
Modifiers Used with Procedure Codes

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The following charts list procedure codes with their corresponding required or allowable modifiers. The column headings of the charts are described below.

Service or Procedure

The “Service or Procedure” column lists services according to the categories in the HCPCS and CPT® code books.

Codes or Code Ranges

The “Codes or Code Ranges” column lists the specific code or range of codes that either require a modifier or may need an allowable modifier for billing.

The listed code ranges may include codes that are not benefits of the program or are not payable codes. Therefore, individual codes should be checked against the *TAR and Non-Benefit List: Codes 10000 thru 99999*, and specific code policy section in the appropriate Part 2 manual.

Required Modifiers

The “Required Modifiers” column refers to services or procedures that require a split-bill modifier:

- 26: Professional Component
- TC: Technical Component
- 99: Multiple Modifiers. Explain in the *Remarks area/Additional Claim Information* (Box 19) of the claim form. For further information about billing with modifier-99, see the *Surgery: Billing With Modifiers* section in the appropriate Part 2 manual.

Note: Do not bill modifier 99 in conjunction with modifier 26 and TC. The claim will be denied.

When billing for both the professional and technical service components on a split-billable claim, a modifier is neither required nor allowed. This change does not apply to Magnetic Resonance Imaging (MRI), Magnetic Resonance Angiography (MRA), and Positron Emission Tomography (PET) codes. Refer to the appropriate sections of the Part 2 provider manual for billing instructions.

Allowable Modifiers

The “Allowable Modifiers” column refers to services or procedures that may use certain allowable modifiers to indicate that the procedure or service has been altered by some specific circumstance but not changed in its definition or code. For a list of approved modifiers, refer to the *Modifiers: Approved List* section in this manual.

Some procedures do not need further clarification with a modifier. Use of modifiers other than those listed in the *Modifiers: Approved List* may result in the claim being denied.

Modifier 33

Modifier 33 (preventive service) is not listed in the following charts as this modifier is allowable for all procedure codes. If used, modifier 33 must not be billed in the first modifier position on the claim.

NCCI-Associated Modifiers

The National Correct Coding Initiative (NCCI)-associated modifiers are those modifiers required, in applicable circumstances, to bypass an NCCI edit. Refer to the *Correct Coding Initiative: National* section for a list of NCCI-associated modifiers.

Ophthalmologic Modifiers

For information about modifiers used for ophthalmological services, refer to the *Ophthalmology* section in the appropriate Part 2 manual.

Telehealth Modifiers GQ and 95

For information about telehealth modifiers GQ and 95, providers may refer to the *Medicine: Telehealth* section in the appropriate Part 2 manual.

Additional Modifier Information

For further information about required or allowable modifier usage for specific procedure codes, please refer to specific policy sections.

E&M Codes and Modifiers

Table of Codes and Modifiers

Service or Procedure	Codes or Code Ranges	Required Modifiers	Allowable Modifiers
Evaluation and Management (E&M) performed by a Non-physician Medical Practitioner (NMP)	99202 thru 99215, 99221 thru 99233, 99238 thru 99499 (See the Non-physician Medical Practitioners section in the appropriate Part 2 manual for more information.)	None	GC, SA, SB, U7, 24, 25, 57, 99
Office or Other Outpatient Services (E&M)	99202 thru 99215	None	GC, 24, 25, 57
Hospital Inpatient Services (E&M)	99221 thru 99233, 99238, 99239	None	GC, 24, 25, 57
Consultations	99241 thru 99275	None	GC, 24, 25, 57
Emergency Department Services (E&M)	99281 thru 99285	None	GC, 24, 25, 57
Critical Care Services (E&M)	99291, 99292	None	GC, 24, 25, 57
Nursing Facility Services (E&M)	99301 thru 99313	None	GC, 24, 25, 57
Domiciliary, Boarding Home or Custodial Care Services (E&M)	99321 thru 99333	None	GC, 24, 25, 57
Home Services (E&M)	99341 thru 99350	None	GC, 24, 25, 57
Preventive Medicine Services (E&M)	99381 thru 99397	None	GC, 24, 25, 57
Behavior Change Intervention (E&M)	99406, 99407	None	«SA, SB, GC, U7, U9, 24, 25, 57, 99»
Supervision of Clinical Staff (E&M)	99415, 99416	None	SA, SB, U7, 24, 25, 99
Other Outpatient Service (E&M)	99417	None	SA, SB, U7, 24, 25, 57, 95, 99
Unlisted Preventive Medicine Service (E&M)	99429	None	GC, 24, 25, 57

