

MEDICAL ASSOCIATES HEALTH PLANS OPERATIONS POLICY AND PROCEDURES MANUAL

POLICY NUMBER: 80

POLICY TITLE: Modifier Payment Policy

POLICY STATEMENT: Medical Associates Health Plan accepts all standard CPT and HCPCS modifiers submitted in accordance with the appropriate CPT or HCPCS procedure code(s). Certain modifiers when submitted may impact reimbursement.

Billing Information

Reference the most updated industry standard coding guidelines for a complete list of modifiers. In the instances when a modifier is submitted incorrectly with the procedure code, Medical Associates Health Plan will deny the claim line for incorrect use of modifier.

EDI Claim Submitter Information

- Submit the appropriate modifier(s) with the corresponding CPT or HCPCS procedure codes in HIPAA compliant 837P format for professional services or 837I format for institutional services.
- Claims submitted with non-standard modifiers will be rejected if submitted electronically.

Paper Claim Submitter Information

- Submit the appropriate modifier(s) after the corresponding CPT or HCPCS procedure codes on a CMS-1500 form for professional service in Box 24d Procedures, Services, or Supplies field.

Reimbursement

Claims are subject to payment edits that are updated at regular intervals and generally based on CMS, Specialty Society Guidelines and National Correct Coding Initiative (CCI).

Multiple Modifiers

Medical Associates Health Plan recognizes all industry standard modifiers, the modifiers that may impact claims reimbursement are as follows in Table A. All other industry standard CPT and HCPCS modifiers are accepted by Medical Associates Health Plan, but are not utilized for claims processing purposes and have no impact on how the claim is paid.

Medical Associates Health Plan accepts multiple modifiers submitted; modifiers will be processed according to the priority assigned by Medical Associates Health Plan. The priority of the modifiers can be found in Table A below. The modifiers are processed in priority order starting at the lowest priority first.

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Table A:

Modifiers contained in this table may have an impact to claim reimbursement. References to fee schedule reimbursement are illustrative and not a guarantee of payment.

| Modifier | Description | Reimbursement Impact | Priority |
|-----------------|--|--|-----------------|
| 22 | Unusual Services | 125% of the contracted fee schedule/contracted amount | 11 |
| 26 | Professional Component | 100% of the contracted fee schedule/contracted amount (not Global Fee) | 02 |
| 50 | Bilateral | 150% of the contracted fee schedule/contracted amount | 14 |
| 51 | Multiple Procedures | 50% of the contracted fee schedule/contracted amount | 15 |
| 52 | Reduced Services | 50% of the contracted fee schedule/contracted amount | 50 |
| 53 | Discontinued procedure ASC or Outpatient before administration of anesthesia | 50% of the contracted fee schedule/contracted amount | 51 |
| 54 | Surgical Services Performed by one MD when another MD did the PreOP/PostOP | 80% of the contracted fee schedule/contracted amount | 52 |
| 55 | Postoperative Management when another MD performed the surgery | 20% of the contracted fee schedule/contracted amount | 53 |
| 56 | Preoperative Management when surgery to be performed by another MD | 10% of the contracted fee schedule/contracted amount | 54 |
| 62 | Two Surgeons providing services in a surgical procedure | 62.5% of the contracted fee schedule/contracted amount | 55 |
| 63 | Procedure Performed on infants | 120% of the contracted fee schedule/contracted amount | 56 |
| 66 | Surgical Team | 62.5% of the contracted fee schedule/contracted amount | 60 |
| 73 | Discontinued procedure ASC or Outpatient before administration of anesthesia | 50% of the contracted fee schedule/contracted amount | 57 |
| 78 | Return to operating room for related procedure | 70% of the contracted fee schedule/contracted amount | 45 |
| 80 | Assistant Surgeon | 16% of the contracted fee schedule/contracted amount | 35 |
| 81 | Minimum Assistant Surgeon | 16% of the contracted fee schedule/contracted amount | 36 |
| 82 | Assistant Surgeon when qualified Resident is not available | 20% of the contracted fee schedule/contracted amount | 37 |

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| Modifier | Description | Reimbursement Impact | Priority |
|-----------------|--|--|-----------------|
| AS | Physician Assistant | 13.6% of the contracted fee schedule/contracted amount | 38 |
| CO | Outpatient Services by an OT assistant | 85% of the contracted fee schedule/contracted amount | 95 |
| CQ | Outpatient Physical therapy services by a PT Assistant | 85% of the contracted fee schedule/contracted amount | 96 |
| CT | CT Service Furnished using equipment not meeting NEMA XR-29 standard | 85% of the contracted fee schedule/contracted amount | 10 |
| FX | Xray taken using film | 80% of the contracted fee schedule/contracted amount | 98 |
| FY | Computed Radiography Services | 90% of the contracted fee schedule/contracted amount | 96 |
| KE | Bid under Round one of the DMEPOS Competitive bid w/Non competitive base | 116.02% of the contracted fee schedule/contracted amount | 03 |
| KH | DMEPOS item, initial claim, purchase or first month rental | 100% of the contracted fee schedule/contracted amount | 65 |
| KI | DMEPOS item, second or third month rental | 100% of the contracted fee schedule/contracted amount | 76 |
| KJ | DMEPOS Item parental enteral pump or capped rental, months four to fifteen | 75% of the contracted fee schedule/contracted amount | 74 |
| KL | DMEPOS item delivered via mail | 86% of the contracted fee schedule/contracted amount | 05 |
| QB | Amounts of Oxygen for day at rest vs night use differ and average exceeding 4 | 110% of the contracted fee schedule/contracted amount | 99 |
| QK | Medical direction of 2, 3 or 4 CC anesthesia procedures w/qualified individual | 50% of the contracted fee schedule/contracted amount | 30 |
| QX | CRNA with medical direction by a physician | 50% of the contracted fee schedule/contracted amount | 65 |
| QY | Anesthesiologist medically directs 1 CRNA | 50% of the contracted fee schedule/contracted amount | 33 |
| TC | Technical Component | 100% of the contracted fee schedule/contracted amount (not Global fee) | 02 |

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Lisa Kuhls
IT and Provider Relations Manager

Date

Karen Hoffmann
Director of Operations

Date

Barb Koerperich, MSN
Director of Quality and Health Care Services

Date

Original Effective Date: 06/2023