**Appendix: Modifiers in US procedural claims data**

This file is online appendix to an abstract describing use of modifiers in claims data.

# Materials and Methods

Medicare and Medicaid non-institutional claims (mostly outpatient)

Year: 2018

Source: Virtual Research Data Center (VRDC) created by Center for Medicare and Medicaid Services (CMS).

Claim form 1500 allows for up to four modifiers to be post-coordinating a procedure.

If multiple modifiers were used for a procedure, we ignored the position (or order) of the modifiers. Besides descriptive study on general level, we considered research use cases of anatomical location, and lab-like modifiers.

# Appendix Results

## Modifiers with research value

|  |  |  |
| --- | --- | --- |
| Modifier Code | Modifier Name | Modifier Class |
| 50 | Bilateral Procedure | anatomical |
| E1 | Upper left, eyelid | anatomical |
| E2 | Lower left, eyelid | anatomical |
| E3 | Upper right, eyelid | anatomical |
| E4 | Lower right, eyelid | anatomical |
| F1 | Left hand, second digit | anatomical |
| F2 | Left hand, third digit | anatomical |
| F3 | Left hand, fourth digit | anatomical |
| F4 | Left hand, fifth digit | anatomical |
| F5 | Right hand, thumb | anatomical |
| F6 | Right hand, second digit | anatomical |
| F7 | Right hand, third digit | anatomical |
| F8 | Right hand, fourth digit | anatomical |
| F9 | Right hand, fifth digit | anatomical |
| FA | Left hand, thumb | anatomical |
| LC | Left circumflex coronary artery | anatomical |
| LD | Left anterior descending coronary artery | anatomical |
| LM | Left main coronary artery | anatomical |
| LT | Left side (used to identify procedures performed on the left side of the body) | anatomical |
| RC | Right coronary artery | anatomical |
| RI | Ramus intermedius coronary artery | anatomical |
| RT | Right side (used to identify procedures performed on the right side of the body) | anatomical |
| T1 | Left foot, second digit | anatomical |
| T2 | Left foot, third digit | anatomical |
| T3 | Left foot, fourth digit | anatomical |
| T4 | Left foot, fifth digit | anatomical |
| T5 | Right foot, great toe | anatomical |
| T6 | Right foot, second digit | anatomical |
| T7 | Right foot, third digit | anatomical |
| T8 | Right foot, fourth digit | anatomical |
| T9 | Right foot, fifth digit | anatomical |
| TA | Left foot, great toe | anatomical |
| CI | At least 1 percent but less than 20 percent impaired, limited or restricted | lab-like |
| CJ | At least 20 percent but less than 40 percent impaired, limited or restricted | lab-like |
| CK | At least 40 percent but less than 60 percent impaired, limited or restricted | lab-like |
| CL | At least 60 percent but less than 80 percent impaired, limited or restricted | lab-like |
| CM | At least 80 percent but less than 100 percent impaired, limited or restricted | lab-like |
| CN | 100 percent impaired, limited or restricted | lab-like |
| ED | Hematocrit level has exceeded 39% (or hemoglobin level has exceeded 13.0 g/dl) for 3 or more consecutive billing cycles immediately prior to and including the current cycle | lab-like |
| EE | Hematocrit level has not exceeded 39% (or hemoglobin level has not exceeded 13.0 g/dl) for 3 or more consecutive billing cycles immediately prior to and including the current cycle | lab-like |
| G1 | Most recent urr reading of less than 60 | lab-like |
| G2 | Most recent urr reading of 60 to 64.9 | lab-like |
| G3 | Most recent urr reading of 65 to 69.9 | lab-like |
| G4 | Most recent urr reading of 70 to 74.9 | lab-like |
| G5 | Most recent urr reading of 75 or greater | lab-like |
| G6 | Esrd patient for whom less than six dialysis sessions have been provided in a month | lab-like |
| K0 | Lower extremity prosthesis functional level 0 - does not have the ability or potential to ambulate or transfer safely with or without assistance and a prosthesis does not enhance their quality of life or mobility. | lab-like |
| K1 | Lower extremity prosthesis functional level 1 - has the ability or potential to use a prosthesis for transfers or ambulation on level surfaces at fixed cadence. typical of the limited and unlimited household ambulator. | lab-like |
| K2 | Lower extremity prosthesis functional level 2 - has the ability or potential for ambulation with the ability to traverse low level environmental barriers such as curbs, stairs or uneven surfaces. typical of the limited community ambulator. | lab-like |
| K3 | Lower extremity prosthesis functional level 3 - has the ability or potential for ambulation with variable cadence. typical of the community ambulator who has the ability to transverse most environmental barriers and may have vocational, therapeutic, o... | lab-like |
| K4 | Lower extremity prosthesis functional level 4 - has the ability or potential for prosthetic ambulation that exceeds the basic ambulation skills, exhibiting high impact, stress, or energy levels, typical of the prosthetic demands of the child, active ad... | lab-like |
| KD | Drug or biological infused through dme | lab-like |
| P1 | A normal healthy patient | lab-like |
| P2 | A patient with mild systemic disease | lab-like |
| P3 | A patient with severe systemic disease | lab-like |
| P4 | A patient with severe systemic disease that is a constant threat to life | lab-like |
| P5 | A moribund patient who is not expected to survive without the operation | lab-like |
| P6 | A declared brain-dead patient whose organs are being removed for donor purposes | lab-like |
| Q7 | One class a finding | lab-like |
| Q8 | Two class b findings | lab-like |
| Q9 | One class b and two class c findings | lab-like |
| QA | Prescribed amounts of stationary oxygen for daytime use while at rest and nighttime use differ and the average of the two amounts is less than 1 liter per minute (lpm) | lab-like |
| QB | Prescribed amounts of stationary oxygen for daytime use while at rest and nighttime use differ and the average of the two amounts exceeds 4 liters per minute (lpm) and portable oxygen is prescribed | lab-like |
| QC | Single channel monitoring | lab-like |
| QE | Prescribed amount of stationary oxygen while at rest is less than 1 liter per minute (lpm) | lab-like |
| QF | Prescribed amount of stationary oxygen while at rest exceeds 4 liters per minute (lpm) and portable oxygen is prescribed | lab-like |
| QG | Prescribed amount of stationary oxygen while at rest is greater than 4 liters per minute (lpm) | lab-like |
| QR | Prescribed amounts of stationary oxygen for daytime use while at rest and nighttime use differ and the average of the two amounts is greater than 4 liters per minute (lpm) | lab-like |
| TF | Intermediate level of care | lab-like |
| TG | Complex/high tech level of care | lab-like |