«Table of E&M Codes and Modifiers (continued)»

Service or Procedure	Codes or Code Ranges	Required Modifiers	Allowable Modifiers
«Unlisted E&M Service	99439	None	SA, U7, 24, 25, 57, 99»
«Unlisted E&M Service	99492 thru 99494	None	SA, U7, 24, 25, 99»
Unlisted E&M Service	99499	None	GC, 24, 25, 57

HCPSCS, CPT Medicine Codes and Modifiers

Table of Codes and Modifiers

Service or Procedure	Codes or Code Ranges	Required Modifiers	Allowable Modifiers
«Rabies Immune Globulins	90377	None	SA, SB, UD, U7, 99»
Medicine performed by a Non-Physician Medical Practitioner (NMP)	90674	None	SA, SB, UD, U7, 99
Medicine performed by a Non-Physician Medical Practitioner (NMP)	90673, 90700 thru 99199 (See the <i>Non-Physician Medical Practitioners [NMP]</i> section in the Part 2 manual for more information.)	None	SA, SB, U7, 22, 99
Vaccine for Vaccines for Children (VFC)	«90633, 90647, 90648, 90655 thru 90658, 90660, 90674, 90680, 90685, 90686, 90688, 90700, 90707, 90710, 90713 thru 90716, 90723, 90734, 90743, 90744»	SL	SL (90674 only)
Vaccine for High Risk	90632, 90636, 90675, 90690, 90691, 90717, 90732 thru 90734	SK	None
Vaccine for High Risk and VFC	90619 thru 90621, 90630, 90651	None	SA, SB, SK, SL, UD, U7, 99

Table of Codes and Modifiers (continued)

Service or Procedure	Codes or Code Ranges	Required Modifiers	Allowable Modifiers
Vaccine for High Risk and VFC	90632	SK, SL	None
Vaccine for High Risk and VFC	90633	SL	None
Vaccine for High Risk and VFC	90636, 90660	SK, SL	None
Vaccine for High Risk and VFC	90682	None	SA, SB, SK, SL, UD, U7, 99
Vaccine for High Risk and VFC	90689	SK, SL	SA, SB, UD, U7, 99
Vaccine for High Risk and VFC	90732, 90734	SK, SL	None
Vaccine for High Risk and VFC	90756	None	SA, SB, SK, SL, UD, U7, 99
Zoster Vaccine	90750	None	SA, SB, UD, U7, 99
Infusion Therapy	90780, 90781	None	22, 99
Psychiatry	90800 thru 90869	None	22, 99
Psychiatry	90870, 90871	None	P1, ZE, ZF, ZG, 22, 99
Psychiatry	90880 thru 90899	None	22, 99
Veterans Affairs Counseling/ Assessments	Q9001 thru Q9003	None	SA, SB, U7, 99
Dialysis	90951 thru 90970, 90989 thru 90999	None	22, 99
Dialysis	G0492	None	SA, SB, U7, 22, 99
Gastroenterology	91001 thru 91030, 91034 thru 91038, 91052 thru 91065, 91122	TC, 26	99
Gastroenterology	91132 thru 91133	TC, 26	99
Gastroenterology	91200	TC, 26	SA, SB, U7, 22, 24, 25, 99
Gastroenterology	91299	None	None
«Coronavirus Disease 2019 Vaccine	91300, 91301 (nonbillable)	None	SA, SB, UD, U7, 99»

Table of Codes and Modifiers (continued)

