

Modifiers

The Medical Clean Claims Task force has developed this modifier grid to identify modifiers that are considered to be important in the overall adjudication of a claim from a commercial payer perspective. Modifiers that are not included in this grid have intentionally been left off. Their usage was deemed to be either informational in nature, used solely for the purposes of Government programs such as Medicare and Medicaid, or out of the scope of the task force. Please refer to the individual Edit/Payment rule documents for specific information on modifier usage when noted.

Modifier	Modifier Definition	Cross reference	Guidelines
Modifier 22 Increased Procedural Services	Description: When the work required to provide a service is substantially greater than typically required, it may be identified by adding modifier 22 to the usual procedure code. Documentation must support the substantial additional work and the reason for the additional work (i.e., increased intensity, time, technical difficulty of procedure, severity of patient's condition, physical and mental effort required). Note: This modifier should not be appended to an E/M service.	This modifier can be located in the following rule(s): <ul style="list-style-type: none"> • Anesthesia • Global Maternity 	<ul style="list-style-type: none"> • This modifier is not utilized to override any edits. • Modifier should be appended to the procedure when the provider is seeking additional compensation for the procedure due to the increased service. • This modifier can be appended to surgical and non-surgical procedures. • This modifier cannot be appended to an E/M service. • Documentation of the unusual circumstances must accompany the claim (e.g., a copy of the operative report and a separate statement written by the physician explaining the unusual amount of work required).
Modifier 23: Unusual Anesthesia	Description: Occasionally, a procedure, which usually requires either no anesthesia or local anesthesia, because of unusual circumstances must be done under general anesthesia. This circumstance may be reported by adding modifier 23 to the procedure code of the basic service.	This modifier can be located in the following rule(s): <ul style="list-style-type: none"> • Anesthesia 	<ul style="list-style-type: none"> • This modifier is not utilized to override any edits. • Modifier should be appended to the procedure when the provider is seeking additional compensation for the procedure due to the increased service • Documentation of the unusual circumstances must accompany the claim (e.g., a copy of the operative report and a separate statement written by the physician explaining the unusual amount of work required).
Modifier 24: Unrelated Evaluation and Management Service by the Same Physician During a Postoperative Period	Description: The physician may need to indicate that an evaluation and management service was performed during a postoperative period for a reason(s) unrelated to the original procedure. This circumstance may be reported by adding modifier 24 to the appropriate level of E/M service.	This modifier can be located in the following rule(s): <ul style="list-style-type: none"> • Global Procedure Days/Package • Global Maternity 	<ul style="list-style-type: none"> • This modifier may override specific edits related to post operative care. • Patient care has been performed by the same physician for surgery and the E/M service • Diagnosis must support that the claim is unrelated to initial procedure

