List of Commonly Used Modifiers in Medical Billing

This document lists commonly used modifiers used in medical billing. Modifiers are critical in conveying specific details about how, where, when, and the circumstances in which a service was provided. Understanding and applying these modifiers correctly is essential for accurate billing and appropriate reimbursement.

How to use this document

Each modifier is listed with its code and a brief description. This list is a quick reference guide for healthcare providers, billing specialists, and administrative staff involved in the medical billing process.

Modifier quick reference list

Telehealth modifiers

- **GQ:** Asynchronous telecommunications system. They are used for services provided via a store-and-forward telecommunication method, where the interaction is not real-time.
- **GT or 95:** Real-time interaction. Indicates a telehealth service delivered via interactive audio and video telecommunications systems, allowing provider-patient communication in real-time.

Specialty care modifier

- **G0:** Acute stroke diagnosis/treatment via telehealth. They are used to diagnose or treat acute strokes via telehealth.

Evaluation and management (E/M) modifiers

- **Modifier 24:** Unrelated E/M service during the postoperative period. Identifies an E/M service provided by the same physician unrelated to the surgical procedure during the global surgical period.
- **Modifier 25:** Significant, separately identifiable E/M service. Indicates an E/M service provided on the same day as another procedure or service but is distinct from the primary procedure.
- **Modifier 27:** Multiple outpatient E/M encounters. Denotes multiple E/M services provided on the same day to a patient in an outpatient setting.

Service component modifiers

- **Modifier 26:** Professional component. It is used when a provider delivers only the professional component of a service, such as interpreting diagnostic results, while another entity handles the technical component.
- **TC:** Technical component. Indicates that only the technical aspect of the service was provided, usually involving the use of equipment or facility space.

Procedural modifiers

- **Modifier 51:** Multiple procedures. Identifies multiple procedures performed during a single operative session, each distinct and not bundled.
- **Modifier 52:** Reduced services. Indicates that a service or procedure was partially reduced or eliminated at the provider's discretion.
- **Modifier 53:** Discontinued procedure. This applies when a procedure is started but discontinued due to the patient's health or other unforeseen circumstances.
- **Modifier 55:** Postoperative management only. It is used by physicians who provide only postoperative care following another provider's surgical procedure.
- **Modifier 56:** Preoperative management only. This indicates that a physician provided only the preoperative management before surgery was performed by another provider.
- **Modifier 59:** Distinct procedural service. They identify a service distinct or independent from other services performed during the same session, mainly when not customarily reported together.
- **Modifier 76:** Repeat the procedure by the same physician. Indicates that a procedure or service was repeated by the same provider on the same day or another day.
- **Modifier 79:** Unrelated procedure or service during the postoperative period. Identifies a procedure performed during the postoperative period of a different, unrelated procedure.

Laboratory modifier

- **Modifier 91:** Repeat clinical diagnostic laboratory test. They are applied to repeat a lab test to obtain additional results required for effective patient care, such as separate specimens at different times.

Anatomical modifiers

- **E1:** Upper left eyelid. Specifies the upper-left eyelid.
- **E2:** Lower left eyelid. Specifies the lower-left eyelid.
- **E3:** Upper right eyelid. Specifies the upper-right eyelid.
- **E4:** Lower right eyelid. Specifies the lower-right eyelid.

Subset (X) modifiers

- **XE:** Separate encounter. Indicates that a service is distinct because it was performed during a separate encounter.
- **XP:** Separate practitioner. Identifying a service is distinct from another because a different practitioner provided it.
- **XS:** Separate structure. Indicates that the service is distinct because it was performed on a different organ or structure.
- **XU:** Unusual non-overlapping service. Identifies a distinct service because it does not overlap with the leading service performed.

The aforementioned are the commonly used modifiers in medical billing. Compiled from these sources:

- Casarez, C. (2013, April 2). *Modifiers 59, 25 and 91: A guide for coders*. Continuum. https://www.carecloud.com/continuum/modifier-59-25-91-guide-coders/
- Centers for Medicare & Medicaid Services. (n.d.). *Proper use of modifiers 59, XE, XP, XS, and XU*. https://www.cms.gov/files/document/mln1783722-proper-use-modifiers-59-xe-xp-xs-and-xu.pdf
- Fast Pay Health. (2023, April 18). *How (and how not) to use common medical billing modifiers*. https://www.fastpayhealth.com/blog/medical-billing-tips-common-modifiers
- Garg, P. (2023, March 15). *Common modifiers in medical billing and how to use them*. Practice Forces. https://practiceforces.com/blog/modifiers-medical-
- Medical Billing Wholesalers. (n.d.). *Understanding commonly used modifiers and their impact on reimbursements*.
- Rajagopal, R. (2023, December 15). *Using modifiers in medical billing*. Outsource Strategies International. https://www.outsourcestrategies.com/blog/navigating-modifier-
- Smith, S. (2023, September 25). *What are modifiers in medical billing?* | *Devry University*. Devry University.https://www.devry.edu/blog/modifiers-in-medical-billing.html