the appropriate Part 2 manual or the *Family PACT PPBI* manual for details.

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U6	Medicaid level of care 6, as defined by each state	Used by HCBS Waiver Program to separate California Community Transitions (CCT) services from other waiver services. Used with HCPCS code J3490 to indicate emergency contraceptive pills (levonorgestrel). See the *Family Planning* section in the appropriate Part 2 manual or the *Family PACT PPBI* manual for details. Also used by Family PACT (Planning, Access, Care and Treatment) Program with HCPCS codes 99401, 99402 and 99403 to indicate Education and Counseling (E&C) services. See the *Family PACT PPBI* manual for details.
U7	Medicaid level of care 7, as defined by each state	Used to denote services rendered by Physician Assistant (PA).
U8	Medicaid level of care 8, as defined by each state	Used with HCPCS code J3490 to indicate medroxyprogesterone acetate for contraceptive use.
U9	Medicaid level of care 9, as defined by each state	Used to denote services rendered by licensed midwife (LM).
UA	Medicaid level of care 10, as defined by each state	Used for surgical or non-general anesthesia related supplies and drugs, including surgical trays and plaster casting supplies, provided in conjunction with a surgical procedure code. Also used to indicate outpatient heroin detoxification services per visit, days 1 – 7. See the *Heroin Detoxification Billing Codes* section for details.
UB	Medicaid level of care 11, as defined by each state	Used for surgical or general anesthesia related supplies and drugs, including surgical trays and plaster casting supplies, provided in conjunction with a surgical procedure code. Also used to indicate outpatient heroin detoxification services per visit, days 8 – 21. See the *Heroin Detoxification Billing Codes* section for details.
UC	Medicaid level of care 12, as defined by each state	Used to indicate outpatient heroin detoxification services once per week, days 8 – 21 (in lieu of UB). See the *Heroin Detoxification Billing Codes* section for details.
UD	Medicaid level of care 13, as defined by each state	Used by Section 340B providers to denote services provided or drugs purchased under this program.

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UJ	Services provided at night	Used by medical transportation to indicate that services were provided between 7 p.m. and 7 a.m.
UN	Two patients served	Used to indicate that two patients were served in medical transportation.
UP	Three patients served	Used to indicate that three patients were served in medical transportation.
UQ	Four patients served	Used to indicate that four patients were served in medical transportation.
UR	Five patients served	Used to indicate that five patients were served in medical transportation.
US	Six or more patients served	Used to indicate that six or more patients were served in medical transportation.
V5	Any vascular catheter (alone or with any other vascular access)	Allowable for all procedure codes.
V6	Arteriovenous graft (or other vascular access not including a vascular catheter)	Allowable for all procedure codes.
V7	Arteriovenous fistula only (in use with two needles)	Allowable for all procedure codes.
XE NCCI Associated	Separate encounter: a service that is distinct because it occurred during a separate encounter	
XP NCCI Associated	Separate practitioner: a service that is distinct because it was performed by a different practitioner	
XS NCCI Associated	Separate structure: a service that is distinct because it was performed on a separate organ/structure	
XU NCCI Associated	Unusual non-overlapping service: the use of a service that is distinct because it does not overlap usual components of the main service	
YW	Not applicable. This is an interim (local) modifier.	Required professional experience (applies only to speech therapists and audiologists).

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ZL	Not applicable. This is an interim (local) modifier.	This modifier is used to certify that initial comprehensive antepartum office visit occurred within 16 weeks of the last menstrual period (LMP) (up to and including pregnancies of 16 weeks and 0/7ths days gestation only). Used with HCPCS code Z1032 only. (Reimbursed only once during pregnancy – service limitation of once in nine months.) Use of this modifier adds $56.63 to reimbursement. Available only to Comprehensive Perinatal Services Program (CPSP) providers. For enrollment information, see *Pregnancy: Comprehensive Perinatal Services Program (CPSP)* in the appropriate Part 2 manual.

* Check the CPT Book for Guidelines in using this modifier

† NCCI associated