Service or Procedure	Codes or Code Ranges	Required Modifiers	Allowable Modifiers
«Coronavirus Disease 2019 Monoclonal Antibodies	Q0239, Q0243 (nonbillable)	None	SA, SB, UD, U7, 99»
Ophthalmology	92002, 92004, 92012, 92014	None	22, 24, 25, 57, 99
Ophthalmology	92018, 92019	None	P1, ZE, ZF, ZG 22, 99
Ophthalmology	92020	None	22, 99
Ophthalmology	92060	TC, 26	99
Ophthalmology	92071, 92072	SC, 22	None
Ophthalmology	92081 thru 92083	TC, 26	99
Ophthalmology	92100	None	22, 99
Ophthalmology	92132 thru 92134	LT, RT, 50	TC, ZS, 26, 99
Ophthalmology	92136	None	22, 99, TC, 26
Ophthalmology	92201 thru 92227	LT, RT, 50	22, 99
Ophthalmology	92228	LT, RT, 50, TC, 26	22, 99
Ophthalmology	92229	LT, RT, 50	SA, U7, 22, 99
Ophthalmology	92230	LT, RT, 50	22, 99
Ophthalmology	92235	TC, 26	22, 99
Ophthalmology	92240	TC, 26	22, 99
Ophthalmology	92242	TC, 26	22, 99
Ophthalmology	92250	TC, 26	None
Ophthalmology	92260	None	22, 99
Ophthalmology	92265 thru 92284	TC, 26	None
Ophthalmology	92285 thru 92287	None	22, 99
Ophthalmology	92310 thru 92312	22, SC	None
Ophthalmology	92313 thru 92317	None	AP, 99
Ophthalmology	V2630 thru V2632, 92325 thru 92499	None	22, 99
Ophthalmology	J7351	RT, LT	UD, 99

Table of Codes and Modifiers (continued)

Service or Procedure	Codes or Code Ranges	Required Modifiers	Allowable Modifiers
Special Otorhinolaryngologic	92502	None	P1, ZA, ZE, ZF, ZG, 22, 99
Special Otorhinolaryngologic	92504 «thru 92516»	None	22, 99
«Special Otorhinolaryngologic	92517 thru 92519	None	SA, U7, 99»
«Special Otorhinolaryngologic	92520 thru 92534	None	22, 99»
Special Otorhinolaryngologic	92541 thru 92547	TC, 26	99
Special Otorhinolaryngologic	92551 thru 92582	None	None
Special Otorhinolaryngologic	92587, 92588	TC, ZS, 26	22, 99
Special Otorhinolaryngologic	92589 «thru 92640»	None	22, 99
«Special Otorhinolaryngologic	92650 thru 92653	None	GT, GQ, SA, U7, 99»
«Special Otorhinolaryngologic	92700	None	22, 99»
Cardiovascular	92920	LM, LD, LC, RC, RI	53
Cardiovascular	92921	None	53
Cardiovascular	92924	LM, LD, LC, RC, RI	22, 53, 99
Cardiovascular	92925	None	22, 53, 99
Cardiovascular	92928	LM, LD, LC, RC, RI	53
Cardiovascular	92929	None	53
Cardiovascular	92933	LM, LD, LC, RC, RI	22, 53, 99
Cardiovascular	92934	None	22, 53, 99
Cardiovascular	92937	LM, LD, LC, RC, RI	22, 53, 99

Table of Codes and Modifiers (continued)

