

Blue Cross Blue Shield of Oklahoma has reviewed all of the CPT-4 modifiers and will be recognizing and reacting to them as shown in the table below. Please note: If a claim is not correctly coded, it will be returned. As shown below, some of the modifiers will impact reimbursement while others are seen as informational only.

MODIFIER USE IN CLAIMS PROCESSING

Modifier	Definition	Impact
-21	Prolonged evaluation and management services	Modifier use will not impact reimbursement
-22	Unusual procedural services	Modifier use will not impact reimbursement
-23	Unusual anesthesia	Modifier use will not impact reimbursement
-24	Unrelated evaluation and management service by the same physician during a postoperative period	Separate benefits allowed for E/M procedures correctly submitted with modifier -24. * See reference below
-25	Significant, separately identifiable E/M svc. by the same physician on same day of the procedure or other service	Separate benefits allowed for E/M procedures correctly submitted with modifier -25. * See reference below
-26	Professional component	Reimbursed for service if medical records support use of modifier. * See reference below
-27	Multiple outpatient hospital E/M encounters on the same date	Only valid when submitted on an outpatient facility claim. Separate benefits allowed for multiple visits. * See reference below
-32	Mandated services	Modifier use will not impact reimbursement
-47	Anesthesia by surgeon	Reimbursed based on member contract benefits
-50	Bilateral procedure	Surgery claims correctly submitted with modifier -50 will be reimbursed based on member contract benefits. * See reference below
-51	Multiple procedures	Modifier use will not impact reimbursement
-52	Reduced services	Reimbursement reduced to 50% of the allowed amount.
-53	Discontinued procedure (In-patient/Office only)	Op. notes, procedure report, or anesthesia record may be requested.
-54	Surgical care only	Reimburse as a percentage of the global fee for the procedure. Modifiers are used to help determine payment. * See reference below
-55	Postoperative management only	Reimburse as a percentage of the global fee for the procedure. Modifiers are used to help determine payment. * See reference below
-56	Preoperative management only	Reimburse as a percentage of the global fee for the procedure. Modifiers are used to help determine payment. * See reference below
-57	Decision for surgery	Modifier use will not impact reimbursement
-58	Staged or related procedure or service by the same physician during the postoperative period	Modifier use will not impact reimbursement
-59	Distinct procedural service	Separate benefits allowed when modifier is appropriately submitted. * See reference below

-62	Two surgeons	Each surgeon will be reimbursed at 62.5% of the allowed amount for the procedure submitted with this modifier. * See reference below
-63	Procedure performed on infants less than 4 kg.	Modifier use will not impact reimbursement
-66	Surgical team	Routed for medical review. Additional information may be requested. * See reference below
-73	Discontinued out-patient hospital / ASC procedure prior to the administration of anesthesia	Op. report & anesthesia report may be requested. * See reference below
-74	Discontinued out-patient hospital / ASC procedure after administration of anesthesia	Op. report & anesthesia report may be requested. * See reference below
-76	Repeat procedure by same physician	Modifier may impact reimbursement. Procedure report and medical records may be requested. * See reference below
-77	Repeat procedure by another physician	Modifier use will not impact reimbursement
-78	Return to the operating room for a related procedure during the postoperative period	Modifier use will not impact reimbursement
-79	Unrelated procedure or service by the same physician during the postoperative period	Separate reimbursement for procedures appropriately submitted with modifier. * See reference below
-80	Assistant surgeon	When assistant surgeon is appropriately used, reimbursement is at a reduced rate of the global fee. * See reference below
-81	Minimum assistant surgeon	When minimum assistant surgeon is appropriately used, reimbursement is at a reduced rate of the global fee. * See reference below
-82	Assistant surgeon (when qualified resident surgeon not available)	When assistant surgeon is appropriately used, reimbursement is at a reduced rate of the global fee. * See reference below
-90	Reference (outside) laboratory	Modifier use will not impact reimbursement
-91	Repeat clinical diagnostic laboratory test	Informational only * See reference below
-AS	Physician assistant, nurse practitioner or clinical nurse specialist services for assistant at surgery	Claims correctly submitted with modifier will be reviewed to validate the necessity of asst. surgeon svcs. and to determine if services are covered under members benefit agreement.

* Blue Cross and Blue Shield of Oklahoma refers to the ***Ingenix Coding Lab: Understanding Modifiers*** manual for description of appropriate use of this modifier. Ingenix, formerly St. Anthony Publishing and Medicode, combines coding, compliance, billing, and benchmarking tools as a resource to organizations.

Please note: Use of modifiers does not ensure reimbursement. Some modifiers are informational only and do not affect reimbursement. Additional information may be requested including a definition or description of, the extent of, and the medical necessity for the procedure/service along with the patient's symptoms, history, and other pertinent information.