## Use cases

### Dialysis

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Unlisted dialysis procedure, inpatient or outpatient (90999) | | | | |
| Modifier | Modifier Name | Medicare Usage | Medicaid Usage | Modifier Class |
| G1 | Most recent urr reading of less than 60 | 1.05% | 0.67% | lab-like |
| G2 | Most recent urr reading of 60 to 64.9 | 0.73% | 0.59% | lab-like |
| G3 | Most recent urr reading of 65 to 69.9 | 5.24% | 4.22% | lab-like |
| G4 | Most recent urr reading of 70 to 74.9 | 11.38% | 7.59% | lab-like |
| G5 | Most recent urr reading of 75 or greater | 17.24% | 10.99% | lab-like |
| G6 | Esrd patient for whom less than six dialysis sessions have been provided in a month | 3.35% | 0.59% | lab-like |

### Amputation

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Amputation, toe; metatarsophalangeal joint (28820) | | | | |
| Modifier | Modifier Name | Medicare Usage | Medicaid Usage | Modifier Class |
| 50 | Bilateral Procedure | 0.02% | NA | anatomical |
| F6 | Right hand, second digit | 0.02% | NA | anatomical |
| LT | Left side (used to identify procedures performed on the left side of the body) | 2.30% | 1.99% | anatomical |
| T3 | Left foot, fourth digit | 2.59% | 2.59% | anatomical |
| RT | Right side (used to identify procedures performed on the right side of the body) | 2.36% | 2.13% | anatomical |
| T8 | Right foot, fourth digit | 2.71% | 2.72% | anatomical |
| T4 | Left foot, fifth digit | 2.77% | 3.06% | anatomical |
| T9 | Right foot, fifth digit | 3.01% | 3.37% | anatomical |
| T7 | Right foot, third digit | 3.57% | 3.13% | anatomical |
| T2 | Left foot, third digit | 3.61% | 3.03% | anatomical |
| TA | Left foot, great toe | 4.59% | 5.34% | anatomical |
| T5 | Right foot, great toe | 5.01% | 5.82% | anatomical |
| T1 | Left foot, second digit | 7.50% | 5.11% | anatomical |
| T6 | Right foot, second digit | 8.12% | 5.61% | anatomical |

### Intraocular Injections

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Intravitreal injection of a pharmacologic agent (separate procedure) (67028) | | | | |
| Modifier | Modifier Name | Medicare Usage | Medicaid Usage | Modifier Class |
| F5 | Right hand, thumb | 0.00% | NA | anatomical |
| 50 | Bilateral Procedure | 5.59% | 5.72% | anatomical |
| LT | Left side (used to identify procedures performed on the left side of the body) | 21.76% | 20.15% | anatomical |
| RT | Right side (used to identify procedures performed on the right side of the body) | 22.27% | 20.39% | anatomical |