Service or Procedure	Codes or Code Ranges	Required Modifiers	Allowable Modifiers
Cardiovascular	92938	None	22, 53, 99
Cardiovascular	92941, 92943	LM, LD, LC, RC, RI	22, 53, 99
Cardiovascular	92944	None	22, 53, 99
Cardiovascular	92950	None	53
Cardiovascular	92953	None	22, 53, 99
Cardiovascular	92960 thru 92970	None	ET, P1, P3, P4, P5, ZD, ZE, ZF, ZG, 22, 53, 99
Cardiovascular	92971 thru 92977	None	53
Cardiovascular	92978, 92979	TC, 26	53, 99
Cardiovascular	92986, 92987, 92990	None	P1, ZE, ZF, ZG, 53, 80
Cardiovascular	«92997,» 92998	None	53
Cardiovascular	93000	None	22, 76, 99
Cardiovascular	93005	None	22, 99
Cardiovascular	93010	None	22, 76, 99
Cardiovascular	93015 thru 93018	None	22, 99
Cardiovascular	93024, 93025	TC, 26	99
Cardiovascular	93040 thru 93042	None	76
Cardiovascular	93043 thru «93229, 93264 thru» 93266	None	None
«Cardiovascular	93241 thru 93248	None	SA, U7,99»
Cardiovascular	93260, 93261	TC, 26	99
Cardiovascular	93269	None	22, 99
Cardiovascular	93278	TC, 26	None
Cardiovascular	93281	TC, 26	99
Cardiovascular	93279, 93280, 93282, 93283, 93285, 93288, 93289, 93291 thru 93295, 93298	TC, 26	99

«Table of Codes and Modifiers (continued)»

Service or Procedure	Codes or Code Ranges	Required Modifiers	Allowable Modifiers
Cardiovascular	93312, 93315, 93318	TC, 26	99
Cardiovascular	93320 thru 93351	TC, 26	22, 99
Cardiovascular	93451-93461	TC, 26	53, 99
Cardiovascular	93462, 93463	«None»	53
Cardiovascular	93464	TC, 26	53, 99
Cardiovascular	93503	«None»	53
Cardiovascular	93505 thru 93533	TC, 26	53, 99
Cardiovascular	93561, 93562	TC, 26	22, 53, 99
Cardiovascular	93563 thru 93583	«None»	53
Cardiovascular	93590 thru 93592	«None»	U7, 99
Cardiovascular	93600, 93602, 93603, 93609 thru 93613, 93615 thru 93622	TC, 26	53, 99
Cardiovascular	93623	«None»	22, 53, 99
Cardiovascular	93624, 93631 thru 93642	TC, 26	53, 99
Cardiovascular	93644	TC, 26	53, 99
Cardiovascular	93650 thru 93657	«None»	22, 53, 99
Cardiovascular	93660	«None»	22, 99
Cardiovascular	93662	TC, 26	99
Cardiovascular	93724	TC, 26	99
Cardiovascular	93740	«None»	22, 99
Cardiovascular	93797, 93798	«None»	SA, U7, 24, 25, 99
Cardiovascular	93799	«None»	22, 99
Cardiovascular	G0422, G0423	«None»	SA, U7, 24, 25, 99
Cardiovascular	G2170, G2171	«None»	AG, ET, PA, PB, PC, SC, UA, UB, U7, 22, 47, 51, 53 thru 55, 62, 66, 76 thru 80, 99

Table of Codes and Modifiers (continued)

Service or Procedure	Codes or Code Ranges	Required Modifiers	Allowable Modifiers
Non-Invasive Vascular Diagnostic Studies	93880 thru 93931, 93970 thru 93981	TC, 26	99
Non-Invasive Vascular Diagnostic Studies	93990	TC, 26	99
Pulmonary	94010 thru 94610	TC, 26	99
Pulmonary	94617, 94618	«None»	SA, SB, «TC,» U7, «26,» 99,
«Pulmonary	94619	None	SA, TC, U7, 26, 99»
Pulmonary	94621	«None»	«TC, 26»
Pulmonary	94640 thru 94668	None	22, 99
Pulmonary	94680 thru «94729»	TC, 26	99
Pulmonary	94760	None	None
Pulmonary	94772, 94799	None	22, 99
Pulmonary	95012	None	SA, SB, U7, 99
Allergy and Clinical Immunology	95000 thru 95115,	None	22, 99
Allergy and Clinical Immunology	95120 thru 95199 95117	None	SA, SB, UD, U7, 99
Neurology	95805 thru 95826	TC, 26	99
Neurology	95829	TC, 26	99
Neurology	95830 thru 95839	None	None
Neurology	95842	TC, 26	99
Neurology	95851 thru 95857	None	None
Neurology	95860 thru 95875	TC, 26	99
Neurology	95880 thru 95882	None	None
Neurology	95885 thru 95887	TC, 26	99, U7
Neurology	95905 thru 95939, 95943 thru 95958	TC, 26	99
Neurology	95965 thru 95967	None	26, TC, 99, U7
Neurology	95999	None	22, 99
Radiology	S8035	None	26, TC, 99, U7