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<p>Modifier 25: Significant Separately Identifiable Evaluation and Management Service by the Same Physician on the Same Day of the Procedure or Other Service</p>	<p>Description: It may be necessary to indicate that on the day a procedure or service identified by a CPT code was performed, the patient's condition required a significant, separately identifiable E/M service above and beyond the other service provided or beyond the usual preoperative and postoperative care associated with the procedure that was performed. A significant, separately identifiable E/M service is defined or substantiated by documentation that satisfies the relevant criteria for the respective E/M service to be reported (see Evaluation and Management Services Guidelines for instructions on determining level of E/M service). The E/M service may be prompted by the symptom or condition for which the procedure and/or service was provided. As such, different diagnoses are not required for reporting of the E/M services on the same date. This circumstance may be reported by adding modifier 25 to the appropriate level of E/M service. Note: This modifier is not used to report an E/M service that resulted in a decision to perform surgery. See modifier 57. For significant, separately identifiable non- E/M services, see modifier 59.</p>	<p>This modifier can be located in the following rule(s):</p> <ul style="list-style-type: none"> • Global Procedure Days/Package • Global Maternity • Procedure to Procedure 	<ul style="list-style-type: none"> • This modifier may override specific edits • Modifier 25 used when a significant problem is encountered while a preventive medicine service is performed, requiring additional work to perform the key components, appropriate outpatient code should also be reported with modifier 25 appended
<p>Modifier 26: Professional Component</p>	<p>Description: Certain procedures are a combination of a physician component and a technical component. When the physician component is reported separately, the service may be identified by adding modifier 26 to the usual procedure number</p>	<p>This modifier can be located in the following rule(s):</p> <ul style="list-style-type: none"> • Professional and Technical Component <p style="color: red;">Is this modifier supposed to be listed in one of the frequency policies</p>	<ul style="list-style-type: none"> • This modifier can be used to override an edit
<p>Modifier 50: Bilateral Procedure</p>	<p>Description: Unless otherwise identified in the listings, bilateral procedures that are performed at the same session, should be identified by adding modifier 50 to the appropriate 5 digit code.</p>	<p>This modifier can be located in the following rule(s):</p> <ul style="list-style-type: none"> • Bilateral Procedures 	<ul style="list-style-type: none"> • This modifier can be used to override an edit. • This modifier should not be reported with radiology procedures.
<p>Modifier 51: Multiple procedures</p>	<p>Description: When multiple procedures, other than E/M services, physical medicine and rehabilitation services or provision of supplies (e.g. vaccines) are performed at the same session by the same individual, the primary procedure or service may be reported as listed. The additional procedure(s) or service(s) may be identified by appending modifier 51 to the additional procedure or serviced code(s). Note: this modifier should not be appended to designated "add-on" codes (see Appendix D in the CPT code book).</p>	<p>This modifier can be located in the following rule(s):</p> <ul style="list-style-type: none"> • Multiple Endoscopy Reduction • Multiple Procedure Reduction • Global Maternity 	<ul style="list-style-type: none"> • This modifier does not override an edit. • Health Plans may not utilize this modifier in the adjudication of a claim.

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<p>Modifier 52: Reduced Services</p>	<p>Description: Under certain circumstances a service or procedure is partially reduced or eliminated at the physician's discretion. Under these circumstances the service provided can be identified by its usual procedure number and the addition of modifier 52, signifying that the service is reduced. This provides a means of reporting reduced services without disturbing the identification of the basic service. Note: For hospital outpatient reporting of a previously scheduled procedure/service that is partially reduced or cancelled as a result of extenuating circumstances or those that threaten the well-being of the patient prior to or after administration of anesthesia, see modifiers 73 and 74 (see modifiers approved for ASC hospital outpatient use).</p>	<p>This modifier has not been identified in any other rule.</p>	<ul style="list-style-type: none"> • This modifier does not override an edit. • Health Plans may apply a payment adjustment based on the modifier. Documentation of the unusual circumstances may be required to accompany the claim (e.g., a copy of the operative report and a separate statement written by the physician explaining the unusual amount of work required).
<p>Modifier 53: Discontinued procedure</p>	<p>Description: Under certain circumstances, the physician may elect to terminate a surgical or diagnostic procedure. Due to extenuating circumstances or those that threaten the well being of the patient, it may be necessary to indicate that a surgical or diagnostic procedure was started but discontinued. This circumstance may be reported by adding modifier 53 to the code reported by the physician for the discontinued procedure. Note: This modifier is not used to report the elective cancellation of a procedure prior to the patient's anesthesia induction and/or surgical preparation in the operating suite. For outpatient hospital/ambulatory surgery center (ASC) reporting of a previously scheduled procedure/service that is partially reduced or cancelled as a result of extenuating circumstances or those that threaten the well being of the patient prior to or after administration of anesthesia, see modifiers 73 and 74 (see modifiers approved for ASC hospital outpatient use).</p>	<p>This modifier has not been identified in any other rule.</p>	<ul style="list-style-type: none"> • This modifier does not override an edit. • Health Plans may apply a payment adjustment based on the modifier. Documentation of the unusual circumstances may be required to accompany the claim (e.g., a copy of the operative report and a separate statement written by the physician explaining the unusual amount of work required).
<p>Modifier 54: Surgical Care Only</p>	<p>Description: When 1 physician performs a surgical procedure and another provides preoperative and/or postoperative management, surgical services may be identified by adding modifier 54 to the usual procedure number.</p>	<p>This modifier can be located in the following rule(s):</p> <ul style="list-style-type: none"> • Global Procedure Days/Package 	<ul style="list-style-type: none"> • This modifier can be used to override an edit.
<p>Modifier 55: Postoperative Management Only</p>	<p>Description: When 1 physician performed the postoperative management and another physician performed the surgical procedure, the postoperative component may be identified by adding modifier 55 to the usual procedure number.</p>	<p>This modifier can be located in the following rule(s):</p> <ul style="list-style-type: none"> • Global Procedure Days/Package 	<ul style="list-style-type: none"> • This modifier can be used to override an edit.