## List of all modifiers

|  |  |  |
| --- | --- | --- |
| Modifier Code | Modifier Name | Event Count |
| 26 | Professional Component | 258,770,176 |
| GP | Services delivered under an outpatient physical therapy plan of care | 189,500,501 |
| 25 | Significant, Separately Identifiable Evaluation and Management Service by the Same Physician or Other Qualified Health Care Professional on the Same Day of the Procedure or Other Service | 181,319,870 |
| 59 | Distinct Procedural Service | 99,303,409 |
| RT | Right side (used to identify procedures performed on the right side of the body) | 59,457,459 |
| LT | Left side (used to identify procedures performed on the left side of the body) | 56,743,958 |
| PO | Excepted service provided at an off-campus, outpatient, provider-based department of a hospital | 52,673,060 |
| QW | Clia waived test | 44,466,532 |
| 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... | 42,464,472 |
| KX | Requirements specified in the medical policy have been met | 38,864,827 |
| U1 | Medicaid level of care 1, as defined by each state | 38,437,763 |
| GO | Services delivered under an outpatient occupational therapy plan of care | 32,810,336 |
| GC | This service has been performed in part by a resident under the direction of a teaching physician | 30,937,198 |
| 51 | Multiple Procedures | 27,337,798 |
| U5 | Medicaid level of care 5, as defined by each state | 26,266,757 |
| UA | Medicaid level of care 10, as defined by each state | 25,557,948 |
| HE | Mental health program | 25,435,217 |
| U3 | Medicaid level of care 3, as defined by each state | 25,308,971 |
| U7 | Medicaid level of care 7, as defined by each state | 23,415,743 |
| GN | Services delivered under an outpatient speech language pathology plan of care | 22,928,356 |
| U2 | Medicaid level of care 2, as defined by each state | 22,426,946 |
| CB | Service ordered by a renal dialysis facility (rdf) physician as part of the esrd beneficiary's dialysis benefit, is not part of the composite rate, and is separately reimbursable | 22,188,206 |
| SE | State and/or federally-funded programs/services | 21,038,691 |
| 90 | Reference (Outside) Laboratory | 21,024,459 |
| EP | Service provided as part of medicaid early periodic screening diagnosis and treatment (epsdt) program | 21,003,156 |
| TM | Individualized education program (iep) | 20,728,026 |
| UD | Medicaid level of care 13, as defined by each state | 20,092,897 |
| AT | Acute treatment (this modifier should be used when reporting service 98940, 98941, 98942) | 19,752,309 |
| NU | New equipment | 18,656,792 |
| GA | Waiver of liability statement issued as required by payer policy, individual case | 18,540,529 |
| HN | Bachelors degree level | 18,214,740 |
| UB | Medicaid level of care 11, as defined by each state | 17,815,186 |
| HG | Opioid addiction treatment program | 17,504,486 |
| HO | Masters degree level | 16,569,195 |
| RR | Rental (use the 'rr' modifier when dme is to be rented) | 16,444,658 |
| 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 | 15,333,378 |
| HI | Integrated mental health and intellectual disability/developmental disabilities program | 14,674,179 |
| RP | REPLACEMENT AND REPAIR -RP MAY BE USED TO INDICATE REPLACEMENT OF DME, ORTHOTIC AND PROSTHETIC DEVICES WHICH HAVE BEEN IN USE FOR SOMETIME. THE CLAIM SHOWS THE CODE FOR THE PART, FOLLOWED BY THE 'RP' MODIFIER AND THE CHARGE FOR THE PART | 13,881,166 |
| 91 | Repeat Clinical Diagnostic Laboratory Test | 13,728,652 |
| U4 | Medicaid level of care 4, as defined by each state | 13,719,354 |
| SL | State supplied vaccine | 13,395,978 |
| CI | At least 1 percent but less than 20 percent impaired, limited or restricted | 13,206,297 |
| U6 | Medicaid level of care 6, as defined by each state | 12,735,126 |
| CG | Policy criteria applied | 12,681,743 |
| UC | Medicaid level of care 12, as defined by each state | 12,633,318 |
| SA | Nurse practitioner rendering service in collaboration with a physician | 12,344,512 |
| CJ | At least 20 percent but less than 40 percent impaired, limited or restricted | 11,677,927 |
| HB | Adult program, non geriatric | 11,091,514 |
| TG | Complex/high tech level of care | 10,611,853 |
| HQ | Group setting | 10,544,469 |
| 50 | Bilateral Procedure | 10,343,465 |
| HA | Child/adolescent program | 9,906,203 |
| 76 | Repeat Procedure or Service by Same Physician or Other Qualified Health Care Professional | 9,903,847 |
| XU | Unusual non-overlapping service, the use of a service that is distinct because it does not overlap usual components of the main service | 9,844,162 |
| Q8 | Two class b findings | 9,541,925 |
| HW | Funded by state mental health agency | 9,313,461 |
| HF | Substance abuse program | 9,297,848 |
| CK | At least 40 percent but less than 60 percent impaired, limited or restricted | 8,846,730 |
| 8P | Performance Measure Reporting Modifier - Action Not Performed, Reason Not Otherwise Specified | 8,721,979 |
| TF | Intermediate level of care | 8,575,432 |
| U8 | Medicaid level of care 8, as defined by each state | 7,772,319 |
| U9 | Medicaid level of care 9, as defined by each state | 7,680,286 |
| RD | Drug provided to beneficiary, but not administered "incident-to" | 7,567,848 |
| AI | Principal physician of record | 7,351,004 |
| SH | Second concurrently administered infusion therapy | 7,181,154 |
| GZ | Item or service expected to be denied as not reasonable and necessary | 7,043,852 |
| AA | Anesthesia services performed personally by anesthesiologist | 6,771,815 |
| QS | Monitored anesthesia care service | 6,765,238 |
| QX | Crna service: with medical direction by a physician | 6,333,462 |
| QZ | Crna service: without medical direction by a physician | 6,083,739 |
| HH | Integrated mental health/substance abuse program | 6,042,829 |
| QK | Medical direction of two, three, or four concurrent anesthesia procedures involving qualified individuals | 5,740,653 |
| HK | Specialized mental health programs for high-risk populations | 5,730,625 |
| TN | Rural/outside providers' customary service area | 5,637,804 |
| GW | Service not related to the hospice patient's terminal condition | 5,597,233 |
