PreferredOne

DEPARTMENT:	Pricing & Payment	**APPROVED DATE:** 10/1/2017	
POLICY DESCRIPTION:	Modifier Payment Reductions		
EFFECTIVE DATE:	1/1/2018		
PAGE:	1 of 1	**REPLACES POLICY DATED: 1/1/2017, 1/1/2016, 9/1/2014**	
REFERENCE NUMBER:	P#18	**RETIRED DATE:**	

SCOPE: Claims, Coding, Customer Service, Medical Management, Finance, Network Management

PURPOSE: To provide guidelines for reimbursement when modifiers that affect payment are attached to CPT/HCPCS

POLICY: PreferredOne will increase or reduce payment to the provider or facility when certain modifiers are attached to the CPT/HCPCS.

COVERAGE: Coverage is subject to the terms of an enrollee's benefit plan. To the extent there is any inconsistency between this policy and the terms of an enrollee's benefit plan, the terms of the enrollee's benefit plan documents will always control. Enrollees in PreferredOne Community Health Plan (PCHP) and some non-ERISA group health plans that PreferredOne Administrative Services, Inc, (PAS) administers are eligible to receive all benefits mandate by the state of Minnesota. Please call customer service telephone number on the back of the enrollee's insurance card with coverage inquiries.

PROCEDURE:

1. Modifiers should be attached to CPT/HCPCS when appropriate.
2. See specific coding policies for when to apply the modifier appropriately. Invalid modifiers to procedure code combinations will not be payable.
3. The following reimbursement will be applied when these modifiers are attached to CPT/HCPCS:

Modifier	Description	Percent of Allowable
22	Increased procedural Services	120% (INTERNAL F/S loaded at 100%)
26	Professional Component, only if no RVU assigned or concept does not apply	40%
50	Bilateral Procedure	150%
52	Reduced Services (apc has 52 and 73 at same rate)	50%
53	Discontinued Procedure	50%
54	Surgical Care Only	80%

55	Postoperative Management Only	20%
56	Preoperative Management Only	10%
62	Two Surgeons	62.5%
66	Surgical Team	62.5%
73	Discontinued Outpatient Hospital/Ambulatory Surgery Center (ASC) Procedure prior to the administration of Anesthesia	50%
74	Discontinued Outpatient Hospital/Ambulatory Surgery Center (ASC) Procedure after administration of Anesthesia	75%
78	Unplanned return to the operating room by the same physician following initial procedure for a related procedure during the post-op period	85%
80	Assistant Surgeon	16%
81	Minimum Assistant Surgeon	16%
82	Assistant Surgeon (when qualified resident surgeon not available)	16%
AS	Physician assistant, nurse practitioner, or clinical nurse specialist services for assistant at surgery	16%
SL	State Supplied Vaccine	0%
CT	Services furnished on non NEMA Standard XR-29-2013 compliant Equipment	85% (note in 2017 was 90%)
BO	Orally administered nutrition, not by feeding tube	0%
TC	Technical component, only if no RVU assigned or concept does not apply	60%
FB	Item provided without cost to provider, supplier or practitioner, or full credit received fro replaced device (examples, but not limited to, covered under warranty, replaced due to defect, free samples)	See Pricing & Payment Policy #17
FC	Partial credit received for replaced device	See Pricing & Payment Policy #17
FX	X-ray images were taken using film	80%
GZ	Item or service expected to be denied as not reasonable or necessary	0%
PA	Surgical or other invasive procedure on wrong body part	0%
PB	Surgical or other invasive procedure on wrong patient	0%
PC	Wrong surgery or other invasive procedure on patient	0%
PN	Non-excepted service provided at an off-campus, outpatient, provider-based department of a hospital	50%

	(UB claims only)	
RB	Replacement of a part of a DME, orthotic or prosthetic item furnished as part of a repair	50%

DEFINITIONS:

REFERENCES: