

HCPCS Level II Modifiers

Modifier	Description	Modifier	Description	Modifier	Description
A1	Dressing for one wound	AX	Item furnished in conjunction with dialysis services	CK	At least 40 percent but less than 60 percent impaired, limited or restricted
A2	Dressing for two wounds	AY	Item or service furnished to an ESRD patient that is not for the treatment of ESRD	CL	At least 60 percent but less than 80 percent impaired, limited or restricted
A3	Dressing for three wounds	AZ	Physician providing a service in a dental health professional shortage area for the purpose of an electronic health record incentive payment	CM	At least 80 percent but less than 100 percent impaired, limited or restricted
A4	Dressing for four wounds	BA	Item furnished in conjunction with parenteral enteral nutrition (PEN) services	CN	100 percent impaired, limited or restricted
A5	Dressing for five wounds	BL	Special acquisition of blood and blood products	CO	Outpatient occupational therapy services furnished in whole or in part by an occupational therapy assistant
A6	Dressing for six wounds	BO	Orally administered nutrition, not by feeding tube	CQ	Outpatient physical therapy services furnished in whole or in part by a physical therapist assistant
A7	Dressing for seven wounds	BP	The beneficiary has been informed of the purchase and rental options and has elected to purchase the item	CR	Catastrophe/disaster related
A8	Dressing for eight wounds	BR	The beneficiary has been informed of the purchase and rental options and has elected to rent the item	CS	Cost-sharing waived for specified COVID-19 testing-related services that result in and order for or administration of a COVID-19 test and/or used for cost-sharing waived preventive services furnished via telehealth in rural health clinics and federally qualified health centers during the COVID-19 public health emergency
A9	Dressing for nine or more wounds	BU	The beneficiary has been informed of the purchase and rental options and after 30 days has not informed the supplier of his/her decision	CT	Computed tomography services furnished using equipment that does not meet each of the attributes of the National Electrical Manufacturers Association (NEMA) XR-29-2013 standard
AA	Anesthesia services performed personally by anesthesiologist	CA	Procedure payable only in the inpatient setting when performed emergently on an outpatient who expires prior to admission	DA	Oral health assessment by a licensed health professional other than a dentist
AB	Audiology service furnished personally by an audiologist without a physician/npp order for non-acute hearing assessment unrelated to disequilibrium, or hearing aids, or examinations for the purpose of prescribing, fitting, or changing hearing aids; service may be performed once every 12 months, per beneficiary	CB	Service ordered by a renal dialysis facility (RDF) physician as part of the ESRD beneficiary's dialysis benefit, is not part of the composite rate, and is separately reimbursable	E1	Upper left, eyelid
AD	Medical supervision by a physician: more than four concurrent anesthesia procedures	CC	Procedure code change (use 'CC' when the procedure code submitted was changed either for administrative reasons or because an incorrect code was filed)	E2	Lower left, eyelid
AE	Registered dietitian	CD	AMCC test has been ordered by an ESRD facility or MCP physician that is part of the composite rate and is not separately billable	E3	Upper right, eyelid
AF	Specialty physician	CE	AMCC test has been ordered by an ESRD facility or MCP physician that is a composite rate test but is beyond the normal frequency covered under the rate and is separately reimbursable based on medical necessity	E4	Lower right, eyelid
AG	Primary physician	CF	AMCC test has been ordered by an ESRD facility or MCP physician that is not part of the composite rate and is separately billable	EA	Erythropoietic stimulating agent (ESA) administered to treat anemia due to anti-cancer chemotherapy
AH	Clinical psychologist	CG	Policy criteria applied	EB	Erythropoietic stimulating agent (ESA) administered to treat anemia due to anti-cancer radiotherapy
AI	Principal physician of record	CH	0 percent impaired, limited or restricted	EC	Erythropoietic stimulating agent (ESA) administered to treat anemia not due to anti-cancer radiotherapy or anti-cancer chemotherapy
AJ	Clinical social worker	CI	At least 1 percent but less than 20 percent impaired, limited or restricted	ED	Hematocrit level has exceeded 39% (or hemoglobin level has exceeded 13.0 G/dl) for 3 or more consecutive billing cycles immediately prior to and including the current cycle
AK	Non participating physician	CJ	At least 20 percent but less than 40 percent impaired, limited or restricted	EE	Hematocrit level has not exceeded 39% (or hemoglobin level has not exceeded 13.0 G/dl) for 3 or more consecutive billing cycles immediately prior to and including the current cycle
AM	Physician, team member service				
AO	Alternate payment method declined by provider of service				
AP	Determination of refractive state was not performed in the course of diagnostic ophthalmological examination				
AQ	Physician providing a service in an unlisted health professional shortage area (HPSA)				
AR	Physician provider services in a physician scarcity area				
AS	Physician assistant, nurse practitioner, or clinical nurse specialist services for assistant at surgery				
AT	Acute treatment (this modifier should be used when reporting service 98940, 98941, 98942)				
AU	Item furnished in conjunction with a urological, ostomy, or tracheostomy supply				
AV	Item furnished in conjunction with a prosthetic device, prosthetic or orthotic				
AW	Item furnished in conjunction with a surgical dressing				