| AQ | Physician providing a service in an unlisted health professional shortage area (hpsa) | 5,490,096 |
| HR | Family/couple with client present | 5,457,125 |
| 52 | Reduced Services | 5,448,065 |
| AM | Physician, team member service | 5,419,337 |
| AJ | Clinical social worker | 5,410,192 |
| SC | Medically necessary service or supply | 4,723,135 |
| JG | Drug or biological acquired with 340b drug pricing program discount | 4,680,365 |
| UF | Services provided in the morning | 4,615,245 |
| CL | At least 60 percent but less than 80 percent impaired, limited or restricted | 4,530,355 |
| FY | X-ray taken using computed radiography technology/cassette-based imaging | 4,524,672 |
| XS | Separate structure, a service that is distinct because it was performed on a separate organ/structure | 4,387,069 |
| JA | Administered intravenously | 4,129,482 |
| CH | 0 percent impaired, limited or restricted | 4,053,772 |
| HC | Adult program, geriatric | 3,962,772 |
| V7 | Arteriovenous fistula only (in use with two needles) | 3,828,042 |
| Q6 | Service furnished under a fee-for-time compensation arrangement by a substitute physician or by a substitute physical therapist furnishing outpatient physical therapy services in a health professional shortage area, a medically underserved area, or a r... | 3,802,598 |
| Q1 | Routine clinical service provided in a clinical research study that is in an approved clinical research study | 3,707,758 |
| PN | Non-excepted service provided at an off-campus, outpatient, provider-based department of a hospital | 3,699,293 |
| 79 | Unrelated Procedure or Service by the Same Physician or Other Qualified Health Care Professional During the Postoperative Period | 3,609,140 |
| TD | Rn | 3,536,932 |
| JW | Drug amount discarded/not administered to any patient | 3,487,286 |
| TH | Obstetrical treatment/services, prenatal or postpartum | 3,394,036 |
| G5 | Most recent urr reading of 75 or greater | 3,377,573 |
| UN | Two patients served | 3,366,460 |
| 24 | Unrelated Evaluation and Management Service by the Same Physician or Other Qualified Health Care Professional During a Postoperative Period | 3,249,425 |
| TT | Individualized service provided to more than one patient in same setting | 3,226,041 |
| HM | Less than bachelor degree level | 3,172,463 |
| Q9 | One class b and two class c findings | 3,125,682 |
| 77 | Repeat Procedure by Another Physician or Other Qualified Health Care Professional | 2,985,313 |
| PT | Colorectal cancer screening test; converted to diagnostic test or other procedure | 2,659,202 |
| FP | Service provided as part of family planning program | 2,540,902 |
| TJ | Program group, child and/or adolescent | 2,414,560 |
| KJ | Dmepos item, parenteral enteral nutrition (pen) pump or capped rental, months four to fifteen | 2,381,876 |
| 57 | Decision for Surgery | 2,371,662 |
| XE | Separate encounter, a service that is distinct because it occurred during a separate encounter | 2,329,010 |
| G4 | Most recent urr reading of 70 to 74.9 | 2,280,094 |
| 22 | Increased Procedural Services | 2,197,376 |
| TL | Early intervention/individualized family service plan (ifsp) | 2,108,416 |
| CM | At least 80 percent but less than 100 percent impaired, limited or restricted | 2,081,695 |
| AG | Primary physician | 2,075,306 |
| TR | School-based individualized education program (iep) services provided outside the public school district responsible for the student | 2,071,637 |
| AS | Physician assistant, nurse practitioner, or clinical nurse specialist services for assistant at surgery | 2,065,852 |
| GV | Attending physician not employed or paid under arrangement by the patient's hospice provider | 2,004,700 |
| QN | Ambulance service furnished directly by a provider of services | 1,977,817 |
| P3 | A patient with severe systemic disease | 1,876,423 |
| GT | Via interactive audio and video telecommunication systems | 1,872,879 |
| UP | Three patients served | 1,862,411 |
| TE | Lpn/lvn | 1,800,323 |
| UJ | Services provided at night | 1,788,095 |
| Q4 | Service for ordering/referring physician qualifies as a service exemption | 1,762,652 |
| AY | Item or service furnished to an esrd patient that is not for the treatment of esrd | 1,594,513 |
| TU | Special payment rate, overtime | 1,583,019 |
| AH | Clinical psychologist | 1,555,175 |
| AX | Item furnished in conjunction with dialysis services | 1,483,097 |
| GE | This service has been performed by a resident without the presence of a teaching physician under the primary care exception | 1,471,845 |
| TB | Drug or biological acquired with 340b drug pricing program discount, reported for informational purposes | 1,463,354 |
| 58 | Staged or Related Procedure or Service by the Same Physician or Other Qualified Health Care Professional During the Postoperative Period | 1,443,016 |
| V5 | Vascular catheter (alone or with any other vascular access) | 1,360,981 |
| 33 | Preventive Services | 1,337,002 |
| ET | Emergency services | 1,303,257 |
| TV | Special payment rates, holidays/weekends | 1,286,918 |
| HT | Multi-disciplinary team | 1,284,799 |
| RA | Replacement of a dme, orthotic or prosthetic item | 1,203,139 |
| HD | Pregnant/parenting women's program | 1,194,250 |
| LR | Laboratory round trip | 1,188,845 |
| G3 | Most recent urr reading of 65 to 69.9 | 1,162,700 |
| BA | Item furnished in conjunction with parenteral enteral nutrition (pen) services | 1,138,892 |
| P2 | A patient with mild systemic disease | 1,132,797 |
| AF | Specialty physician | 1,130,399 |
| UK | Services provided on behalf of the client to someone other than the client (collateral relationship) | 1,079,219 |
| V6 | Arteriovenous graft (or other vascular access not including a vascular catheter) | 1,059,324 |
| UQ | Four patients served | 1,047,646 |
| SG | Ambulatory surgical center (asc) facility service | 1,037,001 |
| QY | Medical direction of one certified registered nurse anesthetist (crna) by an anesthesiologist | 1,013,505 |
| EC | Erythropoetic stimulating agent (esa) administered to treat anemia not due to anti-cancer radiotherapy or anti-cancer chemotherapy | 959,843 |