«Table of Codes and Modifiers (continued)»

Service or Procedure	Codes or Code Ranges	Required Modifiers	Allowable Modifiers
Therapeutic, Prophylactic or Diagnostic Injections	96372	«None»	SA, SB, 22, 99
Therapeutic, Prophylactic or Diagnostic Injections	96377	«None»	SA, SB, UD, U7, 99
Therapeutic, Prophylactic or Diagnostic Injections	96379	«None»	SA, SB, 22, 99
Chemotherapy Administration	96401 thru 96549	«None»	22, 99
Special Dermatologic Procedures	96573, 96574	«None»	SA, U7, 99
Special Dermatologic Procedures	96900 thru 96999	«None»	22, 99
Physical Medicine	97010 thru 97799	«None»	22, 99
Physical Medicine	G2061 thru G2063	«None»	GN, GO, GP
Special Services and Reports	Z5424, Z5432, 99000 thru 99140	«None»	22, 99
Moderate (Conscious) Sedation	99151 thru 99153, 99155 thru 99157, G0500	«None»	AG, ET, PA, PB, PC, SA, SB, SC, U7, 22, 24, 25, 47, 50, 51, 53, 54, 55, 62, 66, 76, 77, 78, 79, 80, 99
Critical Care	99222, 99223, 99232, 99233, 99291, 99292, 99468, 99469, 99471, 99472, 99475 thru 99480, 99160 thru 99174	«None»	22, 99

Table of Codes and Modifiers (continued)

Service or Procedure	Codes or Code Ranges	Required Modifiers	Allowable Modifiers
Extracorporeal Membrane Oxygenation (ECMO)/Extracorporeal Life Support (ECLS)	33946 thru 33949, 33951, 33953, 33955, 33957, 33959, 33963, 33965, 33969, 33985, 33987 thru 33989	None	AG, ET, PA, PB, PC, SA, SB, SC, UA, UB, U7, 22, 47, 50, 51, 53, 54, 55, 62, 63 (Mod 63 "Do Not Report" with codes 33946, 33947, 33948, 33949), 66, 76, 77, 78, 79, 80, 99
Other Services	99175 thru 99199	None	22, 99
«Other Services	C9770 thru C9775	None	AG, ET, PA, PB, PC, SC, UA, UB, U7, 22, 47, 51, 52, 53, 54, 55, 62, 66, 76, 77, 78, 79, 80, 99»
«Other Services	S0013	None	UD, 99»
«Professional Services	G0088, G0089	None	EP, SA, TD, U7, 99»
Skilled Services	G0493, G0494, G0495, G0496	None	SA, SB, U7, 22, 99
Skilled Services	G2061 thru G2063	None	GN, GO, GP
«Hemostatic Agents	C1052	None	PA, PB, PC, 22, U7, 99»
«Implants	C1062	None	GY, PA, PB, PC, U7, 22, 99»
«Implants	C1825	None	GY, PA, PB, PC, U7, 22, 99»
«Infusion	M0239, M0243	None	SA, SB, UD, U7, 99»

Table of Codes and Modifiers (continued)