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<p>Modifier 56: Preoperative Management Only</p>	<p>Description: When 1 physician performed the preoperative care and evaluation and another physician performed the surgical procedure, the preoperative component may be identified by adding modifier 56 to the usual procedure number.</p>	<p>This modifier can be located in the following rule(s):</p> <ul style="list-style-type: none"> • Global Procedure Days/Package 	<ul style="list-style-type: none"> • This modifier can be used to override an edit.
<p>Modifier 57: Decision for Surgery</p>	<p>Description: An evaluation and management service that resulted in the initial decision to perform the surgery may be identified by adding modifier 57 to the appropriate level of E/M service.</p>	<p>This modifier can be located in the following rule(s):</p> <ul style="list-style-type: none"> • Global Maternity 	<ul style="list-style-type: none"> • This modifier can be used to override an edit.
<p>Modifier 58: Staged or Related Procedure or Service by the Same Physician During the Postoperative Period</p>	<p>Description: It may be necessary to indicate that the performance of a procedure or service during the postoperative period was: (a) planned or anticipated (staged); (b) more extensive than the original procedure; or (c) for therapy following a surgical procedure. This circumstance may be reported by adding modifier 58 to the staged or related procedure. Note: For treatment of a problem that requires a return to the operating/procedure room (e.g., unanticipated clinical condition), see modifier 78.</p>	<p>This modifier can be located in the following rule(s):</p> <ul style="list-style-type: none"> • Global Procedure Days/Package • Global Maternity 	<ul style="list-style-type: none"> • This modifier can be used to override an edit.
<p>Modifier 59: Distinct Procedural Service</p>	<p>Description: Under certain circumstances, it may be necessary to indicate that a procedure or service was distinct or independent from other non-E/M services performed on the same day. Modifier 59 is used to identify procedures/services, other than E/M services, that are not normally reported together, but are appropriate under the circumstances. Documentation must support a different session, different procedure or surgery, different site or organ system, separate incision/excision, separate lesion, or separate injury (or area of injury in extensive injuries) not ordinarily encountered or performed on the same day by the same individual. However, when another already established modifier is appropriate it should be used rather than modifier 59. Only if no more descriptive modifier is available, and the use of modifier 59 best explains the circumstances, should modifier 59 be used. Note: Modifier 59 should not be appended to an E/M service. To report a separate and distinct E/M service with a non-E/M service performed on the same date, see modifier 25.</p>	<p>This modifier can be located in the following rule(s):</p> <ul style="list-style-type: none"> • Multiple Endoscopy Reduction • Maximum Frequency Per Day • Procedure to Procedure 	<ul style="list-style-type: none"> • This modifier can be used to override an edit.