| TS | Follow-up service | 915,514 |
| KS | Glucose monitor supply for diabetic beneficiary not treated with insulin | 908,841 |
| RE | Furnished in full compliance with fda-mandated risk evaluation and mitigation strategy (rems) | 886,827 |
| PS | Positron emission tomography (pet) or pet/computed tomography (ct) to inform the subsequent treatment strategy of cancerous tumors when the beneficiary's treating physician determines that the pet study is needed to inform subsequent anti-tumor strategy | 860,751 |
| UR | Five patients served | 834,877 |
| P1 | A normal healthy patient | 831,588 |
| 54 | Surgical Care Only | 814,319 |
| 80 | Assistant Surgeon | 801,526 |
| RI | Ramus intermedius coronary artery | 759,118 |
| XP | Separate practitioner, a service that is distinct because it was performed by a different practitioner | 750,065 |
| 27 | Multiple Outpatient Hospital E/M Encounters on the Same Date | 747,395 |
| 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 | 648,217 |
| 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. | 644,140 |
| KI | Dmepos item, second or third month rental | 635,242 |
| UG | Services provided in the afternoon | 622,102 |
| T5 | Right foot, great toe | 600,328 |
| TA | Left foot, great toe | 597,526 |
| CN | 100 percent impaired, limited or restricted | 588,443 |
| PI | Positron emission tomography (pet) or pet/computed tomography (ct) to inform the initial treatment strategy of tumors that are biopsy proven or strongly suspected of being cancerous based on other diagnostic testing | 587,768 |
| KO | Single drug unit dose formulation | 585,149 |
| KL | Dmepos item delivered via mail | 557,142 |
| 55 | Postoperative Management Only | 556,379 |
| A1 | Dressing for one wound | 553,457 |
| GF | Non-physician (e.g. nurse practitioner (np), certified registered nurse anesthetist (crna), certified registered nurse (crn), clinical nurse specialist (cns), physician assistant (pa)) services in a critical access hospital | 551,463 |
| HP | Doctoral level | 545,181 |
| RB | Replacement of a part of a dme, orthotic or prosthetic item furnished as part of a repair | 534,380 |
| CD | Amcc test has been ordered by an esrd facility or mcp physician that is part of the composite rate and is not separately billable | 526,915 |
| UH | Services provided in the evening | 497,832 |
| EJ | Subsequent claims for a defined course of therapy, e.g., epo, sodium hyaluronate, infliximab | 489,847 |
| JB | Administered subcutaneously | 453,137 |
| BO | Orally administered nutrition, not by feeding tube | 448,580 |
| SB | Nurse midwife | 433,053 |
| G6 | Esrd patient for whom less than six dialysis sessions have been provided in a month | 429,736 |
| KH | Dmepos item, initial claim, purchase or first month rental | 424,425 |
| TK | Extra patient or passenger, non-ambulance | 419,405 |
| US | Six or more patients served | 410,058 |
| HS | Family/couple without client present | 404,650 |
| Q5 | Service furnished under a reciprocal billing arrangement by a substitute physician or by a substitute physical therapist furnishing outpatient physical therapy services in a health professional shortage area, a medically underserved area, or a rural area | 365,258 |
| LL | Lease/rental (use the 'll' modifier when dme equipment rental is to be applied against the purchase price) | 354,338 |
| 96 | Habilitative Services | 341,570 |
| LD | Left anterior descending coronary artery | 336,588 |
| 1P | Performance Measure Exclusion Modifier due to Medical Reasons | 330,560 |
| HU | Funded by child welfare agency | 328,143 |
| CC | Procedure code change (use 'cc' when the procedure code submitted was changed either for administrative reasons or because an incorrect code was filed) | 319,188 |
| P4 | A patient with severe systemic disease that is a constant threat to life | 313,295 |
| CT | Computed tomography services furnished using equipment that does not meet each of the attributes of the national electrical manufacturers association (nema) xr-29-2013 standard | 303,241 |
| E2 | Lower left, eyelid | 292,965 |
| UE | Used durable medical equipment | 292,901 |
| 97 | Rehabilitative Services | 287,192 |
| ER | Items and services furnished by a provider-based, off-campus emergency department | 284,195 |
| FX | X-ray taken using film | 277,516 |
| V3 | Demonstration modifier 3 | 277,454 |
| Q0 | Investigational clinical service provided in a clinical research study that is in an approved clinical research study | 272,001 |
| HX | Funded by county/local agency | 267,456 |
| E4 | Lower right, eyelid | 265,838 |
| Q7 | One class a finding | 250,038 |
| 82 | Assistant Surgeon (when qualified resident surgeon not available) | 241,614 |
| 62 | Two Surgeons | 240,473 |
| RC | Right coronary artery | 237,068 |
| GX | Notice of liability issued, voluntary under payer policy | 225,772 |
| G1 | Most recent urr reading of less than 60 | 207,624 |
| TP | Medical transport, unloaded vehicle | 207,096 |
| X1 | Continuous/broad services: for reporting services by clinicians, who provide the principal care for a patient, with no planned endpoint of the relationship; services in this category represent comprehensive care, dealing with the entire scope of patien... | 200,143 |
| JE | Administered via dialysate | 199,571 |
| LC | Left circumflex coronary artery | 191,343 |
| 32 | Mandated Services | 187,773 |
| 95 | Synchronous Telemedicine Service Rendered Via a Real-Time Interactive Audio and Video Telecommunications System | 169,051 |
| ED | Hematocrit level has exceeded 39% (or hemoglobin level has exceeded 13.0 g/dl) for 3 or more consecutive billing cycles immediately prior to and including the current cycle | 168,032 |
| G2 | Most recent urr reading of 60 to 64.9 | 163,858 |
| 53 | Discontinued Procedure | 160,981 |
| F7 | Right hand, third digit | 157,783 |
| 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 | 157,276 |
| T6 | Right foot, second digit | 156,090 |
| T1 | Left foot, second digit | 145,781 |
| F5 | Right hand, thumb | 144,417 |
| E1 | Upper left, eyelid | 139,435 |
