

SECTION 7. MODIFIERS

Missouri Medicaid uses the following modifiers for the professional services. Modifiers with an asterisk following them are already in use. Others become effective on October 16, 2003.

| <u>Modifier</u> | <u>Description</u> |
|------------------------|---|
| 26 | Professional Component (required for laboratory, radiology, nuclear medicine/EEG/EKG services) |
| 50* | Bilateral Procedure |
| 52 | Reduced Services (for use only with EPSDT/HCY screening procedure codes and case management for pregnant women procedure code H1001TS52) |
| 54 | Surgical Care Only |
| 55 | Postoperative Management Only |
| 59 | Distinct Procedure Service (used only to identify the components of an EPSDT/HCY screen when only those components related to developmental and mental health are being screened) |
| 62* | Two surgeons |
| 63 | Procedure performed on infants (used only with CPT codes 99231-99233) |
| 80 | Assistant Surgeon |
| AA | Anesthesia services performed personally by anesthesiologist |
| EP | Service provided as part of Medicaid Early Periodic Screening, Diagnosis and Treatment (EPSDT/HCY) program |
| QK | Medical direction of two, three or four concurrent procedures involving qualified individuals |
| QX | CRNA service, with medical direction by physician |
| QZ | CRNA service, without medical direction by physician |
| SL* | State supplied vaccine (used only with VFC administration procedure codes for dates of service March 1, 2003 and after) |
| SG | Ambulatory Surgical Center (ASC) facility services |
| TC | Technical Component (required for laboratory and radiology services) |
| TG | Complex/high level of care (for use only with procedure code T1029, Environmental Lead Assessment) |
| TS | Follow-up Service (for use only with Case Management for Children and Youth program and for Case Management for Pregnant Women program) |

The following additional level of care modifiers have been approved for use by Centers for Medicare and Medicaid Services to meet the needs of state Medicaid agencies and should not be submitted or used by any other payor.

| <u>Modifier</u> | <u>Description</u> |
|------------------------|---|
| U7 | Sexual Assault Findings Examination (SAFE) and Child Abuse Resources Examination (CARE) exams |
| U8 | Service provided in home setting (used only with CPT codes 90935 and 90945) |
| U9 | Diabetes Self-Management Training Services |
| UA | Lead related services |
| UC | EPSDT/HCY referral for follow-up care |