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<p>Modifier 62: Two Surgeons</p>	<p>Description: When 2 surgeons work together as primary surgeons performing distinct part(s) of a procedure, each surgeon should report his/her distinct operative work by adding modifier 62 to the procedure code and any associated add-on code(s) for that procedure as long as both surgeons continue to work together as primary surgeons. Each surgeon should report the co-surgery once using the same procedure code. If additional procedure(s) (including add-on procedure(s) are performed during the same surgical session, separate code(s) may also be reported with modifier 62 added. Note: If a co-surgeon acts as an assistant in the performance of additional procedure(s) during the same surgical session, those services may be reported using separate procedure code(s) with modifier 80 or modifier 82 added, as appropriate.</p>	<p>This modifier can be located in the following rule(s):</p> <ul style="list-style-type: none"> • Co-Surgery • Multiple Procedure Reduction 	<ul style="list-style-type: none"> • This modifier is not used to override an edit.
<p>Modifier 66: Surgical Team</p>	<p>Description: Under some circumstances, highly complex procedures (requiring the concomitant services of several physicians, often of different specialties, plus other highly skilled, specially trained personnel, various types of complex equipment) are carried out under the “surgical team” concept. Such circumstances may be identified by each participating physician with the addition of modifier 66 to the basic procedure number used for reporting services.</p>	<p>This modifier can be located in the following rule(s):</p> <ul style="list-style-type: none"> • Team Surgery • Multiple Procedure Reduction 	<ul style="list-style-type: none"> • This modifier is not used to override an edit.
<p>Modifier 76: Repeat Procedure or Service by Same Physician or Other Qualified Health Care Professional</p>	<p>Description: It may be necessary to indicate that a procedure or service was repeated by the same physician or other qualified health care professional subsequent to the original procedure or service. This circumstance may be reported by adding modifier 76 to the repeated procedure or service. Note: This modifier should not be appended to an E/M service.</p>	<p>This modifier can be located in the following rule(s):</p> <ul style="list-style-type: none"> • Global Procedure Days/Package • Maximum Frequency Per Day • Global Maternity 	<ul style="list-style-type: none"> • This modifier can be used to override an edit.
<p>Modifier 77: Repeat Procedure by Another Physician or Other Qualified Health Care Professional</p>	<p>Description: It may be necessary to indicate that a basic procedure or service was repeated by another physician or other qualified health care professional subsequent to the original procedure or service. This circumstance may be reported by adding modifier 77 to the repeated procedure or service. Note: This modifier should not be appended to an E/M service.</p>	<p>This modifier can be located in the following rule(s):</p> <ul style="list-style-type: none"> • Global Maternity <p style="color: red;">Is this modifier supposed to be listed in one of the frequency policies</p>	<ul style="list-style-type: none"> • This modifier can be used to override an edit.

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<p>Modifier 78: Unplanned Return to the Operating/Procedure Room by the Same Physician or Other Qualified Health Care Professional Following Initial Procedure for a Related Procedure During the Postoperative Period</p>	<p>Description: It may be necessary to indicate that another procedure was performed during the postoperative period of the initial procedure (unplanned procedure following initial procedure). When this procedure is related to the first, and requires the use of an operating/procedure room, it may be reported by adding modifier 78 to the related procedure. (For repeat procedures, see modifier 76.)</p>	<p>This modifier can be located in the following rule(s):</p> <ul style="list-style-type: none"> • Global Procedure Days/Package • Global Maternity <p>Is this modifier supposed to be listed in one of the frequency policies</p>	<ul style="list-style-type: none"> • This modifier can be used to override an edit.
<p>Modifier 79: Unrelated Procedure or Service by the Same Physician During the Postoperative Period</p>	<p>Description: The physician may need to indicate that the performance of a procedure or service during the postoperative period was unrelated to the original procedure. This circumstance may be reported by using modifier 79. (For repeat procedures on the same day, see modifier 76.)</p>	<p>This modifier can be located in the following rule(s):</p> <ul style="list-style-type: none"> • Global Procedure Days/Package • Global Maternity <p>Is this modifier supposed to be listed in one of the frequency policies</p>	<ul style="list-style-type: none"> • This modifier can be used to override an edit.
<p>Modifier 80: Assistant Surgeon</p>	<p>Description: Surgical assistant services may be identified by adding modifier 80 to the usual procedure number(s).</p>	<p>This modifier can be located in the following rule(s):</p> <ul style="list-style-type: none"> • Assistant at Surgery • Multiple Procedure Reduction <p>Is this modifier supposed to be listed in one of the frequency policies (when primary and assistant bill on same claim)</p>	<ul style="list-style-type: none"> • This modifier is not used to override an edit.
<p>Modifier 81: Minimum Assistant Surgeon</p>	<p>Description: Minimum surgical assistant services are identified by adding modifier 81 to the usual procedure number.</p>	<p>This modifier can be located in the following rule(s):</p> <ul style="list-style-type: none"> • Assistant at Surgery <p>Is this modifier supposed to be listed in one of the frequency policies</p>	<ul style="list-style-type: none"> • This modifier is not used to override an edit.
<p>Modifier 82: Assistant Surgeon (When Qualified Resident Surgeon Not Available)</p>	<p>Description: The unavailability of a qualified resident surgeon is a prerequisite for use of modifier 82 appended to the usual procedure code number(s).</p>	<p>This modifier can be located in the following rule(s):</p> <ul style="list-style-type: none"> • Assistant at Surgery <p>Is this modifier supposed to be listed in one of the frequency policies</p>	<ul style="list-style-type: none"> • This modifier is not used to override an edit.