| AU | Item furnished in conjunction with a urological, ostomy, or tracheostomy supply | 136,287 |
| K3 | Lower extremity prosthesis functional level 3 - has the ability or potential for ambulation with variable cadence. typical of the community ambulator who has the ability to transverse most environmental barriers and may have vocational, therapeutic, o... | 133,045 |
| GB | Claim being re-submitted for payment because it is no longer covered under a global payment demonstration | 132,730 |
| FA | Left hand, thumb | 132,512 |
| F2 | Left hand, third digit | 131,314 |
| E3 | Upper right, eyelid | 131,058 |
| A2 | Dressing for two wounds | 129,316 |
| F8 | Right hand, fourth digit | 127,467 |
| AW | Item furnished in conjunction with a surgical dressing | 123,156 |
| QM | Ambulance service provided under arrangement by a provider of services | 122,154 |
| NR | New when rented (use the 'nr' modifier when dme which was new at the time of rental is subsequently purchased) | 119,922 |
| CF | Amcc test has been ordered by an esrd facility or mcp physician that is not part of the composite rate and is separately billable | 114,211 |
| AD | Medical supervision by a physician: more than four concurrent anesthesia procedures | 113,153 |
| F3 | Left hand, fourth digit | 107,764 |
| QJ | Services/items provided to a prisoner or patient in state or local custody, however the state or local government, as applicable, meets the requirements in 42 cfr 411.4 (b) | 105,551 |
| SK | Member of high risk population (use only with codes for immunization) | 102,181 |
| GR | This service was performed in whole or in part by a resident in a department of veterans affairs medical center or clinic, supervised in accordance with va policy | 98,603 |
| EA | Erythropoetic stimulating agent (esa) administered to treat anemia due to anti-cancer chemotherapy | 98,142 |
| X4 | Episodic/focused services: for reporting services by clinicians who provide focused care on particular types of treatment limited to a defined period and circumstance; the patient has a problem, acute or chronic, that will be treated with surgery, radi... | 96,909 |
| HL | Intern | 95,846 |
| F6 | Right hand, second digit | 92,717 |
| HZ | Funded by criminal justice agency | 92,336 |
| T7 | Right foot, third digit | 90,826 |
| T2 | Left foot, third digit | 89,016 |
| GM | Multiple patients on one ambulance trip | 88,310 |
| F9 | Right hand, fifth digit | 87,047 |
| H9 | Court-ordered | 85,949 |
| CR | Catastrophe/disaster related | 85,726 |
| ST | Related to trauma or injury | 83,460 |
| SU | Procedure performed in physician's office (to denote use of facility and equipment) | 83,249 |
| Q2 | Demonstration procedure/service | 83,060 |
| QQ | Ordering professional consulted a qualified clinical decision support mechanism for this service and the related data was provided to the furnishing professional | 82,532 |
| F1 | Left hand, second digit | 81,317 |
| T9 | Right foot, fifth digit | 77,780 |
| T4 | Left foot, fifth digit | 76,335 |
| F4 | Left hand, fifth digit | 76,105 |
| K2 | Lower extremity prosthesis functional level 2 - has the ability or potential for ambulation with the ability to traverse low level environmental barriers such as curbs, stairs or uneven surfaces. typical of the limited community ambulator. | 75,004 |
| AP | Determination of refractive state was not performed in the course of diagnostic ophthalmological examination | 71,769 |
| AK | Non participating physician | 69,476 |
| GD | Units of service exceeds medically unlikely edit value and represents reasonable and necessary services | 68,674 |
| T8 | Right foot, fourth digit | 66,844 |
| T3 | Left foot, fourth digit | 66,493 |
| 74 | Discontinued Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedure After Administration of Anesthesia | 66,372 |
| JC | Skin substitute used as a graft | 65,734 |
| KP | First drug of a multiple drug unit dose formulation | 60,484 |
| 23 | Unusual Anesthesia | 59,835 |
| QL | Patient pronounced dead after ambulance called | 58,708 |
| G9 | Monitored anesthesia care for patient who has history of severe cardio-pulmonary condition | 55,366 |
| KD | Drug or biological infused through dme | 51,666 |
| AR | Physician provider services in a physician scarcity area | 50,755 |
| EE | Hematocrit level has not exceeded 39% (or hemoglobin level has not exceeded 13.0 g/dl) for 3 or more consecutive billing cycles immediately prior to and including the current cycle | 50,025 |
| KU | Dmepos item subject to dmepos competitive bidding program number 3 | 44,503 |
| KY | Dmepos item subject to dmepos competitive bidding program number 5 | 41,889 |
| KQ | Second or subsequent drug of a multiple drug unit dose formulation | 41,831 |
| A3 | Dressing for three wounds | 41,301 |
| 92 | Alternative Laboratory Platform Testing | 39,944 |
| ZA | Novartis/sandoz | 37,181 |
| HV | Funded state addictions agency | 36,640 |
| GG | Performance and payment of a screening mammogram and diagnostic mammogram on the same patient, same day | 35,428 |
| HJ | Employee assistance program | 34,314 |
| FB | Item provided without cost to provider, supplier or practitioner, or full credit received for replaced device (examples, but not limited to, covered under warranty, replaced due to defect, free samples) | 34,001 |
| KG | Dmepos item subject to dmepos competitive bidding program number 1 | 33,143 |
| KT | Beneficiary resides in a competitive bidding area and travels outside that competitive bidding area and receives a competitive bid item | 30,314 |
| SD | Services provided by registered nurse with specialized, highly technical home infusion training | 29,483 |
| AO | Alternate payment method declined by provider of service | 29,420 |
| LM | Left main coronary artery | 29,318 |
| SS | Home infusion services provided in the infusion suite of the iv therapy provider | 29,179 |
| KF | Item designated by fda as class iii device | 28,908 |
| QH | Oxygen conserving device is being used with an oxygen delivery system | 28,579 |
| CE | Amcc test has been ordered by an esrd facility or mcp physician that is a composite rate test but is beyond the normal frequency covered under the rate and is separately reimbursable based on medical necessity | 28,045 |