Modifier	Description
EJ	Subsequent claims for a defined course of therapy, e.g., EPO, sodium hyaluronate, infliximab
EM	Emergency reserve supply (for ESRD benefit only)
EP	Service provided as part of Medicaid early periodic screening diagnosis and treatment (EPSDT) program
ER	Items and services furnished by a provider-based, off-campus emergency department
ET	Emergency services
EX	Expatriate beneficiary
EY	No physician or other licensed health care provider order for this item or service
F1	Left hand, second digit
F2	Left hand, third digit
F3	Left hand, fourth digit
F4	Left hand, fifth digit
F5	Right hand, thumb
F6	Right hand, second digit
F7	Right hand, third digit
F8	Right hand, fourth digit
F9	Right hand, fifth digit
FA	Left hand, thumb
FB	Item provided without cost to provider, supplier or practitioner, or full credit received for replaced device (examples, but not limited to, covered under warranty, replaced due to defect, free samples)
FC	Partial credit received for replaced device
FP	Service provided as part of family planning program
FQ	The service was furnished using audio-only communication technology
FR	The supervising practitioner was present through two-way, audio/video communication technology
FS	Split (or shared) evaluation and management visit
FT	Unrelated evaluation and management (e/m) visit on the same day as another e/m visit or during a global procedure (preoperative, postoperative period, or on the same day as the procedure, as applicable). (report when an e/m visit is furnished within the global period but is unrelated, or when one or more additional e/m visits furnished on the same day are unrelated)
FX	X-ray taken using film
FY	X-ray taken using computed radiography technology/cassette-based imaging
GO	Telehealth services for diagnosis, evaluation, or treatment, of symptoms of an acute stroke

Modifier	Description
G1	Most recent URR reading of less than 60
G2	Most recent URR reading of 60 to 64.9
G3	Most recent URR reading of 65 to 69.9
G4	Most recent URR reading of 70 to 74.9
G5	Most recent URR reading of 75 or greater
G6	ESRD patient for whom less than six dialysis sessions have been provided in a month
G7	Pregnancy resulted from rape or incest or pregnancy certified by physician as life threatening
G8	Monitored anesthesia care (MAC) for deep complex, complicated, or markedly invasive surgical procedure
G9	Monitored anesthesia care for patient who has history of severe cardio-pulmonary condition
GA	Waiver of liability statement issued as required by payer policy, individual case
GB	Claim being resubmitted for payment because it is no longer covered under a global payment demonstration
GC	This service has been performed in part by a resident under the direction of a teaching physician
GE	This service has been performed by a resident without the presence of a teaching physician under the primary care exception
GF	Non-physician (e.g., nurse practitioner (NP), certified registered nurse anesthetist (CRNA), certified registered nurse (CRN), clinical nurse specialist (CNS), physician assistant (PA)) services in a critical access hospital
GG	Performance and payment of a screening mammogram and diagnostic mammogram on the same patient, same day
GH	Diagnostic mammogram converted from screening mammogram on same day
GJ	"Opt-out" physician or practitioner emergency or urgent service
GK	Reasonable and necessary item/service associated with a GA or GZ modifier
GL	Medically unnecessary upgrade provided instead of non-upgraded item, no charge, no advance beneficiary notice (ABN)
GM	Multiple patients on one ambulance trip
GN	Services delivered under an outpatient speech language pathology plan of care