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Modifier 90: Reference (Outside) Laboratory	Description: When laboratory procedures are performed by a party other than the treating or reporting physician, the procedure may be identified by adding modifier 90 to the usual procedure number.	This modifier can be located in the following rule(s): <ul style="list-style-type: none"> • Professional and Technical Component 	<ul style="list-style-type: none"> • This modifier can be used to override an edit. • Modifier 90 (outside laboratory) cannot be used by an ordering physician or other qualified health care professional to denote the performance of an anatomic pathology or subcellular/molecular pathology service unless the physician or other qualified health care professional has performed the professional component of the service.
Modifier 91: Repeat Clinical Diagnostic Test	Description: In the course of treatment of the patient, it may be necessary to repeat the same laboratory test on the same day to obtain subsequent (multiple) test results. Under these circumstances, the laboratory test performed can be identified by its usual procedure number and the addition of modifier 91. Note: This modifier may not be used when tests are rerun to confirm initial results; due to testing problems with specimens or equipment; or for any other reason when a normal, one-time, reportable result is all that is required. This modifier may not be used when other code(s) describe a series of test results (eg, glucose tolerance tests, evocative/suppression testing). This modifier may only be used for laboratory test(s) performed more than once on the same day on the same patient.	This modifier can be located in the following rule(s): <ul style="list-style-type: none"> • Laboratory rebundling • Maximum Frequency Per Day 	<ul style="list-style-type: none"> • This modifier can be used to override an edit.
Modifier AA :	Anesthesia Services performed personally by anesthesiologist	This modifier can be located in the following rule(s): <ul style="list-style-type: none"> • Anesthesia 	<ul style="list-style-type: none"> • This modifier is not used to override an edit.
Modifier AD :	Medical supervision by a physician, more than 4 concurrent anesthesia procedures	This modifier can be located in the following rule(s): <ul style="list-style-type: none"> • Anesthesia 	<ul style="list-style-type: none"> • This modifier is not used to override an edit.
Modifier AS:	Physician Assistant, Nurse Practitioner, or Clinical Nurse Specialist services for assistant at surgery	This modifier can be located in the following rule(s): <ul style="list-style-type: none"> • Assistant at Surgery Is this modifier supposed to be listed in one of the frequency policies	<ul style="list-style-type: none"> • This modifier can be used to override an edit.
Modifier E1:	Upper Left, Eyelid	This modifier can be located in the following rule(s): <ul style="list-style-type: none"> • Procedure to Procedure Is this modifier supposed to be listed in one of the frequency policies	<ul style="list-style-type: none"> • This modifier can be used to override an edit.