Service or Procedure	Codes or Code Ranges	Required Modifiers	Allowable Modifiers
Physician Administered Drugs	C9056, C9062, «C9065, C9069, C9070, C9072,» J0223, J0691, J0742, J0896, J1429, J1558, J1632, J1738, J3032 J7169, J9177, J9198, J9245, J9246, J9358,	None	SA, UD, U7, 99
«Physician Administered Drugs	Q0138, Q0139	None	SA, UD, U7, 99»
Physician Administered Drugs	«C9071, C9073,» J3399, «J7352»	None	UD, 99
Physician Administered Drugs	C9122	LT, RT	UD, 99
Physician Administered Drugs	J0791, J7321	LT, RT	SA, UD, U7, 99
Physician Administered Drugs	«J0693,» J1201, «J1823, J9144, J9223, J9281, J9316, J9317, Q5122»	None	SA, UD, U7, 99
Physician Administered Drugs	J1095, J1096, J3304, J3398, J7314, J7318	LT, RT	SA, UD, U7, 99
Physician Administered Drugs	J0883, J0884, J1130, J1335, J1930, J1942, J2182, J2786, J2840, J7320, J7322, J7342, J8670	None	SA, SB, UD, U7, 99
Physician Administered Drugs	J1300	None	SA, UD, U7
Physician Administered Drugs	J7331, J7332	LT, RT	SA, SB, UD, U7, 99
«Quality Measures	G2213	None	SA, UD, U7, 99»
Chemotherapy	J9034, J9145, J9176, J9205, J9295, J9325, J9352	None	SA, SB, UD, U7, 99
Chemotherapy	J9227, J9304, Q5119 thru Q5121	None	SA, UD, U7, 99
Clinical Decision Support Mechanism (CDSM)	G1020 thru G1023	None	SA, SB, U7, 99

HCPSC Radiology Codes and Modifiers

Table of Codes and Modifiers

Service or Procedure	Codes or Code Ranges	Required Modifiers	Allowable Modifiers
Radiology	<<A9591,>> C9067, <<C9068>>	None	SA, UD, U7, 99

HCPSC Sign Language Codes and Modifiers

Table of Codes and Modifiers

Service or Procedure	Codes or Code Ranges	Required Modifiers	Allowable Modifiers
Sign language or oral interpretive services	T1013	None	HM

HCPSC Skin Substitute Codes and Modifiers

Table of Codes and Modifiers

Service or Procedure	Codes or Code Ranges	Required Modifiers	Allowable Modifiers
Skin Substitutes	C1849, Q4151 Q4227 thru Q4242, Q4244, Q4245 thru Q4248	None	SA (modifier SA is not allowable for podiatrists), U7, 99
Skin Substitutes	C9759, C9764 thru C9767	None	AG, ET, PA, PB, PC, SC, UA, UB, U7, 22, 47, 51, 53 thru 55, 62, 66, 76 thru 80, 99
Skin Substitutes	Q4249, Q4250, Q4254, Q4255	None	U7, 99

HCPSC Surgical Supply Codes and Modifiers

Table of Codes and Modifiers

Service or Procedure	Codes or Code Ranges	Required Modifiers	Allowable Modifiers
Surgical Supplies	C1748	None	AG, ET, PA, PB, PC, SC, U7, 22, 47, 51, 53 thru 55, 62, 66, 76 thru 80, 99
«Ventricular Assist Devices	Q0477 thru Q0504, Q0506 thru Q0509	None	22, 33, 59, AI, AY, CS, ET, GO, GU GX, GY J4, SE, XE, XP, XS, XU»

HCPSC Surgery Codes and Modifiers

Table of Codes and Modifiers

Service or Procedure	Codes or Code Ranges	Required Modifiers	Allowable Modifiers
Surgery	C9761, C9768, «C9769 thru C9775»	None	AG, ET, PA, PB, PC, SC, UA, UB, U7, 22, 47, 51, 53, 54, 55, 62, 66, 76 thru 80, 99

HCPSC Habilitation, Prevocational Waiver Codes and Modifiers

Table of Codes and Modifiers

Service or Procedure	Codes or Code Ranges	Required Modifiers	Allowable Modifiers
Habilitation, Prevocational Waiver	T2047	None	SA, SB, U7, 99

Legend

Symbols used in the document above are explained in the following table.

Symbol	Description
«	This is a change mark symbol. It is used to indicate where on the page the most recent change begins.
»	This is a change mark symbol. It is used to indicate where on the page the most recent change ends.