Modifier	Description
GO	Services delivered under an outpatient occupational therapy plan of care
GP	Services delivered under an outpatient physical therapy plan of care
GQ	Via asynchronous telecommunications system
GR	This service was performed in whole or in part by a resident in a department of veterans affairs medical center or clinic, supervised in accordance with VA policy
GS	Dosage of erythropoietin stimulating agent has been reduced and maintained in response to hematocrit or hemoglobin level
GT	Via interactive audio and video telecommunication systems
GU	Waiver of liability statement issued as required by payer policy, routine notice
GV	Attending physician not employed or paid under arrangement by the patient's hospice provider
GW	Service not related to the hospice patient's terminal condition
GX	Notice of liability issued, voluntary under payer policy
GY	Item or service statutorily excluded, does not meet the definition of any Medicare benefit or, for Non-Medicare Insurers, is not a contract benefit
GZ	Item or service expected to be denied as not reasonable and necessary
H9	Court-ordered
HA	Child/adolescent program
HB	Adult program, non-geriatric
HC	Adult program, geriatric
HD	Pregnant/parenting women's program
HE	Mental health program
HF	Substance abuse program
HG	Opioid addiction treatment program
HH	Integrated mental health/substance abuse program
HI	Integrated mental health and intellectual disability/developmental disabilities program
HJ	Employee assistance program
HK	Specialized mental health programs for high-risk populations
HL	Intern
HM	Less than bachelor degree level
HN	Bachelor's degree level
HO	Master's degree level
HP	Doctoral level
HQ	Group setting
HR	Family/couple with client present
HS	Family/couple without client present

Modifier	Description
HT	Multi-disciplinary team
HU	Funded by child welfare agency
HV	Funded state addictions agency
HW	Funded by state mental health agency
HX	Funded by county/local agency
HY	Funded by juvenile justice agency
HZ	Funded by criminal justice agency
J1	Competitive acquisition program no-pay submission for a prescription number
J2	Competitive acquisition program, restocking of emergency drugs after emergency administration
J3	Competitive acquisition program (CAP), drug not available through cap as written, reimbursed under average sales price methodology
J4	DMEPOS item subject to DMEPOS competitive bidding program that is furnished by a hospital upon discharge
J5	Off-the-shelf orthotic subject to DMEPOS competitive bidding program that is furnished as part of a physical therapist or occupational therapist professional service
JA	Administered intravenously
JB	Administered subcutaneously
JC	Skin substitute used as a graft
JD	Skin substitute not used as a graft
JE	Administered via dialysate
JK	One month supply or less of drug or biological
JL	Three month supply of drug or biological
JW	Drug amount discarded/not administered to any patient
JZ	Zero drug amount discarded/not administered to any patient
K0	Lower extremity prosthesis functional level 0 - does not have the ability or potential to ambulate or transfer safely with or without assistance and a prosthesis does not enhance their quality of life or mobility
K1	Lower extremity prosthesis functional level 1 - has the ability or potential to use a prosthesis for transfers or ambulation on level surfaces at fixed cadence, typical of the limited and unlimited household ambulator
K2	Lower extremity prosthesis functional level 2 - has the ability or potential for ambulation with the ability to traverse low level environmental barriers such as curbs, stairs or uneven surfaces, typical of the limited community ambulator