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Modifier E2 :	Lower Left, Eyelid	This modifier can be located in the following rule(s): <ul style="list-style-type: none"> • Procedure to Procedure Is this modifier supposed to be listed in one of the frequency policies	<ul style="list-style-type: none"> • This modifier can be used to override an edit.
Modifier E3:	Upper Right, Eyelid	This modifier can be located in the following rule(s): <ul style="list-style-type: none"> • Procedure to Procedure Is this modifier supposed to be listed in one of the frequency policies	<ul style="list-style-type: none"> • This modifier can be used to override an edit.
Modifier E4 :	Lower Right, Eyelid	This modifier can be located in the following rule(s): <ul style="list-style-type: none"> • Procedure to Procedure Is this modifier supposed to be listed in one of the frequency policies	<ul style="list-style-type: none"> • This modifier can be used to override an edit.
Modifier FA :	Left Hand, Thumb	This modifier can be located in the following rule(s): <ul style="list-style-type: none"> • Procedure to Procedure Is this modifier supposed to be listed in one of the frequency policies	<ul style="list-style-type: none"> • This modifier can be used to override an edit.
Modifier F1 :	Left Hand, Second Digit	This modifier can be located in the following rule(s): <ul style="list-style-type: none"> • Procedure to Procedure Is this modifier supposed to be listed in one of the frequency policies	<ul style="list-style-type: none"> • This modifier can be used to override an edit.
Modifier F2 :	Left Hand, Third Digit	This modifier can be located in the following rule(s): <ul style="list-style-type: none"> • Procedure to Procedure Is this modifier supposed to be listed in one of the frequency policies	<ul style="list-style-type: none"> • This modifier can be used to override an edit.

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Modifier F3	Left Hand, Fourth Digit	<p>This modifier can be located in the following rule(s):</p> <ul style="list-style-type: none"> • Procedure to Procedure <p><i>Is this modifier supposed to be listed in one of the frequency policies</i></p>	<ul style="list-style-type: none"> • This modifier can be used to override an edit.
Modifier F4 :	Left Hand, Fifth Digit	<p>This modifier can be located in the following rule(s):</p> <ul style="list-style-type: none"> • Procedure to Procedure <p><i>Is this modifier supposed to be listed in one of the frequency policies</i></p>	<ul style="list-style-type: none"> • This modifier can be used to override an edit.
Modifier F5 :	Right Hand, Thumb	<p>This modifier can be located in the following rule(s):</p> <ul style="list-style-type: none"> • Procedure to Procedure <p><i>Is this modifier supposed to be listed in one of the frequency policies</i></p>	<ul style="list-style-type: none"> • This modifier can be used to override an edit.
Modifier F6 :	Right Hand, Second Digit	<p>This modifier can be located in the following rule(s):</p> <ul style="list-style-type: none"> • Procedure to Procedure <p><i>Is this modifier supposed to be listed in one of the frequency policies</i></p>	<ul style="list-style-type: none"> • This modifier can be used to override an edit.
Modifier F7 :	Right Hand, Third Digit	<p>This modifier can be located in the following rule(s):</p> <ul style="list-style-type: none"> • Procedure to Procedure <p><i>Is this modifier supposed to be listed in one of the frequency policies</i></p>	<ul style="list-style-type: none"> • This modifier can be used to override an edit.
Modifier F8 :	Right Hand, Fourth Digit	<p>This modifier can be located in the following rule(s):</p> <ul style="list-style-type: none"> • Procedure to Procedure <p><i>Is this modifier supposed to be listed in one of the frequency policies</i></p>	<ul style="list-style-type: none"> • This modifier can be used to override an edit.