| GQ | Via asynchronous telecommunications system | 27,759 |
| 3P | Performance Measure Exclusion Modifier due to System Reasons | 27,658 |
| SQ | Item ordered by home health | 26,604 |
| 2P | Performance Measure Exclusion Modifier due to Patient Reasons | 24,661 |
| MS | Six month maintenance and servicing fee for reasonable and necessary parts and labor which are not covered under any manufacturer or supplier warranty | 24,392 |
| QF | Prescribed amount of stationary oxygen while at rest exceeds 4 liters per minute (lpm) and portable oxygen is prescribed | 22,883 |
| 81 | Minimum Assistant Surgeon | 22,465 |
| G8 | Monitored anesthesia care (mac) for deep complex, complicated, or markedly invasive surgical procedure | 22,350 |
| HY | Funded by juvenile justice agency | 22,169 |
| X2 | Continuous/focused services: for reporting services by clinicians whose expertise is needed for the ongoing management of a chronic disease or a condition that needs to be managed and followed with no planned endpoint to the relationship; reporting cli... | 21,535 |
| QB | Prescribed amounts of stationary oxygen for daytime use while at rest and nighttime use differ and the average of the two amounts exceeds 4 liters per minute (lpm) and portable oxygen is prescribed | 17,685 |
| EY | No physician or other licensed health care provider order for this item or service | 17,437 |
| GH | Diagnostic mammogram converted from screening mammogram on same day | 17,422 |
| A4 | Dressing for four wounds | 17,352 |
| X5 | Diagnostic services requested by another clinician: for reporting services by a clinician who furnishes care to the patient only as requested by another clinician or subsequent and related services requested by another clinician; this modifier is repor... | 17,179 |
| L1 | Provider attestation that the hospital laboratory test(s) is not packaged under the hospital opps | 17,009 |
| BL | Special acquisition of blood and blood products | 15,349 |
| QD | Recording and storage in solid state memory by a digital recorder | 14,524 |
| AE | Registered dietician | 14,451 |
| K1 | Lower extremity prosthesis functional level 1 - has the ability or potential to use a prosthesis for transfers or ambulation on level surfaces at fixed cadence. typical of the limited and unlimited household ambulator. | 13,449 |
| SF | Second opinion ordered by a professional review organization (pro) per section 9401, p.l. 99-272 (100% reimbursement - no medicare deductible or coinsurance) | 12,634 |
| BP | The beneficiary has been informed of the purchase and rental options and has elected to purchase the item | 12,137 |
| QE | Prescribed amount of stationary oxygen while at rest is less than 1 liter per minute (lpm) | 11,810 |
| JD | Skin substitute not used as a graft | 11,528 |
| GL | Medically unnecessary upgrade provided instead of non-upgraded item, no charge, no advance beneficiary notice (abn) | 10,355 |
| GK | Reasonable and necessary item/service associated with a ga or gz modifier | 10,336 |
| KZ | New coverage not implemented by managed care | 10,260 |
| V1 | Demonstration modifier 1 | 10,097 |
| K4 | Lower extremity prosthesis functional level 4 - has the ability or potential for prosthetic ambulation that exceeds the basic ambulation skills, exhibiting high impact, stress, or energy levels, typical of the prosthetic demands of the child, active ad... | 9,783 |
| GS | Dosage of erythropoietin stimulating agent has been reduced and maintained in response to hematocrit or hemoglobin level | 9,325 |
| 63 | Procedure Performed on Infants less than 4 kg | 9,267 |
| DA | Oral health assessment by a licensed health professional other than a dentist | 8,661 |
| KR | Rental item, billing for partial month | 8,081 |
| P5 | A moribund patient who is not expected to survive without the operation | 6,759 |
| ZB | Pfizer/hospira | 6,716 |
| Q3 | Live kidney donor surgery and related services | 6,707 |
| KE | Bid under round one of the dmepos competitive bidding program for use with non-competitive bid base equipment | 6,645 |
| TW | Back-up equipment | 6,580 |
| SN | Third surgical opinion | 6,350 |
| 73 | Discontinued Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedure Prior to the Administration of Anesthesia | 5,811 |
| SJ | Third or more concurrently administered infusion therapy | 5,647 |
| SW | Services provided by a certified diabetic educator | 5,626 |
| CS | Item or service related, in whole or in part, to an illness, injury, or condition that was caused by or exacerbated by the effects, direct or indirect, of the 2010 oil spill in the gulf of mexico, including but not limited to subsequent clean-up activi... | 5,467 |
| PM | Post mortem | 5,423 |
| A5 | Dressing for five wounds | 5,370 |
| FC | Partial credit received for replaced device | 4,614 |
| QT | Recording and storage on tape by an analog tape recorder | 3,670 |
| PC | Wrong surgery or other invasive procedure on patient | 3,635 |
| SZ | Habilitative services | 3,621 |
| X3 | Episodic/broad servies: for reporting services by clinicians who have broad responsibility for the comprehensive needs of the patient that is limited to a defined period and circumstance such as a hospitalization; reporting clinician service examples i... | 3,412 |
| PL | Progressive addition lenses | 3,408 |
| QG | Prescribed amount of stationary oxygen while at rest is greater than 4 liters per minute (lpm) | 3,290 |
| 99 | Multiple Modifiers | 3,121 |
| A6 | Dressing for six wounds | 3,119 |
| A9 | Dressing for nine or more wounds | 2,749 |
| V2 | Demonstration modifier 2 | 2,658 |
| 47 | Anesthesia by Surgeon | 2,577 |
| GJ | "opt out" physician or practitioner emergency or urgent service | 2,533 |
| KA | Add on option/accessory for wheelchair | 2,123 |
| AV | Item furnished in conjunction with a prosthetic device, prosthetic or orthotic | 1,812 |
| MD | Ordering professional is not required to consult a clinical decision support mechanism due to the significant hardship exception of extreme and uncontrollable circumstances | 1,491 |