Modifier	Description
K3	Lower extremity prosthesis functional level 3 - has the ability or potential for ambulation with variable cadence, typical of the community ambulator who has the ability to traverse most environmental barriers and may have vocational, therapeutic, or exercise activity that demands prosthetic utilization beyond simple locomotion
K4	Lower extremity prosthesis functional level 4 - has the ability or potential for prosthetic ambulation that exceeds the basic ambulation skills, exhibiting high impact, stress, or energy levels, typical of the prosthetic demands of the child, active adult, or athlete
KA	Add on option/accessory for wheelchair
KB	Beneficiary requested upgrade for ABN, more than 4 modifiers identified on claim
KC	Replacement of special power wheelchair interface
KD	Drug or biological infused through DME
KE	Bid under round one of the DMEPOS competitive bidding program for use with non-competitive bid base equipment
KF	Item designated by FDA as class III device
KG	DMEPOS item subject to DMEPOS competitive bidding program number 1
KH	DMEPOS item, initial claim, purchase or first month rental
KI	DMEPOS item, second or third month rental
KJ	DMEPOS item, parenteral enteral nutrition (PEN) pump or capped rental, months four to fifteen
KK	DMEPOS item subject to DMEPOS competitive bidding program number 2
KL	DMEPOS item delivered via mail
KM	Replacement of facial prosthesis including new impression/moulage
KN	Replacement of facial prosthesis using previous master model
KO	Single drug unit dose formulation
KP	First drug of a multiple drug unit dose formulation
KQ	Second or subsequent drug of a multiple drug unit dose formulation
KR	Rental item, billing for partial month
KS	Glucose monitor supply for diabetic beneficiary not treated with insulin
KT	Beneficiary resides in a competitive bidding area and travels outside that competitive bidding area and receives a competitive bid item

Modifier	Description
KU	DMEPOS item subject to DMEPOS competitive bidding program number 3
KV	DMEPOS item subject to DMEPOS competitive bidding program that is furnished as part of a professional service
KW	DMEPOS item subject to DMEPOS competitive bidding program number 4
KX	Requirements specified in the medical policy have been met
KY	DMEPOS item subject to DMEPOS competitive bidding program number 5
KZ	New coverage not implemented by managed care
LC	Left circumflex coronary artery
LD	Left anterior descending coronary artery
LL	Lease/rental (use the 'll' modifier when DME equipment rental is to be applied against the purchase price)
LM	Left main coronary artery
LR	Laboratory round trip
LS	FDA-monitored intraocular lens implant
LT	Left side (used to identify procedures performed on the left side of the body)
LU	Fractionated payment
M2	Medicare secondary payer (MSP)
MA	Ordering professional is not required to consult a clinical decision support mechanism due to service being rendered to a patient with a suspected or confirmed emergency medical condition
MB	Ordering professional is not required to consult a clinical decision support mechanism due to the significant hardship exception of insufficient internet access
MC	Ordering professional is not required to consult a clinical decision support mechanism due to the significant hardship exception of electronic health record or clinical decision support mechanism vendor issues
MD	Ordering professional is not required to consult a clinical decision support mechanism due to the significant hardship exception of extreme and uncontrollable circumstances
ME	The order for this service adheres to appropriate use criteria in the clinical decision support mechanism consulted by the ordering professional
MF	The order for this service does not adhere to the appropriate use criteria in the clinical decision support mechanism consulted by the ordering professional

Modifier	Description
MG	The order for this service does not have applicable appropriate use criteria in the qualified clinical decision support mechanism consulted by the ordering professional
MH	Unknown if ordering professional consulted a clinical decision support mechanism for this service, related information was not provided to the furnishing professional or provider
MS	Six month maintenance and servicing fee for reasonable and necessary parts and labor which are not covered under any manufacturer or supplier warranty
N1	Group 1 oxygen coverage criteria met
N2	Group 2 oxygen coverage criteria met
N3	Group 3 oxygen coverage criteria met
NB	Nebulizer system, any type, FDA-cleared for use with specific drug
NR	New when rented (use the 'NR' modifier when DME which was new at the time of rental is subsequently purchased)
NU	New equipment
P1	A normal healthy patient
P2	A patient with mild systemic disease
P3	A patient with severe systemic disease
P4	A patient with severe systemic disease that is a constant threat to life
P5	A moribund patient who is not expected to survive without the operation
P6	A declared brain-dead patient whose organs are being removed for donor purposes
PA	Surgical or other invasive procedure on wrong body part
PB	Surgical or other invasive procedure on wrong patient
PC	Wrong surgery or other invasive procedure on patient
PD	Diagnostic or related non diagnostic item or service provided in a wholly owned or operated entity to a patient who is admitted as an inpatient within 3 days
PI	Positron emission tomography (PET) or PET/computed tomography (CT) to inform the initial treatment strategy of tumors that are biopsy proven or strongly suspected of being cancerous based on other diagnostic testing
PL	Progressive addition lenses
PM	Post mortem
PN	Non-excepted service provided at an off-campus, outpatient, provider-based department of a hospital
PO	Excepted service provided at an off-campus, outpatient, provider-based department of a hospital