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Modifier F9 :	Right Hand, Fifth Digit	This modifier can be located in the following rule(s): <ul style="list-style-type: none"> Procedure to Procedure Is this modifier supposed to be listed in one of the frequency policies	<ul style="list-style-type: none"> This modifier can be used to override an edit.
Modifier GD :	Unit of Service > MUE Value	Not listed in any policy Payment modifier Rocky – use to over MUE WLP – don't use? Humana – doesn't use (F) Frequency	
Modifier -GG	Screening and diagnostic mammogram, same day	Listed in Procedure to Procedure policy – but deemed as out of scope since only for CMS – do we take it out of the rule?	
Modifier –GH	Diagnostic mammogram converted from screening mammogram, same day	Listed in Procedure to Procedure policy – but deemed as out of scope since only for CMS – do we take it out of the rule?	
Modifier LC :	Left circumflex coronary artery	This modifier can be located in the following rule(s): <ul style="list-style-type: none"> Procedure to Procedure 	<ul style="list-style-type: none"> This modifier can be used to override an edit.
Modifier LD :	Left Anterior Descending coronary Artery	This modifier can be located in the following rule(s): <ul style="list-style-type: none"> Procedure to Procedure 	<ul style="list-style-type: none"> This modifier can be used to override an edit.
Modifier LM:	Left main coronary artery	This modifier can be located in the following rule(s): <ul style="list-style-type: none"> Procedure to Procedure 	<ul style="list-style-type: none"> This modifier can be used to override an edit.

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Modifier LT :	Left Side(used to identify procedures performed on the left side of the body)	This modifier can be located in the following rule(s): <ul style="list-style-type: none"> Procedure to Procedure <p style="color: red;">Is this modifier supposed to be listed in one of the frequency policies, bilateral and global surgery</p>	<ul style="list-style-type: none"> This modifier can be used to override an edit.
Modifier P1 :	A normal, healthy patient	This modifier can be located in the following rule(s): <ul style="list-style-type: none"> Anesthesia 	<ul style="list-style-type: none"> This modifier is not used to override an edit.
Modifier P2 :	A patient with mild systemic disease	This modifier can be located in the following rule(s): <ul style="list-style-type: none"> Anesthesia 	<ul style="list-style-type: none"> This modifier is not used to override an edit.
Modifier P3 :	A patient with severe systemic disease	This modifier can be located in the following rule(s): <ul style="list-style-type: none"> Anesthesia 	<ul style="list-style-type: none"> This modifier is not used to override an edit.
Modifier P4 :	A patient with severe systemic disease that is a constant threat to life	This modifier can be located in the following rule(s): <ul style="list-style-type: none"> Anesthesia 	<ul style="list-style-type: none"> This modifier is not used to override an edit.
Modifier P5 :	A moribund patient who is not expected to survive without the operation	This modifier can be located in the following rule(s): <ul style="list-style-type: none"> Anesthesia 	<ul style="list-style-type: none"> This modifier is not used to override an edit.
Modifier P6 :	A declared brain-dead patient whose organs are being removed for donor purposes	This modifier can be located in the following rule(s): <ul style="list-style-type: none"> Anesthesia 	<ul style="list-style-type: none"> This modifier is not used to override an edit.
Modifier QK :	Medical direction of 2, 3, or 4 concurrent anesthesia procedures involving qualified individuals	This modifier can be located in the following rule(s): Anesthesia	<ul style="list-style-type: none"> This modifier is not used to override an edit.
Modifier QS :	Monitored Anesthesia Care Service	This modifier can be located in the following rule(s): Anesthesia	<ul style="list-style-type: none"> This modifier is not used to override an edit.
Modifier QX	CRNA service: with medical direction by a physician	This modifier can be located in the following rule(s): Anesthesia	<ul style="list-style-type: none"> This modifier is not used to override an edit.
Modifier QY :	Medical direction of one certified registered nurse anesthetist (CRNS) by an anesthesiologist	This modifier can be located in the following rule(s): Anesthesia	<ul style="list-style-type: none"> This modifier is not used to override an edit.

