

Reimbursement Policy	
Subject: Modifier Usage	
Policy Number: G-06006	Policy Section: Coding
Last Approval Date: 02/09/2022	Effective Date: 02/09/2022

**** Visit our provider website for the most current version of the reimbursement policies. If you are using a printed version of this policy, please verify the information by going to <https://provider.amerigroup.com/GA>. ****

Disclaimer

These policies serve as a guide to assist you in accurate claim submissions and to outline the basis for reimbursement if the service is covered by a member's Amerigroup Community Care benefit plan. The determination that a service, procedure, item, etc. is covered under a member's benefit plan is not a determination that you will be reimbursed. Services must meet authorization and medical necessity guidelines appropriate to the procedure and diagnosis as well as to the member's state of residence. You must follow proper billing and submission guidelines. You are required to use industry standard, compliant codes on all claim submissions. Services should be billed with CPT® codes, HCPCS codes, and/or revenue codes. The codes denote the services and/or procedures performed. The billed code(s) are required to be fully supported in the medical record and/or office notes. Unless otherwise noted within the policy, our policies apply to both participating and nonparticipating providers and facilities.

If appropriate coding/billing guidelines or current reimbursement policies are not followed, Amerigroup may:

- Reject or deny the claim.
- Recover and/or recoup claim payment.
- Adjust the reimbursement to reflect the appropriate services and/or procedures performed.

Amerigroup reimbursement policies are developed based on nationally accepted industry standards and coding principles. These policies may be superseded by mandates in provider, state, federal, or CMS contracts and/or requirements. System logic or setup may prevent the loading of policies into the claims platforms in the same manner as described; however, Amerigroup strives to minimize these variations.

Amerigroup reserves the right to review and revise our policies periodically when necessary. When there is an update, we will publish the most current policy to our provider website.

Policy

Amerigroup allows reimbursement for covered services provided to eligible members when billed with appropriate procedure codes and appropriate modifiers when

applicable unless provider, state, federal, or CMS contracts and/or requirements indicate otherwise.

Reimbursement is based on the code-set combinations submitted with the correct modifiers. The use of certain modifiers requires the provider to submit supporting documentation along with the claim. Refer to the specific modifier policies for guidance on documentation submission. Amerigroup reserves the right to review adherence to correct coding for high-volume modifiers.

Applicable electronic or paper claims billed without the correct modifier in the correct format may be rejected or denied. The modifier must be in capital letters if alpha or alphanumeric. Rejected or denied claims must be resubmitted with the correct modifier in conjunction with the code-set to be considered for reimbursement. Corrected and resubmitted claims are subject to timely filing guidelines. The use of correct modifiers does not guarantee reimbursement.

Reimbursement Modifiers

Reimbursement modifiers affect payment and denote circumstances when an increase or reduction is appropriate for the service provided. The modifiers must be billed in the primary or first modifier field locator.

Informational Modifiers Impacting Reimbursement

Informational modifiers determine if the service provided will be reimbursed or denied. Modifiers that impact reimbursement should be billed in modifier locator fields after reimbursement modifiers if any.

Informational Modifiers Not Impacting Reimbursement

Informational modifiers are used for documentation purposes. Modifiers that do not impact reimbursement should be billed in the subsequent modifier field locators.

Amerigroup reserves the right to reorder modifiers to reimburse correctly for services provided.

In the absence of state-specific modifier guidance, Amerigroup will default to CMS guidelines.

Related Coding

Description	Comment
Reimbursement Modifiers	Reimbursement Modifiers In the absence of a modifier specific reimbursement policy, providers should refer to their provider manual and state and federal guidelines for guidance on modifiers affecting reimbursement or modifiers reimbursed specific to state and federal payment methodologies.

Policy History

02/09/2022	Review approved and effective: updated policy template; added Reimbursement Modifiers Listing - Code List as separate document; updated Related Coding section with a Note: In the absence of a modifier specific reimbursement policy, providers should refer to their provider manual, and state and federal guidelines for guidance on modifiers affecting reimbursement or modifiers reimbursed specific to state and federal payment methodology; expanded Modifier FB to Facility providers; added Modifier CO & CQ for Medicare Advantage/MMP only
10/08/2020	Review approved and effective: updated References and Research Materials, Definition, Related Policies, Exhibit A Modifiers 58, 90, CO, CQ, FB, GN, GO, GP
10/03/2018	Review approved and effective: Review adherence to correct coding policy language added; Exhibit A Modifier FX updated
01/01/2018	Update due to regulatory directive: Effective 01/01/2018: Exhibit A updated for Medicare Advantage
08/31/2017	Review approved: Exhibit A updated – Modifier QF added
04/03/2017	Review approved: Policy template updated
08/01/2016	Review approved and effective: Exhibit A updated – Modifier CT added; Background section updated
09/22/2014	Review approved: Exhibit A updated – Modifier 99 and AG added; Background section/policy template updated
06/17/2013	Review approved: Disclaimer updated
07/30/2012	Review approved and effective 03/14/2013: Default to CMS guidelines language added; Exhibit A updated – Modifier AQ updated, PA-PD modifiers removed and Modifier SA added; Policy template and background section updated
02/14/2011	Review approved: Claims rejection/denial and resubmission requirements clarified; modifier requirements clarified; Amerigroup Reimbursement Modifiers Listing (Exhibit A) added; Background and related policies sections updated; Policy template updated
04/24/2007	Review approved: Reimbursement and informational modifiers clarified; acceptable modifier format clarified; reordering modifiers for correct reimbursement clarified; Policy template updated
03/30/2006	Initial approval and effective

References and Research Materials

This policy has been developed through consideration of the following:

- CMS
- State Medicaid
- Amerigroup state contracts
- Optum EncoderPro 2022

Definitions

General Reimbursement Policy Definitions

Related Policies and Materials

Assistant at Surgery (80/81/82/AS)

Claims Timely Filing

Consultations

Distinct Procedural Services (Modifiers 59, XE, XP, XS, XU)

Documentation Standards for Episodes of Care

Duplicate or Subsequent Services on the Same Date of Service

Early and Periodic Screening, Diagnostic and Treatment

Modifier 22: Increased Procedural Service

Modifier 24: Unrelated Evaluation and Management Service by Same Physician During Postoperative Period

Modifier 25: Significant, Separately Identifiable Evaluation and Management Service by Same Physician on Same Day of Procedure or Other Service

Modifier 57: Decision for Surgery

Modifier 62: Co-Surgeons

Modifier 63: Procedure on Infants Less than 4 kg

Modifier 66: Surgical Teams

Modifier 76: Repeat Procedure by Same Physician

Modifier 77: Repeat Procedure by Another Physician

Modifier 78: Unplanned Return to Operating/Procedure Room by Same Physician Following Initial Procedure for a Related Procedure During Postoperative Period

Modifier 90: Reference (Outside) Laboratory and Pass-Through Billing

Modifier 91: Repeat Laboratory Test

Modifier LT and RT: Left Side/Right Side Procedures

Multiple and Bilateral Surgery: Professional and Facility Reimbursement

Multiple Delivery Services

Physician Standby Services

Portable/Mobile/Handheld Radiology Services

Preadmission Services for Inpatient Stays

Preventive Medicine and Sick Visits on the Same Day

Professional Anesthesia Services

Reimbursement for Reduced or Discontinued Services

Robotic Assisted Surgery

Split-Care Surgical Modifiers

Transportation Services

Vaccines for Children