Modifier	Description
PS	Positron emission tomography (PET) or PET/computed tomography (CT) to inform the subsequent treatment strategy of cancerous tumors when the beneficiary's treating physician determines that the PET study is needed to inform subsequent anti-tumor strategy
PT	Colorectal cancer screening test; converted to diagnostic test or other procedure
Q0	Investigational clinical service provided in a clinical research study that is in an approved clinical research study
Q1	Routine clinical service provided in a clinical research study that is in an approved clinical research study
Q2	Demonstration procedure/service
Q3	Live kidney donor surgery and related services
Q4	Service for ordering/referring physician qualifies as a service exemption
Q5	Service furnished under a reciprocal billing arrangement by a substitute physician or by a substitute physical therapist furnishing outpatient physical therapy services in a health professional shortage area, a medically underserved area, or a rural area
Q6	Service furnished under a fee-for-time compensation arrangement by a substitute physician or by a substitute physical therapist furnishing outpatient physical therapy services in a health professional shortage area, a medically underserved area, or a rural area
Q7	One class A finding
Q8	Two class B findings
Q9	One class B and two class C findings
QA	Prescribed amounts of stationary oxygen for daytime use while at rest and nighttime use differ and the average of the two amounts is less than 1 liter per minute (LPM)
QB	Prescribed amounts of stationary oxygen for daytime use while at rest and nighttime use differ and the average of the two amounts exceeds 4 liters per minute (LPM) and portable oxygen is prescribed
QC	Single channel monitoring
QD	Recording and storage in solid state memory by a digital recorder
QE	Prescribed amount of stationary oxygen while at rest is less than 1 liter per minute (LPM)
QF	Prescribed amount of stationary oxygen while at rest exceeds 4 liters per minute (LPM) and portable oxygen is prescribed

Modifier	Description
QG	Prescribed amount of stationary oxygen while at rest is greater than 4 liters per minute (LPM)
QH	Oxygen conserving device is being used with an oxygen delivery system
QJ	Services/items provided to a prisoner or patient in state or local custody, however the state or local government, as applicable, meets the requirements in 42 CFR 411.4 (b)
QK	Medical direction of two, three, or four concurrent anesthesia procedures involving qualified individuals
QL	Patient pronounced dead after ambulance called
QM	Ambulance service provided under arrangement by a provider of services
QN	Ambulance service furnished directly by a provider of services
QP	Documentation is on file showing that the laboratory test(s) was ordered individually or ordered as a CPT®-recognized panel other than automated profile codes 80002-80019, G0058, G0059, and G0060.
QQ	Ordering professional consulted a qualified clinical decision support mechanism for this service and the related data was provided to the furnishing professional
QR	Prescribed amounts of stationary oxygen for daytime use while at rest and nighttime use differ and the average of the two amounts is greater than 4 liters per minute (LPM)
QS	Monitored anesthesia care service
QT	Recording and storage on tape by an analog tape recorder
QW	CLIA waived test
QX	CRNA service: with medical direction by a physician
QY	Medical direction of one certified registered nurse anesthetist (CRNA) by an anesthesiologist
QZ	CRNA service: without medical direction by a physician
RA	Replacement of a DME, orthotic or prosthetic item
RB	Replacement of a part of a DME, orthotic or prosthetic item furnished as part of a repair
RC	Right coronary artery
RD	Drug provided to beneficiary, but not administered "incident-to"
RE	Furnished in full compliance with FDA-mandated risk evaluation and mitigation strategy (REMS)
RI	Ramus intermedium coronary artery
RR	Rental (use the 'RR' modifier when DME is to be rented)