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Modifier QZ :	CRNA service: without medical direction by a physician	This modifier can be located in the following rule(s): <ul style="list-style-type: none"> Anesthesia 	<ul style="list-style-type: none"> This modifier is not used to override an edit.
Modifier RC :	Right Coronary Artery	This modifier can be located in the following rule(s): <ul style="list-style-type: none"> Procedure to Procedure 	<ul style="list-style-type: none"> This modifier can be used to override an edit
Modifier RT :	Right side (used to identify procedures performed on the right side of the body)	This modifier can be located in the following rule(s): <ul style="list-style-type: none"> Procedure to Procedure <p style="color: red;">Is this modifier supposed to be listed in one of the frequency policies, bilateral and global surgery</p>	<ul style="list-style-type: none"> This modifier can be used to override an edit
Modifier TA :	Left Foot, Great Toe	This modifier can be located in the following rule(s): <ul style="list-style-type: none"> Procedure to Procedure <p style="color: red;">Is this modifier supposed to be listed in one of the frequency policies, bilateral and global surgery</p>	<ul style="list-style-type: none"> This modifier can be used to override an edit
Modifier TC :	Technical Component. Under certain circumstances, a charge may be made for the technical component alone. Under those circumstances the technical component charge is identified by adding modifier "TC" to the usual procedure number. Technical component charges are institutional charges and not billed separately by physicians. However, portable x-ray suppliers only bill for technical component and should utilize modifier TC. The charge data from portable x-ray suppliers will then be used to build customary and prevailing profiles.	This modifier can be located in the following rule(s): Professional and Technical Component	<ul style="list-style-type: none"> This modifier can be used to override an edit
Modifier T1 :	Left Foot, Second Digit	This modifier can be located in the following rule(s): <ul style="list-style-type: none"> Procedure to Procedure <p style="color: red;">Is this modifier supposed to be listed in one of the frequency policies, bilateral and global surgery</p>	<ul style="list-style-type: none"> This modifier can be used to override an edit

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Modifier T2 :	Left Foot, Third Digit	This modifier can be located in the following rule(s): <ul style="list-style-type: none"> • Procedure to Procedure Is this modifier supposed to be listed in one of the frequency policies, bilateral and global surgery	<ul style="list-style-type: none"> • This modifier can be used to override an edit
Modifier T3 :	Left Foot, Fourth Digit	This modifier can be located in the following rule(s): <ul style="list-style-type: none"> • Procedure to Procedure Is this modifier supposed to be listed in one of the frequency policies, bilateral and global surgery	<ul style="list-style-type: none"> • This modifier can be used to override an edit
Modifier T4 :	Left Foot, Fifth Digit	This modifier can be located in the following rule(s): <ul style="list-style-type: none"> • Procedure to Procedure Is this modifier supposed to be listed in one of the frequency policies, bilateral and global surgery	<ul style="list-style-type: none"> • This modifier can be used to override an edit
Modifier T5 :	Right Foot, Great Toe	This modifier can be located in the following rule(s): <ul style="list-style-type: none"> • Procedure to Procedure Is this modifier supposed to be listed in one of the frequency policies, bilateral and global surgery	<ul style="list-style-type: none"> • This modifier can be used to override an edit
Modifier T6 :	Right Foot, Second Digit	This modifier can be located in the following rule(s): <ul style="list-style-type: none"> • Procedure to Procedure Is this modifier supposed to be listed in one of the frequency policies, bilateral and global surgery	<ul style="list-style-type: none"> • This modifier can be used to override an edit
Modifier T7 :	Right Foot, Third Digit	This modifier can be located in the following rule(s): <ul style="list-style-type: none"> • Procedure to Procedure Is this modifier supposed to be listed in one of the frequency policies, bilateral and global surgery	<ul style="list-style-type: none"> • This modifier can be used to override an edit

Modifiers

Modifier T8 :	Right Foot, Fourth Digit	<p>This modifier can be located in the following rule(s):</p> <ul style="list-style-type: none"> • Procedure to Procedure <p><i>Is this modifier supposed to be listed in one of the frequency policies, bilateral and global surgery</i></p>	<ul style="list-style-type: none"> • This modifier can be used to override an edit
Modifier T9 :	Right Foot, Fifth Digit	<p>This modifier can be located in the following rule(s):</p> <ul style="list-style-type: none"> • Procedure to Procedure <p><i>Is this modifier supposed to be listed in one of the frequency policies, bilateral and global surgery</i></p>	<ul style="list-style-type: none"> • This modifier can be used to override an edit