| 56 | Preoperative Management Only | 1,160 |
| K0 | Lower extremity prosthesis functional level 0 - does not have the ability or potential to ambulate or transfer safely with or without assistance and a prosthesis does not enhance their quality of life or mobility. | 1,135 |
| A7 | Dressing for seven wounds | 1,125 |
| MF | The order for this service does not adhere to the appropriate use criteria in the clinical decision support mechanism consulted by the ordering professional | 889 |
| SV | Pharmaceuticals delivered to patient's home but not utilized | 869 |
| KK | Dmepos item subject to dmepos competitive bidding program number 2 | 798 |
| ZC | Merck/samsung bioepis | 786 |
| PA | Surgical or other invasive procedure on wrong body part | 768 |
| A8 | Dressing for eight wounds | 730 |
| QC | Single channel monitoring | 625 |
| NB | Nebulizer system, any type, fda-cleared for use with specific drug | 600 |
| G0 | Telehealth services for diagnosis, evaluation, or treatment, of symptoms of an acute stroke | 541 |
| EB | Erythropoetic stimulating agent (esa) administered to treat anemia due to anti-cancer radiotherapy | 419 |
| CA | Procedure payable only in the inpatient setting when performed emergently on an outpatient who expires prior to admission | 399 |
| J3 | Competitive acquisition program (cap), drug not available through cap as written, reimbursed under average sales price methodology | 395 |
| 66 | Surgical Team | 370 |
| KC | Replacement of special power wheelchair interface | 331 |
| BR | The beneficiary has been informed of the purchase and rental options and has elected to rent the item | 323 |
| VP | Aphakic patient | 312 |
| BU | The beneficiary has been informed of the purchase and rental options and after 30 days has not informed the supplier of his/her decision | 266 |
| KV | Dmepos item subject to dmepos competitive bidding program that is furnished as part of a professional service | 235 |
| G7 | Pregnancy resulted from rape or incest or pregnancy certified by physician as life threatening | 217 |
| CP | Adjunctive service related to a procedure assigned to a comprehensive ambulatory payment classification (c-apc) procedure, but reported on a different claim | 156 |
| QA | Prescribed amounts of stationary oxygen for daytime use while at rest and nighttime use differ and the average of the two amounts is less than 1 liter per minute (lpm) | 154 |
| V9 | No infection present | 153 |
| LS | Fda-monitored intraocular lens implant | 146 |
| J1 | Competitive acquisition program no-pay submission for a prescription number | 134 |
| GU | Waiver of liability statement issued as required by payer policy, routine notice | 104 |
| P6 | A declared brain-dead patient whose organs are being removed for donor purposes | 104 |
| AZ | Physician providing a service in a dental health professional shortage area for the purpose of an electronic health record incentive payment | 98 |
| SM | Second surgical opinion | 94 |
| KB | Beneficiary requested upgrade for abn, more than 4 modifiers identified on claim | 91 |
| MB | Ordering professional is not required to consult a clinical decision support mechanism due to the significant hardship exception of insufficient internet access | 70 |
| TQ | Basic life support transport by a volunteer ambulance provider | 65 |
| MH | Unknown if ordering professional consulted a clinical decision support mechanism for this service, related information was not provided to the furnishing professional or provider | 51 |
| QV | ITEM OR SERVICE PROVIDED AS ROUTINE CARE IN A MEDICARE QUALIFYING CLINICAL TRIAL | 26 |
| KW | Dmepos item subject to dmepos competitive bidding program number 4 | 17 |
| EX | Expatriate beneficiary | 15 |
| J4 | Dmepos item subject to dmepos competitive bidding program that is furnished by a hospital upon discharge | 15 |
| EM | Emergency reserve supply (for esrd benefit only) | 11 |
| CO | Outpatient occupational therapy services furnished in whole or in part by an occupational therapy assistant | - |
| CQ | Outpatient physical therapy services furnished in whole or in part by a physical therapist assistant | - |
| J2 | Competitive acquisition program, restocking of emergency drugs after emergency administration | - |
| JF | Compounded drug | - |
| KM | Replacement of facial prosthesis including new impression/moulage | - |
| KN | Replacement of facial prosthesis using previous master model | - |
| M2 | Medicare secondary payer (msp) | - |
| MA | Ordering professional is not required to consult a clinical decision support mechanism due to service being rendered to a patient with a suspected or confirmed emergency medical condition | - |
| MC | Ordering professional is not required to consult a clinical decision support mechanism due to the significant hardship exception of electronic health record or clinical decision support mechanism vendor issues | - |
| ME | The order for this service adheres to appropriate use criteria in the clinical decision support mechanism consulted by the ordering professional | - |
| MG | The order for this service does not have applicable appropriate use criteria in the qualified clinical decision support mechanism consulted by the ordering professional | - |
| PB | Surgical or other invasive procedure on wrong patient | - |
| QR | Prescribed amounts of stationary oxygen for daytime use while at rest and nighttime use differ and the average of the two amounts is greater than 4 liters per minute (lpm) | - |
| SY | Persons who are in close contact with member of high-risk population (use only with codes for immunization) | - |
| V8 | Infection present | - |
| VM | Medicare diabetes prevention program (mdpp) virtual make-up session | - |

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**References**

1. Zhang, J, Haynes, K, Mendelsohn, AB, et al. Capture of biologic and biosimilar dispensings in a consortium of U.S.‐based claims databases: Utilization of national drug codes and Healthcare Common Procedure Coding System modifiers in medical claims. *Pharmacoepidemiol Drug Saf*. 2020; 29: 778– 785. <https://doi.org/10.1002/pds.4934>