Modifier	Description
RT	Right side (used to identify procedures performed on the right side of the body)
SA	Nurse practitioner rendering service in collaboration with a physician
SB	Nurse midwife
SC	Medically necessary service or supply
SD	Services provided by registered nurse with specialized, highly technical home infusion training
SE	State and/or federally-funded programs/services
SF	Second opinion ordered by a professional review organization (PRO) per section 9401, p.l. 99-272 (100% reimbursement - no Medicare deductible or coinsurance)
SG	Ambulatory surgical center (ASC) facility service
SH	Second concurrently administered infusion therapy
SJ	Third or more concurrently administered infusion therapy
SK	Member of high risk population (use only with codes for immunization)
SL	State supplied vaccine
SM	Second surgical opinion
SN	Third surgical opinion
SQ	Item ordered by home health
SS	Home infusion services provided in the infusion suite of the IV therapy provider
ST	Related to trauma or injury
SU	Procedure performed in physician's office (to denote use of facility and equipment)
SV	Pharmaceuticals delivered to patient's home but not utilized
SW	Services provided by a certified diabetic educator
SY	Persons who are in close contact with member of high-risk population (use only with codes for immunization)
T1	Left foot, second digit
T2	Left foot, third digit
T3	Left foot, fourth digit
T4	Left foot, fifth digit
T5	Right foot, great toe
T6	Right foot, second digit
T7	Right foot, third digit
T8	Right foot, fourth digit
T9	Right foot, fifth digit
TA	Left foot, great toe
TB	Drug or biological acquired with 340b drug pricing program discount, reported for informational purposes

Modifier	Description
TC	Technical component; under certain circumstances, a charge may be made for the technical component alone; under those circumstances the technical component charge is identified by adding modifier 'TC' to the usual procedure number; technical component charges are institutional charges and not billed separately by physicians; however, portable X-ray suppliers only bill for technical component and should utilize modifier TC; the charge data from portable X-ray suppliers will then be used to build customary and prevailing profiles
TD	RN
TE	LPN/LVN
TF	Intermediate level of care
TG	Complex/high tech level of care
TH	Obstetrical treatment/services, prenatal or postpartum
TJ	Program group, child and/or adolescent
TK	Extra patient or passenger, non-ambulance
TL	Early intervention/individualized family service plan (IFSP)
TM	Individualized education program (IEP)
TN	Rural/outside providers' customary service area
TP	Medical transport, unloaded vehicle
TQ	Basic life support transport by a volunteer ambulance provider
TR	School-based individualized education program (IEP) services provided outside the public school district responsible for the student
TS	Follow-up service
TT	Individualized service provided to more than one patient in same setting
TU	Special payment rate, overtime
TV	Special payment rates, holidays/weekends
TW	Back-up equipment
U1	Medicaid level of care 1, as defined by each state
U2	Medicaid level of care 2, as defined by each state
U3	Medicaid level of care 3, as defined by each state
U4	Medicaid level of care 4, as defined by each state
U5	Medicaid level of care 5, as defined by each state
U6	Medicaid level of care 6, as defined by each state
U7	Medicaid level of care 7, as defined by each state
U8	Medicaid level of care 8, as defined by each state

Modifier	Description
U9	Medicaid level of care 9, as defined by each state
UA	Medicaid level of care 10, as defined by each state
UB	Medicaid level of care 11, as defined by each state
UC	Medicaid level of care 12, as defined by each state
UD	Medicaid level of care 13, as defined by each state
UE	Used durable medical equipment
UF	Services provided in the morning
UG	Services provided in the afternoon
UH	Services provided in the evening
UJ	Services provided at night
UK	Services provided on behalf of the client to someone other than the client (collateral relationship)
UN	Two patients served
UP	Three patients served
UQ	Four patients served
UR	Five patients served
US	Six or more patients served
V1	Demonstration modifier 1
V2	Demonstration modifier 2
V3	Demonstration modifier 3
V4	Demonstration modifier 4
V5	Vascular catheter (alone or with any other vascular access)
V6	Arteriovenous graft (or other vascular access not including a vascular catheter)
V7	Arteriovenous fistula only (in use with two needles)
VM	Medicare diabetes prevention program (MDPP) virtual make-up session
VP	Aphakic patient
X1	Continuous/broad services
X2	Continuous/focused services
X3	Episodic/broad services
X4	Episodic/focused services
X5	Diagnostic services requested by another clinician
XE	Separate encounter, a service that is distinct because it occurred during a separate encounter
XP	Separate practitioner, a service that is distinct because it was performed by a different practitioner
XS	Separate structure, a service that is distinct because it was performed on a separate organ/structure
XU	Unusual non-overlapping service, the use of a service that is distinct because it does not overlap usual components of the main service