

Modifiers

Policy REIMB-046

Origination Date: 07/23/2025

Reviewed/Revised Date: 07/30/2025

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Current Effective Date: 08/30/2025

Disclaimer:

1. Policies are subject to change in accordance with State and Federal notice requirements.
2. Policies outline coverage determinations for U of U Health Plans Commercial, CHIP, Healthy U (Medicaid) and Health Choice Utah (Medicaid) plans. Refer to the "Policy" section for more information.
3. Services requiring prior-authorization may not be covered, if prior-authorization is not obtained.
4. **This Medical Policy does not guarantee coverage or payment of the service. The service must be a benefit in the member's plan and the member must be eligible for coverage at the time of service. Additional payment guidelines may be applied that are not included in this policy.**
5. Provisions and terms of the provider contract may supersede this policy.

Description:

Modifiers are two-digit codes, either alpha or numeric (e.g., 51, JF, A1, etc.) which can be appended to a Current Procedural Terminology (CPT®) or Healthcare Common Procedure Coding System (HCPCS) code. Modifiers provide additional information about a service or procedure performed, without changing the core definition of the CPT/HCPCS code. The use of modifiers eliminates the need for separate procedure listings that may describe the modifying circumstances.

Professional claims and facility claims can include up to four modifiers per CPT/HCPCS code depending upon the service provided. When more than one modifier is used, placement of the modifiers is very important for correct reimbursement. Functional modifiers should always be placed in the first modifier field followed by informational modifiers.

Certain modifiers are used for informational purposes only and do not affect reimbursement.

Policy Statement and Criteria

1. Commercial Plans/CHIP

U of U Health Plans adjudicates all submitted Current Procedural Terminology (CPT®) and Healthcare Common Procedure Coding System (HCPCS) modifiers in accordance

with nationally recognized coding guidelines established by the American Medical Association (AMA) and the Centers for Medicare & Medicaid Services (CMS). Modifiers must be used appropriately to reflect distinct procedural circumstances, clarify services rendered, or indicate billing exceptions as outlined in CPT coding instructions and CMS guidelines.

U of U Health Plans reviews modifiers for clinical appropriateness, necessity, and billing accuracy. Improper or unsupported use of modifiers may result in claim denial or adjustment. Providers are expected to maintain documentation supporting the use of all modifiers applied to a claim.

U of U Health Plans reserves the right to update or adjust its claims processing policies in alignment with changes to AMA, CMS, or industry standard coding and reimbursement rules.

Payment adjustment will be in accordance with CMS modifier payment guidelines.

2. Medicaid Plans

Coverage is determined by the State of Utah Medicaid program; if Utah State Medicaid has no published coverage position and InterQual criteria are not available, the U of U Health Plans Commercial criteria will apply. For the most up-to-date Medicaid policies and coverage, please visit their website at: <https://medicaid.utah.gov/utah-medicaid-official-publications/> or the [Utah Medicaid code Look-Up tool](#)

CPT/HCPCS codes covered by Utah State Medicaid may still require further evaluation to determine medical necessity for coverage.

Applicable Coding

Modifiers

A full listing of modifiers can be found in CPT or HCPCS manuals.

References:

1. American Academy of Professional Coders (AAPC) (2025). "Codify". Code look-up tool and services.
2. American Medical Association (AMA), Current Procedural Terminology (CPT®) Professional Edition and associated publications and services.
3. Centers for Medicare and Medicaid Services (CMS). (2025) "List of CPT/HCPCS Codes" Accessed: July 3, 2025. Available at: <https://www.cms.gov/medicare/regulations-guidance/physician-self-referral/list-cpt-hcpcs-codes>
4. Centers for Medicare and Medicaid Services (CMS). National Correct Coding Initiative (NCCI) Available at: <http://www.cms.gov/NationalCorrectCodInitEd/NCCI/EP/list.asp>
5. Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services.
6. Optum®. EncoderPro.com for Payers Professional. (2025)

Disclaimer:

This document is for informational purposes only and should not be relied on in the diagnosis and care of individual patients. Medical and Coding/Reimbursement policies do not constitute medical advice, plan preauthorization, certification, an explanation of benefits, or a contract. Members should consult with appropriate health care providers to obtain needed medical advice, care, and treatment. Benefits and eligibility are determined before medical guidelines and payment guidelines are applied. Benefits are determined by the member's individual benefit plan that is in effect at the time services are rendered.

The codes for treatments and procedures applicable to this policy are included for informational purposes. Inclusion or exclusion of a procedure, diagnosis or device code(s) does not constitute or imply member coverage or provider reimbursement. Provisions and terms of the provider contract may supersede this policy. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.

U of U Health Plans makes no representations and accepts no liability with respect to the content of any external information cited or relied upon in this policy. U of U Health Plans updates its Coverage Policies regularly, and reserves the right to amend these policies and give notice in accordance with State and Federal requirements.

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